

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	POLICY COMMITTEE		
DATE:	24 SEPTEMBER 18	AGENDA ITEM:	6
TITLE:	DRUG AND ALCOHOL SERVICE - ADDENDUM		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	ALL	WARDS:	BOROUGHWIDE
LEAD OFFICER:	SALLY ANDERSEN	TEL:	0118 9373244
JOB TITLE:	SENIOR COMMISSIONER; DRUGS AND ALCOHOL	E-MAIL:	Sally.andersen@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report is an addendum to that already circulated, setting out additional information and recommendations relating to the draft Reading Drug and Alcohol Commissioning Strategy for Young People and Adults from 2018 to 2022, which was attached to the main report.
- 1.2 Appendix 1 (*see pages C11 - C34 of the main agenda*) - Reading Drug and Alcohol Commissioning Strategy for Young People and Adults - 2018-2022

Appendix 2 - (*see pages C35 - C50 of the main agenda*) Reading Drug and Alcohol Commissioning Strategy for Young People and Adults - 2018-2022 Consultation Results

2. RECOMMENDED ACTION

- 2.1 To note the 8 weeks consultation results of the Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022.
- 2.2 To endorse the Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022.
- 2.2 To note the next steps in the production of the action plan for each of the three priorities and development of service specification.

3. NATIONAL POLICY CONTEXT

- 3.1 Reading's draft Drug and Alcohol Commissioning Strategy for Young People and Adults - 2018-2022 has been written in line with the Government Drug Strategy 2017, the Governments' Alcohol Strategy 2012 and Reading Health and Wellbeing Strategy 2017-2020.
- 3.2 Alcohol is the most widely available drug in the UK and is used sensibly by the majority of the population. It is part of our social fabric and a major contributor to the economic vibrancy of the community. Whilst most people do not use drugs, drug misuse can be found across all communities in society. From heroin and crack use among adults, to

cannabis use amongst young people, to the use of new psychoactive substances by clubbers, drugs are available and misused by a wide range of people.

Although the number of people using alcohol and taking drugs is reducing nationally and locally, the needs of alcohol and drug users are becoming increasingly complex, and there is a strong link between high risk substance use and deprivation. There is evidence that problems of alcohol and drug dependence are significantly less prevalent in the population working full time than in the unemployed and economically inactive, and many higher risk drinkers come from fractured family backgrounds, with a history of alcohol abuse in the family. The proportion of the population drinking more frequently is most prevalent among less affluent neighbourhoods in Reading. There are also strong links between homelessness, offending and substance misuse, and significantly higher than average prevalence of people who have issues with substance misuse, homelessness and offending behaviours (multiple complex needs).

4. THE PROPOSAL

4.1 Current Position

As drug and alcohol misuse is a cross-cutting issue, it requires a multi-agency response. The draft strategy is one that involves our partners and it covers a wide range of issues such as multiple complex needs, prevention, early intervention, education, training, employment, housing, finances, crime, recovery and support.

A drug and alcohol needs assessment for adults was carried out in December 2016. The findings from the consultation has therefore informed the draft strategy and sets out the key priorities over the next 5 years. Following a period of health and social care partner engagement to develop our draft strategy, three priorities were identified:

Priority 1 - Prevention; reducing the amount of alcohol people drink to safer levels and reducing drug related harm.

Priority 2 - Treatment; Commissioning and delivering high quality drug and alcohol treatment systems.

Priority 3 - Enforcement and Regulation; tackling alcohol and drug related crime and anti-social behaviour.

The Public Health Team ran a public consultation exercise lasting eight weeks from 21st February 2018 to 23rd April 2018. This was to ensure Reading Borough Council and its health and social care partners are focused on appropriate priorities for the period 2018-2022, in responding to the changing needs of people, affected by Drugs and Alcohol.

4.2 Options Proposed

The 'Drug and Alcohol Strategy for Adults and Young People', is intended to set out the broad vision of the Council in terms of what actions are required to put in place a sustainable treatment support system for drug and alcohol use in Reading. The focus is on a health and social care multidisciplinary approach that joins up the different services provided across all agencies partners, which will benefit individuals, families and for society more generally.

The public were invited to comment on whether they agreed with the strategic priorities for Reading. They were also asked to suggest what was needed to achieve each priority. Their response will be used to develop our local action plan in supporting each priority. A total of 91 questionnaires were completed and returned, which represents a good sample size.

The Consultation results:

Priority 1 - Prevention

92.31% agreed with this priority.

Priority 2 - Treatment

93.41% agreed with this priority

Priority 3 - Enforcement and regulation

93.41% agreed with this priority.

It is recommended that the strategy be changed to reflect the views of people and partners involved, and that our local action plan be developed for each of the three priorities with clear performance indicators that demonstrate the numbers that access the services and the effectiveness and best value targets.

Further information - the analysis of the consultation response received is detailed at Appendix 2.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The Reading Drug and Alcohol Commissioning Strategy for Young People and Adults - 2018-2022 (Appendix 1) supports the Council's strategic aims '*Safeguarding and protecting those that are most vulnerable*'.
- 5.2 The Reading Drug and Alcohol Commissioning Strategy for Young People and Adults - 2018-2022 reflects the Health and Wellbeing Strategy 2017-2020 which includes alcohol as a priority; the goal being to reduce the amount people drink to safer levels. The strategy also contributes to the priority "*Supporting people to make healthy life choices*".
- 5.3 The drug and alcohol strategy recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. The proposal specifically addresses these in the following ways:
 - Support a change in the community's attitude by supporting and encouraging more responsible drinking.
 - Increase awareness, understanding and support the change in lifestyle and attitudes in order to empower and enable individuals to make more positive choices about the role of alcohol and drugs in their lives.
 - Ensure individuals understand:
 - The health risks associated with drugs and alcohol,
 - The consequences using can have on education, employment, relationships, housing and
 - The impact the environment where the individual is misusing can have.
 - We want to improve people's wellbeing, increase their chances of recovery from drug and alcohol misuse, and help ensure they are safe. We have an ambition for sustained recovery, reducing harm to individuals and the wider community. We see this as being achieved through three themes of activity: prevention, treatment and enforcement.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 The Reading Drug and Alcohol Commissioning Strategy for Young People and Adults - 2018-2022 has been prepared with key health and social care partners and an eight week public consultation period took place.

7. EQUALITY IMPACT ASSESSMENT

7.1 The consultation questionnaire included an 'About You' section which included gathering equality data. This information has been included in the consultation results analysis (Appendix 2).

7.2 An equality impact assessment regarding any potential changes to the treatment service from 2019/20 will need to be completed as part of the procurement process for a new service.

8. LEGAL IMPLICATIONS

8.1 Local authorities' statutory responsibilities for public health services are set out in the Health and Social Care Act 2012 (subsequently referred to as the '2012 Act'). As of 1 April 2013, Local Authority duty is to improve public health through mandated and non-mandated functions. Whilst drugs and alcohol is a non-mandated service, the Public Health grant condition state local authorities must have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.

9. FINANCIAL IMPLICATIONS

9.1 Drug and alcohol treatment services are funded from the Public Health Budget. The funding included for these services in 2018-19 is £1.95m. The grant in both 2018-19 and 2019-20 continue to be subject to conditions, including a ring-fence requiring local authorities to use the grant exclusively for public health activity.

9.2 From 2019/20, the drug and alcohol treatment budget will reduce by 8% across 2 years until 2020/21. A reduction in funding may influence a change in demand for the service, however this is considered to be a low risk at 4% reduction per year. Numbers in specialist treatment for alcohol were 181 (2017/18). Those that successfully completed alcohol treatment were 81 (Reading 44.7%, England 38.7%) Numbers in specialist treatment for opiate drug misuse were 580 (2016). Those that successfully complete drug misuse treatment (opiate) were 59 (Reading 9.2% England 6.7%). Numbers in specialist treatment for non-opiates were 98 (2016). Those that successfully completed drug misuse treatment for non-opiates were 53 (54.4% Reading, 34.7% England). Services will seek to enable service users to reduce their dependency and will focus on those that are most in need.

9.3 The Council remains aware of the need to ensure that drug and alcohol services are provide a safe, fit for purpose, quality service. With this in mind the Council intends to minimise the risks on other Council services (Children and Families, Adult Social Care, Housing and Neighbourhoods) as well as cost to the wider legal (crime) and health (spread of blood borne virus, HIV) system through the minimal budget reduction despite the fact the Public Health grant from Central government has been reduced overall by 3.9%.

9.4 In October 2015, the Government announced proposals for local councils to be 100% funded by locally raised revenue by 2020. Under these proposals, top-up grants from central government will be phased out by 2020. Instead, the current position is that local authorities will be expected to use their business rates to fund a number of services and grants; Public Health grant (ring-fence to be maintained until 2019-20). The detail around the proposal to use business rates is still under consideration at national level.