OFFICE OF THE POLICE AND CRIME COMMISSIONER
FOR HUMBERSIDE
DECISION RECORD

Decision Record Number: **16/2018**

Title: **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. The Director of Public Health for Hull has typically provided funding to cover a little over 90% of the total cost of the commissioned service, with the OPCC making contributions towards criminal justice related activity. A report was submitted that set out the proposals for the revised service, the budget requirement and seeks a decision from the PCC to enter a new funding agreement.

Decision:
(a) That £400,000 funding per year be provided for substance misuse services in Hull relating to criminal justice activity.
(b) That the funding for year 1 (October 2018 to September 2019) and year 2 (October 2019 to September 2020) be guaranteed subject to satisfactory performance of the contract.
(c) That a decision to fund in year 3, year 4 and year 5 of the Public Health contract be subject to an annual performance review.

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** 21-05-2018

POLICE AND CRIME COMMISSIONER
FOR HUMBERSIDE

SUBMISSION FOR:
DECISION

OPEN

Title: Substance Misuse Service Provision - Hull

Date: 21 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. The Director of Public Health for Hull has typically provided funding to cover a little over 90% of the total cost of the commissioned service, with the OPCC making contributions towards criminal justice related activity. This report sets out the proposals for the revised service, the budget requirement and seeks a decision from the PCC to enter a new funding agreement.

2. Recommendation(s)

(d) That the Commissioner agrees to provide £400,000 funding per year for substance misuse services in Hull relating to criminal justice activity.

(e) That the funding for year 1 (October 2018 to September 2019) and year 2 (October 2019 to September 2020) be guaranteed subject to satisfactory performance of the contract.

(f) That a decision to fund in year 3, year 4 and year 5 of the Public Health contract be subject to an annual performance review.

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 Heath 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 interventions. The OPCC has contributed to the commissioning and performance management of the service, as well as providing the funding.

The Community Safety Partnership (CSP) in Hull met to specifically consider the options for substance misuse services and have agreed to support the proposals being made by the Director of Public Health for Hull. The CSP were clear on the need for continued service provision and the risks and impacts associated with this area of community safety and have made substance misuse a key priority in their forward strategy.

The current contract for substance misuse services in Hull ceases at the end of September 2018 and the Director of Public Health is seeking to commission a service starting in October 2018. The proposal is for a five year contract with potential to extend the contract by a further year (subject to performance review). The Director of Public Health is proposing an annual budget of about £5.8M, which is a reduction on the previous budget of about 10%. The Director of Public Health for Hull is seeking a contribution from the Police and Crime Commissioner to provide for the criminal justice work. The current OPCC budget for criminal justice interventions in Hull is £417,000 (12 month cost).

The Proposal

The proposal is to commission an integrated drug and alcohol treatment and recovery service based on an early intervention model and the service specification is attached at Appendix A. The overall objectives are to:

- *target individuals at the earliest possible stage in their drug and alcohol misuse*
- *support service users to initiate and sustain meaningful recovery*
- *safeguard the most vulnerable*

There are eight service components required of the provider and these are:

1. *Prevention and Early Intervention*
2. *Harm Reduction Support*
3. *Criminal Justice Interventions*
4. *Family Support*
5. *Case management*
6. *Community treatment*
7. *Inpatient detoxification and residential Rehabilitation*
8. *Group work, Aftercare and recovery support*

The Criminal Justice Interventions component expects the provider to:

- *Work within the Humberside Police (Hull) custody suite and with Police custody staff to provide screening, using DAST and AUDIT, and brief interventions where there is an indication of problematic drug and alcohol use, regardless of residence. Where screening identifies the need for further intervention this will be provided for all Hull residents. For any other resident a referral will be made to the relevant service. The service as a minimum must be available in a custody or criminal justice setting for 8 hours per day, 7 days per week.*

- *Work with primary care and mental health services to communicate arrests where this may have an impact on their health or treatment.*

- *Work across other criminal justice locations, and the Courts to ensure that individuals with an identified alcohol or drug problem are highlighted as suitable for an ATR (Alcohol Treatment Requirement) and DTR (Drug Treatment Requirement), and that advice is provided to the courts to make suitable recommendations.*

- *Work with partners to provide support where drug or alcohol use has been identified as a problem due to domestic abuse or conflict within the family.*

- *Provide a range of group interventions which support behaviour change in relation to alcohol and drug use which can be utilised to support ATR and DTR delivery, as well as supporting people identified through criminal justice routes as needing further support.*

- *Deliver effective joint care pathways that ensure continuity of care for service users going into prison and upon release from prison. The service will work closely with the national probation service and the Community Rehabilitation Company to ensure people with alcohol and drug related issues are identified and effective release planning is developed in partnership to ensure clients are offered support pre and post release in a seamless care planned approach. The service will ensure communication with the relevant health providers where a service user is engaged from prison.*

The proposal argues that the principles, aims and objectives outlined within the PCC's Police and Crime Plan are met by:

- *ensuring that services that tackle drug and alcohol problems are capable of identifying and responding to existing and emerging trends in relation to drug and alcohol use*
- *having a more flexible and assertive approach to identification of offender needs, and,*
- *supporting offenders to address their needs*

The proposal recognises through consultation and collaboration with partners, and intelligence from local communities, that alcohol has become an increasing problem, linked to street drinking, begging and domestic abuse, and there needs to be a collaborative approach to tackling this, in which this service should be seen as a leader.

The proposal recognises the increased problems associated with over the counter medications, and in Hull the specific issue of Benzodiazepine use, which when combined with drinking and class A drug use, creates very specific health and criminal justice challenges.

The wider specification and tender has a significant focus on partnerships and how these will be used to address the complex problems that people with drug and alcohol have. The proposal highlights that the service must have partnership working at the heart of delivery and be able to demonstrate how it works to support effective outcomes across social care, health and criminal justice.

In the new tender, the criminal justice component is described as part of a wider system in which bidders are required to show they can deliver as a minimum:

- *the number of interventions delivered in criminal justice settings, with an aim to continue at the existing high levels*
- *the number of people identified and flagged to probation as suitable for a DRR or ATR, and followed up in court, with an aim of increasing the numbers utilising this form of sentencing*

- *the number of people engaged into treatment, with an aim of moving more people through treatment in a year, particularly in relation to alcohol use*
- *an increased number of drug users sowing a reduction in offending on caseload at 6 months*
- *an increasing number of drug users not testing for illicit drugs on caseload*
- *an increased number of drug and alcohol intervention successful completions*

Track Record
The existing service model in Hull has started to show a positive impact on outcomes and the criminal justice service has been fundamental to this. The service has delivered well in terms of identifying people via police custody and providing low level interventions, continuing to pick up clients via a positive test, complete assessments and where the client is known, review their care plan, or if not known engage them in treatment. This has improved effectiveness and cost efficiency as the resource based in custody is better utilised, and a greater diversity of people are supported.

It is well evidenced that Heroin is not a gateway drug, so intervening before someone starts to use Heroin can have a significant impact on their ability to reduce drug use and prevent offending at an earlier stage, as well as showing a flexible and more assertive approach to tackling the problem.

The numbers testing positive (crack and heroin) in Hull police custody are falling. This suggests that:

- *clients coming through the criminal justice system are using less Heroin/Crack than the comparator areas, which is an indication that the partnership between police, probation and treatments is having a positive impact;*
- *numbers of positive tests are showing a decreasing trend over time, which supports the drop in estimated prevalence, and increased drug free outcomes in Hull; and*
- *the service has the capacity to support the police by engaging with other offenders with drug or alcohol use given that they have to be based in custody to carry out tests.*

4. Options

There are three options.

Option 1 - Do nothing - don't fund
This option is not recommended as there are clear significant risks to community safety of not providing intervention services as well as risks of harm to individuals misusing substances.

Option 2 – Directly Commission
The OPCC could commission services separately from Public Health. This is not recommended as the OPCC does not have sufficient time or resources / experience to do so.

Option 3 – Contribute to the Proposed Commissioning in Partnership with Public Health (Hull)

This option is recommended because it builds on an improving position, is affordable and can be based on a performance manged approach. The basis of recommending this option is that:

- *The OPCC provides funding of £400,000 per year guaranteed for year 1 (October 2018 to September 2019) and year 2 (October 2019 to September 2020)*
- *The OPCC develops and agrees a performance framework for the criminal justice component of the contract to enable decisions on funding further years to be based on performance*
- *The OPCC carries out a performance review, in partnership with the Director of Public Health for Hull, by September 2018 to enable funding decision to be made for year 3 (October 2020 to September 2021) and annually thereafter.*

5. Risks

There are always clinical risks associated with commissioning services that prescribe controlled drugs. These risks are mitigated by strong evaluation of clinical governance structures, clinical leadership and accordance with national quality standards. The risk assessment attached at Appendix B sets out the key risks and mitigations.

6. 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 proposed 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.

7. Financial Implications

The budget requirement is for an annual provision of £400,000 starting in October 2018 for two years, with a further commitment of four years subject to annual performance review. The amount of budget required is significant but has been budgeted for and is made available from core grant.

8. Legal Implications

None

9. Equalities Implications

An Equalities Impact Assessment is attached at Appendix C.

10. 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

11. Communication Issues

The commissioning exercise is full open tender with an award notice requiring sign off by the Director of Public Health. This will be an open public event, there may be media interest.

12. 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*
- *Hull Substance misuse service specification (Lot 1)*
- *OPCC Risk assessment*

13. 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	
I have included any procurement/commercial issues/implications within the report	Yes
I have liaised with Corporate Communications on any communications issues	Not yet
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

2018/19
PUBLIC HEALTH SERVICES CONTRACT

APPENDIX A – SERVICE SPECIFICATION

Service Specification No.	1
Service	Integrated Drug and Alcohol Recovery Service
Commissioner Lead	Public Health, Hull City Council
Provider Lead	To be confirmed via tender
Period	1 October 2018 to 30 September 2023
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

Prevalence of drug and alcohol use both nationally and locally is well documented, and in Hull drug and alcohol prevalence is much higher than national averages. The different types of need are set out below. In many cases it is not drug or alcohol use that presents as the problem, but a range of associated health, crime and social care issues, which when explored further identify drug or alcohol problems.

Prevalence of alcohol use in Hull is:

- 18,500 high risk drinkers
- 5,800 chronically dependant alcohol users

Prevalence of drug use in Hull is:

- 9,300 people with lower level drug use
- 4,000 people with opiate/crack cocaine drug use

Drug and alcohol misusers impact significantly on their families and local communities. Drug and alcohol misusers and their families are often involved with a range of services such as primary care health services, mental health services, family services, safeguarding, housing and employment services.

Alcohol and drug misuse is associated with increased rates of emergency presentations to hospital, often through A& E departments and the point at which a person with an alcohol and drug problem presents to hospital represents a critical moment when they can be receptive to targeted support and treatment.

A significant proportion of families in receipt of child protection services have substance misuse as a contributory factor, and recovery services are commissioned to consider the wider needs of the family as a way to motivate and support a service user in their journey to become abstinent.

2. National Outcomes

As per the Public Health England (PHE) Outcomes Framework the service will work towards the following key outcome measures;

- Reducing smoking prevalence in adults
- Improving successful completions of drug treatment
- Improving successful completions of alcohol treatment
- Reducing deaths from drug misuse
- Successfully engaging adults with substance misuse needs in community based treatment following release from prison.

- Reducing admission episodes for alcohol related conditions.

The service will be measured against the PHE Outcomes Framework National data.

3. Scope

3.1 Aims and objectives of service

The specification outlines the required delivery for an integrated drug and alcohol treatment and recovery model, to be delivered to all residents of Hull. The recovery drug and alcohol treatment system will improve outcomes in Hull by delivering an early intervention approach which will target individuals at the earliest possible stage in their drug and alcohol misuse, and support service users to initiate and sustain meaningful recovery, whilst safeguarding the most vulnerable.

The service will have a number of key aims which are:

1. To reduce the prevalence of drug and alcohol use by delivering health promotion and prevention campaigns as part of a systemic approach across the city.
2. To improve engagement into the system for those needing lower levels of support for their alcohol and drug misuse.
3. To improve the overall health and wellbeing of service users and their family.
4. To actively support families and reduce harm to children.
5. To increase the number of people becoming, and staying, drug and alcohol free.

Service objectives include:

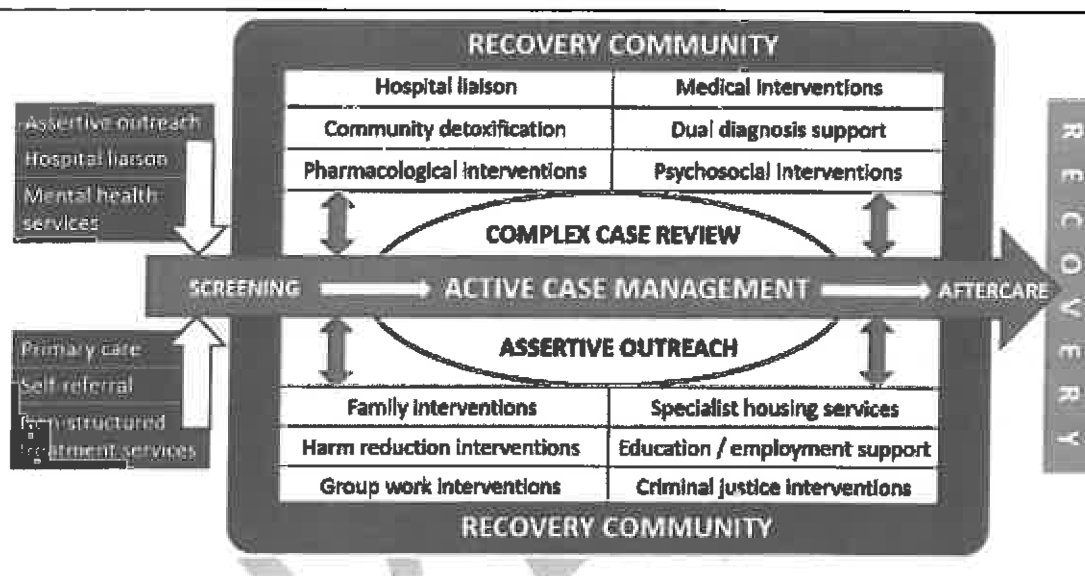
1. Providing drug and alcohol information and advice in order to develop increased knowledge, especially in high-need communities,
2. Providing opportunities for people to manage their own drug and alcohol either independently or with support
3. Ensuring there is a greater emphasis on providing a more holistic approach, by addressing other issues in addition to treatment in order to support people dependent on drugs or alcohol, such as offending, employment, mental, sexual or physical health and housing.

3.2 Service description/care pathway

Whole System Approach/ Overarching Delivery Requirements

The lead provider is expected to deliver a recovery orientated treatment system that identifies and addresses differing levels of need at each level, and recognises the need to tailor responses for people with alcohol or drug problems.

The diagram below gives an indication of the intended structure for the model:



The lead provider will hold the contract for the entire service model, and ensure that individuals move seamlessly and effectively between treatment modalities and services to achieve recovery. The lead provider will be responsible for maximising existing assets, sharing best practice, creating a learning environment and culture and have responsibility for the whole model of delivery. They will oversee the whole supply chain of treatment and recovery provision, sub-contracting services to ensure delivery is diverse and offer individuals a choice of services which enable them to recover from their drug or alcohol use.

It is expected that the lead provider will take a leadership role in

The service will have responsibility for ensuring the services adapt to the needs of people in Hull, and that there is emphasis on effective case profiling and segmentation.

The service will develop arrangements to manage prescribing and supervised consumption budgets, and have a clear evidence-based prescribing policy.

The model will deliver the service components below:

1. Prevention and Early Intervention
2. Harm Reduction Support
3. Criminal Justice Interventions
4. Family Support
5. Case management
6. Community treatment
7. Inpatient detoxification and residential Rehabilitation
8. Group work, Aftercare and recovery support

Recovery will be embedded into all of the above components, and the service shall work in a seamless way with other key agencies to provide a treatment journey that is focused on individual need, and does not duplicate referral or assessment, but supports a client through their treatment journey. The components of the treatment model will be required to work jointly with other health and social care services to deliver an integrated treatment system.

Overarching features of the integrated recovery drug and alcohol treatment system will be:

- An increased emphasis on prevention and early targeted intervention with services actively working with high risk groups and working in communities.

- Services will be delivered through a hub & spoke model, with an emphasis on co-location with other key services to encourage earlier engagement

- Integration and co-location of substance misuse, mental health and physical health services to ensure seamless provision, and ensure that the service user need can be met in a timely and effective manner.

- Clinical leadership across a multi-agency setting.

- Laboratory tests and pharmacy supervised consumption services managed through one contract to achieve economies of scale

- Multi-disciplinary approach to care

3.2.1 Prevention and Early Intervention

The service will:

- Actively lead on the provision of health promotion and prevention campaigns, which focus on behaviour change. The service will work with local health education services around wider public education campaigns.

- Deliver training to a wide range of professionals across the full spectrum of services in the city in brief interventions to ensure that early identification, heath promotion and harm reduction messages in relation to drug and/or alcohol use are given consistently by any professionals in contact with them.

- Work to improve knowledge and evidence based interventions by keeping professionals up to date on drug and/or alcohol issues and providing regular advice and briefings on new drug or alcohol trends, intelligence on changes in local drug and alcohol use, and ways to respond to drug and alcohol concerns.

- Ensure there is a clearly and widely advertised Single Point of Contact for service users, that is consistent with the promotion of an integrated citywide treatment system, with telephone support available 7 days a week including bank holidays, 9am to 9pm. Adequately trained and supported staff will answer the calls and give advice and support to service users, potential service users, family and friends and professionals and encourage them to engage in services, or reduce risk to themselves or their families.

- Deliver an assertive outreach approach to identify and engage people not known to services in communities, using AUDIT and DAST as screening tools, and respond to people using other local health services who may have an alcohol problem or drug problem. This will include a hospital liaison function which will screen people via A&E and deliver extended interventions and develop a service to engage and follow up service users, including involvement in those identified as high risk frequent attenders. The service as a minimum must be available in a hospital setting for 8 hours per day, 7 days per week.

- Co-ordinate and work within the Local Authority EHASH, the Hull City Council tenancy service GP practices other community services and locations to be agreed with the commissioner to encourage early identification and intervene earlier to prevent crisis, reduce safeguarding risks and improve outcomes for vulnerable families.

Given the low level nature of this type of drug and/or alcohol use, the service will provide early intervention support for an individual for a maximum of 3 months, after which point the service should be able to demonstrate improved outcomes. The service will ensure attendance and outcomes of the interventions are shared with the service users GP, and any criminal justice organisations where appropriate.

3.2.2 Harm Reduction Support

The service will:

- Support new approaches to community policing, including delivery of harm reduction interventions and programmes for people suitable for conditional caution, especially where alcohol is considered a factor in their offending behaviour.

- Provide an early intervention team that will work within police custody (Clough Road Police Station), and Hull Crown and Magistrates Courts to identify people in the criminal justice system who would benefit from extended interventions or structured treatment for their drug and alcohol use within police custody the service will screen all people with a potential drug and alcohol problem regardless of residence.

- Deliver interventions in relation to blood borne viruses, including screening and vaccination, and advice and support in relation to Hepatitis, and share information with the Hospital and GP practices.

- Develop suitable protocols and pathways with Yorkshire Ambulance Service to ensure that people requiring emergency attention due to alcohol or drug use are referred for further support.

- Encourage access to needle exchange facilities, and support service users still using illicitly whilst in treatment with needle exchange to reduce risk behaviours around injecting, and work to engage the individual in treatment.

- Provide crisis support and harm reduction advice for people who refuse or unable to engage in structured treatment.

- Administer Naloxone kits to service users and their family and staff employed in suitable organisations such as hostels. Ensure the relevant training and advice is given to people expected to use the kits.

3.2.3 Criminal Justice Interventions

The service will

- Work within the Humberside Police custody suite and with Police custody staff to provide screening, using DAST and AUDIT, and brief interventions where there is an indication of problematic drug and alcohol use, regardless of residence. Where screening identifies the need for further intervention this will be provided for all Hull residents. For any other resident a referral will be made to the relevant service. The service as a minimum must be available in a custody or criminal justice setting for 8 hours per day, 7 days per week.

- Work with primary care and mental health services to communicate arrests where this may have an impact on their health or treatment.

- Work across other criminal justice locations, and the Courts to ensure that individuals with an identified alcohol or drug problem are highlighted as suitable for an ATR (Alcohol Treatment Requirement) and DTR (Drug Treatment Requirement), and that advice is provided to the courts to make suitable recommendations.

- Work with partners to provide support where drug or alcohol use has been identified as a problem due to domestic abuse or conflict within the family.

- Provide a range of group interventions which support behaviour change in relation to alcohol and drug use which can be utilised to support ATR and DTR delivery, as well as supporting people identified through criminal justice routes as needing further support.

- Deliver effective joint care pathways that ensure continuity of care for service users going into prison and upon release from prison. The service will work closely with the national probation service and the

Humberside CRC to ensure people with alcohol and drug related issues are identified and effective release planning is developed in partnership to ensure clients are offered support pre and post release in a seamless care planned approach. The service will ensure communication with the relevant health providers where a service user is engaged form prison.

3.2.4 Family Support

The service will:

- Work with families and carers of service users both in support of service users treatment goals and independently to provide independent support to the family.
- Deliver a co-ordinated approach to family interventions, working with the Hull EHASH (Early Help and Assessment Safeguarding Hub) to develop an integrated approach to supporting families who may have problems due to drug or alcohol use.
- Support the delivery of co-ordinated "Triple P," "Strengthening Families" and "Fed Up" across the city to ensure that access to parenting support is consistent and delivered in a multi agency setting. The provider will ensure they co facilitate one of each programme annually as a minimum, and that staff are appropriately trained to deliver the above programmes.
- Provide awareness training to other professionals on identification of drug and alcohol using parents, and support the delivery of hidden harm training via the LSCB (Local Safeguarding Children's Board).
- Provide a group work programme for family members who have concerns caused through a family member's drug or alcohol use, which is independent from any care given to their family member, and supports resilience building, reduces isolation and encourages peer support networks for carers.
- Family support interventions within this service should be provided for a maximum of six months, after which time they should have demonstrated improvements in their family networks and relationships, or require more specialist family support. Further drug or alcohol related support may still be required.

3.2.5 Case Management

The service will:

- Allocate a case manager at the first appointment with the service and ensure that case managers undertake an initial assessment prior to entry into treatment. The case manager will be the primary contact for the service user, agree their care plan, and co-ordinate the required interventions across all elements of treatment, including tier 4 interventions and aftercare.
- Ensure case managers complete regular reviews, and ensure that effective joint working with other services is in place for those with mental health problems, physical health needs, or social care involvement to develop an integrated and jointly owned care plan with the service user at the centre.
- Ensure care plans include suitable goals to achieve recovery, as well as detailed and time specific health and social care goals.
- Include communication and joint working with the Job Centre Plus, which includes the delivery of the PHE joint working protocol between the job centre and treatment providers.
- Ensure that care planning actively involves carers and families in the care plan
- Ensure all interventions, both psychosocial and medical, are co-ordinated and reviewed regularly, alongside a review of their compliance with treatment as demonstrated through testing.
- Manage non-compliance with treatment; ensuring the service user is fully aware of the risks and

consequences of this, and co-ordinate any remedial action plans.

- Ensure that a whole family approach is embedded within the care plan, and all safeguarding concerns are acted upon and shared with relevant partners

- Monitor the impact of interventions and progress against the treatment goals, as well as manage risk, safeguarding activity and liaison with other external agencies involved in the individual's care.

3.2.6 Community Treatment

The service will:

- Conduct a comprehensive assessment which considers the service user's wider needs, in the context of their family and their individual needs. This will be supported by a risk assessment and health assessment, which includes a NHS health check where the service users meet the criteria, and screening for Hepatitis B and C, and vaccination where required. Details of health interventions, identified risks and any prescribing initiated will be shared with the service users GP.

- Deliver a range of pharmacological interventions that underpin and support the recovery plan, these will include the delivery of prescribing interventions for stabilisation, reduction, withdrawal, community detoxification, symptomatic relief and overdose prevention (Naloxone) and relapse prevention regimes, and testing to support the client in their recovery.

- Offer smoking cessation support to service users, including harm reduction advice and nicotine replacement therapy.

- Manage and co-ordinate appropriate supervised consumption arrangements, including working with the service user to identify the most appropriate pharmacy, and contract management arrangements to ensure effective utilisation of supervised consumption.

- Provide specialist support plans to those individuals with other types of substance misuse, including dependency to Benzodiazipines and prescription medications such as Ganapentin and Pregablin, in conjunction with the service users' GP.

- Deliver a range of psychosocial interventions designed to meet the many and varied needs of service users. Interventions will be evidence based, delivered by suitably trained staff, and will include the following where it supports delivery of the service users care plan:-

    - International Treatment Effectiveness Programme (ITEP)
    - Cognitive Behaviour Therapy
    - Motivational Interviewing
    - Group work to motivate and support an individual to move through treatment
    - Group work to support and prepare service users for detoxification

The maximum time that it is anticipated any individual will be engaged in the treatment element of the service will be 3 years, after which point they will either have become drug and/or alcohol free and be 'stepped down' into after care and support, discharged completely as a successful completion, or stepped down into the long term in treatment service.

3.2.7 Inpatient Detoxification and Residential Rehabilitation

The service will:

- Establish a process to ensure assessment, pre-detoxification preparation, and access procedures are in place.

- Develop a framework of Tier 4 providers suitable for inpatient detoxification and residential rehabilitation

that meets the diverse needs of service users

- Ensure all service users in need of inpatient detoxification or residential rehabilitation have access to the most suitable option.
- Manage all costs and contracts associated with Tier 4 activity
- Monitor service user outcomes following Tier 4 interventions and report back to commissioners

3.2.8 Group work, Aftercare and recovery support

The service will:

- Ensure that gains made whilst in treatment are supported by the delivery of community rehabilitation group programmes that have sufficient structure and activity in their day to day activities to assist individuals in maintaining their drug or alcohol free status, whilst addressing the issues caused by dependency.
- Provide a range of structured programmes which should be for a minimum of 8 weeks and a maximum of 16 weeks with length of group work programmes determined by client need and the focus of the programme itself.
- Ensure group work programmes support individuals in different stages of their recovery journey
- Develop and coordinate the delivery of a volunteering and peer mentoring programme which will encourage and facilitate service users who have become drug or alcohol free to take up volunteering opportunities within the wider community.
- Ensure that all individuals are kept informed about mutual aid networks and local groups, and are proactively encouraged and supported to attend and participate as part of their ongoing aftercare journey. The service should ensure groups are clearly advertised. The service can run and facilitate service led mutual aid provision, but this must be open to any interested individual and not provided at the prejudice of other independent mutual aid groups locally.
- Ensure aftercare is abstinence focused, delivering all support with an emphasis on encouraging independence and a positive move on from drug and alcohol treatment.
- Ensure through effective working relationships with health and social care that individuals are able to access support with a variety of needs including health, housing, welfare and (ETE) Employment, Training and Education prior to the end of their aftercare support.

3.3 Population covered

This service is commissioned for all adult residents of Hull and their families, and should look at the wider needs of the people of Hull when determining the service priorities. The service has a responsibility to improve the health of Hull residents through a range of approaches, including health promotion activity and advice, and as such the whole population should be considered.

However, as an integrated service, the service will operate in some areas where it will be required to see individuals regardless of residence at a screening or early intervention stage. These individuals should then be referred onto their relevant service provider.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Acceptance criteria

The primary target group is all adults who are wishing to address their or their families' issues of alcohol and or drug problems.

Service users aged 18 and under will be considered a young person, and referred to Refresh the young people's substance misuse service.

3.4.2 Exclusion criteria

The Provider has the right to refuse service provision to the users:

- Who are unsuitable for treatment under the conditions of this service specification;
- Who have not validly consented to the treatment provided under the Services; and
- For any unreasonable behaviour unacceptable to the Provider.

Any service user who is discharged from the service must be informed as to the reason for discharge, as detailed in Appendix I.

Service users who are discharged from structured treatment may still have contact with the harm reduction element of the service where suitable.

3.5 Interdependence with other services/providers

This service cannot work in isolation and delivery is dependent on effective working relationships with partners to address the needs of service users and increase the opportunity to achieve improved outcomes including:

- Humberside Police
- National Probation Service
- CRC
- Hull City Council Housing Teams
- Hull Domestic Abuse Partnership
- Humber MH FT
- Hull & East Yorkshire Hospital Trust
- Pharmacies
- GP Practices
- Hull City Council Adult Social Care
- Hull City Council Children and Young Peoples Services
- Job Centre Plus

There is an expectation that provider of this service will have effective working relationships and established pathways for clients to move between this service and into the Long Term in Treatment Service.

3.6 Planning assumptions

Hull City Council and its partners want to ensure that the services tackles alcohol related issues with the same level of priority as drug related issues, and targets are worked on the basis that the service will attract an increasing number of people with alcohol problems.

The service will be responsible for the sourcing, co-ordination and provision of drugs, prescriptions, vaccinations, testing kits, clinical waste and any laboratory requirements in relation to the delivery of the service. Costs in relation to the above will be the sole responsibility of the lead provider, who will be expected to provide a

quarterly update to the commissioner on all activity and costs. This may include advice to Hull City Council on suitable drug testing arrangements for adults involved on safeguarding proceedings.

Dispensing costs will be the responsibility of the commissioner.

The service will be responsible for the effective management, coordination, sub-contracting and funding of all elements of supervised consumption, including supervised consumption protocols and arrangements for any service users in the long term in treatment service.

The service is responsible for sourcing suitable premises, which meet local need, and covering any associated costs and management of all premises, where the service is based within partner settings, such as police custody or hospital, there will be no cost for workers delivering interventions suitable for these settings.

4. Applicable Service Standards

4.1 Applicable National standards

The Provider will ensure that they comply with appropriate National Institute of Clinical Excellence (NICE) guidelines and requirements and formulate, and adhere to, a coordinated policy framework that reflects these national standards. These include:

- CG115 Alcohol Use Disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence (2011)
- CG100 Alcohol Use Disorders: Diagnosis and management of physical complications (2010)
- CG120 Psychosis with Substance Misuse on over 14's: Assessment and Management (2011)
- TA325 Nalmefene for Reducing alcohol consumption in people with alcohol dependence (2015)
- QS83 Alcohol: Preventing harmful use in the community (2015)
- CG110 Pregnancy with complex social factors: a model for service provision for pregnant women with complex social factors (2010)
- QS11 Alcohol use disorders (2011)
- QS23 Drug use disorders in adults (2012)
- NG64 Drug Misuse prevention targeted interventions (2017)

The provider will ensure that Care Quality Commission (CQC) registration is in place, kept updated, and any CQC inspections relevant to the services commissioned via this specification are shared with the commissioner as part of regular quality monitoring, this will include all subcontracted service elements.

As a minimum the Provider(s) must meet the clinical governance standards laid down in the National Quality Standards and Standards for Better Health. All parties will use the information generated by clinical governance activity such as audits and service reviews, and the recommendations of external inspections, to continuously develop and improve services and operational practice across the drug treatment system.

4.2 Data Requirements

The Service is required to generate a monthly data extract for NDTMS. The provider will ensure that it complies with all national standards in relation to Information Governance (Appendix H).

5. Treatment System Identity and Common tools

5. 1 Service identity

It is important that the service has a relevant and strong brand that service users and professionals alike understand and associate with, and that it does not conflict in a way which may deter people with drug and

alcohol problems engaging with the service.

The provider will be required to work within the agreed branding for the model, known as Renew for the benefit of the treatment system, for any associated literature, promotions and protocols. These will include the way the service is promoted both internally within Hull City Council and to all external partners.

Staff members will be required to promote the service under its agreed brand and will not refer to the service by the parent company name in isolation.

The service will be expected to develop and maintain effective referral forms, assessment tools and risk assessments that can be shared with key partners. The service should endeavour to have a common approach and tools for service user consent, identification of risk, and information sharing with lot2.

6. Location of Provider Premises

6. 1 Location

The service will be located within the City of Hull, and be locally and community focused and therefore should be delivered and tailored to the needs of communities and across appropriate locations in Hull.

Services will integrate where possible with other relevant provision to best meet the need of the population e.g. police custody or children and young people's services. The service provider will consider the wider needs and impact on local residents and ensure that this is minimised and there is an opportunity for local residents to feedback to the service any concerns or issues.

The provider should ensure and demonstrate that all premises are:

- fully DDA compliant
- appropriate for children to access
- located in venues that are safe and suitable for the client group
- located in venues that are safe for the local community

The service will offer a choice of assessment and appointment venues including home appointments; home is defined as where the person lives and could include nursing or residential home.

6.2 Times of delivery

The service will be flexible and responsive to individual's needs and should reflect need. Services provided that relate to Early Intervention or crisis interventions, or are in Hospital or Police or Local Authority settings should be tailored to meet the periods of key demand or need.

Early intervention inreach services should be available for 8 hours per day, 7 days per week within hospital, police custody or criminal justice setting.

Structured, appointment based services, including prescribing and case management appointments should be available as a minimum for 6 hours Monday to Friday, and 4 hours on a Saturday, with at least one evening available during the week for 52 weeks a year (excluding bank holidays).

Project Management Toolkit
Risk Assessment

GUIDANCE

This tool is designed to help identify and manage issues and risk associated with the project with respect to:

1. People - service users, carers, community, social inclusion, diversity, participation
2. Provider and Partners – current/new service, market place, other stakeholders, business opportunities, workforce
3. Places – local provision (universal, targeted, specialist), environment, transport, community profile
4. Political and Legal - statutory regulations, law, democratic process, governance, policy, political environment, media
5. Project – budget envelope/finance, procurement, performance management, provider payments, service user contributions, technology, workforce, project linkages and dependencies

Key issues and risk identified should feed the Project and engagement Plan and any Impact Assessment and Risk Register. Lessons learned from previous projects or best practice should feed the Risk Assessment on initiation of a project.

Text in italics indicate prompts only and should not be considered exhaustive or compulsory. Prompts link to commissioning projects and should be adapted as appropriate to the project objectives, scope risks etc (see project mandate). Delete and add where necessary.

Measures of Impact: should be either **Negligible**, **Minor**, **Major** or **Critical**.

Name	Description
Negligible	Financial loss up to £10,000, short term inconvenience, minor injury, isolated user service complaints, minor local media coverage, minor stakeholder concerns
Minor	Financial loss of between £10,000 and £75,000, moderate service disruption, loss time injury, local media coverage, more service user complaints, stakeholder concern
Major	Financial loss of between £75,000 and £250,000, major service disruption, major injury, regional media coverage, significant user complaints, significant stakeholder concern
Critical	Financial loss over £250,000, total service loss for a significant period, fatality/disabling injury, adverse national media coverage, severe stakeholder concern, mass complaints

Measures of Likelihood should be **Remote**, **Unlikely**, **Possible** or **Probable**.

Name	Description
Remote	Almost impossible/only occurring in exceptional circumstances (below 10%)
Unlikely	Slight chance/could occur (10% - 49%)
Possible	Likely to occur (50% - 75%)
Probable	Strong/very strong/inevitable (over 75%)

Source: 4Risk Risk Matrix (see www.4risk.co.uk)

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RISK ASSESSMENT PLAN

Project Title:	Commissioning of lead provider integrated substance misuse service – PCC contribution			
Planned Dates:	**Initiation**	April 2018 – October 2018	**Closure**	• November 2018

Issue/Risk Identified	Impact Level	Likelihood Level	Actions	Person Responsible	Timescale	Comments
1. People **Service users, carers, community, social inclusion, diversity, participation**						
Feed through to/from IIA The commisioning excercise covers the procurment ofclinical services, these service require the prescribing of controlled drugs.	**Critical**	**Unlikely**	There is a requirement to ensure that Hull PHE have included: • Effective governance mechanisms are in place and risks considered to protect individuals receiving treatment and the public. • These are to be tested through Method Statement in the procurement process • Providers are required to provide evdidence of compliance with NICE Guidance and this is monitoired through out the contract through baseline assesment processes. • The provider should be judged good or better by the Care Quality Commission. • References sought as part of service award.	**S.Atkinson OPCC Assurance**	**April 18: Specification** **October 18: Evaluation** **Nov 2018 – contract management and service mobilisation**	Desirable Good or better Measured through Method Statement

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Issue/Risk Identified	Impact Level	Likelihood Level	Actions	Person Responsible	Timescale	Comments
Impact on individuals *Risk that service users disengage with services which may result in mortality.*	**Critical**	**likely**	• Query and positively challenge Hull PH discharge policy which appears to work against evidence base • Ensure that services are delivered in line with evidence base of effective engagement and so that a positive benefit is realised. • Detailed within specification, Evaluated in tender and ensure this is reflected within performance measures so is well manged within the contract and performance arrangements • Ensure service model is aligned to patient segmentation and more	**S.Atkinson OPCC Assurance**	**April 2018: Specification** **Oct 2018: Evaluation**	**Specification to detail clinical leadership (evaluation)** **Governance structure (evaluation)** **NICE quality standards in treatment of substance misuse (orange book guidelines)**

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Issue/Risk Identified	Impact Level	Likelihood Level	Actions	Person Responsible	Timescale	Comments
What is the potential impact on service users?	**Critical**	**Possible**	**As above**	**S. Atkinson OPCC assurance**	**2018 – contract managemen t/quality audits**	**As above, but also noting:** Increased engagement opportunities and positively benefit from receiving optimised care.
What is the potential impact on Carers? *Carers are hidden and have unmet needs*	**Negligible**	**Remote**	Ensure the delivery of interventions for carers are included within service specification	**S. Atkinson** **Marie Morgan**	**2018 – contract management/ quality audits**	Identification of carers and working in partnership to deliver intervention. Linked to victims and vulnerability
Impact on dependents under18	**Critical**	**Possible**	Whole family approach included within the specification. Ensuring a line of sight on toxic trio and the impact upon neglect.	**S.Atkinson**	**Nov 17: Specification** **Dec 2017: Evaluation** **July 2018 – contract management/ quality audits**	Learning from JTAI –Hull SMS Audits.
Impact of project on wider community	[redacted]	**Remote**	Assurance specification requirement for assertive outreach	**S.Atkinson** **S Atkinson OPCC**	**Nov 17: Current:Spec ification**	The intention is to re commission a lead provider integrated model in line with

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Issue/Risk Identified	Impact Level	Likelihood Level	Actions	Person Responsible	Timescale	Comments
Incidences of drug related harm to communities and community perception of the harm.			- Outreach to be delivered - Challenging perception of likelihood and scale of the risk. - Assurance required re a potential in supervised consumption delivery, resulting in less supervision. OPCC to seek clarification from Hull PH as the the rationale for the delivery of this	**Assurance**	**October 2018: Evaluation** **December 2018 – contract management/ quality audits**	Public Health priorities and PCC plan Increasing public satisfaction and confidence within the delivery of service – however - **Perception of risk issues are higher, potentially influenced by local media coverage re a disinvestment from Health. OPCC is a story of considerable investment.** **Reduced supervision of medication could increase diversion**
Transitions planning for existing service users (contingencies, move on accommodation, introductions to new workers, exit plans for those not transferring to new service)	**Negligible**	**Unlikely**	Assurance - Ensure transition is submitted as part of the tender process.	**S.Atkinson OPCC assurance**	Current: Specification Oct 2018: Evaluation Dec 2018 – contract management	**Mobilisation to include as ITT**

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Issue/Risk Identified	Impact Level	Likelihood Level	Actions	Person Responsible	Timescale	Comments
Identify relevance to public sector equality duty (IIA)		**Remote**	OPCC Assurance - Ensure that challenging stigma and enabling recovery is a key thread throughout the specification, linked to the pillars of recovery. Provide a clear expectation around community safety and outcomes. Ensure that OPCC organisational values are compliant within evaluation	**S.Atkinson**	Nov 17: Specification Dec 2017 Evaluation July 2018 – contract management/ quality audits	In the re commissioning there is a strong requirement to build foundations for pillars of recovery, increase employment outcomes and housing status, optimise health and well-being, particularly for those often stigmatised by nature of addiction and lifestyle). This approach will aim to reduce stigma, enable recovery and increase equality of opportunity
What communication is needed with stakeholders? *Ineffective and untimely communication* *Critical in terms of prescribing of opioid based medication (OST). Stakeholder expectations and delivery of early intervention.* *Interventions for complex needs – shared delivery and ownership.*	**Critical**	Possible	Test out with key stakeholders and bring together transformation of substance misuse as part of the criminal Justice board activity - aspirational and forward LOOKING. A requirement for stakeholder engagement plan included with evaluation, The system delivers further positive benefits in terms of optimising early intensive intervention for new treatment entrants and alcoholism, delivering more preventative interventions at the front end of treatment	**S.Atkinson** **S ATKINSON OPCC assurance**	Nov 17: Specification Dec 2017: Evaluation	**Pharmacy missed dose alerts are good practice examples** **Engagement with criminal justice board to establish local expectations and bring together performance framework**

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Issue/Risk Identified	Impact Level	Likelihood Level	Actions	Person Responsible	Timescale	Comments
			and promoting and facilitating earlier recovery			
2. Provider and Partners **Current/new service, market place, other stakeholders, business opportunities, workforce**						
Feed through to/from IIA						
TUPE implications *Providers don't agree arrangements*	**Negligible**	**Unlikely**	OPCC has no stance -tupe may apply, not an OPCC decision.	**S Atkinson seek assurance form HULL PH team**	**Oct 2018**	
	Negligible	**Unlikely**	**Evaluated within element of transition in method statements**	**S Atkinson for OPCC assurance**		

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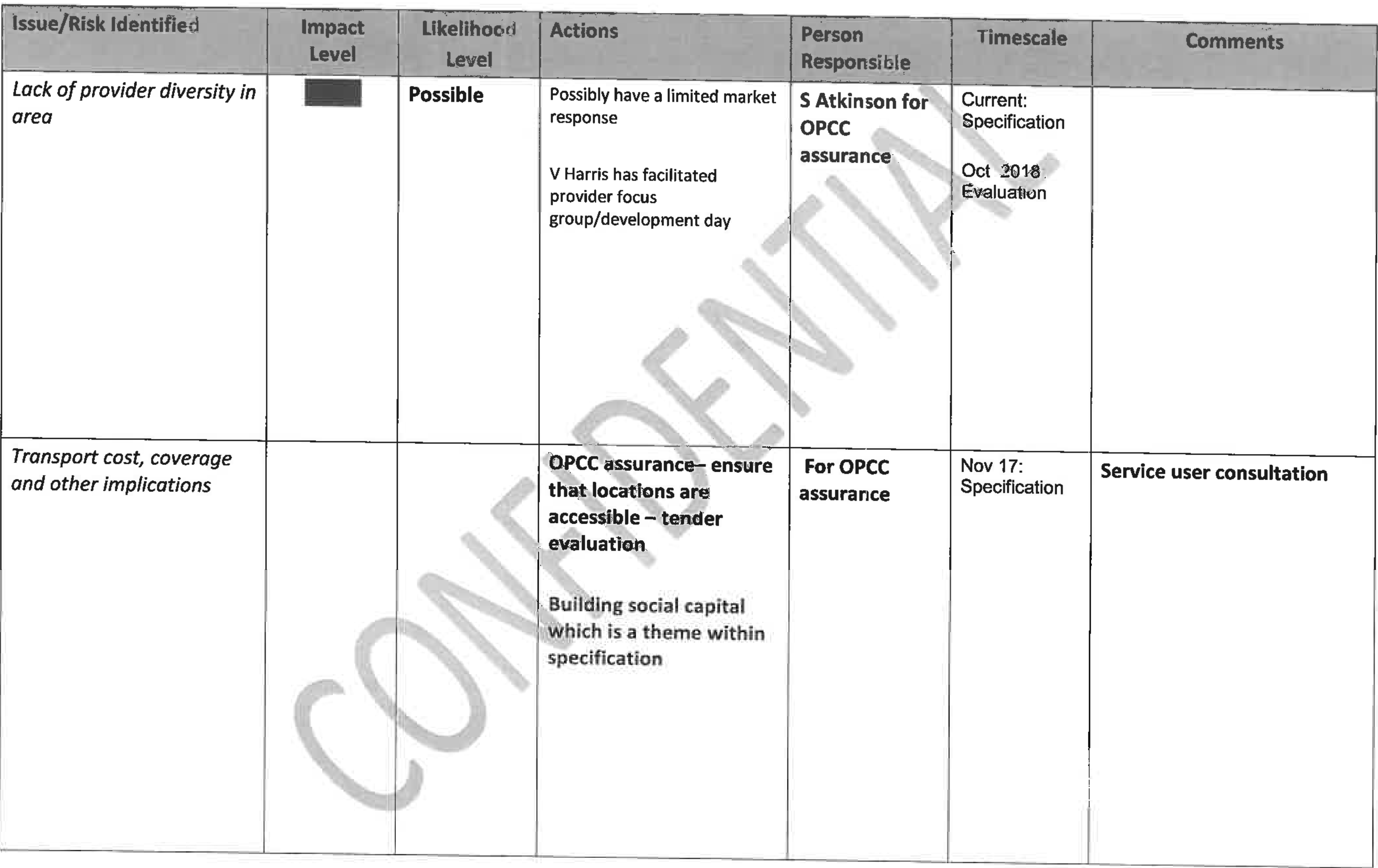

Issue/Risk Identified	Impact Level	Likelihood Level	Actions	Person Responsible	Timescale	Comments
Lack of provider diversity in area	[redacted]	**Possible**	Possibly have a limited market response V Harris has facilitated provider focus group/development day	**S Atkinson for OPCC assurance**	Current: Specification Oct 2018 Evaluation	
Transport cost, coverage and other implications			**OPCC assurance– ensure that locations are accessible – tender evaluation** Building social capital which is a theme within specification	**For OPCC assurance**	Nov 17: Specification	**Service user consultation**

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Issue/Risk Identified	Impact Level	Likelihood Level	Actions	Person Responsible	Timescale	Comments
3. Political and Legal **Statutory regulations, law, democratic process, governance, policy, political environment, media,**						
Feed through to/from IIA	**Negligible**	**Unlikely**				
Political environment *This is a key decision record and will be published as such*			**Linked to media interest below:**	**S Atkinson**		
Media interest (+ve / -ve) *Spending public money on cohorts which could be portrayed negatively by some forms of media – local press.*	Major?	**Unlikely** **Has happened previously in Hull**	Present investment as having a value for individuals communities OPCC seek assurance that Providers are required to agree any media/press releases in advance with the commisioner to ensure any Council reputational risk is managed . - **Included within Public health contract regs?**	**S Atkinson** **Seek assurances for OPCC**	Current: Specification Ongoing contract management	Increasing public satisfaction and confidence within the delivery of service will negate bad publicity. OPCC news story is about crime reduction and community safety - a positive story
Legal implications	**To be advised**					
Procurement risks *Risk of challenge*	**Critical**	**Unlikely**	Procurement undertaken by PH HULL so risk is mitigated	**S Atkinson**		
Budget risks in terms of being tied to performance	**Critical**	**Possible**	Continue to liaise with senior management	**S Atkinson**	Oct 18 +	

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Issue/Risk Identified	Impact Level	Likelihood Level	Actions	Person Responsible	Timescale	Comments
framework – potential to cross over OPCC election period			team regarding CJ funding. Annual agreement or bi annual agreements in place.			
4. Project **Budget envelope/finance, procurement, performance management, provider payments, service user contributions, technology, workforce, linkages and dependencies**						
Project Impact Assessment should be completed as part of the Project Initiation stage and reviewed throughout the project for example pre-tender and as part of the transition phase. Information from Lessons Learnt Reviews will feed the Impact Issues and Risk Assessment.						
Feed through to/from IIA						

Sign off for Impact Assessment and Risk Management Plan	
Project Manager **Stewart Atkinson OPCC Humberside**	**Date** **April 2018**

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Equality Impact Assessment

Contract Title:	Hull Substance Misuse Treatment and Recovery Service
Contract No.:	
Procurement Contact:	Hull Council Procurement Team
Customer Contact:	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

SERVICES	
Does the service involve direct contact with the public? E.g. healthcare in custody or emergency boarding.	Y
Does the service involve indirect contact with the public? E.g. website.	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

GOODS	
Do the goods need to meet specific needs of the user? E.g. Race, gender, disability, dietary, religion, health etc.	Y

WORKS	
Do the works/building need to allow access to external and internal employees/public?	Y
Are the works to be performed on police premises where the contractor's workforce will be in contact with police employees?	Y

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.

- 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

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:

Source	***Reason for using***
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

	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

3. Risk of impact on protected characteristics:	Low Risk
Race: 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. There is a requirement for culturally sensitive information and information in appropriate language formats. 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. 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. OPCC diversity panel with support an ethics agenda and support this work by connecting services and organisations to explore engagement opportunities in appropriate ways. 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.	*Low*

Disability: 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: • People with mental ill-health • People with learning disabilities • People with chronic long term health problems • Offenders / ex-offenders • People who are homeless or threatened with homelessness There are gaps in hard data for analysis of physical disabilities but the services currently report that: • 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). • Clients with a Learning difficulty account for less than 1% of the overall people in treatment • Clients with a primary physical disability need account for 6% of the overall people in treatment 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. 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). 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. 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	*low*

Access issues based on mobility and access to transport will be evaluated as part of the tender.	
Sex: 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. 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. Males with alcohol problems are the least likely to engage following referral. Sensitivity will be applied to this area. 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.	*Low*
Gender reassignment: 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 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. 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.	*Low*

Age:

Low

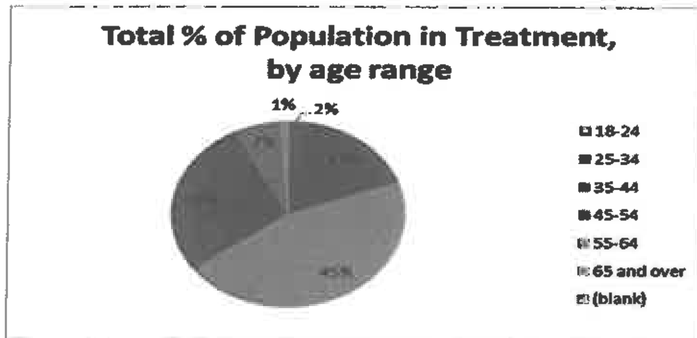

Table displays breakdown of current treatment population in Hull, by age range.
Linked to this ageing cohort.

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.*

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. *People belonging to a particular age group*	
Sexual Orientation: 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. 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. 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.	*Low*
Religion & Belief: There was no evidence from the consultation feedback of changes having a negative or positive impact on this characteristic There is a requirement for culturally sensitive information and information in appropriate language formats. 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. .	*Low*
Marriage & Civil Partnership: 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. There will potentially be a positive impact as the contracted provider will work towards improving access for all service users.	*Low*
Pregnancy & Maternity:	*Low*

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 susbstance 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

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

5. Action Plan

*Include all medium and high risks as per your full impact assessment.

Equality Characteristic	Detail of Risk	Level of risk	Supporting comments & action required (including any monitoring requirements)	Action Owner	Completion Date

*RETAIN HARD COPY ON CONTRACT FILE

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:**