



## Notice of a public

### Decision Session - Executive Member for Adult Social Care and Public Health

**To:** Councillor Runciman (Executive Member)

**Date:** Wednesday, 13 July 2022

**Time:** 10.00 am

**Venue:** The Snow Room - Ground Floor, West Offices (G035)

### AGENDA

#### Notice to Members – Post Decision Calling In:

Members are reminded that, should they wish to call in any item\* on this agenda, notice must be given to Democratic Services by **4:00 pm on Friday, 15 July 2022.**

\*With the exception of matters that have been the subject of a previous call in, require Full Council approval or are urgent which are not subject to the call-in provisions. Any called in items will be considered by the Customer & Corporate Services Scrutiny Management Committee.

Written representations in respect of items on this agenda should be submitted to Democratic Services by **5pm on Monday 11 July 2022.**

#### **1. Declarations of Interest**

At this point in the meeting, the Executive Member is asked to declare any disclosable pecuniary interests or other registerable interests she might have in respect of business on this agenda, if she has not already done so in advance on the Register of Interests.

- 2. Minutes** (Pages 1 - 6)  
To approve and sign the minutes of the Decision Sessions held on 15 December 2021.

- 3. Public Participation**  
At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting. The deadline for registering at this meeting is at **5.00pm on Monday 11 July 2022.**

To register to speak please visit [www.york.gov.uk/AttendCouncilMeetings](http://www.york.gov.uk/AttendCouncilMeetings) to fill out an online registration form. If you have any questions about the registration form or the meeting please contact the Democracy Officer for the meeting whose details can be found at the foot of the agenda.

### **Webcasting of Public Meetings**

Please note that, subject to available resources, this public meeting will be webcast including any registered public speakers who have given their permission. The public meeting can be viewed on demand at [www.york.gov.uk/webcasts](http://www.york.gov.uk/webcasts).

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates ([www.york.gov.uk/COVIDDemocracy](http://www.york.gov.uk/COVIDDemocracy)) for more information on meetings and decisions

- 4. Allocation of underspend from Public Health Grant** (Pages 7 - 24)  
This report provides an overview of how an underspend against the Public Health Grant will be allocated in order to address public health priorities in the City.

**5. Supplemental Substance Misuse Treatment (Pages 25 - 42) and Recovery Grant and Local Combatting Drugs Partnership**

This report gives an overview of how the council will allocate resource from the Supplemental Substance Misuse Treatment and Recovery Grant over 2022/23, and its outline intentions for 2023/24 and 2024/25.

**6. Urgent Business**

Any other business which the Executive Member considers urgent under the Local Government Act 1972.

Democracy Officer:

Jane Meller

Telephone No: 01904 555209

Email: jane.meller@york.gov.uk

For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

**This information can be provided in your own language.**

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 **(01904) 551550**



City of York Council

Committee Minutes

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Meeting	Decision Session - Executive Member for Health and Adult Social Care
Date	15 December 2021
Present	Councillor Runciman

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#### **34. DECLARATIONS OF INTEREST**

The Executive Member was asked to declare, at this point in the meeting, any personal interests not included on the Register of Interests, or any prejudicial or disclosable pecuniary interests that they might have had in respect of business on the agenda. None were declared.

#### **35. MINUTES**

Resolved: That the minutes of the Budget Decision Session held on 13 January 2021 be approved as a correct record and signed at a later date.

#### **36. PUBLIC PARTICIPATION**

It was reported that there had been two registrations to speak on agenda item 4 [Financial Strategy 2022/23 to 2026/27] at the meeting under the Council's Public Participation Scheme.

Peter Richardson, a resident of York, expressed his concern regarding the calculation for the funding for adult social care. He noted that he had raised his concerns on many occasions and continued to be dissatisfied with the council's response.

Cllr Hook spoke and registered her concerns regarding the level of funding for health and social care nationally, she highlighted that costs that had risen over recent months and funding had fallen over the same time frame. She noted that the budget for the next financial year included additional funding for the care sector and welcomed the additional funding to provide low level mental health support.

**37. FINANCIAL STRATEGY 2022/23 TO 2026/27**

The Executive Member considered a report which set out the draft savings proposals, growth assumptions and capital schemes relating to her portfolio, providing an opportunity to receive feedback in advance of the presentation of the overall Financial Strategy to Executive on 07 February 2022.

The report outlined the national and local context of the overall strategy, highlighting the unprecedented financial challenges resulting from the coronavirus pandemic. Savings proposals for the portfolio were set out in Annex 1, with growth proposals in Annex 2 and capital schemes in Annex 4. Feedback received to date was contained in Annex 3.

The Chief Finance Officer responded to the first public speaker and noted that the Council had been aware of the concerns raised and had responded on several occasions. She confirmed that the council had used the correct calculation and that his concerns would be better addressed to central government.

The CFO and the Principal Accountant outlined the challenges faced by the Health and Adult Social Care budget and explained their decision making process. The Director of Prevention and Commissioning explained how the use of technology in care provision would enable reductions in care spending.

Resolved: That the following be agreed for inclusion within the overall Financial Strategy 2022/23 to 2026/27 to be presented to Executive on 07 February 2022 and Full Council on 17 February 2022:

- a) The 2022/23 revenue savings proposals for Health and Adult Social Care portfolio as set out in Annex 1 to the report.
- b) The 2022/23 revenue growth proposals for Health and Adult Social Care portfolio as set out in Annex 2 to the report.
- c) The new schemes for inclusion in the 2022/23 to 2026/27 Capital Programme as set out in Annex 4 to the report.

Reason: To ensure that stakeholders have the opportunity to feed into the budget process in advance of the finalisation of the Financial Strategy 2022/23 to 2026/27.

CLlr C Runciman, Executive Member  
[The meeting started at 10.00 am and finished at 10.18 am].

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Meeting	Decision Session - Executive Member for Health and Adult Social Care
Date	15 December 2021
Present	Councillor Runciman

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### **38. DECLARATIONS OF INTEREST**

The Executive Member confirmed that she had no personal interests not included on the Register of Interests, nor any prejudicial or discloseable pecuniary interests, to declare in the business on the agenda.

### **39. MINUTES**

Resolved: That the minutes of the Decision Session held on 09 December 2020 be approved by the Executive Member as a correct record and signed at a later date.

### **40. PUBLIC PARTICIPATION**

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

### **41. PUBLIC HEALTH GRANT ALLOCATION 2021-22**

The Executive Member considered a report that detailed the Local Authority Public Health Grant Allocation. The Director of Public Health outlined the report, noting that the majority of the allocated grant had been used to deliver mandatory services. The grant was ring-fenced and any additional funding, for domestic abuse, for example, was a one-off payment and further funding may not be available in future years.

The Officer also spoke about the impact of the Coronavirus pandemic and noted the importance of the accrued reserves in order to deal with unexpected emergencies. She also highlighted the future priorities within public health.

The Director of Public Health and the Finance Manager then responded to a number of questions from the Executive Member covering data regarding smoking in pregnancy, how best to manage the financial reserves, capacity within the public health team and support available for domestic abuse. It had been noted that following a number of reviews, the public health function in York had been regarded as highly effective.

The Chair recorded her thanks to the public health team.

Resolved: That the Chief Operating Officer be recommended to approve the following:

- a) That the update on delivery against agreed budget savings and priorities for investment of non-committed public health grant be agreed.
- b) That the Director of Public Health, in consultation with the Executive Member and the Chief Finance Officer, be authorised to take all steps required to manage the public health reserve in accordance with the criteria for use of the public health grant.

Reason: To ensure that the criteria for the Public Health Grant Allocation is met.

Cllr C Runciman, Executive Member  
[The meeting started at 11.00 am and finished at 11.23 am].



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**Decision Session – Executive Member for  
Health and Adult Social Care****13 July 2022**

Report of the Director of Public Health

**Allocation of underspend from Public Health Grant****Summary**

1. The report will give an overview of how an underspend against the Public Health Grant will be allocated in order to address public health priorities in the City.

**Recommendations**

2. The Executive member is asked to:
  - 1) Approve the recommended allocation of budget.

Reason: The recommended areas of funding are based on current public health priorities according to the JSNA and the public health work programme, and are aimed at addressing inequalities in the City.

**Background**

3. The Secretary of State for Health and Social Care, in exercise of the powers conferred by section 31 of the Local Government Act 2003, determines each year the allocation of a ring fenced Public Health Grant. The Grant is paid to Local Authorities on an annual basis and is ring fenced for use as set out in the Act.
4. During the financial year 2021/22 an underspend accrued. This was largely due to the Covid-19 pandemic and some business as usual activities not taking place as well as some staff vacancies.

## Priorities for Investment

5. With reference to the Joint Strategic Needs Assessment and Health and Wellbeing Strategy, it is proposed that £250,000 of underspend be allocated to work within the public health team as set out below. The proposed areas of work meet the conditions laid out in the Public Health Grant.

6. Changing Habits

Continuation of 2 x Changing Habits Practitioners / Liaison Workers and their management, training and supervision. Based in GP practices and other venues across the city as part of an outreach-based model, the Changing Habits service offers tailored support for people who are drinking to hazardous or harmful levels, and have often experienced a range of issues related to their alcohol use. Initially known as the GP Liaison Service, this service has been given its own branding: 'Changing Habits' and is open to self-referrals and referrals from partners across the system alongside primary care, including York Hospital's hepatology department and the local IAPT service.

7. Addressing the needs of children and young people

The public health team recently undertook a school survey of primary and secondary school pupils in the York. The survey highlighted a number of areas of concern, where additional funding could be used to support schools to address issues within their curriculum, or where external agencies could deliver support within schools. The four most pressing areas that interventions will be developed around are diet and nutrition, sleep, children that have no one to talk to about their worries, and healthy relationships.

8. Suicide Prevention Training

Provision of evidence based training to professionals in priority workforce groups in York who would otherwise not have access to this training. The training is aimed to support professionals to recognise when person may be at risk of suicidal thoughts and provides skills to ask about suicide and refer to appropriate support.

9. Oral Health

Work with the Community Dental Service to roll out training and supervised toothbrushing programmes across those settings with the most need to re address oral health inequalities and improve outcomes. Other areas to be targeted as part of this campaign is work with Gypsy, Roma, Traveller communities and foodbanks. A universal campaign on oral health is also planned for the other early years settings not included in the targeted work, as well as settings such as pharmacies and GP surgeries.

10. Maternal Health

Pregnancy and early parenthood is known to bring about many social factors that can precipitate poor mental wellbeing (relationship strain, reduced finances, life change). Good support for mental wellbeing also encourages good physical health habits (excess weight, smoking, stress management) that contribute to healthy pregnancy, as well as supporting good attachment which underpins many of the outcomes of the first 1001 days.

Despite universal screening through midwifery and health visiting, there is no bespoke support available for mental wellbeing of pregnant or new mothers in York.

Additional funding will allow the establishment of a new pathway for support for mental wellbeing for pregnant women directly from midwifery and health visiting into an existing women's support charity in York.

11. Early Communication skills

The Early Talk for York Programme of work has developed a screening tool to identify children with speech, communication and language issues as well as a toolkit of evidenced based interventions. The area that is missing is how parents can also be supported to recognise speech, language and communication difficulties in their own children and to also be skilled to deliver interventions at home. Additional funding would enable this element of the programme to be rolled out this year.

12. Physical Activity

The City of York Council has recently launched a 10 year Physical Activity Strategy for the City. Additional funding would support the implementation of this strategy.

13. Tobacco Control

The tobacco control plan is aiming to reduce smoking prevalence in York to 5% or below by 2025. There are several actions on the plan that would benefit from financial investment, including, supporting vulnerable people (e.g. homeless) to quit, and training.

Additional funding to extend by 4 months a 1 year post at the hospital to implement the commitments around smoking in hospitals in the NHS Long term plan. The extension will ensure project support until the work is implemented.

Additionally, following the NEMS illicit tobacco survey, additional funding to support the recommendations from this work and enable greater enforcement around sellers of illicit tobacco.

14. Joint Strategic Needs Assessment

Work to update the layout, style and accessibility of the JSNA website to bring it in line with the latest accessibility requirements.

15. Infection Prevention and Control

The current contract for Infection Prevention and Control that City of York Council contributes to with wider partners across York and North Yorkshire does not have any provision for support to schools or settings other than care homes. In the past any TB directly observed therapy requirement has been difficult for the team to respond to. An additional contribution to this contract will enable support to other settings, which is a priority post covid, as well as providing sustainability to the TB elements.

<b>Work area</b>	<b>Amount</b>
Changing Habits	£70K (over 2 years)
Addressing the needs of children and young people	£62
Suicide prevention training	£8k (over 3 years)
Oral health	£10k
Maternal health	£20k
Early communication skills	£10k
Physical activity	£5k
Tobacco control	£43K
Joint strategic needs assessment	£2k
Infection prevention and control	£20k
<b>TOTAL</b>	<b>£250k</b>

## Consultation

16. The plan has been discussed with Public Health Managers and at Public Health DMT. It has also been discussed with finance colleagues at our budget meetings. The investment areas are based on evidence from the Joint Strategic Needs Assessment.

## Council Plan

17. The investment proposals set out here contribute to the Council Plan's priority for Good Health & Wellbeing.

## Implications

18. The report has considered the following implications:

- **Financial**  
The cost of the proposals are met by underspend from the allocated annual public health grant.
- **Human Resources (HR)**  
No HR implications
- **Equalities**  
Equalities Impact Assessment completed – none identified
- **Legal**  
No direct implications

- **Crime and Disorder**  
Overall aim of the National plan is to assist with decreasing crime and disorder
- **Information Technology (IT)**  
No IT implications
- **Property**  
No Property implications
- **Other**  
None

## Risk Management

19. No known risks

## Contact Details

### Chief Officer Responsible for the report:

Fiona Phillips  
Assistant Director of Public  
Health  
**Public Health**  
Tel No. 01904 565114

Sharon Stoltz  
Director of Public Health

**Report**  **Date** 30/06/2022  
**Approved**

## Specialist Implications Officer(s)

Financial:  
Name Steve Tait  
Title Finance Manager  
Tel No. 01904 554065

**Wards Affected:**

All

**For further information please contact the author of the report**



## **Annex A** Equalities Impact Assessment

### **Abbreviations**

JSNA	Joint Strategic Needs Assessment
IAPT	Improving Access to Psychological Therapies
NEMS	NEMS Market Research Company
TB	Tuberculosis
DMT	Directorate Management Team

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**City of York Council**  
**Equalities Impact Assessment**

**Who is submitting the proposal?**

<b>Directorate:</b>	Public Health		
<b>Service Area:</b>			
<b>Name of the proposal :</b>	Allocation of Public Health Underspend		
<b>Lead officer:</b>	Fiona Phillips		
<b>Date assessment completed:</b>			
<b>Names of those who contributed to the assessment :</b>			
<b>Name</b>	<b>Job title</b>	<b>Organisation</b>	<b>Area of expertise</b>
Fiona Phillips	Assistant Director of Public Health	CYC	Public Health

**Step 1 – Aims and intended outcomes**

EIA 02/2021

<b>1.1</b>	<b>What is the purpose of the proposal?</b> Please explain your proposal in Plain English avoiding acronyms and jargon.
	<i>To allocate £250k of underspend public health grant to priority areas in order to improve health outcomes and reduce health inequalities.</i>

<b>1.2</b>	<b>Are there any external considerations?</b> (Legislation/government directive/codes of practice etc.)
	<i>Proposed spend must meet the requirements of the Public Health Grant Conditions.</i>

<b>1.3</b>	<b>Who are the stakeholders and what are their interests?</b>
	Various stakeholders across the health and social care system in York.

<b>1.4</b>	<b>What results/outcomes do we want to achieve and for whom?</b> This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2019- 2023) and other corporate strategies and plans.
	The proposed areas of funding allocation are to meet identified needs from the Joint Strategic Needs Assessment or to continue with identified work areas in the public health work programme. The proposals aim to reduce health inequalities and meet the Council Plan priority of Good Health and Wellbeing. The plan also aims to deliver against elements of the Joint Health and Wellbeing Strategy.

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## Step 2 – Gathering the information and feedback

<b>2.1</b>	<b>What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights?</b> Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.	
	<b>Source of data/supporting evidence</b>	<b>Reason for using</b>
	Joint Strategic Needs Assessment	Provides evidence of health needs across the population in York
	Joint Health and Wellbeing Strategy	Developed in consultation with a range of stakeholders

## Step 3 – Gaps in data and knowledge

<b>3.1</b>	<b>What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.</b>	
	<b>Gaps in data or knowledge</b>	<b>Action to deal with this</b>

## Step 4 – Analysing the impacts or effects.

4.1	<p><b>Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments?</b> Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.</p>		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age		0	L
Disability		0	L
Gender		0	L
Gender Reassignment		0	L
Marriage and civil partnership		0	L
Pregnancy and maternity		0	L
Race		0	L
Religion and belief		0	L
Sexual orientation		0	L

Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?	P	
Carer		0	L
Low income groups		0	L
Veterans, Armed Forces Community		0	L
Other			
Impact on human rights:			
List any human rights impacted.		0	L

**Use the following guidance to inform your responses:**

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

<p><b>High impact</b> (The proposal or process is very equality relevant)</p>	<p>There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.</p>
<p><b>Medium impact</b> (The proposal or process is somewhat equality relevant)</p>	<p>There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights</p>
<p><b>Low impact</b> (The proposal or process might be equality relevant)</p>	<p>There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights</p>



## Step 5 - Mitigating adverse impacts and maximising positive impacts

5.1	<b>Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?</b>

## Step 6 – Recommendations and conclusions of the assessment

6.1	<b>Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:</b>
<b>- No major change to the proposal</b> – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.	

- **Adjust the proposal** – the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations.
- **Continue with the proposal** (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty
- **Stop and remove the proposal** – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed.

**Important:** If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.

<b>Option selected</b>	<b>Conclusions/justification</b>
No major change to the proposal	The proposal forms part of a wider national drugs strategy and will be monitored closely at a local authority level through the partnership board. Which will be providing updates to regional OHID teams linking to national monitoring.

## Step 7 – Summary of agreed actions resulting from the assessment

<b>7.1 What action, by whom, will be undertaken as a result of the impact assessment.</b>			
<b>Impact/issue</b>	<b>Action to be taken</b>	<b>Person responsible</b>	<b>Timescale</b>

### **Step 8 - Monitor, review and improve**

<b>8. 1</b>	<b>How will the impact of your proposal be monitored and improved upon going forward?</b> Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?

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**Decision Session – Executive Member for  
Health and Adult Social Care****13 July 2022**

Report of the Director of Public Health

**Supplemental Substance Misuse Treatment and Recovery Grant and  
local Combatting Drugs Partnership****Summary**

1. The report will give an overview of how the council will allocate resource from the Supplemental Substance Misuse Treatment and Recovery Grant over 2022/23, and its outline intentions for 2023/24 and 2024/25. This will support the national 10 year Drugs Strategy 'From harm to hope' published in December 2021.
2. It will also outline steps towards forming a 'Combatting Drugs Partnership', as per national requirements for each local authority area

**Recommendations**

3. The Executive Member is asked to:
  - i) Approve the Supplemental Substance Misuse Treatment & Recovery Grant plan.  
  
Reason: The plans have been written in partnership with several key organisations and with guidance from regional OHID leads. These plans will support the needs of individuals requiring treatment and recovery services being met.
  - ii) Approve the work towards forming a York Combatting Drugs Partnership.  
  
Reason: To enhance partnership working around the Drugs and Alcohol agenda in York, in line with the national 10 year Drugs Strategy.

## Background

4. The Supplemental Substance Misuse Treatment & Recovery Grant has been provided from central government to assist with the implementation of the 10 year [From Harm to Hope](#) drug plan.

Summary of the plan includes:

- Strong local drugs partnerships with accountability to central government are to be formed.
  - A drugs needs assessment should be conducted to inform a local drug & alcohol strategy and action plan.
  - Focus on reducing drug and alcohol related deaths
  - For 2% of all people in treatment to access residential rehabilitation services (minimum target).
  - National treatment capacity to increase by 20%, and an agreed 3 year trajectory locally that will contribute to national ambition.
  - Expectation that the grant will be invested in improving quality – including by reducing caseloads and increasing the professional staff mix across many agencies.
5. York was allocated £325,566 in the first year, rising to £450,444 in year three, to support achieving these outcomes. Through engagement with the York Drug and Alcohol service, police, probation, and other partners, a plan has been developed.
  6. The following is a summary of the 3 plan for York under the key headings set out by OHID:

### **Increased treatment and harm reduction capacity, including inpatient detoxification and residential rehabilitation**

Years 1 and 2 to focus on pathways and JSNA, building a strong foundation of information and evidence to support further plans for increasing treatment places towards end of Year 2 and into Year 3.

### **Enhanced treatment quality**

Year 1 and 2, review caseloads and training options.

Year 2/3, consider training needs and the ascertain number of workers across the system required to support reduction on caseloads.

Year 3 focus on recruitment to ensure reduction of caseloads and support quality of service provision.

**Expanding and developing the workforce**

Year 1 and 2 explore training needs and develop plan to support training plan.

Year 3 plan to expand workforce to support increase in treatment placements and consider specialist workers in other organisations

**Reducing drug related deaths and improving access to mental and physical health care**

Year 1 to undertake DARD review, look to explore pathways with secondary care for inpatients/out patients to ensure prompt referrals. Under take review into Alcohol Care Team model.

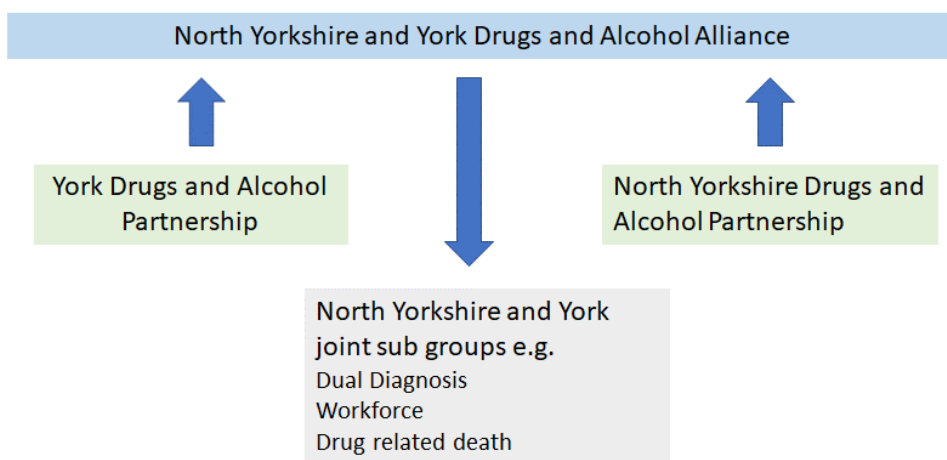
Develop IBA and online alcohol reduction programme.

Year 2 look to review findings and build on recommendations and continue to strengthen pathways. This will assist with Year 3 plans.

**Recovery orientated system of care, including peer-based recovery support services**

Year 1 focus on mapping/reviewing current services and ensure those with lived experience, including family/carers/friends feed into future plans to shape relevant initiatives. This will help to ensure by Year 3 there is a wide offer for individuals in recovery.

- 7. In addition, public health have led work locally to establish a York Drugs and Alcohol Partnership, in line with national guidance on creating these statutory groups, and working with North Yorkshire colleagues to bring together an ‘Alliance’ across the region to reflect the cross-boundary criminal justice organisations involved (for example North Yorkshire Police. The following simple diagram explains the emerging partnership structure.



## Consultation

8. Discussions have taken place with many partners across York that support individuals who are affected by their drug and alcohol use. Building on these conversations a partnership meeting took place to share and review the 3 year plan and spend for the first year (2022/23).
9. The plan has been discussed at the Public Health Directorate Management Team meeting

## Council Plan

10. The Supplemental Substance Misuse Treatment & Recovery Grant supports and contributes to aspects of the Council's plan. In particular Good Health & Wellbeing, Safe communities and culture for all and a better start for children and Young people.
11. Good Health & Wellbeing  
An element of the plan focuses on Alcohol Harm reduction, in York we know that some people drink higher than the recommended amount and the long term effects on this on physical health can cause chronic illnesses which can shorten life expectancy. Those individuals already in treatment and recovery services have more complex physical and mental health needs which can also be attributed to lower life expectancy.
12. Safe communities and culture for all  
A large component of the plan focuses on criminal justice and the link to drug and alcohol crime. Working with the Police, Fire and Crime Commissioner, North Yorkshire Police, Probation and other council departments ensures those who need help and support to access services do so. This can help with a reduction of reoffending and a reduction in anti-social behaviour.
13. A better start for children and young people  
Some work will be to strengthen services for those young people that require support with drug and alcohol issues, whilst also committing to carry out a preventative role through education and outreach.



## Implications

14. **Financial**

Funding is provided by central government on a yearly basis.

**Human Resources (HR)**

No HR implications

**Equalities**

Equalities Impact Assessment completed – none identified

**Legal**

No direct implications

**Crime and Disorder**

Overall aim of the National plan is to assist with decreasing crime and disorder

**Information Technology (IT)**

No IT implications

**Property**

No Property implications

**Other**

None

## Risk Management

15. No known risks

## Contact Details

**Author:**

Ruth Hine  
Public Health Specialist  
Practitioner (Advanced)  
Public Health  
ruth.hine@york.gov.uk

**Chief Officer responsible for the report:**

Peter Roderick  
Public Health Consultant

**Report**  **Date** 30/06/2022  
**Approved**

**Specialist Implications Officer(s)**

None

**Wards Affected:**

All

**For further information please contact the author of the report.**

**Background Papers:**

Harm to Hope -

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1079147/From\\_harm\\_to\\_hope\\_PDF.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1079147/From_harm_to_hope_PDF.pdf)

**Annexes**

Annex A – Equalities Impact Assessment

**Abbreviations**

DARD - Drug and Alcohol Related Deaths

IBA – (Alcohol) Identification and Brief Advice

JSNA – Joint Strategic Needs Assessment

OHID – Office for Health Improvement & Disparities

**City of York Council**  
**Equalities Impact Assessment**

**Who is submitting the proposal?**

<b>Directorate:</b>	Public Health		
<b>Service Area:</b>	Public Health		
<b>Name of the proposal :</b>	Supplemental Substance Misuse Treatment and recovery Grant		
<b>Lead officer:</b>	Ruth Hine		
<b>Date assessment completed:</b>	27/06/2022		
<b>Names of those who contributed to the assessment :</b>			
<b>Name</b>	<b>Job title</b>	<b>Organisation</b>	<b>Area of expertise</b>
Ruth Hine	Public Health Specialist Practitioner – Advanced	CYC	Public Health
Phil Elliot	Service Manager YDAS	Changing Lives	Drug and alcohol services
Peter Roderick	Consultant in Public Health	CYC / Humber and North Yorkshire Health and Care Partnership	Public Health

## Step 1 – Aims and intended outcomes

1.1	<p><b>What is the purpose of the proposal?</b> Please explain your proposal in Plain English avoiding acronyms and jargon.</p>
	<p><i>The EIA is to ensure that the Supplemental Substance Misuse Treatment &amp; Recovery Grant issued by Central Government will continue to support and improve services that are already provided across York and isn't to any detriment to those already accessing services. The grant has been issues nationally as part of the government's 10 year From Harm to Hope strategy</i></p>
1.2	<p><b>Are there any external considerations?</b> (Legislation/government directive/codes of practice etc.)</p>
	<p><i>National guidance on the planning of Supplemental Substance Misuse Treatment &amp; Recovery services</i></p>
1.3	<p><b>Who are the stakeholders and what are their interests?</b></p>
	<p><b>York Drug and Alcohol Service (Changing Lives)</b> – current provider of treatment and recovery services for those with drug and alcohol misuse within York, commissioned by CYC PH team. As partners engaged and working with those with drug and alcohol misuse problems within York: <b>North Yorkshire Police</b> <b>Office of the Fire, Police and Crime Commissioner</b> <b>York MIND</b> <b>York and Scarborough NHS Teaching Hospitals Trust</b></p>

1.4	<p><b>What results/outcomes do we want to achieve and for whom?</b> This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2019- 2023) and other corporate strategies and plans.</p>
	<p>The outcome of our grant work and work in partnership is to prevent harm from alcohol and substances for the York population, through prevention, effective treatment and recovery services, avoiding drug and alcohol related deaths, and improving the general health of the population, of families and communities. This links to the Council Plan:</p> <p><b>Good Health &amp; Wellbeing</b>  An element of the plan focuses on Alcohol Harm reduction, in York we know that some people drink higher than the recommended amount and the long term effects on this on physical health can cause chronic illnesses which can shorten life expectancy. Those individuals already in treatment and recovery services have more complex physical and mental health needs which can also be attributed to lower life expectancy</p> <p><b>Safe communities and culture for all</b>  A large component of the plan focuses on criminal justice and the link to drug and alcohol crime. Working with the Police, Fire and Crime Commissioner, North Yorkshire Police, Probation and other council departments ensures those who need help and support to access services do so. This can help with a reduction of reoffending a reduction in anti-social behaviour</p> <p><b>A better start for children and young people</b>  Some work will be to strengthen services for those young people that require support with drug and alcohol issues, whilst also committing to carry out a preventative role through education and outreach.</p>

## Step 2 – Gathering the information and feedback

2.1	<b>What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights?</b> Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.	
<b>Source of data/supporting evidence</b>	<b>Reason for using</b>	
National Drug Treatment and Monitoring Service (NDTMS)	Key source of data on drug and alcohol treatment services in the city	
Partner engagement	To build a system approach to this issue in the city	
Service user feedback	Key to understand need and experience of services	
CQC report on York Drug and Alcohol Service	Key to understand quality.	

## Step 3 – Gaps in data and knowledge

<b>3.1</b>	<b>What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.</b>		
<b>Gaps in data or knowledge</b>		<b>Action to deal with this</b>	
Wider understanding of the current need is required.		As part of the Grant requirement a Partnership Board will be established to ensure as system wide approach is taken and a broad understanding of need is gained, including with lived experience representation. This will also include the production of a Health Needs Assessment in its first year.	

#### Step 4 – Analysing the impacts or effects.

<b>4.1</b>	<b>Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.</b>		
<b>Equality Groups and Human Rights.</b>	<b>Key Findings/Impacts</b>	<b>Positive (+) Negative (-) Neutral (0)</b>	<b>High (H) Medium (M) Low (L)</b>
<b>Age</b>		<b>0</b>	<b>L</b>
<b>Disability</b>		<b>0</b>	<b>L</b>
<b>Gender</b>		<b>0</b>	<b>L</b>

<b>Gender Reassignment</b>		<b>0</b>	<b>L</b>
<b>Marriage and civil partnership</b>		<b>0</b>	<b>L</b>
<b>Pregnancy and maternity</b>		<b>0</b>	<b>L</b>
<b>Race</b>		<b>0</b>	<b>L</b>
<b>Religion and belief</b>		<b>0</b>	<b>L</b>
<b>Sexual orientation</b>		<b>0</b>	<b>L</b>
<b>Other Socio-economic groups including :</b>	<b>Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?</b>	<b>P</b>	
<b>Carer</b>		<b>0</b>	<b>L</b>
<b>Low income groups</b>	<b>Preventing harm from substances and alcohol has been shown to have positive income impact on individuals and families</b>	<b>+</b>	<b>L</b>
<b>Veterans, Armed Forces Community</b>		<b>0</b>	<b>L</b>
<b>Other</b>			
<b>Impact on human rights:</b>			
List any human rights impacted.		<b>0</b>	<b>L</b>



**Use the following guidance to inform your responses:**

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

<p><b>High impact</b> (The proposal or process is very equality relevant)</p>	<p>There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.</p>
<p><b>Medium impact</b> (The proposal or process is somewhat equality relevant)</p>	<p>There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights</p>
<p><b>Low impact</b> (The proposal or process might be equality relevant)</p>	<p>There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights</p>

**Step 5 - Mitigating adverse impacts and maximising positive impacts**

5.1	Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?

## Step 6 – Recommendations and conclusions of the assessment

6.1	Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:
<ul style="list-style-type: none"> <li>- <b>No major change to the proposal</b> – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.</li> </ul>	

- **Adjust the proposal** – the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations.
- **Continue with the proposal** (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty
- **Stop and remove the proposal** – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed.

**Important:** If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.

<b>Option selected</b>	<b>Conclusions/justification</b>
No major change to the proposal	The proposal forms part of a wider national drugs strategy and will be monitored closely at a local authority level through the partnership board, which will be providing updates to regional OHID teams linking to national monitoring.

## Step 7 – Summary of agreed actions resulting from the assessment

<b>7.1 What action, by whom, will be undertaken as a result of the impact assessment.</b>			
<b>Impact/issue</b>	<b>Action to be taken</b>	<b>Person responsible</b>	<b>Timescale</b>
<b>Need for strong partnerships</b>	<b>Form York Drug and Alcohol Partnership Board</b>	<b>Ruth Hine</b>	<b>By March 2023</b>
<b>Wider understanding of need</b>	<b>Write Health Needs Assessment</b>	<b>Ruth Hine</b>	

### **Step 8 - Monitor, review and improve**

<b>8. 1</b>	<b>How will the impact of your proposal be monitored and improved upon going forward?</b> Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?
	We collect a data on service user demographics through NDMTS and this will be used within the Health Needs assessment and future evaluation work

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