

**OFFICE OF THE POLICE AND CRIME COMMISSIONER  
FOR HUMBERSIDE  
DECISION RECORD**

Decision Record Number: **15/2018**

Title: **Funding for Substance Misuse Service Provision - Hull**

**Executive Summary:**

The OPCC has supported the commissioning of substance misuse services by Directors of Public Health in each of the four local authority areas. The current service provided in Hull comes to the end of the contract term in October 2018. However, previous decisions have not made the contract term clear enough and the Commissioner was therefore requested to reaffirm his support for the period April 2018 to September 2018.

**Decision:**

That funding of £208,000 to cover the last 6 months of the existing substance misuse service in Hull relating to criminal justice activity, be reaffirmed.

**Background Report:** Open

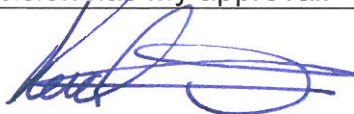
**Police and Crime Commissioner for Humberside**

I confirm I have considered whether or not I have any personal or prejudicial interest in this matter and take the proposed decision in compliance with my code of conduct.

Any such interests are recorded below.

The above decision has my approval.

**Signature**



**Date** 10-05-2018.

**POLICE AND CRIME COMMISSIONER  
FOR HUMBERSIDE**

**SUBMISSION FOR:  
DECISION**

**OPEN**

**Title: Funding for Substance Misuse Service Provision – Hull (April-September 2018)**

**Date: 2 May 2018**

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**1. Executive Summary**

*The OPCC has supported the commissioning of substance misuse services by Directors of Public Health in each of the four Local Authority Areas. The current service provided in Hull comes to the end of the contract term in October 2018. Previous decisions have not made the contract term clear enough and this report is produced to ensure that the decision to invest in the current service for the period April to September 2018 is clearly made out.*

**2. Recommendation(s)**

- *That the Commissioner agrees to provide £208,000 funding to cover the last six months of the existing substance misuse service in Hull relating to criminal justice activity.*

**3. Background**

*Substance misuse is a key feature in criminality and has serious impacts on individuals, families, communities and society as a whole. Whilst Public Health have led the commissioning process for substance misuse services and provided the majority of budget, the OPCC has made contributions so that specific intervention activity around Custody, referral systems and onward work with offenders can be effectively provided. This activity is generally referred to as criminal justice activity. The OPCC has contributed to the commissioning and performance management of the service, as well as providing the funding.*

*The existing service is provided through a contract that started in October 2014 and the contract comes to an end on 30 September 2018. A new service is currently being commissioned by the Director of Public Health for Hull (this issue is covered under a separate report).*

*In order to ensure that there is a clear record of a decision to invest in this financial year, the PCC is asked to make a decision on funding this last six months of the existing service provision.*

**4. Driver for Change/Contribution to Delivery of the Police and Crime Plan**

*The misuse of drugs and alcohol is identified as key drivers of crime and disorder in the Home Office Modern Crime Prevention Strategy (2016). Offenders who regularly use*

*heroin or crack cocaine are estimated to commit around 45% of all acquisitive crime (PHE OPCC support pack 2017).*

*The OPCC investment within Hull has a potential to support the vision of the following aims of the Police and Crime plan:*

- *Delivering self-sustaining and safe communities within the Humber area*
- *Building Public Confidence in the agencies involved in creating safer communities*
- *Providing services to victims and the most vulnerable to meet their needs.*

*This investment will enable increased community safety by reducing the impact of substance misuse related behaviour upon communities and families and ensure that there are dedicated substance misuse interventions to support the Criminal Justice System (CJS) within Hull. Doing so will lead to improved outcomes for the local population in line with the Police and Crime Plan. To this end there is particular focus on the impact of alcohol related crime and disorder upon the community and blue light services. There is emphasis on early and bespoke intervention and increased partnership approaches to address this impact.*

## **5. Financial Implications**

The budget requirement is for £208,000 starting in April 2018 and ceasing 30 September 2018. A budget has been set for this amount and can be made available from the Community Safety Fund.

## **6. Legal Implications**

*None*

## **7. Equalities Implications**

An Equalities Impact Assessment (EIA) is attached at Appendix A. This EIA has been prepared for the commissioning of the new service to commence in October 2018. However, the EIA reflects the existing service well enough to support this report

## **8. Consultation**

*The following groups have undertaken consultation on the revised service model, they recommend and support the agreed option:*

- Staff consultation
- Hull CSP
- Key stakeholders
- Director of Public Health
- Substance Misuse Team, Public Health, Hull
- Service user consultation

## **9. Communication Issues**

*There are no known communication issues associated with this report.*

**10. Background documents**

- *Public Health England CJIT Report (Humberside)*
- *<https://www.ndtms.net> . DOMES Report (Humberside)*
- *Hull CSP Substance Misuse working group*
- *Hull Substance Misuse Team case for investment*

**11. Publication**

*If the report has been marked as 'closed', please clearly indicate why the information should not be disclosed to the public.*

PLEASE COMPLETE AND APPEND THE FOLLOWING TABLE TO ALL REPORTS THAT REQUIRE A DECISION FROM THE COMMISSIONER

This matrix provides a simple check list for the things you need to have considered within your report. If there are no implications please state

I have informed and sought advice from HR, Legal, Finance, OPCC officer(s) etc prior to submitting this report for official comments	Yes
Is this report proposing an amendment to the budget?	Yes
Value for money considerations have been accounted for within the report	Yes
The report is approved by the relevant Chief Officer	Yes
I have included any procurement/commercial issues/implications within the report	Yes
I have liaised with Corporate Communications on any communications issues	No
I have completed an Equalities Impact Assessment and the outcomes are included within the report	Yes
I have included any equalities, diversity and or human rights implications within the report	Yes
Any Health and Safety implications are included within the report	Yes
I have included information about how this report contributes to the delivery of the Commissioner's Police and Crime Plan	Yes



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**Equality Impact Assessment**

<b>Contract Title:</b>	Hull Substance Misuse Treatment and Recovery Service
<b>Contract No.:</b>	
<b>Procurement Contact:</b>	Hull Council Procurement Team
<b>Customer Contact:</b>	Vicky Harris Public Health (lead commissioner).

The Public Sector Equality Duty (PSED) is contained within section 149 of the Equality Act 2010. It requires us to have due regard to the three aims of the duty:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity and foster good relations between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and those who do not.

The PSED should help to ensure that the goods and services we procure are accessible to and meet the diverse need of all users to ensure that no one group is disadvantaged.

**INITIAL SCREENING**

<b>SERVICES</b>		<b>GOODS</b>		<b>WORKS</b>	
Does the service involve direct contact with the public? E.g. healthcare in custody or emergency boarding.	Y	Do the goods need to meet specific needs of the user? E.g. Race, gender, disability, dietary, religion, health etc.	Y	Do the works/building need to allow access to external and internal employees/public?	Y
Does the service involve indirect contact with the public? E.g. website.	Y			Are the works to be performed on police premises where the contractor's workforce will be in contact with police employees?	Y
Will the service be performed on police premises where the contractor's workforce will be in contact with police employees? E.g. facilities management.	Y				

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**If the answer to some or all of the above questions is yes, please complete a FULL impact assessment.**

## **FULL EQUALITY IMPACT ASSESSMENT**

\*The following should be completed in conjunction with the customer.

### **1. What is being Equality Impact Assessed?**

A substance misuse provider will be contracted to work in partnership with the Humberside Office of the Police & Crime Commissioner (HOPCC) and Public Health Hull with responsibility for promoting and delivering treatment and recovery for substance misuse, from a threshold of low level prevention and early intervention through to high frequency clinical interventions and clinical prescribing services within Hull.

The specification will require the service provider to continue to work in close partnership with other Public Services as they seek to fulfil their statutory responsibilities including Criminal Justice. This requires the service provider to have sections of the workforce co located in criminal justice settings, namely Police custody suites, court and probation. Providing opportunities for early engagement for first time entrants and pathways into coerced elements of treatment

The commissioning exercise covers the procurement of clinical services. These services require the prescribing of controlled drugs. There is a requirement to ensure effective governance mechanisms are in place and risks considered to protect individuals receiving treatment and the public. These are tested through Method Statement in the procurement process Providers are required to provide evidence of compliance with NICE Guidance and this is monitored throughout the contract through baseline assessment processes. The provider should be judged good or better by the Care Quality Commission.

### **The proposed approach will enable the services to transform to;**

- Integrate delivery of the substance misuse services within a lead provider model, specialist services and primary care services.
- Enhance the interventions for provision for Alcohol
- Further improve pathways across secondary care to primary care based services for alcohol related issues to reflect the proposed new model
- Improve access and increase the flexibility of service delivery to better meet the needs of service users
- Increase the number of people engaging in treatment and recovery
- Contribute towards enabling early intervention, prevention and developing resilience within individuals and communities.
- Strengthen local safeguarding practice by building on learning
- Strengthen the whole family approach within the service provider to ensure early identification and early help to reduce the impact of substance misuse upon children and promote their physical and mental health and wellbeing
- Improve engagement with service users within the integrated model which will lead to improved flow through the service
- Improve patient centred care and an increase in people successfully leaving treatment drug free.

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- Comply with the priorities in the recently published PHE Drug Strategy to reduce illicit drug use and increase the rate of individuals recovering from drug dependence
- Comply with emerging evidence and revised clinical standards

*Background and description of the function*

**2. Sources of Information used to identify barriers etc.**

There is a raft of evidence base available which displays that the delivery of evidence based interventions effective in recovery and reducing the impact of criminality upon communities.

Clinical service areas will be delivered in line with NICE.org.uk clinical guidelines for substance Misuse and Strang 2012 (PHE):

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/673978/clinical\\_guidelines\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf)

Consultation undertaken by Hull Public Health with Hull CSP to inform a recommissioning exercise. The proposals and recommendations with regards to this commissioning exercise are approved by Hull CSP, consultation has been informed by the following sources:

<b>Source</b>	<b>Reason for using</b>
National Drug Treatment Monitoring Data Source: Public Health England	Data is collected at patient level which allows analysis of local services, and comparison with England and other areas.
Recovery Diagnostics Toolkit Source: Public Health England	Data is analysed by different profiles of client group to understand how treatment if effectively applied to different segments of the population
Local Service Data Source: CGL	Data is collected which outlines demographics of those referred and those treatment
Stakeholder consultation  Source: Engagement events, meetings and workshops	Understanding of need and links with services from stakeholders opinion.  For example views of the Hospital, local mental health services and Housing

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	considered in relation to need and to have a whole system understanding.
Staff Consultation	Staff views on how different models may impact on services and protected groups
Service user consultation	Views on existing care and potential areas for improvement
Partner data and consultation through the tender process, and associated forums/Boards	Identification of gaps in service, areas of need, and potential improvements

<b>3. Risk of impact on protected characteristics:</b>	<b>Low Risk</b>
<p><b>Race:</b></p> <p>All triage processes and assessments and evidence based interventions will be delivered by a fully trained competent workforce and will include identification and addressing any additional language needs related to the intervention/signpost and referral.</p> <p>There is a requirement for culturally sensitive information and information in appropriate language formats.</p> <p>Of those using the service 98% are white British, and those who are not are predominately white other, and these are mainly in treatment for opiate use. Consultation and stakeholder feedback has recognised that there is an Eastern European population with heavy drinking cultures who appear reluctant to use existing treatment services. This is supported by data , the highest proportion of people in service who report they are non- British are Iranian, Lithuanian and Polish, and all of these are in treatment for opiate use or alcohol treatment dependency.</p> <p>The time it take to access treatment is not a barrier to seeking support, however, barriers have been identified through consultation, and these are about culture, stigma, and a reluctance to be seen to have problems relating to drug or alcohol use as a result of cultural beliefs. There is a requirement to work in partnership with organisations locally who can support in reach and proactive engagement.</p> <p>OPCC diversity panel with support an ethics agenda and support this work by connecting services and organisations to explore engagement opportunities in appropriate ways.</p> <p>Waiting time for treatment is predominately within three weeks from referral to the first treatment appointment, but slightly below the national position, and is worse for people with alcohol problems.</p>	<i>Low</i>

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<p>Disability:</p> <p>Drug and Alcohol Treatment and recovery services support people with differing levels of problems related to their drug and alcohol use, most of these also fall into other categories of vulnerable groups including the following:</p> <ul style="list-style-type: none"> <li>• People with mental ill-health</li> <li>• People with learning disabilities</li> <li>• People with chronic long term health problems</li> <li>• Offenders / ex-offenders</li> <li>• People who are homeless or threatened with homelessness</li> </ul> <p>There are gaps in hard data for analysis of physical disabilities but the services currently report that:</p> <ul style="list-style-type: none"> <li>• Clients with a primary mental health need account for 15% of the overall people in structured treatment (this is considered to be an under reported position).</li> <li>• Clients with a Learning difficulty account for less than 1% of the overall people in treatment</li> <li>• Clients with a primary physical disability need account for 6% of the overall people in treatment</li> </ul> <p>However more than 50% of people did not have any data about their disability status recorded. More than two thirds were either not asked or there was nothing recorded in relation to mental health.</p> <p>What we do know from evidence base, research and baseline data from partner regions is that the substance misuse population are ageing and by nature of addiction and lifestyle are experiencing vulnerability factors both in terms of physical health, mobility and mental health. To this end support for service users requires a multi-faceted approach and draws upon a network of support including other Council services (Adult Social Care, Housing, and Support into employment).</p> <p>The commissioning of the substance misuse service will be coterminous with the implantation of diversion schemes across the force area which will require due regard for vulnerability and the compounding impact of criminal justice environments upon segmented groups, such as female specific, mental health and learning difficulties. This will include service users with mental health, personality disorder and dual diagnosis (Mental Health and Substance misuse needs). These service users will have increased engagement opportunities and positively benefit from receiving optimised care.</p> <p>In light of the above there is no anticipated negative impact on this group. There will potentially be a positive impact as the contracted provider will work towards improving access to all service users including those with disabilities, whether physical, mental or learning difficulties</p>	<p>low</p>
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<p>Access issues based on mobility and access to transport will be evaluated as part of the tender.</p>	
<p><b>Sex:</b></p> <p>Hard data identifies the gender split of those who use the services, and this matches with national data which explores drug and alcohol use and treatment by gender, with more males accessing treatment than females.</p> <p>There will potentially be a positive impact for females as the contracted provider will be required to have regard to the 'Thinking Differently About Female Offenders' document published by the Ministry of Justice which identifies effective ways of working with women given the different needs of female offenders compared to those of male offenders. The commissioning of the substance misuse service will be coterminous with the implantation of diversion schemes across the force area which will require due regard for vulnerability and the compounding impact of criminal justice environments upon segmented groups, such as female specific, mental health and learning difficulties.</p> <p>Males with alcohol problems are the least likely to engage following referral. Sensitivity will be applied to this area.</p> <p>The environment will provide areas that are safe and secure for women and vulnerable people, children and families. Opening times will be conducive to families and those with caring responsibilities.</p>	<p><i>Low</i></p>
<p><b>Gender reassignment:</b></p> <p>There will be no negative impact as the contracted provider will work towards improving access to substance misuse treatment for all service users regardless of gender identity</p> <p>There will potentially be a positive impact for all service users. The specification requires an holistic approach. Each service user will be treated on a case by case basis, ensure specific needs are identified and bespoke interventions applied.</p> <p>All triage processes and assessments and evidence based interventions will be delivered by a fully trained competent workforce and will include identification of additional vulnerabilities and address any additional needs related to the intervention/signpost and referral. Sensitivities will be acknowledged in the delivery of support in relation to gender reassignment.</p>	<p><i>Low</i></p>

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Age:

Low

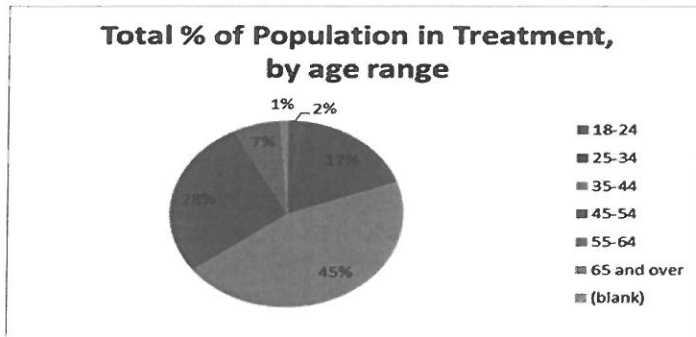


Table displays breakdown of current treatment population in Hull, by age range. Linked to this ageing cohort.

Hull has seen a dramatic increase in drug related deaths in the last two years linked to this ageing cohort of service users. Toxicology reports identify a wide range of substances, including alcohol. Services gave out over 600 naloxone kits to service users or their families, over 90% were in the criminal justice (lot1) element of service, aiming to prevent drug related death across all age ranges. The number of people entering treatment for drug and alcohol use has declined nationally, as have the proportion of opiate users completing treatment. This decline and local variations in treatment outcomes are likely to be in part because many of those who now remain in treatment for opiate or alcohol use **are older, often have physical health and mental health problems and entrenched dependence.**

Within the context of these problems, effective partnership working between health and social care, the criminal justice system, housing and employment support is essential to deliver the aims set out in the service specifications. In

Hard data is available which demonstrates that age of those people who are screened opportunistically, are younger than those that enter treatment, and this suggests the model is better to target different age groups.

Data for community screening shows that a mixed age group are contacted, but with a greater number of younger age groups identifying lower level drug use and alcohol use

Data identifies that an older cohort accesses the more structured treatment element, but report drug or alcohol at a much earlier age, which suggests more can be done to encourage access to services earlier. *Those entering treatment via criminal justice are slightly lower in age, due to a more assertive identification process. Care will be taken to ensure first time entrants are effectively supported.*

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<p>There is a local and national recognition of an ageing treatment population within substance misuse, there is a raft of resources that allow segmentation of populations to consider length of time in treatment, age and complexity. The OPCC will recommend that the providers undertake segmentation to consider age related need within the treatment system and complexity of need in relation to age and offer bespoke packages of integrated care based on identified need.</p>	
<p><i>People belonging to a particular age group</i></p> <p><b>Sexual Orientation:</b></p> <p>The commissioning of the substance misuse service will be coterminous with the implantation of diversion schemes across the force area which will require due regard for vulnerability and the compounding impact of criminal justice environments upon segmented groups, such as sexual orientation.</p> <p>Data is collected and sees a mix of people reporting different sexual orientation. Work to establish better links to different communities required within the specification should have a positive impact on this characteristic.</p> <p>Engagement with partnership organisations to consider the needs of LGBTQI will be sought throughout this contract period, there is recognition of multiple advantage in terms of LGBTQI and the stigma associated with additional substance misuse problems.</p>	<p>Low</p>
<p><b>Religion &amp; Belief:</b></p> <p>There was no evidence from the consultation feedback of changes having a negative or positive impact on this characteristic</p> <p>There is a requirement for culturally sensitive information and information in appropriate language formats.</p> <p>The service offers mutual aid support that is diverse and does not focus on one type of belief system, from 12 step, eclectic mix through to CBT/RBT based SMART recovery intervention.</p>	<p>Low</p>
<p><b>Marriage &amp; Civil Partnership:</b></p> <p>Whilst this data is part of the required NDTMS assessment the numbers where it was completed was not sufficient to allow for any detailed analysis, but there is no evidence that the adjusted model would have an adverse impact.</p> <p>There will potentially be a positive impact as the contracted provider will work towards improving access for all service users.</p>	<p>Low</p>
<p><b>Pregnancy &amp; Maternity:</b></p>	<p>Low</p>

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There will be no negative impact on this group. There will potentially be a positive impact as the contracted provider will work towards improving access for all service users. This requires work in partnership with pre and post natal pathways within the interest of ensuring service users are receiving appropriate care and support and harm is reduced to individuals and families throughout and post pregnancy, included integrated parental assessments and joint work with safeguarding teams/early help.

There will be optimised care for those on maternity pathways which will be integrated across health and justice and validated by safeguarding bodies. **Environments of service delivery will be secure and feel safe for mothers, children and families.** Access will be appropriate to families and children requirements, this includes both the environment and opening times.

You can see a more in-depth definition of these protected characteristics on the [Office of Public Sector Information website](#).

#### 4. Consultation

**The revised service model was consulted on via Hull CSP, there was contribution for OPCC engagement officers.**

**The contracted provider will be required to provide the OPCC Commissioning and contracts Manager with quarterly performance reports for the service including a breakdown of substance misusers engaged in the treatment pathways with the following characteristics of the service users:**

- **Gender**
- **Ethnicity**
- **Sexual Orientation**
- **Age**
- **Disability**
- **Religion or beliefs**
- **Criminal Justice involvement / IOM**

This information will allow the contracted service provider working with the Hull to ensure the services delivered are inclusive through the timely identification and addressing any accessibility or other specific issues within the service delivery which may adversely affect any of the groups with protected characteristics as outlined above

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**There are implications in a lack of visibility of any service user consultation. This is being sought by the contracts and commissioning manager.**

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**6. Methods of Monitoring progress on Actions**  
\*Include post contract award contract management

**7. Publishing the Equality Impact Assessment**  
\*All EIAs should be published on the Procurement website.

**Date sent to Procurement Admin to be published:** 00/00/0000

**Signed:**

**8. Final Sign Off**

**Date:**

**Signed:**

**Print Name:**