Newcastle City Council

Drug and Alcohol - Commissioning for an integrated drug and alcohol structured treatment and recovery support service for Newcastle

Proposal and Integrated Impact Assessment

Title of proposal	Commissioning for an integrated drug and alcohol structured treatment and recovery support service for Newcastle.
Date of original assessment	25 February 2019
Officer responsible for Impact Assessment	Eugene Milne, Director of Public Health
Assessment Team	Rachael Hope, Community Safety Specialist - Drugs Helen Robinson, Senior Specialist, Public Health (Children and Young People) Claire Toas, Public Health Intelligence Specialist Andy Hackett, Service User Involvement Officer, Public Health Sarah Kerrigan, Commissioning Lead Specialist - Inclusion
Review Date	19 March 2019

Version Control

Version	2
Date	28 March 2019
Replaces version	1

Newcastle City Council

Contents

Part	Contents
Part A: Introduction	1. Context and background
Part B: Current service provision	1. Current service provision 2. Current spend on services 3. Key partners 4. What are our statutory requirements?
Part C: Change proposal	1. What is the proposal to change the service? i. Overview of proposal ii. Who will the service be for? iii. What functions will it deliver? iv. How will it be delivered? v. What functions will it not deliver? vi. What this means for existing services vii. How much will it cost? 2. What other options did we consider? 3. What evidence has informed this proposal? 4. What are the risks of implementing this proposal? 5. Who have you engaged with about this proposal? 6. What are the potential impacts of this proposal?
Part D: Summary and next steps	1. When will the change happen and how it will be implemented?

Part A: Introduction

1. Context and background

Individuals use substances for several reasons and not all drinkers or drug users go on to develop addiction problems. Addiction or dependency, however, are complex health disorders with social causes and consequences; for a significant number of people drug and alcohol consumption is a major cause of ill health or premature mortality. Links have been evidenced with deprivation, poverty, inequalities, family breakdown, offending, exploitation and neglect. 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.

Many people recover from dependency or problematic use; we define recovery as "a process or change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential". In line with this, it is the intention of the Council to commission services that support people to recover from their drug or alcohol dependency or problematic use and reintegrate into their families and communities.

The Council currently commissions a range of drug and alcohol services which are designed to provide treatment, support and advice to people in Newcastle whose lives are affected by problematic drug and alcohol use. Contracts for a number of these services are due to expire in late 2019 and, as part of its usual business, the Council is required to competitively tender for future arrangements in accordance with the Public Contract Regulations 2015. This has led the Council, from Autumn 2018, to engage and consult with stakeholders on its future commissioning plans for specialist treatment and recovery services for Newcastle's residents.

Several engagement sessions, co-design workshops and face to face discussions have been held, involving drug and alcohol service providers, statutory and other interested agencies. Service users and carers, young people and families have also been actively engaged with the process. We combined this together with local and national intelligence; national directives; policy requirements; cost effectiveness tools and best practice to inform the design of our proposed model. We recently consulted with stakeholders on our proposal and we have reviewed and updated our proposal in light of this feedback. Details of our engagement and consultation activity, is set out in section 3 of this document.

Our proposal is to commission an integrated treatment and recovery service, functioning across the life course. This will bring together components of specialist treatment services including provision for children and young people, as well as adults. In commissioning an integrated service, we are seeking to improve the experience of those who require support, including earlier intervention (particularly for young people) and improve outcomes for individuals in their recovery journey.

The council recently approved this document and intends to proceed with its plans which involve procuring relevant service(s) in May 2019. The feedback gathered from all of the consultation and engagement activity will inform the development of the service specification for an integrated drug and alcohol structured treatment and recovery support service for Newcastle, which we intend to publish in June 2019.

This document is intended for use by a range of stakeholders as part of a cooperative co-design approach to our commissioning plans; in particular:

- 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, bring forward new and innovative ways of working in the future, and maximise opportunities to accrue social value in our communities.

- 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 (their own or someone else's) or the range of volunteers across the city who wish to contribute to the development of a specialist treatment and recovery system for Newcastle. We hope our communities will participate in an ongoing dialogue about how drug and alcohol support should evolve.

Part B: Current Service Provision

1. Current service provision

There are a range services available in Newcastle to help people with drug and alcohol problems; the following four-tiered framework (Models of Care: Update 2006) is used to describe the types of interventions provided:

- **Tier 1** interventions include provision of drug-related information and advice, screening and referral to specialised drug treatment
- **Tier 2** interventions include provision of drug-related information and advice, triage assessment, referral to structured drug treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare
- **Tier 3** interventions include provision of community-based specialised drug assessment and co-ordinated care planned treatment and drug specialist liaison
- **Tier 4** interventions include provision of residential specialised drug treatment, which is care planned and care coordinated to ensure continuity of care and aftercare

In Newcastle, these interventions are mainly delivered by third party providers. However, the Council does directly deliver a service for young people through its DnA service. The diagram (figure 1.) below sets out the individual services currently commissioned:

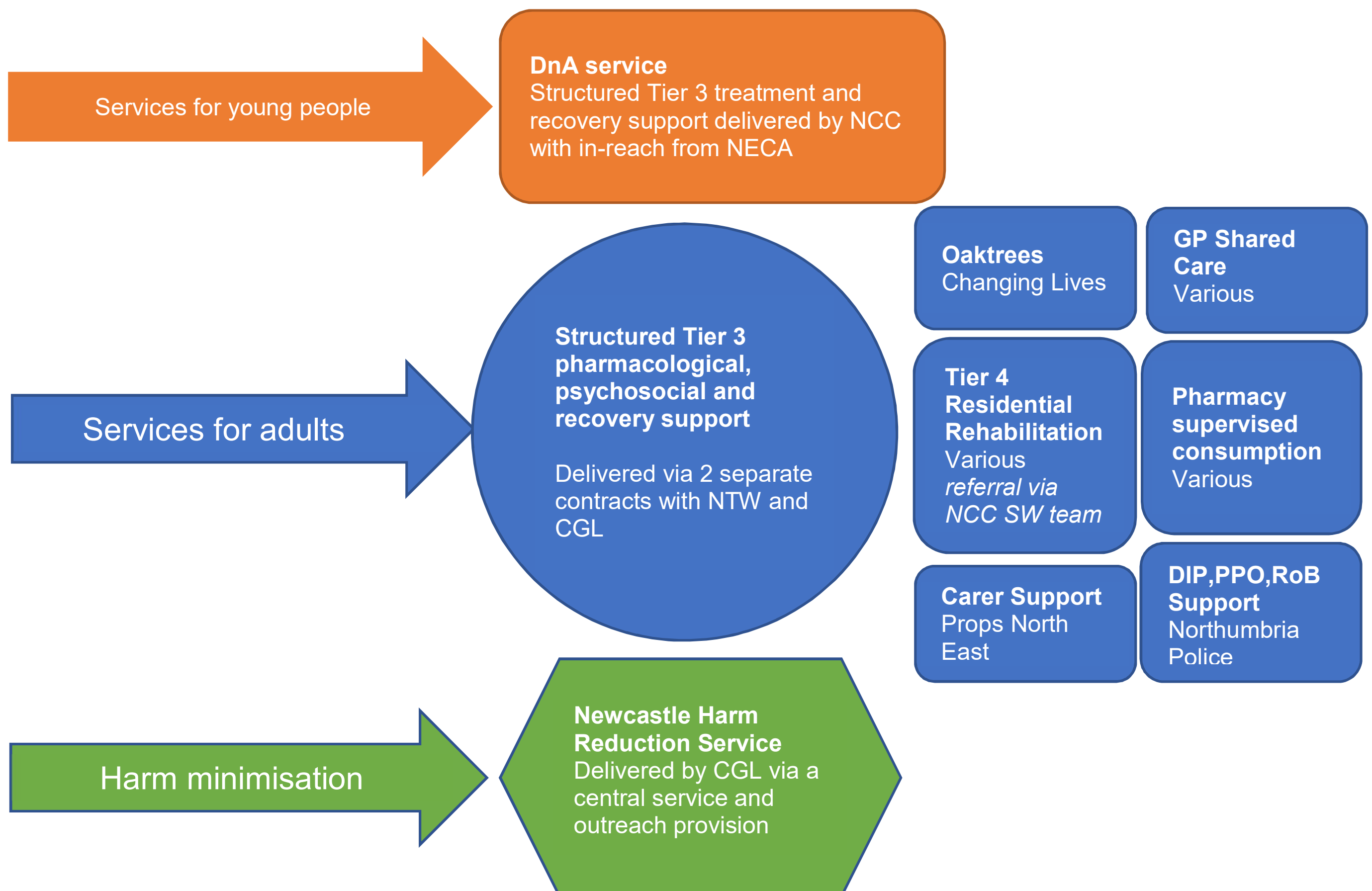

Figure 1.

Commissioned and directly delivered support:

Services for young people: Support is provided by the Councils in-house DnA team, with additional capacity provided through a contract with an external provider, NECA, who provide a Young People's support worker. Clinical support to the DnA service is currently being provided through NTW following staff changes in the CCG commissioned CYPS service.

Services for adults: Support is delivered via third party providers under a number of separate contracts.

Many clients requiring pharmacological interventions, those who are clinically complex or who are unstable in their drug misuse receive Opiate Substitution Therapy (OST) in Newcastle via the main clinical and pharmacological provider (NTW). This provider also coordinates the local shared care scheme. In 2017/18, the Council commissioned 9 GP Practices to provide drugs misuse services in a shared care scheme for individuals on a 'tariff' basis and contracting arrangements are thus between the Council and GP practices. Local Authority meets the OST prescribing costs in connection with the public health services it commissions.

The Council also commissions 61 pharmacies to provide supervised consumption services, which allow for clients on OST to take their prescribed medication under the supervision of a pharmacist. Supervision frequency is tailored to the individual client and the pharmacy is paid a tariff on a 'per client per month' basis. Contracting arrangements are directly between the pharmacies and NCC. We also commission pharmacies to deliver needle exchange on a per transaction tariff basis.

In addition to these arrangements, the Council's Drug and Alcohol Social Work Team undertake assessments and preparatory work for residential rehabilitation placements.

The Council also commissions a dedicated drug and alcohol carers service that works directly with the family member or carer. This is an important part of addressing whole family responses to problematic use. The Council also makes specific funding available to Northumbria Police for the purposes of tackling substance related offending.

Harm minimisation services: This service is targeted at the adult population, although there is provision for the nurse in the harm reduction service to work with young people alongside the DnA team

Information and communications technology (ICT):

The range of services described above all use different case management systems to hold information in relation to the clients they support.

Therefore, there is not currently a central IT system that holds a client's full treatment journey or treatment package and none of the case management systems currently used communicates with each other or shares information in a systematic way.

There is a requirement for some services to report to the National Drug Treatment Monitoring System (NDTMS) and/or Criminal Justice Intervention Treatment (CJIT) datasets. Whilst other services are not subject to these national datasets.

Non-commissioned delivery:

In addition to commissioned services, the city also benefits from thriving and growing recovery communities, where mutual aid support sustains recovery in communities long after commissioned activity has ended.

2. Current spend on services

The Council's total spend on drug and alcohol arrangements in 2018/19 is circa £5.6m.

3. Who are our key partners?

There are a range of key partners and stakeholders, both national and local, including but not limited to:

> Clients and their families and carers, Newcastle User and Carer Forum, drug and alcohol service providers, health (including substance related posts within Newcastle upon Tyne Hospitals Trust), criminal justice agencies, social care, children's services, family support services, education, employment agencies, housing and voluntary sector providers.

In addition, the city is fortunate to have non-commissioned, thriving recovery communities which are an essential asset and benefit to commissioned activity.

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 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 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 C: Change proposal

1. What is the proposal to change the service?

i) Overview of the proposal:

Our proposal is to commission an **integrated** treatment and recovery service, functioning across the life course. This will bring together components of specialist treatment services including: clinical and non-clinical structured treatment, psychosocial interventions and case management, tier 2 recovery interventions, and dedicated harm reduction provision. It will include provision for children and young people, as well as adults. The services that are in scope are set out in Appendix A. In commissioning an integrated service, we are seeking to improve the experience of those who require support, including earlier intervention (particularly for young people) and improve outcomes for individuals in their recovery journey.

The integrated service will be the centre of Newcastle's wider drug and alcohol treatment system which fundamentally believes that people can and do recover. We want to focus on building the recovery capital of clients by commissioning an integrated service that helps them build positive relationships, including with non-commissioned mutual aid groups, and which supports recovery within communities long after specialist treatment provision has ended.

It is proposed that integrating the various components of current service provision as set out in Appendix A will strengthen the service offer, initiate earlier intervention and improve the service user journey through treatment into recovery. There will be less duplication of assessment and minimal 'referral' or 'transfer' of clients between parts of the system. There will be more effective information governance to manage risk. There will be opportunity for shared governance, support and mentoring infrastructures, training and workforce development and a more uniform and consistent approach to harm reduction, treatment and recovery.

As well as providing client interventions, an essential element of the integrated service will include building capacity across universal and other targeted services as part of the early intervention and prevention agenda.

This proposal seeks to support new areas of focus within the system such as:

- a multi-disciplinary assessment team operating from a single point of access, offering accurate and effective dissemination through the treatment pathways and to address high risk alcohol use
- improve the access to specialist addictions clinical support for young people
- tailored provision for young adults with innovative contingency management
- bespoke pathways and collaborative working between addiction and other health services to address complex health needs

ii) Who will the service will be for:

The integrated service will be for all Newcastle residents – children, young people and adults – in order to support a life course approach. It will include support for those require early intervention and prevention, specialist structured treatment, recovery support and harm reduction services.

The integrated service will need to address drug or alcohol misuse in a holistic way, regardless of the substance of use (e.g. alcohol, opiates, crack, cannabis, stimulants, hallucinogens, 'over the counter' or prescribed medications (including benzodiazepines), Novel Psychoactive Substances, Image and Performance Enhancing Drugs (such as steroids). This list is not exhaustive and the integrated service should be flexible in order to respond to emerging local drug trends.

Clients may have a range of needs alongside drugs and alcohol, including but not limited to;

- being a parent or having a parental responsibility
- having experienced children being removed from their care
- contact with the criminal justice system, including subject to court mandated orders or prison release
- disrupted school attendance
- other vulnerabilities such as looked after care
- co-morbidities e.g. mental health problems or poor physical health
- multiple needs e.g. homelessness, employment issues, lack of benefits
- experience of trauma or exploitation

The integrated service will also support offenders identified through local criminal justice pathways, including out of court disposals and will support Northumbria Police, the HM courts, National Probation Service in Northumbria and the Northumbria Community Rehabilitation Company in the management of offenders where there is a drug or alcohol need, including those released from prison.

iii) What functions will the service deliver:

The integrated service will provide:

- a single-entry point approach to supporting children / young people and adults into specialist drugs and alcohol advice and support (this may be a separate point of access line for CYP as adults).
- triage and assessment for people with drug or alcohol related issues, regardless of the substance. This may result in extended intervention or requirement for more structured support, depending on risk and need. The comprehensive assessment will be multi-disciplinary and suitably skilled, particularly to consider the needs of high risk alcohol users and children or young people, along with safeguarding and risk management. The assessment will also include healthcare assessment including blood borne virus.
- consideration at point of entry of family and carers provision to support whole family recovery
- promotion of and working with non-commissioned mutual aid groups as an effective resource
- design support and capacity so as to intervene early, help people recover and overcome dependence, as well as achieve changes clients need to lead a healthy life

The integrated service will design support and capacity so as to intervene early, help people recover and overcome dependence, as well as achieve changes clients need to lead a healthy life. The diagram in Figure 2 below illustrates the scope of these interventions:

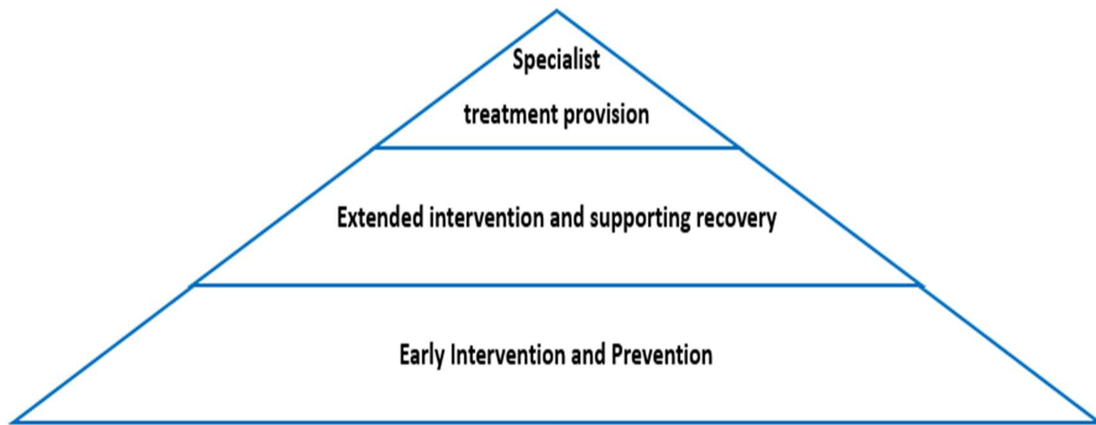

Figure 2.

Specialist treatment provision: The integrated service will deliver a range of specialist drug and alcohol related interventions in line with national guidance. This will include:

- Case management for clients requiring structured interventions, with more intensive options available depending on immediate and high risks. The integrated service will work with other 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.
- Case management should also ensure close working relationships with JobCentre Plus to ensure that all clients receiving structured treatment have the necessary forms completed to support Universal Credit compliance (TCR(UC)2 as at April 2019)
- A range of psychosocial interventions delivered by suitably qualified staff. These interventions will be delivered through a combination of 1:1 or group work sessions.
- Structured day programmes, including provision for offender's subject to court mandated orders (such as Drug Rehabilitation Requirements and Alcohol Treatment Requirements)
- Clinical and pharmacological provision
- Access to support relating to accommodation, children and families (early help as well as safeguarding), health, education/training and employment, finance/benefit and debt, abuse, sex work and sexual exploitation, attitudes/thinking and behaviour and offender management.
- Working with local GPs, the integrated service will coordinate and develop an expansion to the shared care scheme to support clients on their recovery journey.
- The integrated service will be delivered at a variety of settings, including, but not limited to, centre based, outreach into general practice, criminal justice settings (e.g. probation, Youth Offending Team, Northumbria Police custody suites), health settings, children / young people's provision (including schools), residential units, homeless services and other universal settings.
- The integrated service will deliver interventions that proactively support people at life changing moments e.g. transitions for young adults, prisons and probation services, from and into community and residential rehabilitation, and mental health services.
- The integrated service will work proactively with the Drug and Alcohol Social Work team to improve client access to community and residential rehabilitation.
- The integrated service will work proactively with clinical provision to support inpatient

detoxification and will deliver community detoxification, with an appropriate plan for the individual (and, where appropriate, their family members or carers)
- Co-location opportunities, which will be agreed with the local authority, to support fully integrated teams at all points along the service user journey (with particular target groups).
- A range of interventions that are appropriate to deal with the comorbid health conditions that clients may present, including blood borne virus.
- Innovative approaches to substance misuse interventions.

Extended intervention and supporting recovery: The integrated service will provide:

- Facilitated access to, and delivery of, mutual aid groups.
- Volunteering opportunities
- Service user involvement opportunities within the service, including links to the Newcastle User and Carer Forum.
- Asset based recovery focus; building recovery within communities where people live offering access to a range of opportunities including broader health and wellbeing, employment, training and education.
- Fast track re-entry for lapse or relapse
- Recovery check-ups or a package of recovery interventions for an agreed period after specialist treatment completion, including for clients who have completed residential or community rehabilitation (as agreed with the Drug and Alcohol Social Work Team)
- Agree a programme of extended intervention capacity building and delivery of an Extended Brief Intervention (EBI) programme, which may include group work or 1:1 support

Early intervention and prevention: The integrated service will:

- Work with Newcastle City Council to contribute to the partnership delivery of training for drugs and alcohol, including capacity building for Identification and Brief Advice (IBA), Naloxone and other sessions as agreed, including developing packages focused for children and young people. This will allow upskilling of the tier 1 workforce. We would like the provider to also deliver a comprehensive internal staff training and development programme. The speciality of harm reduction must be maintained – both as a bespoke provision as well as integrated throughout the delivery of the client journey. This includes coordination of the city-wide needle and syringe programme for all injectors (including Image and Performance Enhancing Drugs), including pharmacy exchange.
- Adopt an assertive outreach approach to ensure pathways and links to risk populations (for example hostels, residential units, children's and young people's provision)
- Liaison and work with criminal justice agencies to intervene early in the criminal justice pathway, with consideration to the needs of children / young people, Out of Court dispersal pathways and arrest referral
- Coordination of the local Take Home Naloxone scheme – ensuring settings have Naloxone to use in an emergency as well as individuals at risk of opiate related overdose receive the kit.
- Support asset-based recovery within communities so that people can build resilience and support in the communities in which they live.

GP and Community Pharmacy commissioned services

GP and Community Pharmacy arrangements will remain a key part of the integrated service delivery model, ensuring access to support is spread across the geography of Newcastle. The main contractual provider will be expected to work with providers in the following areas:

GP Shared Care: For those who are maintained on prescription and are stable in treatment a transition to GP shared care should be explored to support recovery. Expanding GP shared care is a key component to supporting recovery. An expectation of a move through to GP shared care from the main clinical service where appropriate will be reflected in the specification.

GPs are currently paid a tariff on a 'per client per month' basis for delivering shared care under the terms of a contract between GP practices and the Council; our proposal is that the integrated service work to establish sub-contractual arrangements with GPs across the city of Newcastle upon Tyne for the provision of shared care. The integrated service will be required to support GPs in performance management and the administration and compliance of the National Drug Treatment Monitoring System (NDTMS), as well as improve education, training and supervision arrangements. This proposal seeks to improve client care and connectivity as GP shared care will form part of the requirements of the integrated service delivery and will be required to manage and monitor delivery across GP shared care.

Community Pharmacy: Pharmacies are currently commissioned to provide supervised consumption of OST and paid a tariff on a 'per client per month' basis. We also currently commission pharmacies to deliver needle exchange on a 'per transaction' tariff. These arrangements are both commissioned under the terms of a contract between community pharmacies and the Council. Our proposal is that integrated service work to establish sub-contractual arrangements with community pharmacies across the city of Newcastle upon Tyne for both supervised consumption and needle exchange services. In doing so, we aim to strengthen clinical governance, promote patient safety by promoting contact between prescriber and dispenser and allow for more robust payment claim verification.

A 'life course' drug and alcohol treatment and recovery system (Children, Young People and Adults)

Transitions between young people's and adults' substance misuse services has been identified as an area for improvement in systems locally, as well as provision for young adults. We have reducing numbers of children / young people accessing specialist drug or alcohol services, however there is a higher rate of vulnerability and poly substance use within this group. We wish to prevent sustained use and harms by ensuring there is adequate capacity and tailored response to intervening earlier providing intensive and appropriate interventions including healthcare assessments and specialist clinical assessments, where necessary. Integration will also allow effective supervision, education and governance arrangements. It is, of course, essential to retain the specialist skills of working with children and young people.

It is proposed that an integrated life course approach to drug and alcohol treatment and recovery support would allow for smoother transitions, allow consideration of a tailored 'young adults' offer and would improve access to clinical treatment for young people. It would also support development of activities and interventions that may best engage this age group. It would also bring more capacity and embed training and workforce development.

Whilst the model will be integrated across the life course, we are mindful that the needs of children and young people are different from those of Adults and our intention is to ensure that any new arrangements consider the needs of this cohort and how services can be designed and delivered in such a way which that recognises this and can support their recovery. We anticipate that, although we are integrating the model, all service provision will not be from one site.

Performance management frameworks

It will be important that future performance frameworks are designed to maintain the distinction between the role and performance of all 'elements' (children and young people, psychosocial/ recovery support, harm reduction, and the clinical/pharmacological element) to have clear data gathered on the activity and efficacy of these various component parts. We will want to design a system that reflects both our interest in and emphasis on the equal value of harm reduction, recovery interventions, psychosocial and clinical interventions. Our focus on early and timely intervention will also require a clear focus on the reporting of tier 2 activity, to avoid a focus from providers simply on the types of structured treatment that require national reporting.

Information Technology (IT) Case Management System

For an integrated service to work effectively, there needs to be information flow between its component parts. This was supported in the engagement and consultation, with clear feedback about the sharing of risk information and the promotion of the service user agenda of 'tell your story once'. Multiple IT systems were seen as a real barrier to effective care planning and smooth treatment journeys. A single IT package for the new integrated service is therefore the preferred option.

Since 2015 the Council has provided the IT case management system for the non-clinical adult treatment service. In considering IT the Council has two broad options: provide an IT system that is mandated for use across the new integrated service or require the successful provider(s) to come with their own agreed system which will be used across the integrated service.

In considering these options the Council has had regard to the following factors:

- The costs and time involved in enhancing the Council's current system to allow it to meet the additional requirements of the new system (clinical interventions, young people's data set reporting, harm reduction interventions etc.)
- The potential costs of the Council acquiring a new ready-to-go service
- That the costs in relation to either of the above would have to be met from funds currently allocated to direct delivery of services
- Feedback from treatment providers who already have and would prefer to utilise their own IT systems as familiarity with the system allows for smoother and quicker contract mobilisation, less duplication, more opportunities for cascading IT training to new staff members and a more efficient response to system glitches and dataset upgrades
- That the Council's role as Data controller and the Provider's as Data Processor can be clearly set out in the contract, thereby making clear obligations in relation to data transfer at the end of a contract

In light of the above the proposal is to ask the successful provider(s) to bring their own fully supported and maintained IT case management system for its clients, which will be able to meet the requirements of all aspects of delivery within the integrated service and will be accessible by all staff teams. Provider options which involve more than one IT system will be considered, subject to assurances about compatibility and information share, but preference will be given to one IT

system.

The case management system(s) must be compliant with the current and future data requirements of the National Drug Treatment Monitoring System (Adults and Young People), the Criminal Justice Integrated Team (as well as offending data requirements) and the local authority's own data requirements. The service specification in relation to IT will set out a more detailed set of requirements. The case management system(s) must be approved by the Local Authority and 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 service, existing data from current providers will be transferred to the new provider(s). There are currently 4 IT systems collecting data that would need to be fed into the new system. These are operating in the following areas:

- Adult clinical and pharmacological provision
- Adult non-clinical provision
- Criminal Justice Interventions
- Children and young people's service
- Harm reduction service

All exiting providers will be required to work with the successful provider(s) of the new integrated service to facilitate the transfer of agreed 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.

Premises

There were some responses which indicated a concern that integration will require either a single provider to deliver all aspects of the service or for services across the life course to be delivered from the same location. We have therefore taken the opportunity within this updated IIA to clarify that:

- service integration can be delivered by a partnership or consortium, as well as by a single provider
- the service specification will acknowledge and reflect the differing specialisms and requirements involved in delivering across the breadth of the specification and
- effective delivery of the full breadth of the specification may require several delivery locations

It will be incumbent upon the successful provider(s) to secure suitable premises from which to deliver the integrated service provision. However, the Council may seek to offer the use of suitable Council owned and controlled premises to support the delivery of the integrated service or request co-location with other partners to offer joined up responses to meet the needs of Newcastle's residents. The service specification for the integrated service will set out these opportunities.

Where premises for delivery is mandated in the specification, the rental costs of these premises will be met by the Council.

iv) How will the service be delivered:

The Council seeks to contract for the delivery of the integrated service with a single legal entity. This could be a single provider, a prime contractor, a partnership or consortium. The proposal is that the single legal entity will report on and be contractually accountable to the Council for the outcomes achieved.

There is a recognition of the breadth of specialism and expertise involved in delivering an effective integrated service. We would like providers to explore opportunities for organisations to work together to bid for and deliver the integrated service in order to provide an integrated response. The Council recognises 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 maximise social value for residents of Newcastle by maintaining a mixed economy in Newcastle in order to deliver high quality provision;
- maintaining existing skills and experience which is firmly placed within communities and is responsive to the needs of service users;
- 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.

v) What functions will the service not deliver:

All of the below will be subject to separate commissioning activity outside the scope of this proposal:

- **Newcastle's 12 Step Community Structured Day Programme**
  Community rehabilitation is an important offer which provides an alternative to residential rehabilitation and ensures that people who cannot live away from home have access to a structured and intensive package of abstinence-based support. The Council will retain a separate contract for the community rehabilitation provision and are working on a community and residential rehabilitation framework. Improving pathways through the integrated service will mean improved access for the city's residents.

- **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).
  Placements for residential rehabilitation are purchased upon referral from treatment services and upon assessment by the Council's Drug and Alcohol Social Work Team. These Tier 4 interventions are often out of area and are bespoke to the needs of the individual. The Council are working on a community and residential rehabilitation framework. Improving pathways through the integrated service will mean improved access for the city's residents.

- **Support to Families and Carers**
  Integrating support for families and carers into the wider drug and alcohol treatment system contract has been considered as an option for Newcastle, however, services for families and carers will remain outside the scope of this integrated service. We wish to protect the local specialism and recognise the importance of family members needs being recognised, distinct from their loved ones use. We acknowledge that increasing support for people affected through this contract will result in increased demand for specialist carers support and the resourcing of family and carer support will be considered as part of overall financial modelling.

- **Prescribing budget for opiate substitution therapy (OST)**
  Under the terms of the transfer of Public Health functions to the Local Authority in 2013, the Local Authority meets the prescribing costs in connection with the public health services for which it assumed commissioning responsibility. This included the opiate substitution therapy prescribed by the provider of clinical and pharmacological drug treatment and shared care GPs. The option of including the budget and responsibility for these prescribing costs within the overall contract has been considered and discounted for the following reasons:

  - Drugs costs can be subject to dramatic change due to factors beyond the control of the Council or its commissioned providers (as has been seen this year with an almost 900% increase in the cost of buprenorphine due to interruptions in manufacture). To ask the providers to weather drug costs fluctuations whilst preserving quality delivery poses too high a risk to patient safety.
  - Keeping the prescribing costs separate ensures that clinical decisions of drug choice for patients are not unduly motivated by balancing budgets. It also ensures greater transparency of medicine costs as a % of overall spend and allows monitoring of prescribing trend

- **Naloxone kit costs**
  A costs of Naloxone kits will be met by the Council. The successful provider(s) will be required to deliver training on the local Naloxone scheme as described earlier in this document.

- **Arrangements with Northumbria Police**
  The Council makes specific funding available to Northumbria Police for the purposes of tackling substance related offending. This funding is not in scope of the proposal.

vi) What this means for existing services:

Current contract arrangements for services that are in scope (Appendix A) will end on 30th November 2019, with the new arrangements starting on 1st December 2019.

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

vii) How much it will cost:

The final tender opportunity and associated contract value will be determined prior to procuring the integrated service. We are not seeking to achieve cashable efficiency savings on current investment levels as a result of this proposal. This is despite the financial pressures faced by the local authority (over the period to 2022, the Council as a whole will have had to save £327m due to government cuts and increasing cost pressures). Maintaining current investment levels will help us to respond to a number of significant challenges, for instance:

- the North East has the highest drug related death (DRD) figures in the country; although Newcastle's rate slightly decreased in 2017 compared to 2016, the increasing trend across the UK is of concern.
- a change in drug use profile, which includes a rise in the prevalence of crack cocaine in Newcastle
- a change in the distribution of drugs locally, using urban street gangs and county lines to run drugs from urban areas to more suburban/rural locations (often using young or vulnerable people)
- an increase in public injecting behaviours and associated community safety concerns such as drug related litter and possible needle stick injuries to the public
- a large poly drug using cohort
- higher proportion of vulnerabilities for young people accessing specialist treatment services
- an aging cohort of drug users with attendant physical health complications
- an increase in under 18's alcohol specific hospital admissions
- a new population of young opiate users or injectors (including Image and Performance Enhancing Drugs) presenting at harm reduction services
- higher than national % of alcohol presentations to treatment and an increase in emergency alcohol-related hospital admissions
- provider data reporting large staff caseloads and services running at deficit
- LAPE alcohol measures - increasing alcohol related harms

As an indicative price it is anticipated that the annual contract value for the integrated service will be in the region of £3.8million. However, the final price will be determined and published as part of the tender process.

2. What other options did we consider?

In developing the proposal for an integrated service as described in this document, consideration was also given to other potential options to meet the local needs of Newcastle. This included:

- all current service contracts to remain as is but with a single point of entry, comprehensive assessment and care coordination with onward referral to existing provider services
- a single service contract for all structured tier 3 treatment including care coordination, pharmacological, psychosocial and recovery support interventions (as part of a structured treatment package), with all other current service contracts to remain as is
- a single service contract for all tier 2 and 3 service provision (including tier 3 structured treatment, tier 2 harm reduction and needle exchange services and support, carer support, and recovery drop in).

We believe that that the option presented in this document integrates support in the most effective way possible in order to achieve the outcomes we are seeking for our residents.

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	**Overall prevalence rates**

Substance	Local number	Rate per 1,000	Unmet need
Opiate and/or crack (OCU)	2,051	10.2 (8.57)	35% (50%)
Opiate	1,783	8.86 (7.33)	26% (43%)
Crack	1,076	5.35 (5.21)	85% (62%)
Alcohol (dependency)	4,066	17.2 (13.8)	76% (81.7%)

(Source: Estimates of prevalence of opiate use or crack cocaine use 2014/15 Public Health Institute John Moore's University)

Harm reduction (2017/18)
Newcastle has maintained a central harm reduction service, which delivers key interventions including: needle exchange, blood borne virus test offer, health and drugs advice, harm reduction brief intervention, overdose and safer injecting advice, alongside referrals to other services.it also coordinates needle exchange across the city (i.e. pharmacy scheme) and delivers outreach into communities where there may be increased drug related issues. This includes a level of in reach into supported accommodation settings.

There were 971 individuals on the harm reduction caseload, with 1,437 individual visits during 2017/18, and 272 new presentations for this period. 2,281 interventions were provided (which included 208 overdose prevention advice) and 101,846 pieces of equipment were distributed by this service.

Children and young people (2016/17 data)
There are general improvements in reducing alcohol consumption for CYP in the city however national trends indicate increasing drug use. Changing drug supply – particularly 'county lines' – are an area of concern which could be a concern for CYP and vulnerable adults.

There were 116 children and young people engaged with treatment services across the community (88) and secure estates (28) and nine, 19-24 year olds engaged in CYP specialist services. Key referral sources include: youth justice (28%; 25% national), children and family services (28%; 15%) and health and mental health services (17%; 8%).

Amongst the **wider vulnerabilities** identified, nearly half are involved in offending / antisocial behaviour (48%; 32% national), 24% (16%) are not in employment, education or training (NEET); 20% (12%) are looked after children; 20% are affected by others substance misuse; 31% (21%) are affected by domestic violence; 9% (6%) are affected by sexual exploitation; 19% have an identified mental health problem and 13% are involved in self harm.

70% of CYP in contact with services began using substances before they were 15 years old. 67% of CYP are using two or more substances, and these are predominantly cannabis (80%) and alcohol (41%). Other key substances are stimulants (cocaine, amphetamine, ecstasy, not crack) at 28% (22%) and Novel Psychoactive Substances (NPS) – the use of NPS is significantly higher than the national average in Newcastle (25% - 4%) although has reduced from previous years. They key age groups are 14-17 years old.

Interventions tend to be of shorter duration with 87% completing treatment in under a year. There has been a reduction in CYP leaving treatment in a planned way (reduced from 75% last year to 51% 2016/17) and is lower than the national percentage at 81%.

Adults: Drugs (2016/17 data)
There were 1,846 adults in drug treatment in 2016/17 (a 6% increase on the previous year), the majority were opiate users, accounting for 72% (1,324). 75% of clients in treatment are male and 42% are aged between 30-39 years old.

681 adults in treatment cite over the counter or prescription only medication, this is 37% of the treatment population compared to 15% nationally. Of this proportion, 31% cite illicit use and 6% no illicit use. 31 individuals accessed residential rehabilitation for this period for drugs (2% of the treatment population, compared with 3% nationally).

31 clients accessed residential rehabilitation within this period, for issues linked to drug dependency. This is approximately 2% of the treatment population, which compares to 3% nationally.
Successful completions rates remain significantly lower than the national average; 3.1% for opiate users, 17.5% Non-opiate, 17.7% Non-opiate and alcohol. A large proportion (50%) of opiate clients have been in treatment for two years or more, and 28% six years or more.

Self-referral (38%) and via the criminal justice system (24%) are the key routes into treatment. 96% of clients are receiving their intervention within the community. Between 2013/14 and 2016/17 there has been a 59% increase in presentations to treatment for substances (not including alcohol only presentations: see alcohol snapshot).

26% of clients are living with children under the age of 18, this is in line with the national average. Successful completions amongst parents are significantly lower than the national average

Only 40% of clients new to treatment who were eligible accepted a HBV[1] vaccination and of these only 20% started or completed the vaccination course in the year. 83% of previous or current injectors eligible for a HCV[2] test received one, which is an increase on the previous year

41% of new clients to treatment are unemployed or economically inactive, with a further 34% who are long term sick or disabled. These percentages are higher than the national average. 91% of new clients at start of treatment were not working; of those leaving in a planned way this reduces to 74%, but increases to 95% for those leaving in an unplanned way.

7% of clients new to treatment have an urgent housing problem, and a further 14% have a housing problem. 100% of those successfully completing treatment no longer have housing need

Trend data nationally show that overall numbers in treatment and new presentations to treatment have declined over the last seven years. However, between 2013/14 and 2016/17 there has been an increase in presentations to treatment locally of 59% for non-alcohol only clients. Overall numbers in treatment for a main substance of drugs (excluding alcohol) show a 12% increase between 2014/15 and 2015/16.

Adults: alcohol (2016/17 data)

In 2016/17 there were 1299 people in treatment for alcohol misuse in Newcastle, which is an increase on the numbers in treatment in the previous years. The main age group for those in alcohol treatment are aged 40-49 at 30%. This is a slightly younger age profile than the previous years of 45-54.

For those in treatment in 2016/17, 54% (no. 697) were receiving treatment for alcohol only and 502 people were receiving treatment for alcohol and drug misuse. There were 438 new presentations to treatment for alcohol. There are a higher percentage of males accessing treatment at 68%. 11 alcohol only clients accessed residential rehabilitation in 2016/17 (3% nationally).

Successful completions remain worse than the England average, 24% of those in alcohol treatment had a successful completion from treatment in 2016/17 and did not represent to treatment within 6 months, which is consistent with the previous year.

[1] Hepatitis B
[2] Hepatitis C

	The main referral routes into treatment were self -referral at 38%, with 24% of referrals being from GP's and 5% through criminal justice. 11% of new alcohol presentations to treatment are receiving care from mental health services for reasons other than their substance misuse (compared to 21% nationally). In 2016/17 16% of alcohol clients entering treatment were living with children and a further 28% were parents but not living with their children. 123 children were living with alcohol clients in 2016/17. Of those alcohol dependent parents entering treatment between 2013/14 to 2015/16, 32.2% completed successfully. This compares to the national figure of 50.6% and 51.2% on average in All English metropolitan boroughs[3]. 29% of new clients to treatment are unemployed or economically inactive, with a further 43% who are long terms sick or disabled. 81% of new clients at start of treatment were not working, of those leaving in a planned way this reduces to 68%. A recent PHE Alcohol Datapack shows that alcohol presentations in Newcastle have increased by 52% since 2013/15 to 2016/17 – this is in stark contrast to national and PHE centre comparisons. Presentations have also increased to treatment services for other substance use for this period. 42% of these clients have had no previous treatment journeys, however 23% have had 3+ previous treatment journeys. Alcohol has a significant impact on a number of health conditions and alcohol is seen as a causal factor in more than 60 medical conditions. The LAPE provides data on some of the key alcohol related health conditions in the form of hospital admissions, which include: Cardiovascular disease (CVD) and Liver disease, as well as admissions from mental and behavioural disorders, unintentional injuries and intentional self-poisoning. In Newcastle there is a rise in hospital admission rates for alcohol related condition where alcohol is the primary or secondary diagnoses between 2015/16 to 2017/18. There is also a rise in admissions for alcohol specific conditions. There has also been a rise in: • under 18's hospital admissions for alcohol specific conditions from 30.1 per 100,000 in 2012/13 to 2015/16 to 43.3 per 100,000 in 2015/16 to 2017/18. Making Newcastle statically worse than the England average. • Admission episodes for alcoholic liver disease from 204.7 per 100,000 in 2008/09 to 278 per 100,000 in 2017/18. Newcastle has the highest rate in the North East in 2017/18.

	• alcohol specific mortality in Newcastle between 2011-13 to 2015-17 to 16.8 per 100,000. Although rates are higher in the male population there are increasing trends in the Female population, making Newcastle statistically worse than the England average for Female alcohol specific morality in 2015-17. • mortality from Chronic liver disease in Females in Newcastle, although male rates still remains higher. However, there is a reduction in the rate of alcohol related cancer in Newcastle between 2012-14 to 2014-16, but Newcastle has the second highest rate in the North East. (Source: LAPE- Local Alcohol Profile for England, “Fingertips”- PHE 2017/18)
Alcohol & Drugs Prevention, Treatment and Recovery: Why Invest? (PHE, 2018)	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: • 2.7 million adults took illicit drugs in the last year • 10.4 million adults drink at levels that increase the risk of harm to their health • 595,000 adults may need treatment for alcohol dependence • The annual cost of illicit drug misuse costs around £10.7 billion. • Alcohol related harm costs the UK £21.5 billion per year. • 41% of women and 27% of men report problematic drugs misuse when they arrive at prison • 20% of children ‘in need’ are affected by drug misuse and 18% by alcohol misuse nationally. • Drug and Alcohol treatment in England in 2016/17 resulted in 4.4 million fewer crimes. • Young Peoples drug and alcohol interventions results in £4.3 million health savings and £100 million crime benefits per years in England. • Spending around £200 a year per injector in needle/syringe exchange programmes, means a saving of £22,000-££41,000 a year for every prevented care of Hep C treatment and £10,000-£42,000 a year for every prevented case of HIV. Plus reduced spend on A&E attendances and Hospital stays.

[3] source: http://lginform.local.gov.uk/reports/view/dwp/improving-lives-helping-workless-families-local-data-report-3?mod-area=E08000021&mod-group=AllMetropolitanBoroughLaInCountry_England&mod-type=namedComparisonGroup&modify-report=Apply#Drug and alcohol dependency

Return on Investment:

- For every £1 invested in young people drug and alcohol interventions there are between £5-£8 of benefits nationally.
- There is a £4 social return on every £1 invested in drug treatment and £3 for every £ invested in alcohol treatment nationally.
- In Newcastle for every £1 invested the social return on investment is **£3.4** for those in treatment in 16/17 and **£20.3** for those in 10 years' worth of recovery for both drug and alcohol clients. (source: The social return on investment (SROI) of treatment for alcohol and drug dependency, PHE)

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
- Drug related deaths in England are the highest on record (2,383 in 2016), with heroin and cocaine deaths doubling since 2012.
- Around 24,000 people died from alcohol related causes in 2016, and deaths from liver disease have increase 400% since 1970.
- More than a fifth of all deaths in young men aged between 16 and 24 years are alcohol related.
- 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.

National policy, National Institute for Health and Clinical Excellence (NICE), Department of Health and Public Health England Guidance	Alcohol commissioning support 2019-200: principles and indicators (PHE 2018) Drugs commissioning support 2019-200: principles and indicators (PHE 2018) National Drug Strategy (HM Government, 2017) Drugs Review (Public Health England 2017) Alcohol Review (PHE, 2016) Drug Misuse and Dependence: UK Guidance on Clinical Management (Department of Health, 2017) Models of Care for Adult Drug Misusers (National Treatment Agency, 2006 update) Models of Care for Alcohol Misusers (National Treatment Agency, 2006) Commissioning for Recovery: drug treatment, reintegration and recovery in communities and prisons: a guide for drug partnerships (NTA, 2010) The National Institute for Health and Clinical Excellence (NICE) produced several drug and alcohol specific pieces of guidance which should underpin commissioning and delivery of specialist substance misuse treatment. Drug treatment specific NICE guidance: • Needle and syringe programmes (PH52; NICE 2014) • Methadone and buprenorphine for the management of opioid dependence (YA114; NICE 2007) • Take-home naloxone for opioid overdose in people who use drugs (PHE 2017) • 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) • Naltrexone for the management of opioid dependence (TA115; NICE 2017) • 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) • Co-existing severe mental illness and substance misuse: community health and social care services (NG58, NICE 2016)

	• Drug misuse prevention: targeted interventions (NG64; NICE, 2011) • Drug misuse in over 16s: psychosocial interventions (CG51: NICE, 2017) • Drug misuse in over 16s: opioid detoxification (CG52; NICE 2007) • Introducing a blood borne virus testing facility within a substance misuse harm reduction service (NICE, 2016) • Pregnancy and complex social factors: a model for service provision for pregnancy women with complex social factors (CG110; NICE 2010) • LGB18: Tackling drug use (NICE, 2014) • Drug use disorders in adults (QS23; NICE 2012) 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 • Alcohol and drug misuse treatment core dataset collection guidance (2018) - Core dataset resources to support alcohol and drug treatment services and system suppliers to collect data for the national drug treatment monitoring system (NDTMS).

	https://www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance
Workforce competencies	Dataset O (through NDTMS 2018) 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.
2016/17 Social Return on Investment of Adult Alcohol and Drug Interventions Public Health England	The current level of investment in structured treatment in Newcastle means that for every £1 spent our Social Return on Investment (SROI) is £3.4, which increases to £20.3 when there is 10 years' worth of recovery for substance misuse clients. The Cost Effectiveness Toolkit (PHE) demonstrates that if there was a reduction in investment into structured treatment in Newcastle it would reduce the level of daily spend and unit cost for each type of treatment interventions, to below the national average. It would then limit our ability to increase the level of alcohol, non-opiate and crack cocaine using population into the treatment system, meaning we would not be able to meet the level of demand as suggested in the local prevalence estimates.

4. What are the risks of implementing this proposal

The proposal seeks to create an integrated service which may be delivered by one or more organisations. 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 is a risk that an IT system, or a proposal that utilises multiple systems, may not fully meet the specified requirements, this may require the new service to enhance their IT offering. The service specification in relation to IT will set out in more detail the requirements and ensure compliance with reports and performance information.

There are risk factors associated to the substance misuse data set which may arise from procuring a single integrated service and the resulting data migration requirements. These risks may impact on our, or the incoming provider(s) ability to meet statutory reporting requirements. 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.

The risks relating to continuity of care and ensuring that those individuals in receipt of treatment continue to receive the appropriate care and support whilst potentially transferring from one provider to another. The service specification will set out in more detail the requirements relating to how service users, carers and families and staff will be supported during the above.

5. Who have you engaged with about this?			
Date	**Who**	**Number of actual participants**	**Main issues raised**
28th Sept,1st & 3rd Oct 2018	Sessions with Providers of Drug and Alcohol Services and Services who work alongside Drug and Alcohol Services.	70	Alcohol – increased number of dependent drinkers but low number accessing specialist treatment, detox & residential rehabilitation. High risk / multiple exclusion cohort – partnership / multi agency approach Integration of CYP & adult? Assessments for CYP – don't always pick up clinical assessment (Poly use) – pathway not designed around clients, should treat as high risk Entry into non-specialist services for triage / assessment, assessment should have more specialist skills. Communication – including provider to provider issues, ICT need for one system Services that address different cohorts and their needs - e.g. women, student population, criminal justice, dual diagnosis. Builds on existing peer support and community assets. Life course approaches – support capacity, transition from young people to adult services Equity of access and service provision Accessibility – early help line, on line recovery meetings, making use of new technologies, opening hours including weekends.
22nd Oct and 24th Nov 2018	Discussion with Adult Social Care	4	Associated health and social care issues including domiciliary and residential where the primary need is one of drug and alcohol use may lead service users to require varying levels of support from Adult Social Care
4th Oct 2018	Session with Service Users and Carer Forum	18	Dual diagnosis and "catch 22" with drug/alcohol issues and mental health e.g. If have one issue I can't get treatment for the other. Quality Assessment and streamlined e.g. no multiple assessments, self-referral. Peer support and more opportunities to work with communities so people can see people getting well in recovery Accessibility - Spread of services across city to ensure access city, opening times, treatment and recovery needs to be based in the community, initial assessment under one roof.

			More initial information and sign posting to services to be made available to people More resources to attract younger people including use of the Princess Trust Model, fun activities and holistic treatments Seeing worker at other locations e.g. GP surgery Focus more work on trauma therapy and care Education facilities for children and young people around early drug use Carer and service user support for families – trips away, outward-bound groups A residential rehab in Newcastle More flexibility for service users to reduce their Methadone script Less stigmatising services and co-production in treatment and support. 1 provider to be responsible for all service provision Facilities in the Service to access on line recovery meetings
12th Oct 2018	Northumbria Police	10 officers	The criminal justice pathway needs to work closely with Drug & Alcohol services, both on mandated treatment orders but also for earlier prevention – CYP should be a priority focus. Services need to be flexible, assertive and responsive to needs. Relationship between high crime and dependency. Drug testing on arrest is an issue as we aren't picking people up earlier in the Criminal Justice pathway, and people are not voluntary attending.
23rd Oct 2018	Session with Organisations who mainly with Children and Young People	20 (75)	Need for integration including support for mental health not good Equity issues e.g. Support at earlier age doesn't really happen Information sharing between CYP agencies works well generally Tension between the expressed need for services to be physically separate and the need for services to work closely together for example especially in relation to transitions e.g. Better links with harm reduction services / separate harm reduction for Young People and also transitional support for Young People across onto adult services, currently feels like a one-way process, need for joint working, more consistency Issues in relation to the locale and accessibility (not just physical barriers such a geography but perceptually) from where services are delivered e.g. Separate service not located in YOT, not all Young People accessing D&A services are

			offenders, this may discourage some young people from accessing the service Financial split and equity of e.g. More staffing resources to provide Tier 2 & 3 services, how are finances agreed between CYP & adult services and support at earlier age doesn't really happen. Prevention and early intervention to reduce adult drug users, yp then becoming adult drug users including early engagement with the younger yp, educate and advise Intensive, specialist assessment should be earlier to pick up any risk issues for vulnerable CYP using substances. The work then needs to be more flexible for the CYP. Huge area of crossover for caseloads and workers value education and training. Transitions is an issue and the lack of a young adults offer.
22nd and 25th Oct 2018, plus questionnaires.	Children and Young People – 2 sessions held at West End Youth Enquiry Service and work with DnA service	25	Open, accessible, welcoming, non-stigmatising provision that is sensitive to the needs of Young People, is delivered on a confidential basis and founded upon relationships based on trust and respect. Opportunities for family and peer support.
Oct 2018	Pharmacists via portal	1 response (Sent to 69 pharmacies)	Resent comments from a similar previous exercise highlighted the need for services that were delivered in a sensitive private way.
Nov 2018	General Practitioners via portal	(30 plus)	No specific responses bar Face to face meeting – see entry for 20th Nov 2018.
16th Nov 2018	LAC providers	12	Would like to see a focus on in-reach to residential units, more flexible, intensive and assertive approaches to supporting CYP with drug or alcohol issues earlier (as preventative approaches). Highlighted importance of training and education including for staff to be aware of drug trends, substances available and service provision. Highlighted a gap for transitions, especially for vulnerable groups. Valued training and education.
20th Nov 2018	Face to face meeting with GPs and administrative support at one GP Practice	7	Concerned about communication between providers of care. Issues in relation to processes around data submission. Support for recovery services in community, especially for alcohol

			Keen to preserve independence of GPs and the holistic care delivered by Primary care. Believe the contracting arrangements direct with NCC help them do that. Very supportive of ideas that stable patients be transferred to care of GP but needs to be supported with robust community psychosocial/ recovery support offer. Would like closer working with GP practice. Mindful that growing the practice base would require provision of training and support.
5th Dec 2018	Streetwise	16	Importance of education and training; supporting workforce development and upskilling, which means things are dealt with earlier. Concerns about changing trends and use and impacts on the CYP – drug debts, mental and emotional health, as well as from the substances (steroids, cannabis, cocaine). When CYP need specialist D&A services, it would be better to have rapid access to specialist workers, who could provide a flexible and assertive response – for example, meeting the CYP in places they already go. Discussion with team about young people's substance misuse. Concerns from the team regarding increase use of drugs in young people and the "normalisation" of its use. Recognition of the importance of education and prevention, as well the need to support young adults (aged 18 –21+)
21st Jan 2019	Co-Designing Drug & Alcohol Services in Newcastle- Focus on Criminal Justice – Workshop	27	The feedback from the workshop included comments on specific topics relating to drug and alcohol in relation to criminal justice, from a system perspective; service/operations; pathways and liaison. The feedback from the workshop is available on request. Some of the points raised included; Comments mainly reflected the need for high levels of communication between appropriate individuals, the provider organisation and partners. This needs to address fundamental sharing of information (consent and systems that enable the seamless sharing of information in and out of custody) and which avoids repetition of questioning, including for example a "Passport" for people on release that holds all their information and avoids constant repetition.

			A “safe” support offer, coupled with open access and a consistent and continuity of treatment/support available at key times. Important to maintain a clear pathway for Alcohol Treatment Requirement (ATR) and Drug Rehabilitation Requirement (DRR) – including structured day programmes, sport diversion, training and employment.
22nd Jan 2019	Building Social Value into Newcastle's Drug and Alcohol Services – Workshop	17	The workshop was to consider Newcastle City Council’s Social Value Commitment and how opportunities to maximise Social Value can be worked into the design and delivery of our drug and alcohol treatment and recovery system. The feedback from the workshop included comments on specific topics relating to: Think Buy Support Newcastle; Community Focused; Ethical Leadership; Green and Sustainable. The feedback from the workshop is available on request. Some of the points raised included; The importance of local knowledge cannot be overstated. The service specification needs to reflect local understanding and knowledge. Designated Social Value questions help with this. Suggestion to add a very direct question of ‘How would you deliver locally?’ to demonstrate an appreciation of local landscape and the integrity of the organisation. Examples of community focused local delivery should be asked for and valued within evaluation. This process should recognise and value organisations that offer good working terms and conditions for staff. Again, view expressed that this can sometimes be difficult to evidence in tight word limits on tender response forms. Use of upcycling schemes – having policies for disposal of unwanted office equipment etc. that involve re-purposing it where possible.
24th Jan 2019	Ways of Working and Priority Areas – Co-Designing Newcastle's	25	The feedback from the workshop included comments on specific topics relating to drug and alcohol and; women; individuals facing multiple exclusion; adults in

Newcastle City Council

	Recommissioning of Drug & Alcohol Services – Workshop		social care; integration and service model. The feedback from the workshop is available on request. Some of the points raised included; Importance of being able to access and receive services in a safe, non-stigmatising, environment and in a timely way. Multi agency working and co-ordination including client consent and organisational information sharing agreements across partners. The importance of joint assessment and co-ordination of pathways between adult social care and treatment agencies. Services should be delivered under the responsibility and co-ordination of one overall provider – whether this is done via a consortia/collaborative approach or sub- contracting arrangement.
28th Jan 2019	Co-Designing Drug and Alcohol Services in Newcastle - Focus on Children & Young People – Workshop	17	The workshop was to consider the area of Children and Young People in relation to the design and delivery of our drug and alcohol treatment and recovery system. The feedback from the workshop is available on request. Some of the points raised included; Need to explore and maximise mainstream opportunities and service delivery within the community. Consideration should be given to the young adults' 'presentation' age and treatment should be appropriate to this, not necessarily based on age alone. Responses must take into account wider vulnerabilities and have an understanding that presentation is rarely a just a drug and alcohol issue. Need to explore the offer for under 18s as distinct from those aged 18-25. The purpose of the drug and alcohol service should be to deal with or address the addiction in a safe way and to protect the child or young person from harm and exploitation. Consideration should be made for specific cohorts who may

			be more vulnerable e.g. Looked After Children who return back into the area and children and young people in residential care To mitigate against children and young people services getting lost in the overall service there was expressed the need to ensure there is a ringfenced provision specifically for children and young people in the new arrangements. Working in partnership with families, and other parts of the sector including carers and voluntary sector organisations, both in relation to individual case management but also with regard to strategic initiatives such as training.
15th Feb 2019	Telephone conversation with a Practice Manager	1	The tariff for GP shared care has not been reviewed for a considerable time and that this level of tariff does not reflect the actual amount of work required to transfer patients into shared care.
25th Feb 2019 – 18th March 2019.	Formal IIA Proposal Published, for a 3-week period of consultation and with stakeholders having the opportunity to provide feedback and comments via surveys. The below methods were used; NCC facebook and tweet “Lets talk Newcastle” website NEPO Portal Stakeholders sent emails with proposal attached.	 2 responses 68 responses to survey via “Lets talk Newcastle” Joint response contained in one email with survey.	The majority of respondents agreed with our proposals and were in favour of the council’s approach. A number of comments were received in response to our survey questions and a sample of these are highlighted below; The majority of respondents agreed that drug and alcohol services will be improved by being delivered in this way. With some of the comments highlighting the role of that acute trusts, health promotion, education and licensing may play in drug and alcohol approaches. The risks relating to commissioning a single service/contract, continuity of care and support and the importance of location were raised. In addition, concerns regarding the integration of harm reduction service into this contract were raised. The majority of respondents agreed with our proposals in respect of commissioning drug and alcohol services for children, young people and adults as a single integrated service (a 'life course' approach) in future. The importance of ensuring that Children and Young People have a service specific offer tailored to their needs and circumstances was highlighted, as well as ensuring different settings for delivery.

			The majority of respondents agreed that the proposed approach, of integrating treatment and recovery services, will improve the assessment process for service users and their journey within Newcastle's drug and alcohol services as this would provide a seamless pathway and greater consistency and continuity of support. Some comments questioned the allocation of resources given the wider context of the budget pressures the council is facing. The importance of continuing to keep connected with existing service users and to ensure that services are not configured in such a way as to negatively impact upon their access. The importance of delivering services in locations that were accessible and appropriate was commented upon by some respondents.

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 the percentage of people aged under 25 accessing treatment in Newcastle for opiate use has increased. In 2016-17 there were a low number of referrals from YP to adult treatment services. 12% of new presentations to adult services	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?**
			aged 18-21 report injecting. 13% of new presentations aged 18-21 report opiate use. In YP services poly drug use is common and the use of some drugs increases during treatment. By commissioning a life-course integrated system, we are seeking to improve pathways into drug and alcohol treatment, including those for younger people and to facilitate a robust clinical and non-clinical treatment offer across the life-course. This will enable more treatment options to be available for young people and the provision of a tailored response to young adults to assist in the transition between YP provision to adults services. Our social care data has identified a cohort of adults in receipt of domiciliary care or in residential care settings where	

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?**
			the predominant need is substance misuse, often alcohol. These settings allow for compromised physical health to be addressed but not underlying substance misuse issues, which can result in relapse upon discharge from the care setting. Identifying this group as a priority within the new provision will enable a tailored assertive response to the needs of this cohort to be planned.	
Service users	Disabled people	None	In relation to those individuals who were classified as “new treatment journeys” in 2016/17: • 65% of the new treatment population report no disability, 13.2% have no status recorded. 8.4% report disability as behavioural and emotional, 6% report progressive conditions and physical	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?**
			health and 4% report mobility and gross motor disability. There are a range of disabilities reported but due to small numbers the percentages have been suppressed. 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 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. The provider will be required to ‘think family’ and work with the individual client in the context of their family life including working closely with the dedicated drug and alcohol	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?**
			carers service in addressing need.	
	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)	Beneficial Outcome	In 2016/17 of all those in specialist drug and alcohol treatment almost • 73% were male, • 92% are White British or other white, with 3% of the treatment population not stating their ethnicity. In relation to those individuals who were classified as "New treatment journeys" 2016/17: • Of those new treatment journeys in 2016/17 67% have identified as heterosexual, with 28%	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?**
			choosing not to state their sexuality Based on our engagement feedback and research, we will require the service to provide a treatment and recovery offer that is accessible to all and takes into consideration the logistical and socio-economic barriers that often inhibit people from obtaining support.	
	People's sexual orientation	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 sexual orientation.	No disadvantage identified
	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

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 who have different religions or beliefs	None	In relation to those individuals who were classified as “New treatment journeys” 2016/17: • B60% of those staring a new treatment journey stated no religion, followed by 22% with religion unknown and 9% reported Christian as their religion 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	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?**
	households with low incomes		proposal will have a 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	Our children social care data has identified a prevalence of substance use amongst the LAC cohort. Identifying this group as a priority within the new provision will enable a tailored assertive response to the needs of this cohort to be planned	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?**
	People facing multiple deprivation, through a combination of factors such as poor health or poor housing / homelessness	Beneficial outcome	The service will be required to provide a variety of recovery 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.	No disadvantage identified
Businesses				
N/A	Businesses providing current or future jobs in the city	Potential disadvantage	The proposal seeks to create an integrated service 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	Beneficial outcome	The proposal seeks to consider the impact of community-based recovery services. This is in accord with evidence that supports 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?**
			positive impact community-based recovery can have on a service user, including community re-integration and to facilitate ease of access to services. The service specification will require that recovery services are available across the city and that acute and clinical services remain in the city centre.	
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 impact on community cohesion.	No disadvantage identified
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	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?**
			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.	
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 D: Summary and next steps

1. When will the change happen and how will this be implemented?

The Council will undertake a competitive procurement exercise in order to commission the integrated 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.

It is proposed that the arrangements for the new service will commence December 2019:

- Procurement process commences – June 2019
- Award of contract – August 2019
- Transition period – August to November 2019 (including data migration)
- Service commences - December 2019

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 above activities and timescales may be subject to change.

Appendix A: Current contracts which will be affected by the proposal

Tier 2 and 3 services in scope of the proposal to commission an integrated service:
Tier 3 Pharmacological and clinical treatment service – Northumberland, Tyne and Wear NHS Foundation Trust (NTW)
Integrated Psychosocial, Care Coordination and Recovery Support Service – Change Grow Live (CGL)
Harm Reduction Service - CGL
Shared Care General Practice prescribing – various General Practice
DnA Service (Young People's Drug and Alcohol Service) – Newcastle City Council
Young People's Support Worker – North East Council on Addictions (NECA)
Pharmacy Supervised Consumption – various community pharmacies
Pharmacy Needle Exchange Services – various community pharmacies

Other funding out with this exercise:
North East Alcohol Office – Balance
Prescribing drug costs including Naloxone costs
Dedicated drug and alcohol family and carer support
Arrangement with Northumbria Police for tackling substance related offending
Community rehabilitation 12 step programme
Residential rehabilitation placement budget
Service user involvement budget