Drugs and Alcohol - Commissioning for an integrated treatment, recovery support and care coordination service

Proposal and Integrated Impact Assessment

Title of proposal	Commissioning for an integrated treatment, recovery support and care coordination service for Newcastle.
Date of original assessment	01 September 2014
Officer responsible for Impact Assessment	Rachel Baillie, Assistant Director Commissioning and Procurement
Assessment Team	Louise Lane, Commissioner for Inclusion and Prevention Dawn Scott, Public Health Consultant Rachael Hope, Community Safety Specialist – Drugs Liz Robinson, Strategic Partnership Coordinator - Alcohol Claire Toas, Public Health Analyst
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Version Control

Version	**2**
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Replaces version	**1**

Newcastle City Council

Context and Background

Individuals use substances for a number of reasons. Strong links have been evidenced with social problems such as deprivation, poverty, inequalities and neglect. Drug and alcohol dependency goes hand in hand with poor health, homelessness, family breakdown, exploitation and offending. The overall harm caused by problematic drug and alcohol use is acutely felt by individuals, families and communities within Newcastle. It particularly applies to the most vulnerable and marginalised members of our society, where in many cases inequalities are further exacerbated by drug and alcohol misuse.

In 2013, the Council consulted on its plans to prevent, intervene early and reduce problematic drug or alcohol misuse and help more people achieve sustained recovery from problem alcohol and drug use. These plans, along with feedback from the consultation process, can be found at https://www.newcastle.gov.uk/health-and-social-care/health-services/public-health-annual-report. Our plans included commissioning an integrated treatment, recovery support and care coordination service for Newcastle which will be at the heart of the local drug and alcohol treatment system.

This document seeks to provide additional information in relation to this specific commissioning activity and is intended for use by a range of stakeholders in order to develop a cooperative approach to our commissioning plans. It has been produced in consideration of the engagement activity set out in section 3. In particular, this document is intended for:

- Existing and potential providers who will be able to use the information presented to identify the role they can play and to help develop their business plans. We hope that this document will enable provider partners to respond to the identified service model, identify potential opportunities for collaborative working, as well as bring forward new and innovative ways of working in the future.

- Voluntary and community organisations and groups and mutual aid groups who make a key contribution to building and maintaining resilience, recovery and reintegration. We hope these partners, who may or may not deliver commissioned services, will be able to use this document to understand proposed changes to the commissioned service provision and to develop links between commissioned and non-commissioned support.

- Community stakeholders, including but not limited to people who need support related to problematic drug and alcohol use, who wish to contribute to the development of a fit for the future support system for Newcastle. We hope our communities will participate in an ongoing dialogue about how drug and alcohol support should evolve.

This is the final stage of our consultation with stakeholders prior to procuring the relevant support. You can comment on our proposal by either sending an email to duncan.miller@newcastle.gov.uk or by writing to:

Duncan Miller
Wellbeing, Care and Learning
Newcastle City Council
Room 405, Civic Centre
Newcastle upon Tyne
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Any final responses to this consultation should be received no later than 28th November 2014.

Section A: Current Service Provision

1. What drug and alcohol services are currently commissioned for adults and how much is spent on these services?

The current budget for services commissioned by the Council on 1st April 2014 in relation to adult drug and alcohol misuse is £6.9m:

- Approximately £823k is for substitute drug prescriptions with the NHS;
- £2.8m for pharmacological and psychosocial interventions provided by the NHS, including general practice;
- About £2m is for tier 2 and 3 services provided by third sector organisations;
- About £116k is for substitute prescribing undertaken by pharmacies and pharmacy needle exchange services;
- £490k is for residential rehabilitation commissioned by the Drug and Alcohol Social Work Team (part of Newcastle City Council's Mental Health Social Work Service)";
- £144k for specialist designated probation and police capacity for drugs and alcohol;
- £75k contributes to the North East Regional Alcohol Office.

Appendix A lists the full range of these services. The proposals set out in this document will mean that existing funding for a significant amount of the provision listed in Appendix A will need to be reconfigured to avoid overlap**.**

2. Who are the services for?

The services described above are for people who require interventions in accordance with the definitions set out in Models in Care.

- *Tier 1* Non-substance misuse specific services requiring interface with drug and alcohol treatment services
- *Tier 2* Open access drug and alcohol treatment services
- *Tier 3* Structured community-based drug treatment services
- *Tier 4* Residential and inpatient services for drug and alcohol misusers

3. Who are our key partners?

Clients and their families and carers, drug and alcohol service providers, health, criminal justice agencies, employment agencies, housing.

4. What are our statutory requirements?

Local authorities' statutory responsibilities for public health services are set out in the Health and Social Care Act 2012 which conferred new duties on local authorities to improve public health. It abolished primary care trusts and transferred much of their responsibility for public health to local authorities from 1 April 2013. From this date local authorities have had a new duty to take such steps as they consider appropriate to plan for improving the health of the people in their areas, including services to address drug or alcohol misuse.

Section B: Change proposal

1. What is the proposal to change the service?

Currently, structured psychosocial interventions and recovery support interventions are delivered by a range of different agencies in Newcastle. This means that pathways and referral routes into services are unclear – for both referring agencies and the existing service providers, as well as for

clients and their families and carers. In addition, there is currently duplication within the system and a need for improved coordination of care and early intervention. This leads to unnecessary barriers to clients accessing services and a lack of move on within their treatment and recovery journey.

Our proposal is to commission an *integrated treatment, recovery support and care coordination service for Newcastle.* In commissioning an integrated service, we are seeking to improve the experience of those who require support and improve the outcomes for individuals in their recovery. This includes increasing access to treatment, increasing the numbers of clients who successfully complete a treatment programme and do not re-present, as well as contributing to other agendas such as reducing offending and homelessness.

In commissioning an *integrated treatment and recovery support service*, we are also seeking to increase the focus on the recovery capital of clients by commissioning a service which helps service users build positive relationships and support that can be maintained long after treatment provision has ended.

The service will be at the centre of Newcastle's wider drug and alcohol treatment system which fundamentally believes and supports that people can, and do recover. As well as providing client interventions and care coordination (including case management), an essential element of the service will include building capacity across universal and other targeted services as part of the early intervention and prevention agenda.

Who the service will be for:
The service will be for Newcastle residents aged 18 and over and will be commissioned to address drug or alcohol misuse in a holistic way, regardless of the *substance* of use (e.g. alcohol, opiates, crack, alcohol, cannabis, stimulants, new psychoactive substances, steroids, or other substances).

Clients may have a range of needs alongside their drug and alcohol needs , including but not limited,

- substance misusing parents
- people with an offending history, including people who are subject to drug and alcohol rehabilitation requirements
- people with co morbidities e.g. mental health problems or poor physical health
- people with multiple needs e.g. homelessness, employment

What functions will it deliver:
<u>*Interventions*</u>: It is proposed the *integrated treatment, recovery support and care coordination service* will provide a range of structured psychosocial interventions and recovery support interventions. Individuals accessing support may receive structured psychosocial interventions integrated with recovery support interventions, and may continue to receive recovery support interventions following exit from structured treatment. Interventions may be delivered on a one to one individual basis, via group based programmes, or through structured day programmes. Support should be designed so as to intervene early, help people recover and overcome dependence, as well as achieve the changes they need to lead a healthy life, including but not limited to, support to access training, employment, housing and social networks.

Support provided by the *integrated treatment, recovery support and care coordination service* may be delivered alongside other interventions which are not delivered by this service, depending on individual need. This includes pharmacological interventions delivered by specialist clinical provision and by general practice health services.

The service will work with specialist clinical provision and general practice health services in a

multi-disciplinary way to develop joint need and risk assessments and care plans for all clients who require pharmacological and psychosocial/recovery interventions. Information sharing protocols will be established to facilitate joint assessment and care plans.
As well as providing client interventions, an essential element of the service will be to build capacity across universal and other targeted services as part of the early intervention and prevention agenda. This may include the delivery of extended brief advice, as well as coordination of brief advice training.

The service will be delivered at a variety of settings, including, but not limited to, centre based, outreach into specialist clinical provision and general practice, criminal justice settings (e.g. probation, police custody suites, etc), health settings, homeless services and other universal settings.

The service will deliver interventions that proactively support people at life changing moments e.g. transitions from young people's drug and alcohol services, from prisons and probation services, from and into residential rehabilitation and specialist clinical provision, and mental health services.

Care coordination: The service will operate as part of Newcastle's wider drug and alcohol treatment system which includes a range of other provision across tiers 1,2,3 and 4. This includes support provided by community and voluntary organisations, hospital trusts, general practice, pharmacies, police, probation, prisons and the court system, and the local authority. It will also work alongside other services delivering support to individuals facing multiple-exclusion, such as housing, mental health, employment, and a range of other factors.

The service will provide a care coordination function for all clients requiring treatment; this includes clients receiving pharmacological interventions through general practice or specialist clinical provision who are not defined as having immediate or high risks. Clients with pharmacological needs presenting with immediate or high risks will be care coordinated through specialist clinical provision until such time as the risk is reduced. Immediate and high risk levels will be determined through locally agreed criteria.

The integrated service will provide a single point of entry for access to drug and alcohol treatment and support to help ensure that individuals are able to access the most appropriate type of support as quickly as possible. The service will work alongside arrangements for brief intervention and extended intervention for individuals whose needs do not require a specialist service.

Case Management System: The integrated treatment, recovery support and care coordination service will be required to offer a fully supported and maintained IT case management system for its clients which is approved by the local authority, or comply with the IT case management system prescribed the local authority. The case management system must be compliant with the data requirements of the National Drug Treatment Monitoring System, the Criminal Justice Integrated Team (as well as offending data requirements) and the local authority's own data requirements. It must meet all of the relevant data protection and security requirements and comply with all national, Public Health England and local guidance.

In commissioning an *integrated treatment, recovery support and care coordination service,* existing data from current providers will be transferred to the new provider(s). Exiting providers will be required to work with the successful provider(s) of the new integrated service to facilitate the transfer of data. The IT system will also need to facilitate ongoing data capture with partner organisations involved in the drug and alcohol treatment system in Newcastle in order to provide effective care coordination and case management.

It is the Council's intention to work with providers to explore opportunities to further integrate IT

case management systems across the wider treatment system.

What functions will it not deliver :
The *integrated treatment, recovery support and care coordination service* will not deliver:

- tier 4 residential drug and alcohol treatment (such as inpatient treatment and residential rehabilitation, the latter of which is commissioned by the Drug and Alcohol Social Work Team part of Newcastle City Council's Mental Health Social Work Service which is currently undergoing change as a result of a previous IIA proposal)
- tier 3 pharmacological interventions (such as specialist prescribing and community detoxification) nor care coordination for clients with pharmacological needs presenting with immediate or high risks (as per locally defined criteria)
- tier 2 direct access drop in drug and alcohol services for those not in treatment (such as specialist harm reduction and needle exchange services, or recovery drop in)
- support to families and carers
- treatment for children and young people under the age of 18

These needs will be addressed elsewhere within the wider treatment system and will be subject to separate commissioning activity outside the scope of this proposal.

What this means for existing services:
Existing funding in a significant number of services will need to be reconfigured to avoid overlap. This has been discussed with providers through 1:1 meetings.

Appendix A shows funding which will be reconfigured as a result of the proposal.

Current commitments will be maintained until June 2015 to allow sufficient time for the new, integrated service to be procured.

How will it be delivered:
We would like providers to explore opportunities for organisations to work together to bid for and deliver the service in order to provide an integrated response. We recognise that achieving a reduction in the number of individual service contracts currently commissioned and creating a cooperative culture within a competitive market is a significant culture change.
The objectives that we are trying to achieve in facilitating environments for collaboration are:

- To maintain a mixed economy in Newcastle in order to deliver high quality provision;
- To maintain existing skills and experience which is firmly placed within communities and is responsive to the needs of service users;
- To deliver efficiencies;
- To draw out innovative proposals for new responses;
- To create financially sustainable solutions, for individuals and the treatment and recovery system

The information on existing services included in Appendix A is also intended to help existing and potential service providers to understand the current market mix and explore opportunities for future collaboration.

How much it will cost:
Following this final stage of consultation, the final tender opportunity and associated contract value will be determined prior to procuring the relevant service. In commissioning an integrated service model, we are also seeking to secure efficiencies on current investment levels.

2. Why is this being proposed?

In commissioning an integrated treatment, recovery support and care coordination service, we are seeking to improve the experience of those who require support and improve the outcomes for individuals in their recovery. This includes increasing the numbers of clients who successfully complete a treatment programme and do not represent, as well as contributing to other agendas such as reducing offending and homelessness.

3. What evidence has informed this proposal?

Information source	What has this told you?
Needs Assessment using data from the National Drug Treatment Monitoring System (NDTMS) and Public Health England	**Drug use:** There are an estimated 2221 Opiate and Crack users (OCU) residing in Newcastle, which equates to an estimated rate of 11.38 per 1000 of the 15-64 year old population. This includes an estimated 2021 opiate users, 597 crack users and 659 injecting drug users. Estimates of the OCU population are highest amongst the 25-34 year old population of Newcastle, at 22.1 per 1000 amongst this age group. Newcastle has seen a decline in the number of people accessing structured drug treatment. In 2012/13 there were 1497 adults in drug treatment, of which 1409 were in effective treatment (treatment for 12 weeks of more). Between 2009/10 and 2012/13 Newcastle has seen a 21% reduction in numbers of people in effective drug treatment. Around 74% of the treatment population are male in 2012/13; this has remained consistent since 2006/07. The main substance used by those accessing drug treatment in Newcastle is opiates. In 2012/13, 71% of adults in Newcastle's drug treatment system have opiates as their primary substance, with a further 12% having opiates and crack as their primary substance. Around 5% of adults in treatment in Newcastle reported cocaine as their main substance and 5% reported cannabis as their main substance. Newcastle has an ageing treatment population. The vast majority of people in drug treatment in 2012/13 are aged 30-34 (25%, this has remained consistent between 2006/07 to 2012/13. Around 20% are aged 35-39 (an increase since 2006/07) and those aged 40 plus have gone from 15% in 2006/07 to 27%. Newcastle has seen a reduction in those aged 18-24 accessing structured treatment. In 2009/10 this age group accounted for 21% of the treatment population, but this has dropped to 10% in 2012/13. Between 2006/07 to 2012/13 there has been a 62% decline in the number of 18-24 year olds accessing structured treatment in Newcastle. Although the numbers in structured treatment are declining, demand for Harm Reduction services is increasing. In 2012/13 52% (no. 771) of the treatment population had been in treatment for 2 years or more and 38% (no. 564) have been in treatment 4 years or more. There has been a year on year increase to the percentage of people in treatment for 4 years or more since 2006/07.

Newcastle has seen a decline in the numbers and percentage of people successfully completing drug treatment, in 2012/13 12% of the overall adult treatment population successfully completed treatment, compared to 14% in 2010/11. The Public Health Outcome Framework (PHOF) indicator denotes that in 2012 7% of the opiate population in treatment had a successful completion; current data shows this at 4.9% between December 2012 and November 2013. For non opiate users in drug treatment in 2012, 39.5% had a successful completion; current data shows this at 38.9% between December 2012 and November 2013.

Parents: Around 30% of the adult drug treatment population in 2012/13 live with children, and almost 30% are parents but do not live with any children.
Dual Diagnosis: In 2013/14, 21% (87) of those staring a new treatment journey were classified as having a Dual Diagnosis, which is the same as 2012/13.
Employment: In 2012/13 62% (2431) adults starting a new drug treatment journey were unemployed and 9% (354) were long term sick or disabled
Housing Needs: In 2012/13 26% (34) of the treatment naïve population reported having a housing problem or NFA and 24% (68) of the non treatment naïve population reported having a housing problem or being of NFA. In 2013/14 21% (no. 85) of those staring a new treatment journey reported having a Housing Problem or being of NFA.

Alcohol use: The Public Health Outcome Framework (PHOF) for the rate of alcohol related hospital admissions (the number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause) is 828 per 100,000 of the population. Although there has been a year on year improvement since 2010/11, Newcastle is still significantly worse than the England average in 2012/13.

The Local Alcohol Profile for England (LAPE) provides a synthetic estimation of the drinking population aged 16 and over in Newcastle. The LAPE estimates the drinking population in Newcastle, based on reports of drinking behaviour, including frequency and amount drunk.

Synthetic estimates of drinking population aged 16 and over in Newcastle. Source: Local Alcohol Profile for England (2014).

Indicator:	Newcastle	North East	England
Abstainers (synthetic estimate)	**16.8%**	14.6%	16.5%
Lower Risk drinking (synthetic estimate)	**72.5%**	73.7%	73.3%
Increasing Risk drinking (synthetic estimate)	**19.9%**	19.6%	20.0%
Higher Risk drinking (synthetic estimate)	**7.6%**	6.7%	6.8%
Binge drinking (synthetic estimate)	**33.7%**	30.1%	20.1%

A survey conducted by Balance (2013), provides local authority findings from the North East Alcohol Behaviour and Perceptions Survey. This highlights that, in Newcastle:

	• 25% of respondents don't drink, with 25% considered low risk drinkers and 50% high / increasing risk drinkers • 94% of respondents are not concerned with how much alcohol they drink, with 5% either fairly or very concerned. 22% of respondents have thought about reducing the amount of alcohol they consume • 23% of respondents believe it is completely or fairly acceptable to drink to get drunk • There are good levels of awareness of the links between alcohol consumption and a range of health conditions, though lower levels of understanding of the strength of relationship between alcohol and various cancers In Newcastle in 2012/13 there were 711 adults in treatment for primary alcohol misuse and there were just over 400 adults starting a new alcohol treatment journey in 2012/13. There were also around 24% of those in drug treatment in Newcastle in 2012/13 that cited additional problematic alcohol use. Of those in alcohol treatment in 2012/13 around 20% are living with children and around 40% are parents but not living with children. Around 560 adults in alcohol treatment reported drinking at a higher risk level in the 28 days prior to entering treatment. Just over 300 reported they consumed over 600 units in the 28 days prior to entering treatment in 2012/13. In 2012/13 39% of the overall alcohol treatment population had a successful completion from treatment. Dual Diagnosis: In 2013/14 26% (no. 92) of those staring a new treatment journey were classified as having a Dual Diagnosis, compared to 35% (no. 140) in 2012/13 Employment: In 2012/13 42% (no. 170) adults starting a new drug treatment journey were unemployed and 36% (145) were long term sick or disabled Housing: In 2013/14 13% (no. 48) of those staring a new treatment journey reported having a Housing Problem or being of NFA
Why Invest: How Drug Treatment & Recovery services work for individuals, community and society, National Treatment Agency (NTA), 2012.	Drug and alcohol addiction is a complex, but treatable condition, which can be incredibly damaging to an individual and those around them, and often goes hand in hand with poor health, homelessness, family breakdown and offending. It is estimated that nationally: • 1,200,000 people are affected by drug addiction in their family. • 9 million adults drink at levels that increase the risk of harm to their health • 1.6 million adults show some signs of alcohol dependence • Alcohol is the third biggest risk factor for illness and death • The annual cost of drug related crime is £13.9 billion • Every year drug addiction costs the NHS £488 million. • Any addicted person not in treatment commits crime costing an average of £26,074 a year • In 2011 the cost of deaths related to drug misuse was £2.4 billion • Alcohol related harm costs the UK £21 billion per year. In Newcastle that equates to £127.5 million per year which is equivalent to £456 per head.

	Drug and alcohol misuse impacts individuals' physical and mental health, for example: • Lung damage, due to smoking drugs and tobacco • Poor vein health, many injectors develop circulatory problems and deep vein thrombosis • Liver Damage, undiagnosed or untreated Hep C can cause cirrhosis, liver failure, liver cancer and death • Cardiovascular disease, a lifetime of drugs, alcohol and smoking raises risk for older drug users and also increases risk of stroke, high blood pressure • Cancer, excessive alcohol use increases risks of cancers of the breast, liver, mouth and throat. • Muscles and skeleton, arthritis and immobility are common among injectors • Depression, anxiety, psychosis and personality disorder, 70% in drug treatment and 86% in alcohol treatment nationally have mental health problems. • Premature death, 15,479 people died from alcohol-related causes in 2010, up 30% since 2001 and deaths among heroin users are 10 times the death rate in the general population • There are also the risks of Hep C, Hep B and HIV By getting people into alcohol and drug treatment at the earliest opportunity we can limit the impact on people's health and impact on crime, for example treatment can: • Reduce the number of people injecting, and sharing needles • With no vaccination for Hep C or HIV, early testing is key, which drug treatment can provide • Help to reduce drug and alcohol related deaths • Reduce reoffending • Cuts homeless figures • Reduces emergency admissions to hospital • Improves health and wellbeing • Prevents suicide, self-harm and accidents • Cuts crime • Reduces violent crime and domestic violence. • Reduces HIV, heart disease, respiratory disease, liver disease and cancer. • Every 100 alcohol dependent people treated can prevent 18 A&E visits and 22 hospital admissions ***It is estimated that every 31p spent on drug treatment saves £2.50 in the cost to society.***
National policy	The national Drug Strategy *'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life'* was published in December 2010 and sets out the Government's approach to tackling drugs and addressing, for the first time, alcohol dependence with the two main aims of: • preventing drug use in communities; and • supporting recovery from drug and alcohol dependency. The ambition of the national drug strategy is set out in three key themes: restricting supply, reducing demand and building recovery in

	communities. This latter section highlights the need for the local provision of recovery focussed treatment systems which focus on getting people into treatment but essentially supporting people from dependency on drugs and alcohol into recovery in order to live productive and meaningful lives. The strategy places individuals at the heart of a recovery system and states that local authorities must commission a range of services at a local level that provide tailored packages of care and support within a whole system approach with end to end support for clients which needs to be outcome focussed. It also sets out eight 'best practice outcomes' for successful delivery of a recovery orientated system: • Freedom from dependence on drugs or alcohol; • Prevention of drug related deaths and blood borne viruses; • A reduction in crime and re-offending; • Sustained employment; • The ability to access and sustain suitable accommodation; • Improvements in mental and physical health and wellbeing; • Improved relationships with family members, partners and friends; and • The capacity to be an effective and caring parent. The Department of Health has published the Public Health Outcomes Framework which sets out the desired outcomes for Public Health. From April 2013, local authorities will be required to report on the following outcomes for drug and alcohol services: • Successful completion of drug treatment; • People entering prison with substance dependence issues who are previously not known to community treatment; and • Alcohol-related admissions to hospital In addition, performance of local drug and alcohol services are assessed against a range of national measures monitored through the National Treatment Agency (part of Public Health England from April 2013). Critically, there are 3 specific measures which are part of the national funding formula which influences the amount of funding local areas receive. These are: • Numbers of successful completions from drug treatment; • Numbers in effective treatment; and • Non representation after successful completion (to criminal justice and treatment systems. From November 2012 changes came into effect to core data set items collected through the National Drug Treatment Monitoring System (NDTMS). These changes cover both drug and alcohol structured treatment and will bring a number of benefits for providers, commissioners and the broader treatment system. The Drug Interventions Programme (DIP) is a critical part of the Government's strategy for tackling drugs. DIP involves criminal justice and drug treatment providers working together with other services to provide a tailored solution for adults who commit crime to fund their drug misuse. Its principal focus is to reduce drug-related crime by

	engaging with problematic drug users and moving them into appropriate drug treatment and support. It aims to break the cycle of drug misuse and offending behaviour by intervening at every stage of the criminal justice system to engage offenders in drug treatment. The new Government Alcohol Strategy, published in March 2012, sets out proposals to crackdown on our 'binge drinking' culture, cut alcohol fuelled violence and disorder that affects communities, and reduce the number of people drinking to damaging levels. The strategy highlights the role that local communities, services and businesses can play in tackling alcohol misuse. Its key aims are to achieve: • a change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others; • a reduction in the amount of alcohol-fuelled violent crime; • a reduction in the number of adults drinking above the NHS guidelines; • a reduction in the number of people "binge drinking"; • a reduction in the number of alcohol-related deaths; • a sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.
Local policy	In 2013, the Council consulted on its local commissioning priorities for addressing drug and alcohol misuse in Newcastle. The priorities and feedback from the consultation can be found at https://www.newcastle.gov.uk/health-and-social-care/health-services/public-health-annual-report. The priorities identified included commissioning an integrated treatment, recovery support and care coordination service for Newcastle which will be at the heart of the local drug and alcohol treatment system.
Workforce competencies	The introduction of Dataset J (through NDTMS) in 2013 specifically defined a number of interventions relating to the treatment and recovery of users of drugs and alcohol under the headings pharmacological, psychosocial and recovery support. The competences required from staff to safely and effectively deliver these interventions use existing standards and requirements which might include: • NHS Knowledge and Skills Framework • Drug and Alcohol National Occupational Standards (DANOS) • Professional Standards and Codes of Ethics • Supporting People • Skills for Health • NICE guidelines (2012) • Royal College of Psychiatrists • Royal College of General Practitioners • National Treatment Agency for Substance Misuse • Department of Health • Action for Children The competencies are detailed in the local commissioners Workforce Competency Framework that was produced in 2013 by the partnership.

NICE, Department of Health and Public Health England Guidance	The National Institute for Health and Clinical Excellence (NICE) has produced several drug and alcohol specific pieces of guidance which should underpin commissioning and delivery of specialist substance misuse treatment. • Models of Care for Treatment of Adult Drug Misusers: Update 2006 (section 9.4) • Models of Care part 2, 2002 (section 2.5 - Community prescribing)The Effectiveness of Psychological Therapies on Drug Misusing Clients • Roles and Responsibilities of Doctors in the Provision of Treatment for Drug and Alcohol Misusers • The IAPT positive practice guide for working with people who use drugs and alcohol • Towards successful treatment completion • Drug treatment specific NICE guidance: • Drug misuse: psychosocial interventions (NICE clinical guideline, CG51). • Drug misuse: methadone and buprenorphine maintenance (NICE technology appraisal, TA114) • Drug misuse: opioid detoxification (NICE clinical guideline, CG52) • Drug Misuse: naltrexone for the management of opioid dependence (NICE technology appraisal,TA115) • Psychosis with coexisting substance misuse (NICE clinical guideline, CG120) • Pregnancy and complex social factors (NICE clinical guideline, CG110) + • Interventions to reduce substance misuse among vulnerable young people (NICE public health guideline, PH4) • Needle and syringe programmes: providing people who inject drugs with injecting equipment (NICE public health guideline, PH18) • Drug use disorders quality standard (NICE quality standard, QS23) Alcohol specific NICE guidance: • Alcohol-use disorders: physical complications (NICE clinical guideline, CG100) • Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE clinical guideline, CG115) • Alcohol-use disorders - preventing harmful drinking (NICE public health guideline, PH24) • Alcohol dependence and harmful alcohol use quality standard (NICE quality standard) • Signs for improvement – commissioning interventions to reduce alcohol-related harm (2009) • Review of the effectiveness of treatment for alcohol problems (2006) • Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults (2011).

	National Drug Treatment Monitoring System (NDTMS) guidance: • National Drug Treatment Monitoring System (NDTMS) Implementation Guidance for Adult Drug and Alcohol Treatment Provider, Public Health England (2012) • National Drug Treatment Monitoring System (NDTMS) Adult Drug Treatment Business Definition, Public Health England (2013) • National Drug Treatment Monitoring System (NDTMS) Adult Alcohol Treatment Business Definition, Public Health England (2013) • National Drug Treatment Monitoring System (NDTMS) Confidentiality Toolkit, Public Health England (2013) • National Drug Treatment Monitoring System (NDTMS) Criminal Justice Intervention Team (CJIT) Reference Data, Public Health England (2014)

4. What are the risks of implementing this proposal?

This proposal will result in funding for a number of current drug and alcohol services providing psychosocial and recovery support ending. The proposal seeks to create an integrated model which may be delivered by one or more than one organisation. The proposal may result in a change to the current structure of the sector as a result of the competitive procurement process. There is a risk that existing providers may not be successful in the tender process which may impact upon organisations future stability.

There are a number of risk factors associated to the substance misuse data set, which may arise as a result of procuring a single integrated service and the resulting data migration requirements. These risks include, but are not limited to: risks to the successful migration of data which may impact on our, or the incoming provider(s) ability to meet statutory reporting requirements; risks to data migration should data sharing arrangements between exiting providers and the incoming provider(s) not be successful; risks to information governance arising from the potential changes to service provider(s) and care file transfers; risks to data governance and ownership in relation to the local authority's data access requirements should the local authority be unable to access required data information form the provider(s) of the new integrated service. The local authority, along with exiting and the incoming provider(s), will be required to develop a robust migration plan in relation to both electronic and paper based files and data.

5. Who have you engaged with about this proposal?			
Date	**Engagement activity**	**Who / No. of people**	**Main issues raised**
10 April 2013	Thinkabout Policy Cabinet: Tackling Addiction	Newcastle residents / Service providers / Service users and carers	• The important role of family members and carers in helping people to recover and the need to support them in this; • The importance of local, independent networks such as mutual aid groups which support recovery communities and opportunities for the Council and its partners to strengthen its relationship with these groups and bring groups together; • The availability and affordability of alcohol in the City. In May 2013, the Council agreed the new Statement of Licensing Policy "Safe Sensible and Social: Effective Control of Alcohol in our Communities" which included a number of new measures to address the availability and affordability of alcohol, such as the introduction of new cumulative impact areas for off licences, adopting a framework of hours in the City Centre and good practice guidance on drinks promotions; • The need to target people who may be at risk to problematic drug and / or alcohol use and to intervene early. This includes preventing children and young people from experiencing problematic substance misuse as adults.
6 March 2013	Stakeholder Engagement Event - Newcastle Drugs and Alcohol Commissioning Board	Northumbria Probation / Northumbria Police / Newcastle PCT / General Practice	• Endorsement of plans
12 March 2013	Stakeholder Engagement Event – Adult Treatment Group	Service Providers	• The Commissioning Briefing on drugs and alcohol received the most comment of the Public Health commissioning plans. The commissioning priorities set out in the briefing were supported positively, with particular support for an integrated support and care coordination model: "Care coordination of service users from their point of entry into the treatment system is a significant component missing within the current configuration of the Newcastle treatment system and needs to be
5 June 2013	Stakeholder Engagement Event – Joint User and Carer Forum,	Service users and carers	
12 July 2013	Let's Talk Public Health	215 direct invitations	

	Consultation Event	were sent to a wide range of agencies and voluntary and community groups. 87 people attended the event, representing 42 different organisations	considered as a matter of urgency." ".. .welcome a retendering opportunity for care coordination, recovery, including ETE and family support, prescribing, and psychosocial service in Newcastle" "….streamlined pathway for the client."
17 April 2013 – 17 July 2013	Consultation on Public Health Commissioning Briefing - Drugs and Alcohol: Commissioning for Recovery (Strengthening the impact of public health services).	Plans placed on the Council's Let's Talk Newcastle consultation page. Plans also taken to a range of groups and forums. E.g. Wellbeing for Life Board; Newcastle user and carer forum; Newcastle Alcohol Strategy Delivery Board; Young People's Substance Misuse Commissioning Group; Safe Newcastle Board.	"Care Coordination across the system is a positive change and will be a step further towards full integration." "Common sense to have a central point of contact" (comment from Service User forum) "Welcome the prospect of a proactive care coordination function" Respondents generally requested more detail about what this model would look like, including detailed information on what services would be in scope, with respondent saying, "..what we know from good practice in other areas is the multi-agency / multidisciplinary hub."
3 February 2014	Stakeholder Information and Engagement Event	Providers	Discussions on future model of the integrated service, including: Eligibility/ Needs - Who should the service be for – who's in scope - Who's needs are we trying to meet - Who's not in scope Core Interventions - interventions we would expect a single, integrated service to deliver (taken from data set J) - Do you think these are the right interventions that should be included in the service specification? - Is there anything that you think shouldn't be included?

			- What is missing? - How do we support innovation? Service Delivery In what settings should support be available/delivered (universal/targeted/specialist)? - When should support be available, at what times? - How do you think resources could be targeted (for instance to prevent crisis, as well as support sustained recovery and build resilience – think about a life course approach)? - What good practice should be included (think about service users, staffing, and accessibility)? - What are the opportunities to deliver support differently - think about what works elsewhere? - How should the service embrace asset based practice? Service Outcomes - What are the agreed outcomes we want to achieve and how do we measure success?
March 2014 – June 2014	Provider contract meetings	Providers	Feedback from individual providers potentially impacted by the proposal did not raise any issues which change the commissioning proposals.
August / September 2014	Consultation on IIA in commissioning an integrated treatment, recovery support and care coordination service	Providers / clients / statutory agencies	Consultation in progress

6. What are the potential impacts of the proposal?				
Staff / service users	**Specific group / subject**	**Impact** (actual / potential disadvantage, beneficial outcome or none)	**Detail of impact**	**How will you address or mitigate disadvantage?**
People with protected characteristics				
Service users	Younger people and / or older people (age)	Beneficial outcome	Our needs assessment data indicates that Newcastle has seen a reduction in those aged 18-24 accessing structured	No disadvantage identified

6. What are the potential impacts of the proposal?				
Staff / service users	**Specific group / subject**	**Impact** (actual / potential disadvantage, beneficial outcome or none)	**Detail of impact**	**How will you address or mitigate disadvantage?**
			treatment. In 2009/10 this age group accounted for 21% of the treatment population, but this dropped to 10% in 2012/13. Between 2006/07 to 2012/13, there has been a 62% decline in the number of 18-24 year olds accessing structure treatment in Newcastle. However, although numbers in structured treatment are declining, demand for Harm Reduction services is increasing. By commissioning an integrated treatment, recovery support and care coordination, we are seeking to improve pathways into drug and alcohol treatment, including those for younger people. The service will also work alongside specialist drug and alcohol services for children to improve the transition between children's and adults' drug and alcohol services.	
Service users	Disabled people	None	Based on our engagement feedback and research, there is no evidence to suggest the	No disadvantage identified

6. What are the potential impacts of the proposal?				
Staff / service users	**Specific group / subject**	**Impact** (actual / potential disadvantage, beneficial outcome or none)	**Detail of impact**	**How will you address or mitigate disadvantage?**
			proposal will have a disproportionately negative impact on people because of their disabilities.	
Service users	Carers	Beneficial outcome	The proposal seeks to not only support people to recover from their substance misuse, but also to achieve a number of other key outcomes, including supporting people to get on better with their family, friends and carers.	No disadvantage identified
	People who are married or in civil partnerships	None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their marital or civil partnership status.	No disadvantage identified
	Sex or gender (including transgender, pregnancy and maternity)	None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their sex or gender.	No disadvantage identified
	People's sexual orientation	None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a	No disadvantage identified

6. What are the potential impacts of the proposal?				
Staff / service users	**Specific group / subject**	**Impact** (actual / potential disadvantage, beneficial outcome or none)	**Detail of impact**	**How will you address or mitigate disadvantage?**
			disproportionately negative impact on people because of their sexual orientation.	
	People of different races	None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their race.	No disadvantage identified
	People who have different religions or beliefs	None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their religions or beliefs.	No disadvantage identified
People vulnerable to socio-economic disadvantage				
	People living in deprived areas	None	The service will be available to all residents of Newcastle. Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of where they live.	No disadvantage identified
	People in low paid employment or in households with low incomes	None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a	No disadvantage identified

6. What are the potential impacts of the proposal?				
Staff / service users	**Specific group / subject**	**Impact** (actual / potential disadvantage, beneficial outcome or none)	**Detail of impact**	**How will you address or mitigate disadvantage?**
			disproportionately negative impact on people because of their employment or income.	
	People facing barriers to gaining employment, such as low levels of educational attainment	Beneficial outcome	People with alcohol and drug problems are likely to have other significant problems to address in their lives which might include a lack of opportunity within the employment market. The service will be required to support people in addressing these problems at different stages in their recovery journey at a time and level which suits their capacity to recover.	No disadvantage identified
	Looked after children	Beneficial outcome	The service will be required to identify and assess support for children and young people whose wellbeing and health is more at risk because they are exposed to, or living in homes where adults have substance misuse problems and other interrelated issues e.g. mental health problems, offending behavior, domestic violence or sexual exploitation.	No disadvantage identified
	People facing multiple deprivation, through a	Beneficial outcome	The service will be required to provide a variety of recovery	No disadvantage identified

6. What are the potential impacts of the proposal?				
Staff / service users	**Specific group / subject**	**Impact** (actual / potential disadvantage, beneficial outcome or none)	**Detail of impact**	**How will you address or mitigate disadvantage?**
	combination of factors such as poor health or poor housing / homelessness		support interventions such as housing support and employment support. The service will be required to undertake healthcare assessments and onward referral to specialist services where required.	
Businesses				
N/A	Businesses providing current or future jobs in the city	Potential disadvantage	The proposal seeks to create an integrated model which may be delivered by one or more organisation. However a competitive tender process is likely to results in a change in the current structure of the sector.	We hope to address this by encouraging providers to work collaboratively across the sector to deliver a cohesive joint response to the service model.
Geography				
N/A	Area, wards, neighbourhoods	None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on specific wards, areas or neighbourhoods.	No disadvantage identified
Community cohesion				
N/A	Community cohesion	None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative	No disadvantage identified

6. What are the potential impacts of the proposal?				
Staff / service users	**Specific group / subject**	**Impact** (actual / potential disadvantage, beneficial outcome or none)	**Detail of impact**	**How will you address or mitigate disadvantage?**
			impact on community cohesion.	
Community safety				
N/A	Community safety	Beneficial outcome	The relationship between problem drug use and crime is complex. Evidence indicates that problem drug users are responsible for a large percentage of acquisitive crime, such as shoplifting and burglary. As a direct consequence of the crime they commit, these problem drug users are highly likely to end up in the criminal justice system at some point. Some will serve community sentences, others will be sent to prison. The service will provide drug treatment for offenders in the community, including those in police custody with trigger offences.	No disadvantage identified
Environment				
N/A		None	Based on our engagement feedback and research, there is no evidence to suggest the proposal will have a disproportionately negative impact on the environment	No disadvantage identified

Section C: When the change will happen and how it will be implemented

When the change will happen and how it will be implemented

The Council will undertake a competitive procurement exercise in order to commission the service. We will encourage providers to explore opportunities to work together collaboratively to bid for and deliver the service to help maintain the local and specialist knowledge and skills that already exist

The Council will ensure that equality, social inclusion and community objectives are considered through the procurement process. Through the procurement process, organisations will be assessed by the quality of their tenders against the requirements set out by the Council.

Please note that the indicative timescales below have been updated to take account of a further period of consultation (3rd November till 28th November 2014).

It is proposed that the new service will be procured for the service to commence October 2015:

- Further period of consultation on Integrated Impact assessment – closes 28th November 2014
- Review of consultation feedback and updated IIA published - December 2014
- Procurement process commences – February 2014
- Award of contract – June 2015
- Transition period – July to September 2015 (including data migration)
- Service commences - October 2015

Funding and contracts for existing services in the scope of the proposal will continue until the new service commences, at which point existing funding will be committed to fund the new integrated service.

The post consultation activities and timescales are dependent upon consideration of all of the feedback from both consultation periods (1st September till 10th October 2014 and 3rd November till 28th November 2014) and council approvals and therefore may be subject to change.

Social Value

The Public Service (Social Value) Act 2012 places a duty on authorities to consider in their procurement and commissioning processes how public service contracts can create wider social, environmental and economic value for the communities they service. We are committed to working with stakeholders to explore how the opportunities described in this document could be best designed to maximise social value.

As part of the procurement process we will specify what social benefits we would expect as a minimum from a provider, and will seek for innovation in adding social value for the people of Newcastle including for example improved employment opportunities, creating skills and training opportunities (e.g. apprenticeships or on job training), improving access to community facilities, providing additional opportunities for individuals or groups facing greater social or economic barriers, encouraging ethical and fair trade purchasing, a living wage.

Appendix A: Current service provision. Proposed funding which will be reconfigured as a result of the proposals

described in this document is indicated by *.

Tier 1	Tier 2 and 3 services	Tier 4
Northumbria Police Restriction on Bail Service	Changing Lives Peer Support Service for Offenders	Residential rehabilitation - various
Northumbria Probation STEP Change	Changing Lives Recovery Centre	Changing Lives Oaktrees
	*Changing Lives Elliot House Drugs Workers**	
	General Practice prescribing	
	Lifeline Harm Reduction Service	
	*Lifeline Outlook**	
	*NECA Drugs Service**	
	*NECA Alcohol Service**	
	*NECA Stimulant Service**	
	*NECA DRR Service**	
	*Newcastle, Tyne and Wear NHS Foundation Trust Pharmacological and psychosocial support**	
	*Newcastle, Tyne and Wear NHS Foundation Trust ACTS**	
	Newcastle upon Tyne Hospitals Foundation Trust Drug and Alcohol Midwife	
	Drug and Alcohol Social Work Team (part of Newcastle City Council's Mental Health Social Work Service)	
	*Turning Point – DIP Arrest and Court referral and aftercare**	
	Pharmacy Needle Exchange Services	
	Pharmacy Supervised Consumption	

Other funding:
North East Alcohol Office – Balance
Prescribing drug costs
Changing Lives Strategic User Involvement and Peer Support Capacity
Props Carer Support