

**Health, Housing & Adult Social Care Policy &
Scrutiny Committee**

12 February 2019

Report of the Substance Misuse Scrutiny Review
Task Group

Substance Misuse Scrutiny Review Final Report

Summary

1. This report presents the findings of the Task Group set up to undertake the Substance Misuse Scrutiny Review and provides information on the impact and potential outcomes of planned reductions, particularly in funding to alcohol services in York.

Background

2. At a meeting in December 2017, the Committee considered a report on the implementation of recommendations from the Public Health Grant Spending Scrutiny Review and the implications of a reduced budget in coming years were discussed by the Committee.
3. In April 2018 the Committee received a topic review request from Cllr Pavlovic to look at the potential impact and outcomes of the Substance Misuse (Drug and Alcohol) contract under a reduced budget and to consider the implications on service delivery. At the same meeting, the Director of Public Health gave a brief update on work already being undertaken in this area which could assist a review.
4. In June 2018 a scoping report was presented to this Committee, providing Members with data on drugs and alcohol and the current situation in York. The Committee agreed this was a topic worthy of review and that a cross party Task Group consisting of Cllr Pavlovic, Cllr Cuthbertson and Cllr Richardson be established to carry out this work on the Committee's behalf. In October 2018 this Committee agreed the following revised remit for the review:

Remit

Aim

To identify the potential impact of planned budget reductions in alcohol services on current service users, future users and the public.

Objectives:

- i. To investigate the impact of the proposed changes to alcohol service provision.
- ii. To investigate the current use of the public health grant to support the required functions around alcohol services.
- iii. Investigate and analyse the whole system of treatment for alcohol service users beyond the contracted specialist service.

Current Situation

5. The provision of alcohol and drug specialist treatment services is the legal responsibility of the Council. In York, drug and alcohol services are predominately funded from the public health grant. A small additional contribution from the Office of the Police Crime Commissioner (OPCC) covers the criminal justice element of the service.

| | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|--|---------|---------|---------|---------|---------|
| | £000 | £000 | £000 | £000 | £000 |
| Expected reduction in Grant | 2.5% | 2.6% | 2.6% | 0.0% | 0.0% |
| Projected grant excluding 0-5 services | 6,465 | 6,297 | 6,133 | 6,133 | 6,133 |
| Proposed Substance Misuse Budget | 2,310 | 2,210 | 1,998 | 1,860 | 1,835 |
| Budget Savings | 75 | 100 | 213 | 137 | 25 |

6. The table above shows the budget for the whole substance misuse service. The Public Health Directorate has undertaken rationalisation of fixed costs through reductions in staff, equipment, procurement and infrastructure spending. In July 2017 Changing Lives and Spectrum Community Health CIC took over the CYC contract for drug and alcohol services in York. The contract was awarded for 3 years with an option to extend by up to 4 years based on performance. The contract contained conditions that required savings of £550,000 over the first 5 years of the contract.

Consultation

7. To progress the review the Task Group has met with academics, GPs, Vale of York Clinical Commissioning Group (CCG), York Teaching Hospital NHS Foundation Trust, CYC Finance Officer, CYC Public Health Practitioner, the Police and Probation services. The Task Group also met with Changing Lives twice, once at the beginning of the process and again after meetings with all other partners had taken place.

Information gathered

8. The Task Group met with a University Research Fellow in Mental Health & Addiction and a CYC Public Health Specialist Practitioner on November 1st. The Task Group heard that Central Government support for alcohol prevention has declined in recent years due to austerity. Clinically, drinkers fall into three main groups: 'Hazardous', 'Harmful' and 'High Risk' drinkers. Harmful and High risk drinkers usually present multiple complex needs and are likely to be referred to Changing Lives.
9. Members heard that planned reductions are likely to affect access to services and key worker support for current and future users at a time of increased demand for substance misuse services. At the local level, barriers to early referrals for support services include multi-factored client issues and the Alcohol Use Disorder Identification Test (AUDIT) not being utilised consistently in GP and A&E services. In the wider context it is estimated that up to 7% of York residents (c15,000) are likely to be drinking hazardously. This

group comprises mainly high functioning individuals¹ who in time may need to access services of various kinds. A problem for York's medical and other services is that many people drinking at hazardous and harmful levels exhibit little or no motivation to seek help until they develop serious health or social problems.

10. On the 6th November the Task Group met the GP lead for Spectrum² and Changing Lives. Members were informed that referrals to services come mainly from self referrals, drop-ins or by phone; a small number of referrals come from GPs. A lot of patients find the environment and potential stigma associated with attending the service off-putting and do not attend; these are usually high functioning patients who are often still working. There is also a small pocket of high need drinkers who do not access alcohol treatment; they may slip through the net due to missed opportunities for co-ordination between services. The GP lead reported to Members a perceived rise in patients with alcohol related dementia, hypertension, stomach cancer and indigestion. It is expected that incidences of these illnesses will increase without proactive action.
11. The Task Group heard there is a general problem in society and even among medical professionals of not challenging alcohol misuse until it is too late. It was the opinion of the GP lead that harmful or hazardous drinkers may be prepared to access and respond better to an anonymous service in a GP surgery or community building separate from the formal commissioned service building. There is limited capacity for home visits to multiple complex needs patients; visits do occur but would be lessened by the planned reductions due to the impact of reduced staffing levels.
12. The GP Lead stated the impact to proposed changes will be negative for those already accessing services and access will become harder for those not accessing the service but may need it, such as high functioning drinkers who recognise they may have a problem. There is also no clear integrated service among health partners and community groups for patients with multiple complex needs.

¹ High Functioning drinkers often seem to have stable lives, they drink too much, but they may excel at work or have good relationships with family and friends.

² Spectrum Community Health CIC is a social enterprise that delivers a range of community and offender healthcare services. Spectrum works in partnership with Changing Lives to provide drug and alcohol services in York.

13. On November 7th, the Task Group met with the CYC Finance Manager and received a briefing on the Public Health Expenditure 2016-2020 (see Annex A for a breakdown of expenditure for this period).
14. Members heard that York has seen a reduction in the Public Health Grant in cash terms from last year of around 2.5%, from £8.7m to £8.5m. With inflation factored in it is more likely to be 4% or 5%. Members were told that decisions on how much is spent within the Public Health budget are primarily made by the Executive, based on officer assessments.
15. Any option to cut back Public Health services will have trade-offs. Nevertheless, opportunities can be found in joint ventures or by applying for funds for pilot projects. The wider financial issue is that there is little money in the Health Economy in York with Vale of York CCG managing a deficit, adding pressure to the Public Health budget and the overall impact of Government austerity.
16. In early November the Task Group met with the Head of Transformation and Delivery, Out of Hospital Care and the Head of Partnerships at the Vale of York CCG. The Task Group heard that alcohol has a significant impact on emergency services and unplanned care provision. They felt that there was a likelihood that pressure is likely to increase as a result of planned reductions to alcohol services in particular and substance misuse services generally.
17. Members heard that alcohol related cases centre around one-off cases (e.g. binge drinking related fighting/ accidents), violent crimes and frequent admissions. While such one-offs are a problem, repeat admissions or criminal cases are most likely to put a strain on services. The CCG would like to see interventions set up for those who present more than 4 times a month or 12 times a quarter. Such frequent users are time- and resource-consuming and there is currently limited provision to support these individuals in cutting down or ceasing to use alcohol. Other issues such as homelessness and/or mental health problems are factors in such cases. Successful interventions with these individuals would offer significant benefits to the local health and care economy.

18. It was suggested that a lack of joined up work between community groups and health partners make it difficult for the hospital in York to effectively signpost patients after treatment. Similar to what the Members heard from the GP, the Hospital is seeing significant problems with stomach and liver ailments from high functioning drinkers who are presenting very late in their illness. The CCG advised that early intervention through routine liver testing can detect early signs of problems. Gastro-intestinal and neurological diseases arising from dangerous alcohol consumption are increasing. Because better medical treatment options are available than in the past, such patients now remain a drain on medical resources for longer.
19. Members were told that alcohol related neurological conditions, such as dementia and brain damage, have social care implications and often lead to delayed transfers of care due to complexity of the care placements.
20. The CCG has been involved in interdisciplinary meetings among health professionals, but these are not formal structures and depend very much on individuals. It was suggested to members that formalising this process could figure in a long-term robust model of joined-up working.
21. There is a need for additional specialist services for high functioning drinkers; the CCG agreed with the estimate of 7% of residents likely to be drinking hazardously in York. The CCG suggested that there is a strong business case for more investment into alcohol services as it will save money in the long run.
22. On the 8th November the Task Group met with a Hepatology Consultant and a Substance Misuse Nurse both from York Teaching Hospital NHS Foundation Trust. Members were told that, due to a rise in hazardous drinkers, there is a current un-met need in alcohol treatment and support. Members again heard about the lack of both coordination and capacity among health and community partners in supporting such patients with multiple complex needs which include substance misuse.
23. Members were told of the lack of hospital staff capacity to implement preventative measures and that hospital services and partners are only able to prioritise limited resources toward people with multiple complex needs. Members heard of the significant gap

in service provision to address alcohol related harm in secondary care, resulting in increasing re-admission rates, increased length of stay and poorer outcomes for those with alcohol related problems. The witnesses' view was that the situation is likely to worsen as a result of the planned reductions - if less people can access the service until later or more progressed in their drinking patterns, the health implications are likely to be more advanced.

24. A comprehensive study on the burden of alcohol on York Emergency Department in 2013 (see Annex B), showed that some 10% (c7255) of hospital admissions from A&E were alcohol-related. Both specialists believed that these numbers are likely to be similar to the volume of alcohol related admissions seen by the hospital today.
25. Members learned that alcohol consumption is the leading cause of death among working men and has links to other health conditions, including breast cancer. Generally, the hospital is seeing more cases of ailments mentioned by the CCG, including cardiovascular diseases. Substance misuse nurses' view is that it would be helpful to provide a service of early prevention support in the community linked to hospital discharge.
26. The Task Group met a Drug Policy Specialist from the University of York on 12 November. Members heard that the greatest impact of planned reductions will likely be on alcohol services. The likelihood of some 7% of York residents drinking hazardously was acknowledged to be a fair assumption. Members were told that, if hazardous drinking is not quickly and effectively addressed, the cost and pressure on local health services in 10-15 years from now may be significant.
27. Members were informed that alcohol issues can be detected through 'Identification Brief Advice' (IBA) and 'short audits'. While research has shown varying positive results, trials showed that, on average, IBA was associated with a reduction equivalent to 5 units of alcohol per week (or 40g) in a patient's consumption.
28. The specialist warned that, without a responsive treatment regime, people who reach a stage where they are ready to change but won't be able to access support, will carry on drinking. When an individual is at 'rock bottom', there is a real opportunity to make positive changes through accessing treatment. However, if they cannot then

access a service, the negative impact on them and those around them can be profound and long lasting.

29. Members heard that there are no known academic studies on the impact of cutting alcohol services, however there are several studies quoted about the effectiveness of alcohol interventions. Members were told of research which suggests that public health spending on drug/alcohol education and media campaigns is less than effective; restrictions through licensing of alcohol premises and pricing have, however, been shown to reduce alcohol use.
30. On the same day, the Task Group met North Yorkshire Police's Area Commander for York and Selby who said that a recent study in Scarborough showed that 75% of those arrested had alcohol-related problems, either dependent or intoxicated. Members heard that the situation in York is likely to be similar.
31. During the period 1/11/17 – 31/10/18 there were 4520 crimes (35%) in which alcohol was flagged as an influencing factor out of a total of 13025 during an arrest or encounter with police officers in York. Further, 1077 of 4957 (or 22%) of people brought into the detention unit self-declared to be dependent on drugs or alcohol. The Commander believed this to be a significant under-representation of the true amount. A breakdown of these figures and several case studies are provided in Annex C.
32. It was suggested that to have substance misuse workers in custody suites offering early help and intervention can help engage offenders with support services. Members learned that some 75% of children who have parents in prison will go to prison themselves. The Task Group heard that there is a need for a service which takes a co-ordinated approach with agencies across a range of disciplines and that is person- centric and trauma-informed.
33. On the 4th December the Task Group met the Network Developer and Interchange Manager from the Probation Service's Community Rehabilitation Company³ (CRC). The CRC has seen a rise in people requiring alcohol treatment, which they found concerning at a point when the budget for alcohol services is to be reduced. They explained that, in the past, the threshold for accessing services

³ Community Rehabilitation Companies are private-sector suppliers of Probation and Prison-based rehabilitation services

required an AUDIT score of 16; now that score is likely to rise to 20, locking more people out of accessing the substance misuse service.

34. The CRC stated that they felt there was a lack of a shared vision of what a city-wide service for a client should be. This presents a significant coordination challenge for partners, as all are working to their own priorities, KPIs and resources.
35. It was suggested that having key workers based in custody suites would be helpful to ensure timely support. While a majority of hazardous drinkers do not offend, the CRC recognise a clear association between being under the influence of alcohol and criminal behaviour
36. Because services often share clients, the CRC would like to see more joined-up working among partners, particularly around information sharing. It was the CRC's view that a memorandum of understanding between partners would be helpful; to bring back Drug and Alcohol teams (DAATS). The CRC also felt Partners need to co-ordinate budgets to develop services for shared clients.
37. On 5th December the Task Group met the CCG Clinical Lead for Primary Care and Population Health. The Task Group learned that a study had found that some 33% of all hospital admissions in York present heavy drinking (ie drinking above Public Health recommended levels) as an indirect factor in their clinical profile. As patients are predominantly admitted for other reasons, the alcohol issue is usually not addressed with patients. Additionally, Members had heard that 10% of emergency admissions (see para. 24) were based on alcohol clearly being identified as a direct or major cause for a patient's admission.
38. The CCG Clinical Lead expressed concern that it appeared that there were no risk or impact assessments completed when decisions were made to cut Public Health services. This could result in unintended consequences that have serious implications for delivering quality care and support to residents.
39. It was also stated that the lack of key workers is a major problem. GPs and workers at Changing Lives do not have the capacity to make regular home visits; thus, the danger is that the planned reductions would see GPs and remaining key workers left to support harmful and hazardous drinkers with increasingly-stretched

resources and a limited offer of psycho-social support, exacerbating the current situation.

40. The CCG Clinical Lead added that integrated, co-located working of GPs with Alcohol Specialist Services with the lower risk groups, would have many benefits to support integration of care and progress of recovery. This is a cost-effective model of care, but needs careful commissioning to ensure it is outcome-focused. Asking recovering drinkers to attend clinics alongside chaotic drinkers is viewed to be counter-productive. Re-integration with mainstream primary care services after a period of specialist input is seen as key in establishing longer term support and preventing relapse
41. The CCG Clinical Lead linked what members had heard from the Police, that childhood trauma, eg a parent in prison, can be a factor for alcohol abuse in later life. Whilst improvements in safeguarding of vulnerable children and identifying problems within families at an earlier stage is having a positive impact, the health and other benefits of this will not be seen for many years.
42. It was suggested that good examples of joined-up working include the Personality Disorder Network and the current integration of Elderly services in York. Systematic multi-disciplinary coordination is, however, expensive to set up. York has to consider how partners can integrate their budget pools to meet demand, so that a return on investment comes back through reduced demand on the service in the long term. The Task Group heard that utilising community assets by encouraging problem drinkers to join social clubs and community networks can play a positive role in rehabilitation.
43. Finally, the Task Group met with Changing Lives' Area Manager for Yorkshire on 6th December. Changing Lives, who had 366 clients (see Annex D) in effective Alcohol treatment from August 17-July 18, are currently developing a new working model that will take effect on the 1st July 2019. The model will have an emphasis on co-production and co-design as per the requirement of the contract and will focus on ensuring the clinical element is protected as it is the starting point for creating stability for clients. However, early projections of the impact of the planned budget reductions are likely to be:

- Increased caseloads of between 20-35% (38- 50 clients)
- Increased waiting times (currently two weeks) to access support from first referral of approx. 20-30%
- Changed alcohol audit score to run in line with national standards, which would restrict access to service; this will emphasise what support is not available outside the specialist treatment offer
- Negative impact on successful completions and non-representation data
- Less frequent psycho-social appointments from 1 a week to potentially 1 a month, limiting impact of the treatment offer with an increased risk of becoming a crisis management service.
- Higher caseloads in working with complex needs clients having an impact on staff wellbeing
- Restricted staffing levels will impact on the capacity to work responsively and within the time when motivation is highest for people accessing the service
- Increased drop out rates and levels of relapse

44. Members heard that Key Workers are likely to become stretched and will limit their appointments in an effort to cope with demand; in addition, if left unchecked, the 7% of residents likely to be drinking hazardously in York may then have a serious impact on the city. To mitigate the potential impact, Changing Lives are looking at how to reach people where they are best likely to respond, taking advantage of the well developed space and community groups that exist in York.

Analysis

Impact of proposed changes

45. The Task Group accepted that changes to the substance misuse contract are likely to have the most significant impact on alcohol treatment, in particular access to services and key workers provided by Changing Lives for current and future users. Full time workers currently have a workload of around 50 clients and part-time workers around 38 clients. Caseload numbers are likely to increase by 25-30%. There will be a similar percentage increase in the waiting time for initial assessments after referral, which currently averages two weeks. Members noted the widely-shared view that,

without a responsive treatment and recovery service, the planned reductions would have negative impacts and worse outcomes. Service users would either not be able to access a service when they are motivated to change, or would not have sufficient support to help them make long-term changes to their drinking patterns.

46. Members acknowledged that numerous issues can also affect the outcomes in relation to alcohol use and can form barriers to recovery. Those with least resources (eg insecure housing, no employment or family support) will also be the group most likely to be affected by changes or diminution in alcohol support services.
47. The Task Group noted that reducing access to key workers and commissioned support mechanisms is likely to result in a dilution of service, thereby reducing successful treatment completion rates and leading to higher drop-out and relapse rates in service users. However, Members acknowledged that other community assets such as voluntary organisations can also play a positive role in supporting people to strengthen “social capital” and can encourage a healthier lifestyle.
48. Members expressed concern at the potential number of people in York drinking at hazardous levels, and acknowledged a potential “ticking time-bomb” around this issue for health, criminal justice and social care.

Current use of the public health grant

49. Around 27% of the public health grant is allocated to substance misuse. Other areas in the Public Health Grant include Sexual Health, Wellness Service, Healthy Child Grant, an Adult Social Care element, Air Quality grant, core team and internal support costs. Members acknowledged that the variations in expenditure are essentially operational decisions based on varying priorities.
50. After concerns were expressed by external stakeholders (see para. 38) about the provision of risk assessments relating to the decision to reduce funding, it was asked if such risk assessment work had been undertaken in this case. It was found that a risk assessment (see Annex E) had been prepared by CYC officers in 2014/15 in line with CYC process, but it was not presented as part of the savings proposals by previous officers and was not made available to the

Executive Member when the savings approach was decided at that time.

51. Members noted that the Joint Strategic Needs Assessment (JSNA) describes the current and emerging health and wellbeing needs for people who live in York and that it is used by CYC Public Health to plan and budget its activities. It is used by the Health & Well Being Board as a planning and monitoring tool and is referred to by CQC.
52. The Commissioned Substance Misuse Service currently supports some 366 people accessing alcohol services in York through contracts with Changing Lives and Spectrum Community Health CIC. They specialise in offering recovery and treatment options with support underpinned by clinical and psycho-social interventions. The contract uses experienced professionals and practitioners from both organisations to provide holistic support to address the complex mix of physical, emotional, mental and social issues that can lead to addiction.

Beyond the contracted specialist service

53. The Task group acknowledged that GPs/doctors in primary and acute care have a key referral role in the whole system. However, due to a combination of workload, limited resources and (notably in emergency hospital visits) concentration on the immediate illness/injury, identification of underlying alcohol problems could be improved.
54. However even when an alcohol problem is identified and referred to the Substance Misuse service, a significant number of individuals do not access it. A range of cognitive and practical reasons were highlighted to the Task Group – these include denial of a problem, unwillingness to be perceived as an addict, embarrassment at being seen at the Changing Lives building, work commitments and a lack of time to attend daytime appointments. For those, however, who are prepared to access or are currently attending the service, the planned reductions would result in a reduced service offering a narrower range of interventions, more rigid thresholds for acceptance for treatment and longer waiting times.
55. Members were informed of an increased frequency of a range of alcohol related ailments in York (see paras. 10, 18 & 25). The Alcohol Charter of the Drugs, Alcohol & Justice Cross-Party

Parliamentary Group and APPG on Alcohol Harm (see Annex F) highlights the national context: every year there are over 1 million alcohol-related hospital admissions in England and 12,800 cancer cases linked to alcohol. Unless trends change, linked cases of cancer are expected to lead to 1.2 million hospital admissions and 135,000 deaths over the next 20 years. Since 1970, deaths from liver disease have increased by 400% and this is now the only rising major cause of death in the UK.

56. Members noted that there is already a significant gap (see para. 23) in secondary care services addressing alcohol-related harm. It is likely that this will be exacerbated in the future, to be characterised by higher readmission rates, increased lengths of stay and poorer outcomes for patients.
57. The Task Group heard that, in the Criminal Justice System, the planned cuts and changes to alcohol treatment may result in the threshold to access services increasing. This is likely to result in some people who would previously have been referred to the service being refused treatment. If such drink-related poor decision making by offenders continues, the potential for re-offending is increased. Members heard that the police are already dealing with many issues relating to complex needs such as mental illness and they fear the planned reductions would see their workload increase. Both Police and Probation Services felt an initial point of contact in custody suites with a specialist drug and alcohol worker would be beneficial in reducing time assessing and referring offenders.
58. Whilst it appears to be agreed that many entrenched and high risk alcohol users function well (i.e. they hold down jobs, have family lives and may only come to the attention of medical practitioners or have irregular police contacts), there are others who are more chaotic and have complex and multiple problems. The broad consensus among the specialists interviewed was that both groups, though particularly the latter group, are extremely resource-intensive across a range of disciplines. The specialists felt that more joined-up work is required to ensure an integrated care service and they suggested creating a Substance Misuse Commissioning Strategy Board. However Members acknowledged that simply working better together would not remedy the impact of planned reductions. In addition, there was a lack of clarity as to who would be best placed to lead an integrated approach. Members acknowledged that, while there are shared problems among

agencies, there seems to be no common agenda as how best to address them, due to the current “silo” approach under which budgets and working practices are organised.

59. Members noted whilst models of good practice exist, more work is needed to determine whether these would be relevant to York (see Annex G).
60. Members noted comments made by the academic drug specialist that licensing restrictions have been shown to reduce alcohol use. As of March 2015, York had some 799 premises licensed to sell or supply alcohol. With a population of approximately 160,000 adults aged 18 or over, this equates to one venue selling alcohol for every 200 adults.

Conclusions

61. In a financially-constrained local health economy, how York responds to changes in funding for alcohol services is one of the most important challenges our city faces.
62. Overall conclusions

From the evidence provided:

- Alcohol misuse has a direct and profound effect on users, their families and society as a whole. Reductions in budget for alcohol and drug treatment will not just impact those who need specialist intervention but will have wider socio-economic consequences and impacts. Without exception, all the specialists consulted anticipated that there will be a negative impact for all residents.
- Alcohol misuse places a considerable and increasing pressure on the workload of the NHS. A reduced budget for alcohol treatment suggests that these pressures are likely to increase as provision decreases and would exclude individuals who may have previously accessed the commissioned service.
- One area of concern which was a common thread is the support received by residents with multiple complex needs. There is a lack of effective joined-up mechanisms to address such residents' needs. Most of the specialists interviewed argued that providing a formal joint approach to working with substance misusers who have

additional and often complex needs would deliver positive and effective outcomes. However, there was no consensus on any one particular model.

- There is an impending gap in the service for harmful and hazardous drinkers, who may reach a stage where they are motivated to seek help. There could, however, be no service for them, as resources may be prioritised for the highest risk drinkers with multiple and complex needs.
- There appears to have been some past weakness in the process of assessing the impact and risk to residents' health when considering reductions to public health budgets. This has led to decisions being made without all the relevant evidence for a robust approach. There would therefore be a need for closer scrutiny on the part of Members, including those in specialist Scrutiny Committees to ensure they are aware of the implications of planned decisions.
- A needs assessment has been produced and published as part of the Health & Well Being Board's JSNA process. Whilst this gives a general understanding of the global burden of alcohol misuse, it was difficult to negotiate. The report is long and complicated.
- There appears to be a lack of impetus in society towards tackling alcohol abuse along with a culture which seems not to challenge harmful and hazardous drinking. The proposed budget reduction would impact York's ability to deliver clear prevention and early intervention initiatives or campaigns for our residents and children.
- Members are aware that the use of the Public Health Grant is a complicated equation, balancing the range of residents' health needs across a complex area of expertise. However this Task Review has identified clear evidence of the negative impact on some of the city's most vulnerable residents which would add to the burden of ill health and serve to widen the health inequality gap.
- Bearing in mind what has been heard, Members have concerns that the contracted outcomes may not be deliverable by the commissioned providers on a greatly-reduced budget. This may generate further costs elsewhere in the system in coming years.

Task Group Recommendations

63. The Task Group therefore proposes the following recommendations:

1. The financial cut to the substance misuse budget should be re-assessed with immediate effect, with the intention of returning funding to substance misuse provision, and that this include a review of the current budget for 2018-19, highlighting any changes for 2019-20 accompanied with a rationale and clear risk assessment.
2. Future proposals for changes to the funding available to provide Public Health services should be accompanied by a clear risk and impact assessment, which is also made available to Health Scrutiny. Scrutiny should receive regular detailed updates on changes to mandated and prescribed Public Health functions.
3. The needs assessment for the range of alcohol service provision should be reviewed, with the aim of providing a user-friendly and accessible document which can easily be understood by non-specialists. This assessment should enable the Council to make informed decisions around the needs of York residents and tailor future service provision to meet this need.
4. To meet the needs of residents with multiple complex needs, we recommend partners adopt a joint commissioning approach across a range of specialist areas so as to produce a joined-up wrap-around support network; such an approach should be led by CYC Public Health. It should include the CCG, CYC Public Health, North Yorkshire Police, OPCC and CYC Adult Social Care. The approach should also involve a range of commissioned delivery partners such as Mental Health (TEWV), primary care (GP's), secondary care (hospitals, liver unit, A&E, ambulance service), the Probation Service, specialist substance misuse services, housing, MEAM, Pathways, Salvation Army and voluntary sector community groups.
5. In order to implement such an approach, we recommend a senior commissioning level strategic group be convened, facilitated by CYC Public Health, to provide a cohesive approach. This should include the pooling of budgets for joint

commissioning. The aim should be to meet needs in one single joined-up service offer rather than a patchwork approach to provision. A proposed model for a *York Substance Misuse Commissioning Strategy Board* can be found in Annex H

Implications

64. **Financial** This report is scrutinising financial information. The Executive is considering the 2019/20 budget proposals at the Executive meeting on 14 February 2019 and its budget recommendations will be considered at Budget Council on 28 February 2019. Whilst that is the annual process for Members to agree their budget priorities for resourcing Council services in the year ahead, the Executive can approve additional sums for services outside of the budget process to commit funds to services by releasing contingency funds, subject to resources being available. Given that the recommendations of this report will be considered by the Executive too late for consideration as part of the current budget setting process, the Executive would need to consider how it might wish to address the request for review of funding for substance misuse;
65. **Human Resources (HR)** There are no HR implications associated with the recommendations in the report
66. **Equalities** – The Task Group acknowledged that some form of Health Equity Audit could be appropriate in the future.
67. **Legal** – There are no legal implications associated with the recommendations of this report.
68. **Crime and Disorder** – Whilst there are no direct crime and disorder implications associated with the recommendations in this report, the resource implications associated with substance misuse have been considered in preparing this report.
69. **Information Technology (IT)** There are no IT implications associated with the recommendations in the report.
70. **Property** – There are no property implications, associated with the recommendations in the report.

Risk Management

71. It is clear from findings that alcohol misuse is putting a considerable and increasing pressure on the workload of the NHS, the Police and emergency services in York. If there is no effective service supported by a cohesive approach to support substance misuse, there is a risk that the increased pressure within the system could have further negative effects on York services.'

Council Plan

72. The Review directly relates to A Focus on Frontline Services priority in the Council Plan 2015-19 in that it will help ensure all residents particularly the least advantaged, can access reliable services and community facilities.

Recommendations

73. Having considered the findings from this review, the Health Housing and Adult Social Care Policy and Scrutiny Committee are recommended to endorse the draft review recommendations shown at paragraph 63.

74. Reason: To conclude the review in line with scrutiny procedures and protocols and to enable the review final report to be presented to the Executive in March 2019.

For further information please contact the author of the report

Author:

David McLean

Scrutiny Officer

Tel: 01904 551800

david.mclean@york.gov.uk

Chief Officer Responsible for the report:

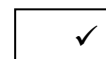
Dawn Steel

Head of Civic and Democratic Services

Tel: 01904 551004

Dawn.steel@york.gov.uk

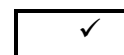
Report Approved



Date 5/02/19

Wards Affected: *List wards or tick box to indicate all*

All



Background Papers:

1. CYC JSNA process
2. Drug & Alcohol Findings www.findings.org.uk
3. Ministry of Justice: The impact of community- based drug and alcohol treatment on re-offending
4. A Rapid evidence Review of the Effectiveness and cost-effectiveness of alcohol control policies: an English Perspective
5. Adverse Childhood experiences: retrospective study to determine their impact on adult behaviours and health outcomes in a UK population
6. York Alcohol Needs Assessment 2016

Annex A: Substance Public Health Expenditure 2016-2020

Annex B: Emergency Department statistics [**Online only**]

Annex C: Police Alcohol Drug Information

Annex D: Changing Lives Data

Annex E: Summary of Risk Assessment 2014/15

Annex F: Alcohol Charter: Drugs, Alcohol & Justice Cross-Party Parliamentary Group an APPG on Alcohol Harm.

Annex G Patient Safety Conference 2017

Annex H: Substance Misuse Commissioning Strategy Board

Abbreviations

A&E- Accidents and Emergency

AUDIT- Alcohol Use Disorder Identification Test

APPG – All party Parliamentary Group

CCG - Clinical Commissioning Group

CIC – Community Interest Company

CRC – Community Rehabilitation Company

CYC - City of York Council

DAATS – Drug and Alcohol Teams

GDPR – General Data Protection Regulations

GPs - General Practitioners

IBA- Identification and Brief Advice

JSNA-Joint Strategic Needs Assessment

KPI – Key Performance Indicator

MARB – Multi-Agency Review Board

MEAM- Making Every Adult Matter

NHS- National Health Service

NICE – National Institute for Health and Care Excellence

OPCC- Office of the Police Crime Commissioner

PCC – Police Crime Commissioner
UK- United Kingdom
TEWV- Tees Esk Wear Vale Foundation Trust

Glossary

Harmful drinking (High risk drinking) – A pattern of alcohol consumption that is causing mental or physical damage. Consumption (units p/w): 35 or more for women, 50 or more for men.

Hazardous drinking (Increasing risk drinking) – A pattern of alcohol consumption that increases someone’s risk of harm. This includes physical, mental and social consequences, the term is used by the World Health Organisation, it is not a diagnostic term. Consumption (units p/w): 14 unit or more for women but less than 35. 14 units for men but less than 50 units

High risk drinker Regularly consuming over 50 alcohol units per week (adult men) or over 35 units per week (adult women).

Social Capital –broadly refers bonds between individuals, both in intimate relationships and in voluntary groups that include such things as interpersonal relationships, a shared sense of identity, a shared understanding, such bonds are claimed to have health promoting effects.