

## 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 RECOMMISSIONING		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	ALL	WARDS:	BOROUGHWIDE
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#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Good health and wellbeing is an important area of the public's health, and contributes towards achieving the Council's priorities of a stronger community and economic growth. Ensuring there is a responsive service for residents within the borough to access drug and alcohol treatment provision, which support the redesign of the Public Health Drugs and Alcohol draft strategy, underpinning Reading's Health and Wellbeing Board.
- 1.2 Reading Borough Council commissions drug and alcohol service provision within the borough, so that residents are able to access appropriate evidence based services, for treatment and recovery of drug and alcohol related health problems. To ensure the borough has a fit for purpose service, a comprehensive consultation was carried out on Reading's draft strategy, the findings of which will inform a new service model and specification.
- 1.3 The Reading Drugs and Alcohol Treatment service delivers:
- Treatment for Alcohol Misuse
  - Treatment for Class A and B Drug users
  - Treatment for Other Addictive Substance Misuse, including prescribed medication
  - Harm reduction interventions
  - Utilise mutual aid within the recovery pathway.
- 1.4 This report sets out for Policy Committee the requirements to recommission Reading's Drugs and Alcohol Treatment service, in the form of a competitive tender exercise. The recommissioning of service is in line with the consultation undertaken on Reading's Drugs and Alcohol Draft Strategy (for 2018 to 2021), working with a wide range of sub regional public health and social care partners, including engaging with people who access services (See Appendix 1 - Public Health Drugs and Alcohol Draft Strategy and Consultation Outcome).

- 1.5 The Drugs and Alcohol Draft Strategy Consultation outcome enables public health and social care commissioners to design a new outcomes service specification, based on people's and partners' experience, as part of a sub-regional partnership with relevant Councils, all with an invested interest to improve the lifestyle preventive outcomes for Drugs and Alcohol users.
- 1.6 To note, current Drugs and Alcohol services commissioned by the Council are due to end in March 2019, and therefore this report is to authorise the market engagement, procurement and award, through delegated powers of a contract to provide an a more joined-up service working with relevant sub regional partners.
- 1.7 Policy Committee is asked to note that the recommissioning of services through a procurement process is against a reduced Public Health Grant dated 1<sup>st</sup> April 2019. The proposed 8% budget reduction for 2019/20 - 2020/21, as detailed under section 9 of this report.
- 1.8 The report sets out the requirements to procure services in line with relevant EU legal framework, making clear a number of procurement options, for Policy Committee to consider, when forming a decision to support the preferred procurement option, detailed under section 4.2 of this report.
- 1.9 Policy Committee is asked to delegate authority to the Director of Adult & Health Care Services, in consultation with the Lead Councillor for Health, the Head of Finance and the Head of Legal & Democratic Services to award the drug and alcohol treatment service contract and lease in 2019, following the completion of the procurement process.
- 1.10 Policy Committee is asked note that once approval to tender had been agreed, engagement with people who access services, the public, partners and stakeholders will commence to ensure that the proposed service model is fit for purpose. The proposed service model will then be presented to the market through another Market Consultation, to test the model's deliverability and prepare the market prior to the procurement being published. Undertaking and completing the procurement process during the current contracts final year will allow a sufficient mobilisation period for these complex services, including any Transfer of Undertakings (Protection of Employment) Regulations (TUPE).
- 1.11 To note, the below relevant documents that support this report;

Appendix 1 - Reading Drugs and Alcohol Draft Strategy and Consultation Outcomes Report

Appendix 2 - Drugs and Alcohol Contracts List

Appendix 3 - Equality Impact Assessment

## 2. RECOMMENDED ACTIONS

That Policy Committee:

- 2.1 Approve the re-procurement of Reading's Drug and Alcohol treatment service, effective from 1<sup>st</sup> October 2019.
- 2.2 Approve the preferred Option 3, to jointly procure services in principle with Sub regional Pan Berkshire Authorities.
- 2.3 Note as information the intention to merge a number of smaller public health contracts as detailed at (Appendix 2).

2.4	Note the indicative tender timeframe detailed under section 6 of this report.
2.5	Agree that the Director of Adult & Health Care Services, in consultation with the Lead Councillor for Health and the Director of Finance and the Head of Legal & Democratic Services, be authorised to award the contract for the Drug and Alcohol Recovery and Treatment System to the successful Contractor following completion of the tendering exercise in 2019.
2.6	Agree that the council enter into a contract with the successful bidder for a period of three years with the option to extend for a further four years, to be agreed at the end of year three and year five (3 +2+2).
2.7	Agree that the authority is delegated to the Head of Planning, Development and Regulatory Services, in consultation with the Leader of the Council, the Lead Councillor for Health, the Director of Finance and the Head of Legal & Democratic Services that a further Lease for the same terms of the treatment contract is granted to the successful bidder on terms set out under 4.2.1 (Preferred Option).
2.8	Agree a 12 month contract extension of the current contract with Cranstoun, from 1 <sup>st</sup> October 2018 to 30 <sup>th</sup> September 2019.

### 3. POLICY CONTEXT

- 3.1 Nationally, the Government's Drug (2017) and Alcohol Strategies (2012) focus on helping those with addictions to move through treatment, becoming free of dependency and achieving a wider and sustained recovery. They set out to reduce the harms associated with alcohol and drug use including crime, violent and harms to health. This is monitored through people making new lifestyle choices that better support improved outcomes.
- 3.2 Drug and Alcohol Services are not a statutory nor are they mandated, however the Public Health Grant conditions state that local authorities must have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services. The provision of such services are considered vital to protection of vulnerable adults and children, recognising the significant impact that drug and alcohol misuses has on individuals, families, communities as well as the wider health, social care and legal system.
- 3.3 Reading's Health and Well Being Strategy 2017-2020 identified alcohol as a priority based on the Drug and Alcohol Needs Assessment completed in 2016. There is evidence that there is an increasing proportion of Reading residents who drink alcohol to levels where there is significant increase risk of injuring their health.
- 3.4 Reading's Drug and Alcohol Draft Strategy for young people and adults (2018-2022), focuses on reducing the harm, or potential harm, that misusing drugs and alcohol has on the individual, families and the wider community. This includes ensuring that treatment services are available and accessible to support those who need them to recover effectively. Education and information needs to be easily available.

The drug and alcohol draft strategy identifies three key priorities:

- Prevention - reducing the amount of alcohol people drink to safer levels and reducing drug related harm.
- Treatment - Commissioning and delivering high quality drug and alcohol treatment systems.

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

3.5 In this endeavour, we now seek an improved sub regional partner working across Sub regional Pan Berkshire Authorities that will enable us to deliver improved outcomes, supporting people who access this service, to prevent a revolving door and in enabling people to recovery in life.

## 4. THE PROPOSAL

### 4.1 Current Position:

Local Authority Public Health is responsible for commissioning drug and alcohol treatment. This includes prevention services, treatment and recovery support. This approach addresses the root cause and wider determinants of drug/alcohol dependence. Every £1 spent on treatment saves £2.50 in costs to society.

Reading had 36 deaths from drug-misuse in 2015-17, at a rate of 7.9 per 100,000 people. This was significantly worse than the England, South East and deprivation comparator group rates and placed Reading as the 15th worst LA in England, as detailed in table 1 below.

**Table 1: Age-standardised mortality rate from drug misuse per 100,000 population (2015-17)**

Area	Number	Rate per 100,000 population
Reading	36	7.9
Deprivation decile comparator group	864	4.0
South East England	1010	3.9
England	6996	4.3

In 2017/18, Reading performed well against the national average for Successful Completion of Drug Misuse treatment programmes. It is an improving picture with Reading higher than England for the Successful Completion of Opiate and Non-opiate programmes for the last 3 years, as detailed below charts.



The Public Health Outcomes Framework (PHOF) measures incident and prevalence in England and by region/s across a number of different indicators. It also sets the vision for improving public health nationally including a number of substance misuse targets such as:

- Drug and alcohol treatment completion and drug misuse deaths
- Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison

- *Alcohol related admissions to hospital*

There are a number of drugs and alcohol contracts which are demand led services as detailed in Appendix 2.

The main contract, Comprehensive Drug and Alcohol Treatment and Recovery Service are currently at full capacity in that they are not able to take any more people coming through the service.

One important aspect of this is because the current service specification is not designed to fully support prevention, in that we want to put interventions in place early. This is to prevent a revolving door of people accessing the service “as their outcomes in life are fully achieved”. Therefore, the new revised specification will detail the maximum numbers of people who come through the service and then move onto fuller recovery, freeing the prevention support for a new person.

The adult service currently commissioned in Reading focus on a recovery approach which requires holistic treatment which brings together the social, human, cultural and physical recovery capital available to the person and existing within the person. This allows a more solid foundation from which to recover. Examples of treatment include counselling/group work, structured one to one work, and substitute prescribing (e.g. methadone for heroin).

Public Health also has contracts with Orion Medical Care, Pharmacies and GPs to deliver needle exchange, shared prescribing and supervised consumption.

Commissioners intend to combine all the contracts into the main treatment service contract to allow more flexibility and seamless services to be delivered against clear performance information.

Cranstoun, in partnership with Inclusion NHS Partnership, won the procurement tender in 2014 to provide the ‘Comprehensive drug and alcohol treatment service contract’ for Reading. The contract was extended to 30th September 2018. The contract also allows a further 12 month extension from this date, which we are seeking authorisation on. This service is known locally as IRiS Reading and is delivered from the Council’s property at 4 Waylen Street/127 Oxford Road.

## 4.2 Options Proposed

The following section sets out the options considered.

Option 1 - Do not procure the Drugs and Alcohol Services. This is not an option as Drug and alcohol services are provided as part of the Council’s responsibility under the Health and Social Care Act 2012.

Option 2 - Reading to develop our own revised specification and extend the current contract by 12 months and work with the local provider to remodel the service and delivery efficiencies. This option does not give Reading the greatest efficiencies that are drawn from a wider sub-regional partnership.

Option 3 - Reading working with sub-regional public health and Councils partners to recommissioning the new contract and specification, making clear within the terms the role of each partner. We already have principle agreement with relevant sub regional Councils and public health partners to jointly commission one single provider who can deliver all services in a more efficient way.

### 4.2 1 - Preferred Option

Option 3 is the preferred option, and Reading Borough Council will lead the recommissioning of Drugs and Alcohol Services Tender, working in partnership with sub-regional partners to commission one provider to deliver all drug and alcohol services.

In retendering the contract, it is recommended that the Council re-enter into a new Lease on 4 Waylen Street (adult drug and alcohol service) with the winning bidder from 1<sup>st</sup> October 2019, on the same terms as before for the term of the contract, which briefly are:-

Tenant:	TBA
Property:	The whole of the property known as 4 Waylen Street/127 Oxford Road, Reading RG1 7UR
Lease term:	For a term up to and including 1 <sup>st</sup> October 2022
Rent p.a.:	Peppercorn
Permitted use:	The Tenant to provide a comprehensive Drug and Alcohol Recovery and Treatment System in accordance with the Contract
1954 Act Protection:	The Lease will be contracted out of security of tenure provisions of the Landlord & Tenant Act 1954, Part II
Repairs, maintenance/decoration:	The Tenant will be responsible for all internal repairs, maintenance and decorations.
Other terms:	To follow those of the Lease dated 20 January 2017.

It is proposed that the contract will be for a period commencing 1 October 2019 and expiring on 30th September 2022 (3 years), with an additional extension option of four years to be agreed on a two yearly basis (3+2+2).

### 4.3 Procurement Timetable

The table below is an indicative timeline for the procurement process.

Specification Development/ Procurement papers	August - October 2018
Advertise OJEU	1 <sup>st</sup> Nov - 30 <sup>th</sup> Nov 18
Tender Close	30 <sup>th</sup> Nov 18
Clarification period	1 <sup>st</sup> Dec- 10 Dec
Evaluation process	11 <sup>th</sup> Dec - 18 <sup>th</sup> Jan 2019
Clarification of evaluations	21 <sup>st</sup> Jan - 8 <sup>th</sup> Feb 2019
Internal award sign off	11 <sup>th</sup> - 15 <sup>th</sup> Feb 2019
Standstill	18 <sup>th</sup> Feb - 1 <sup>st</sup> Mar 2019 (10 working days)
External award	4 <sup>th</sup> March 2019
Service implementation	4 <sup>th</sup> March - 30 <sup>th</sup> September 2019

Service commence	1 <sup>st</sup> October 2019
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(To note that any delay to the procurement commencement date is likely to impact on the proposed procurement timetable and the recommended joint tender arrangements that are to be agreed).

#### 4.4 Risks and Opportunities

**Crime & Disorder** - The drug and alcohol treatment service provides direct assistance to people in the community that commit crime and disorder offences. The service works in partnership with the police and probation services to assist people on arrest/via the court system to access the help and support they require. The service places on the provider of the service the legal requirement to comply with the quality standards, policies and procedures of National Institute for Health and Care Excellence (NICE), Public Health England, Department of Health, and Health and Social Care Act 2012.

**Human Rights** - None as a direct result of this report.

**Equality & Diversity** - The recommendation will have a positive impact on equality and diversity within Reading ensuring a new service provision is in place that includes needle exchange and supervised consumption provision that remains open and is accessible to all residents within the borough, currently sitting under another contract.

The Council is required to comply with the Equality Act 2010 in the provision of Public Health Services and the NHS Constitution when making decisions affecting the delivery of public health in its area.

**Value for Money** - The procurement process will award the tender to the provider who submits the most economically advantageous bid (both quality and cost).

All Councils are facing unprecedented challenges in providing improved quality of service provision whilst at the same time dealing with increased demand against a backdrop of reduced funding.

**The impact on the social, economic and environmental well-being of the Borough** - The recommendation will have a positive impact on the health and wellbeing of residents within Reading.

Accessible and effective recovery based services make an important contribution to the economic, health and social wellbeing of Reading's residents, adults and young people alike.

#### 5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 Tackling drugs and alcohol in Reading contributes towards Reading Borough Council's aim to 'Protect; to protect and enhance the lives of vulnerable adults and children' and 'Environment; Keeping Reading's environment clean, green and safe.
- 5.2 Tackling drugs and alcohol also promotes Community Safety; by encouraging harm reduction messages and reducing health risks to the community. Drug and alcohol treatment services makes communities safer by reducing crime, less drug litter and street prostitution, and troubled families can become stabilised.
- 5.3 Drug and alcohol treatment services will support the delivery of the Reading Health and Wellbeing Strategy 2017-2020 priorities; reducing the amount of alcohol people drink to

safer levels, as well as the Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022.

- 5.4 Drug and alcohol treatment services protect Public Health by preventing drug-related deaths, restricting blood-borne viruses (HIV, hepatitis C), and reducing the burden on the NHS.

## 6. COMMUNITY ENGAGEMENT AND INFORMATION

The Council has consulted on the views of the draft Drugs and Alcohol Strategy and the views of people and partners now support the redesign of the specification.

The draft strategy consultation focused on:

- How the outcomes for people with drug and alcohol addiction can be maintained by a redesigned service within a reduced budget.
- The service will address four elements; prevention; early intervention, treatment and recovery. What should the balance of these elements be in the new model for delivery?
- Joint working - how the service will contribute to demand management in other parts of the system, i.e. Children's services, Adult Social Care, Hospital services and the criminal justice system.
- How will the service manage demand for and within drug and alcohol services?
- In particular meeting the needs of individuals and families experiencing multiple disadvantages (mental health, substance misuse, unemployment, homelessness).
- Supporting families where substance misuse is a factor, particularly when children are affected by another person's drug or alcohol misuse.
- Contributing to the stronger communities agenda by promoting health attitudes and behaviour to substance misuse and reduction of risk posed to the community.

The Council has consulted the views of stakeholders across sub regional public health, local Councils, clinical commissioning group, GPs and wider community statutory services such as police and probation.

Further consultation with the wider market place will take place once the draft service specification is completed over summer of 2019.

## 7. EQUALITY IMPACT ASSESSMENT

- 7.1 An EIA has been completed and is attached as Appendix 3, the specification will state that the new service model will not discriminate, harass or victimise and will promote more opportunities to fully recover from the ill health and damage caused from drug and alcohol use. The Lead Officer will be required to continue to monitor EIA throughout the development of the specification and procurement process and work with the new Provider, when they are in contract.
- 7.2 Accessibility - A greater focus on outreach is deemed necessary and will enable easier access to specialist services for more vulnerable people, especially people who rely more on public transport. Outreach work is already limited and will reduce further as capacity and funding reduces.

## 8. LEGAL IMPLICATIONS

- 8.1 The council will need to serve six month's notice to terminate the existing treatment contract and the smaller drug and alcohol contracts; Theseus Database, Orion Medical



Supplies Ltd, the Pharmacies and GPs. Notice will need to be served before 1<sup>st</sup> April 2019 to allow for new contracts to commence 1<sup>st</sup> October 2019 with the successful bidder.

#### New contract

- 8.2 An open procedure procurement process will be required to be advertised in the Official Journal of the European Union (OJEU) in accordance with the Public Contract Regulations 2015 and in accordance with the Council's Contract Procedure Rules.
- 8.3 A lease will be entered into with the successful tenderer in respect of Waylen Street premises, for a period of three years +2 + 2 from 1<sup>st</sup> October 2019.

### 9. FINANCIAL IMPLICATIONS

- 9.1 Public Health grant funding for drug and alcohol treatment services will be reduced from 1<sup>st</sup> April 2019. Reading Borough Council will be procuring a new drugs and alcohol prevention and treatment service during 2018/19 and will need to build in efficiencies and new approaches to working in order to encompass the required financial envelope.
- 9.2 The funding available for the current and proposed treatment service section of the contract is shown in the table below. These figures are based on the assumption that the proposed changes of the re-profiling of the Public Health budget, which are reported elsewhere on the agenda, are agreed.

Year	PH Budget	Police and Crime Commissioner (PCC) Budget *
2018/19	£1,468,158	£235,389
2019/20 - Year 1	£1,350,560	£235,389
2020/21 - Year 2	£1,350,560	£235,389
2021/22 - Year 3	£1,350,560	£235,389

To note, the PCC budget is funding provided by the PCC and is additional to Reading funding, see para 9.6 for further information.

IRIS Reading will be in contract for the first six months of year one under the current terms.

- 9.3 The total proposed Public Health Grant Funding for the drug and alcohol treatment services within the current and new contract are shown in the following table:

Contracts	2018/19	2019/20	Comments	2020/21	Comments	2021/2022
<b>Treatment Service Contract</b>						
IRiS Reading Treatment contract	£1,468,158	£734,079	Existing Contract - covers period 01/04/2019 to 30/09/2019			
New <u>treatment</u> service model contract		£616,481 - This is less than half of the future contract value - some expenditure on the new	Covers period 1/10/2019 to 31/03/2020			

		contract will not commence until 1.4.2019				
Full year Cost of new treatment service contract				£1,350,560		£1,350,560
Smaller contracts to be included in new service model						
Needle Exchange Supplies Contract	£80,000	£80,000	No reduction	£80,000	No reduction	£80,000
Needle Exchange waste contract	£15,000	£15,000	No reduction	£15,000	No reduction	£15,000
Shared care - various GPs	£4,000	£4,000	No reduction	£4,000	No reduction	£4,000
Supervised consumption & Needle exchange - Various Pharmacies	£288,000	£288,000	No reduction	£288,000	No reduction	£288,000
Theseus Drug and Alcohol Database	£16,000	£16,000	No reduction	£16,000	No reduction	£16,000
TOTALS	£1,871,158	£1,753,560		£1,753,560		£1,753,560
Change		(£117,598)		£0		£0

The reduction in funding is £117,598 during 2019/2020, which equates to an 8% reduction per annum of the existing treatment service contract. There is no further reduction in the remaining years of the new contract.

- 9.4 There are no specific Capital implications, but there may be implications for Provider's use of the Council's buildings that will be dealt with as part of the tender exercise.
- 9.5 Value for Money - The report identifies that the procurement process will bring together the drug and alcohol services for Reading and other sub regional Pan Berkshire Authorities under one key Provider to improve the outcomes and value for money of the service. This will be tested as part of the tendering process.
- 9.6 The Police and Crime Commissioner (PCC) funding contribute to the treatment programme is £235,389 for 2018/19. There is a risk regarding the level of funding provided via the PCC from 2019/20 onwards, which we are not aware of at this stage. A reduction of PCC funding on top of the public health 8% reduction may impact the service delivery model and capacity further.

## 10. BACKGROUND PAPERS

Appendix 1 - Reading Drugs and Alcohol Draft Strategy and Consultation Outcomes Report  
Appendix 2 - Drugs and Alcohol Contracts List  
Appendix 3 - Equality Impact Assessment

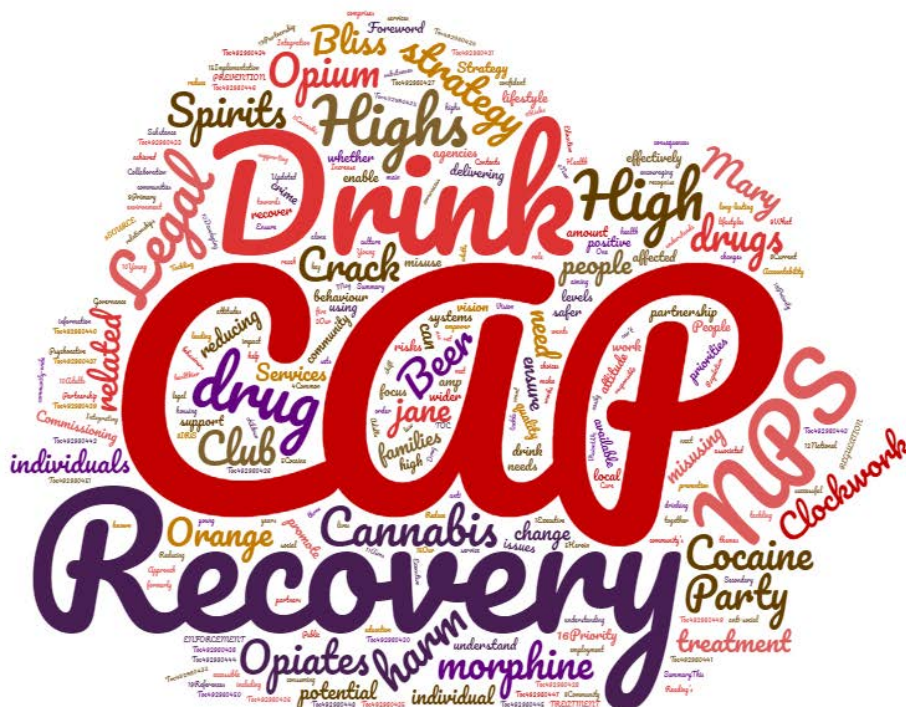
# Wellbeing Team



**Reading**  
Borough Council  
Working better with you

January 2018

## Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018 – 2022



## Foreword

This strategy sets out Readings' approach to tackling drug and alcohol related problems, both of which can be inextricably linked to health inequalities. The pattern of drug and alcohol use is changing so now is the ideal time to create a new drugs and alcohol Strategy for young people and adults with all partners.

The early preventative treatment of drug and alcohol misuse will hopefully avoid damaging longer term dependency and ultimately prove much more efficient and effective. The sheer size of alcohol misuse should make it a priority and so this is where we believe we should be targeting our work, whilst continuing to offer support and interventions for drugs misuse. It is evident that treating and managing drug and alcohol is complex. It is also clear that the challenges we are facing cannot be addressed by any one agency or individual alone.

Problematic drug and alcohol use is associated with poor living conditions, unemployment, domestic abuse, ill-health and safeguarding concerns. There are new substances, such as 'legal highs'; new supply routes including the internet and 'head shops'; and new patterns of use and problems associated with more established substances, including problems with heroin and alcohol becoming more common among older people. We need to respond to these challenges, and be aware that this area never stands still.

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. While the strategy presents our three priorities for Reading, the details of how we will tackle these issues will be contained within three action plans – one for each of the three priorities.

In the face of mounting cuts to the council's health budget, now more than ever we need to focus our limited resources in the areas that will have the most impact. This strategy is a step towards having a constructive and responsive approach to bring partners together to transform health and wellbeing in Reading; prevent drug and alcohol misuse, and support people to recover and to build healthy, fulfilled lives.

We hope that you find this strategy informative and focused on the right priorities to deliver results. I would like to take this opportunity to thank everyone for their invaluable contributions to the development of this strategy.

Councillor Graeme Hoskin

## Contents

Foreword.....	2
Executive Summary.....	4
Our Vision .....	5
Common drugs, the risks and the law.....	6
Cannabis.....	6
Heroin.....	6
Cocaine .....	7
New Psychoactive Substance (NPS) ( <i>formerly known as legal highs</i> ).....	7
Risks and alcohol.....	9
Current Services in Reading.....	9
SOURCE.....	9
IRiS Reading (Integrating Recovery in Services) .....	10
Community Alcohol Partnership (CAP) .....	10
Primary and Secondary Care Services .....	10
What are the issues in Reading? .....	11
Young People.....	11
Adults .....	12
Aims of this strategy.....	16
Developing this strategy.....	16
Partnership Approach - Collaboration and Integration .....	19
Implementation, Governance and Accountability.....	19
Our priorities .....	20
Priority 1: PREVENTION - Reducing the amount of alcohol people drink to safer levels & reducing drug related harm .....	20
Priority 2: TREATMENT - Commissioning and delivering high quality drug and alcohol treatment systems.....	22
Priority 3: ENFORCEMENT & REGULATION - Tackling alcohol and drug related crime and anti social behaviour.....	23
References .....	24

## Executive Summary

This strategy sets out Reading's drug and alcohol related vision and priorities for the next five years.

The key focus is to reduce the harm, or potential harm, that misusing drugs and alcohol has on the individual, families and the wider community. We need to ensure that treatment services are available and accessible to support those who need them to recover effectively. Education and information needs to be easily available.

We understand the work set out in this strategy can only be achieved in successful partnership with all agencies in Reading.

This strategy comprises three main themes:

- Prevention; reducing the amount of alcohol people drink to safer levels and reducing drug related harm.
- Treatment; Commissioning and delivering high quality drug and alcohol treatment systems
- Enforcement and Regulation; tackling alcohol and drug related crime and anti-social behaviour.

The strategy has a community-wide focus, including children, young people and adults - whether they are consuming alcohol or drugs themselves or whether they are affected by other people using these substances.

Reading wants to promote a culture shift to promote a positive change in the attitude and behaviours towards alcohol harm and drug misuse. We need to:

- 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.

## Our Vision

We recognise that, to ensure long-lasting changes in lifestyles, we need to work with individuals, families, communities and other partners. One service alone can't tackle all the issues.

Our vision is to:

*“Reduce the harm, or potential harm, that misusing alcohol and drugs has on the individual, families and the wider community. We want to enable individuals affected by drug and alcohol misuse to recover and reach their potential in leading a healthier lifestyle with the help of all agencies in Reading”*

We are aiming for a local partnership that works together effectively to ensure that it understands drug and alcohol use in Reading, and is confident that local needs for prevention and treatment are being met.

## Common drugs, the risks and the law

The most commonly used drugs, such as cannabis, opiates and crack cocaine, are illegal. Uncontrolled New Psychoactive Substances (also called NPS, 'legal highs' or 'club drugs') are relatively easily available.

### Cannabis

Details	Risks	Law
<p>Most commonly used drug but use is falling according to Europe's drug agency the European Monitoring Centre for Drugs and Drug Addiction(EMCDDA) ) report. Sedating and hallucinogenic – heightens senses. People may feel:</p> <ul style="list-style-type: none"> <li>▪ Relaxed, happy, giggly and/or talkative</li> <li>▪ Hungry (AKA the munchies)</li> </ul>	<p>People may feel light headed, faint, sick or have some other unusual feeling</p> <p>Can cause anxiety, suspicion, paranoia</p>	<p>Class B drug</p> <p>Penalties:</p> <ul style="list-style-type: none"> <li>▪ Up to 5 years in jail for possession</li> <li>▪ Up to 14 years in jail + unlimited fine for selling or giving away.</li> </ul>

### Heroin

Details	Risks	Law
<p>Made from morphine, extracted from opium poppy</p> <p>Around for hundreds of years</p> <p>Originally used to treat pain, sleeplessness and diarrhoea</p> <p>Used by clubbers as "chill out" drug – small dose gives a heightened sense of wellbeing, larger doses relaxes/causes drowsiness</p>	<ul style="list-style-type: none"> <li>▪ Can cause dizziness and vomiting</li> <li>▪ Highly addictive</li> <li>▪ Injecting/sharing needles can spread HIV and Hepatitis C and damage veins, cause ulcers, abscess and blood clots</li> <li>▪ Respiratory depression, can lead to death.</li> </ul>	<p>Class A drug</p> <p>Penalties:</p> <ul style="list-style-type: none"> <li>▪ up to 7 years in jail and/or an unlimited fine for possession</li> <li>▪ up to life in jail and/or an unlimited fine for selling or giving away.</li> </ul>



## Cocaine

Details	Risks	Law
<p>Powder (also known as coke), freebase and crack cocaine are powerful stimulants, with short-lived effects. Different forms for snorting, smoking and injecting</p> <p>Speeds up the mind and body</p>	<p>Addictive. Users crave more and more so can get expensive</p> <p>Heavy users may turn to heroin to dampen cravings</p> <p>High doses cause convulsions, heart attack/heart failure</p> <p>Higher risk of overdose/side effects if mixed with other drugs or alcohol.</p> <p>Mixing cocaine and alcohol produces cocaethylene which is toxic</p> <p>Snorting can cause breathing problems and destroy nose cartilage</p> <p>White heroin may be snorted by mistake – this can be fatal</p> <p>Makes people feel depressed and run down and can lead to serious anxiety, paranoia and panic attacks. Increases mental health problems.</p> <p>May damage unborn babies or cause miscarriage</p> <p>Injecting drugs has high risk of overdose. Speedballing (injecting a mix of cocaine and other drugs) can be fatal.</p> <p>Injecting/sharing needles can:</p> <ul style="list-style-type: none"> <li>▪ spread HIV and Hepatitis C</li> <li>▪ damage veins, cause ulcers, abscess and blood clots</li> </ul>	<p>Class A drug.</p> <p>Penalties:</p> <ul style="list-style-type: none"> <li>▪ up to 7 years in jail and/or an unlimited fine for possession</li> <li>▪ up to life in jail and/or an unlimited fine for selling or giving away.</li> </ul>

## New Psychoactive Substance (NPS) (formerly known as legal highs)

Details	Risks	Law
<p>Stimulant NPS (brand named include Clockwork Orange', 'Bliss', 'Mary Jane)</p>	<ul style="list-style-type: none"> <li>▪ Not enough known about potency or effects if mixed with other drugs/alcohol</li> <li>▪ Ingredients may not be as listed</li> <li>▪ Over confidence and risk taking</li> <li>▪ Can cause anxiety, panic, confusion, paranoia, and psychosis</li> <li>▪ Lowers immunity and strains the heart and nervous system</li> <li>▪ Linked to poisoning and death</li> </ul>	<p>Since Spring 2016 it is illegal to produce, supply or import NPS.</p> <p>Punishments range from a prohibition notice, which is a formal warning, to 7</p>

Details	Risks	Law
	<ul style="list-style-type: none"> <li>▪ Can feel low for a while once stopped</li> </ul>	years in prison.
Downers or sedative NPS	<ul style="list-style-type: none"> <li>▪ Reduced inhibitions, concentration and slows reactions</li> <li>▪ cause lethargy and forgetfulness</li> <li>▪ can affect balance - increases risks of accidents</li> <li>▪ has caused unconsciousness, coma and death, particularly when mixed with alcohol and/or with other downer drugs.</li> <li>▪ Causes anxiety anxious once stopped,</li> <li>▪ Heavy users may get severe withdrawal syndrome which is dangerous and requires medical treatment</li> </ul>	
Psychedelic or hallucinogenic NPS (act like LSD, magic mushrooms, ketamine and methoxetamine)	<ul style="list-style-type: none"> <li>▪ Cause confusion, panic and strong hallucinatory reactions ('bad trips'),</li> <li>▪ Can affect judgement and cause erratic careless or dangerous behaviour which can lead to a serious injury or self-harm.</li> </ul>	
Synthetic cannabinoids	<ul style="list-style-type: none"> <li>▪ Life-threatening in large doses.</li> <li>▪ Can affect the nervous system leading to seizures, fast heart rate, high blood pressure, sweating, increased body temperature,</li> <li>▪ Can make people feel agitated and combative (ready to fight).</li> </ul>	

More detailed information on these and other drugs is available online - see [www.talk-to-frank.com](http://www.talk-to-frank.com)

## Alcohol and the risks

New [guidelines](#) published by the Government in January 2016 state there is no safe level for drinking alcohol and that to reduce risks to health both men and women should drink no more than 14 units spread evenly throughout each week.

Alcohol can:

- increase the risk of certain diseases and health problems; it's a causal factor in more than 60 medical conditions which include mouth, throat, stomach, liver and breast cancers, heart disease, stroke, cirrhosis, pancreatitis, liver disease etc.
- affect behaviour and risk taking in the short term
- Have a negative effect on relationships, work and personal safety.

Alcohol use is sometimes classified as

- 'RISKY' - drinking at a level that may cause physical or emotional harm, or cause problems in a person's life in some other way
- 'HARMFUL' - drinking at a level that has already led to harm or
- 'DEPENDENT' - heavy drinking where the person has become physically dependent on alcohol and will require detoxification to stop using safely.

## Current Services in Reading

We have a number services to treat and support drug and alcohol users.

### SOURCE

SOURCE is a specialist drug & alcohol service (provided by Reading Borough Council) working with young people under 18 years old (or up to 25 if they are vulnerable adults) or have LDD. SOURCE is jointly funded by Public Health, Children's Service and the Police and Crime Commissioner.



The service offers:

- Confidential assessments of young person's drug/ alcohol use including legal highs.
- Links to substitute prescribing services
- Care plans to address drug and alcohol issues
- One to one sessions based on individual learning styles
- Help to access healthcare services in the community
- Signposting to young person's services such as CSE, YES, Young Carers etc.
- Stop Smoking Services
- C-card registration

SOURCE also offers:

- support for families of drug users
- Specialist training, consultation and resource library for professionals

## IRiS Reading (Integrating Recovery in Services)

IRIS Reading (provided by Cranstoun in partnership with Inclusion) was commissioned by Reading's Drug and Alcohol team in 2014. The service is funded via Public Health and the Police and Crime Commissioner.

It provides an integrated drug and alcohol treatment service for local residents which includes:

- Assessment & referral
- Routes through to all other IRIS services
- Access to substitute prescribing
- Pre-detox support
- Peer support
- Harm reduction
- Health improvement
- Screening & vaccination
- Housing Support
- Needle exchange
- Acupuncture
- Relaxation

At the end of August 2016:

- 755 people engaged in treatment with specialist drug and alcohol services.
- 183 said alcohol caused them the most problems
- 420 said heroin caused them the most problems
- 380 had a prescription to help them manage symptoms of withdrawal from opiates.



## Community Alcohol Partnership (CAP)

Public Health and Trading Standards jointly fund the CAP which sits within Reading Borough Council. The CAP focuses on education, enforcement, public perception, communication, diversionary activity and evaluation in Reading across all schools and in the community amongst retailers.

CAP aims to develop a culture where:

- Adults and young people drink responsibly
- Young people under the age of 18 are only able to access alcohol under responsible and informed supervision
- Safe consumption limits are understood and
- Parents understand the impact of alcohol and are aware of the influence their drinking can have on their children.



## Primary and Secondary Care Services

- Local GPs offer IBA (Identification and Brief Advice) to patients and can signpost to specialist support if required.
- Pharmacies offer supervised consumption and needle exchange
- Prospect Park Hospital provides an alcohol detox service (referrals only)
- Royal Berkshire Hospital treats high risk alcohol patients (Sidmouth Ward) and treats emergencies (like overdose) are accessed via A&E.



## What are the issues in Reading?

### Young People

Young people receiving interventions for substance misuse have a range of vulnerabilities that require specialist support and intervention.

Those in treatment often say they:

- are/were victims of domestic violence
- have contracted a sexually transmitted infection
- have experienced sexual exploitation.

And are more likely to:

- not be in education, employment or training and
- be in contact with the youth justice systems.

Between April 2016 and March 2017, 33 young people were engaged with structured treatment with SOURCE (our young people's drug and alcohol service), of whom 19 presented to treatment during the year. While this number is small, it reflects the most complex cases who:

- have a range of social and emotional needs and
- are mainly referred by the Youth Offenders Team (YOT) and specialist schools catering for children who are excluded/at risk of exclusion (Figure 1).

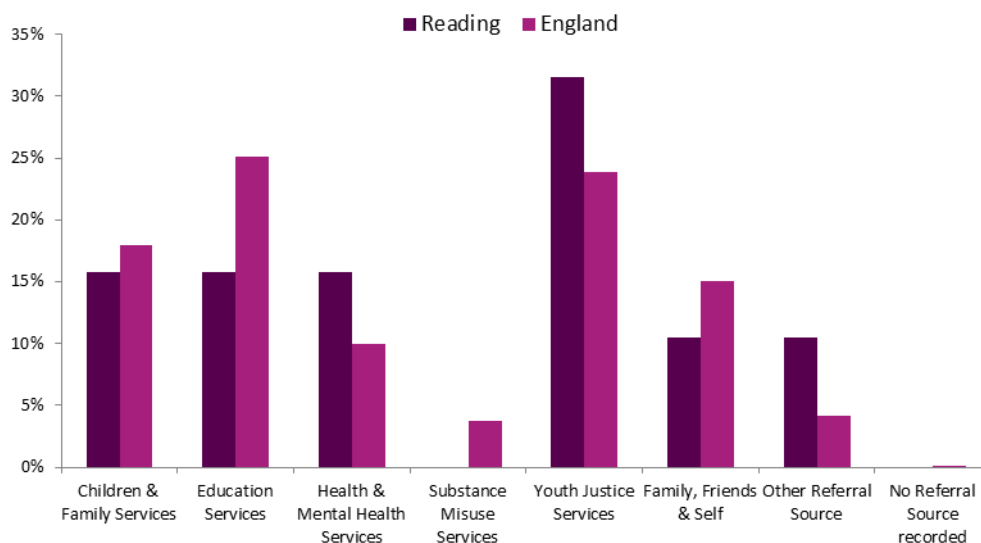
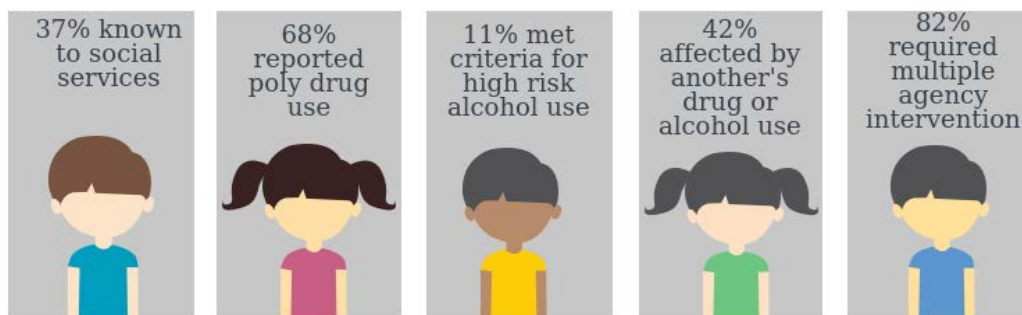


Figure 1: % Referrals of young people to drug or alcohol treatment by source (2016/17)<sup>1</sup>

Several indicators suggest that young people who presented to drug and alcohol treatment in Reading in the last year may have had more complex needs than may have been seen elsewhere.

<sup>1</sup> National Drug Treatment Monitoring System

- Of the 19 new presentations in 2016/17, 8 (37% of the total) were either the subject of a child protection plan, or were classified as a looked after child or a child in need, compared to a national figure of 25%.
- 68% of new presentations in Reading reported poly drug use and 11% met criteria for high risk alcohol use, compared to 59% and 2% of new presentations nationally.
- 42% of new presentations in Reading reported that they were affected by another person's substance use, compared to 23% nationally.
- An analysis of interventions delivered shows that 82% of those receiving structured treatment in 2016/17 required interventions from multiple agencies, compared to 56% nationally.
- Young people in Reading spend considerably more time in treatment (an average of 34.78 weeks in 2015/16) compared to the national average (24.53 weeks)<sup>1</sup>



**Informa**

### **tion and advice for young people**

Source provides information sessions in schools and youth clubs.

The Community Alcohol Partnership (CAP) provides focussed education sessions and workshops.

## **Adults**

Locally the numbers of drug-related admissions and drug-related deaths are proportionally smaller than those related to alcohol use. Illegal drug use is less prevalent than heavy alcohol use and is associated with fewer acute adverse reactions. However, those who do use illegal drugs, particularly heroin and crack cocaine, typically experience a myriad of physical and psychological health and social problems which require interventions from a range of providers.

People who misuse drugs (especially opiates and crack cocaine) place an enormous strain on their children and families which can have a serious negative impact on their long-term health and well-being.

Reading has a high rate of deaths caused by drug use (6.1 per 100,000 – equivalent to between 10 and 11





deaths in Reading each year. This compares to a rate of 3.9 per 100,000 in England). Those at highest risk are long-term heroin users, especially men (*ref PHOF,*)



An estimated 1,111 people in Reading are regular heroin users (*ref <http://www.nta.nhs.uk/facts-prevalence.aspx>*), of which some 616 (51%) engaged with specialist treatment last year (16/17), compared to 56% of heroin users nationally. Almost 10% of heroin and other opiate drug users in treatment in Reading left treatment free of dependence in 2016/17, compared to 7% nationally.

Drugs and alcohol misuse are significant causes of both violent and acquisitive crime. Acquisitive crime, often associated with drug use, fell to a low level in 2015, but increased in 2016 and 2017 (Figure 1. A locally commissioned evaluation of Opiate Substitution Therapy (OST) for offenders suggested that OST in Reading was successful in helping entrenched offenders stop or reduce their offending and suggested that greater support for homeless offenders may help to increase effectiveness.

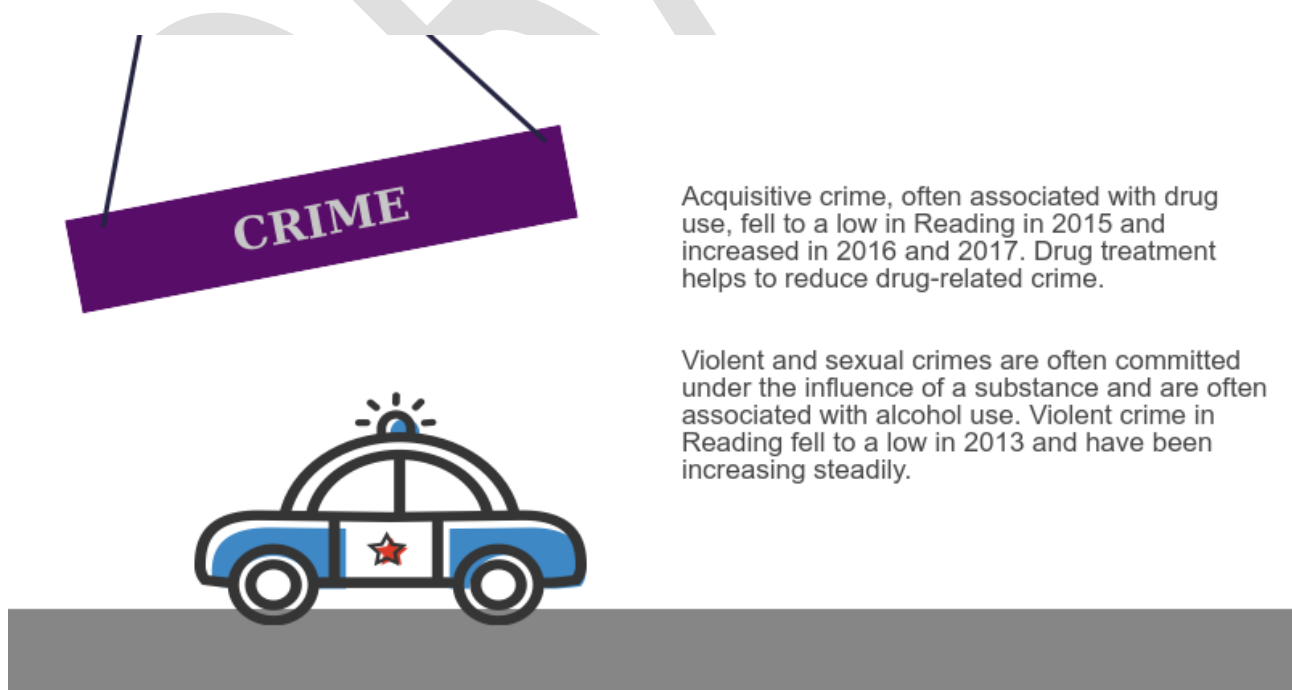
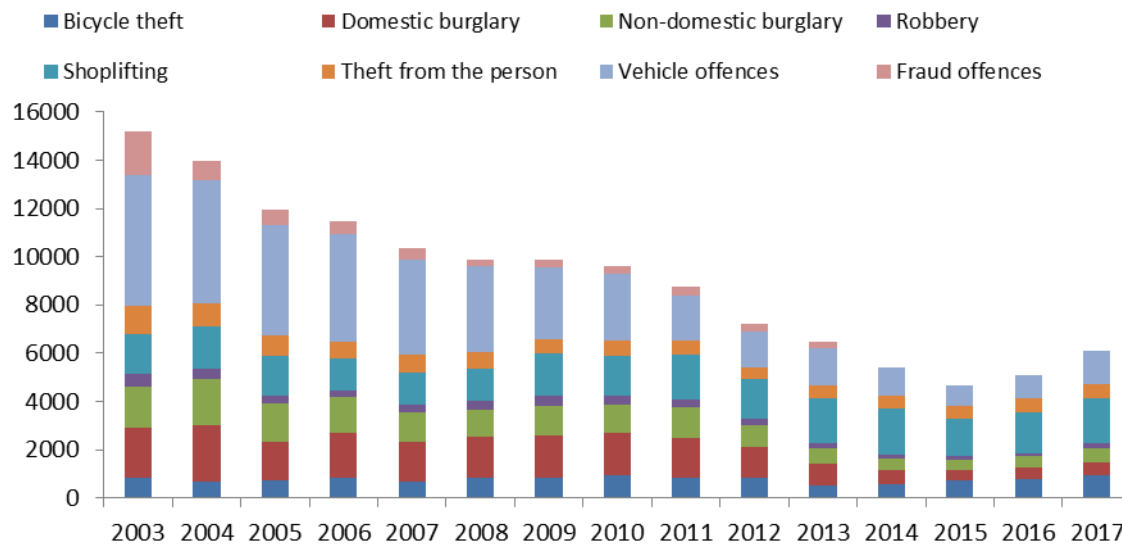


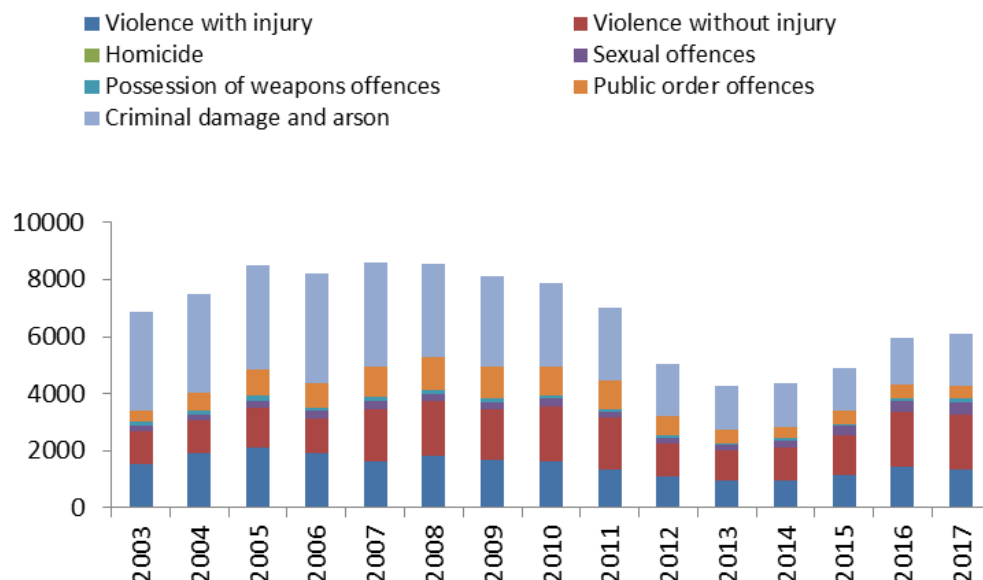
Figure 1: Recorded Crime in Reading 2003-2017 – Acquisitive crime types



Source: [Police Recorded Crime Statistics](#)

Alcohol use is more commonly associated with “psychopharmacological crime”, or crimes committed while under the influence of a substance. These may include violent and sexual offences, including those involving domestic abuse. The level of violent crime in Reading fell to a low in 2013, but increased steadily until 2016, and has remained stable in 2017.

Figure 2: Recorded Crime in Reading 2003-2017 – Violent and sexual crime types



Source: [Police Recorded Crime Statistics](#)

[Statistics on mortality and admissions to hospital related to alcohol](#) suggest that more people in Reading than average are suffering from health problems caused by alcohol,



especially alcohol specific conditions (those caused wholly by alcohol use) and mental and behavioural conditions.



Alcohol misuse, mainly in the adult population, is a far greater problem than drug use in Reading (as elsewhere) mainly because of the sheer number of people who drink alcohol in our society (a very large majority) and the increasing proportion who do so in ways that risk injuring their health.

Based on national self-reported drinking levels against the current guidelines we estimate:

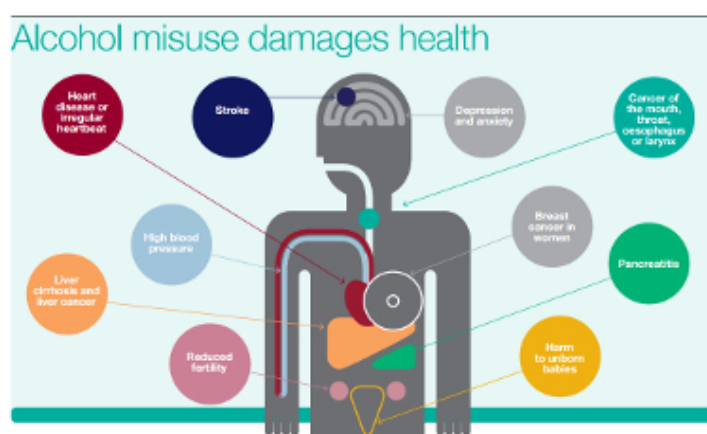
- at least 30,000 residents drink at a level that could harm their health or wellbeing
- 4,500 are drinking to levels that have already harmed their health or wellbeing

As research shows that people significantly under-report their drinking, we can infer that people's true drinking levels are higher than this.

Reading has high rates of alcohol-specific mortality in men

Between 2013 and 2015 the estimated:

- rate of deaths in men caused by a disease wholly attributable to alcohol was 24.2 per 100,000 population significantly worse than the England average (15.9) and other areas with similar levels of deprivation (14.3)<sup>2</sup>
- The rate for all persons in Reading (14.1 per 100,000) was significantly worse than the combined rate in other areas with similar levels of deprivation (10.3 per 100,000) The rate was also worse than the rate for all England (11.5 per 100,000), although in the most recent period the difference was not large enough to be statistically robust.



Source: Public Health England

<sup>2</sup> IMD 2010

These rates indicate a significant population who have been drinking heavily and persistently over the past 10-30 years.

Liver disease is one of the major causes of mortality and morbidity in England with deaths reaching record levels having risen by 20% in the last decade.

## Aims of this strategy

We aim to:

- Reduce harm from alcohol and drug use in the Borough
- Minimise harm and negative effects to the wider population
- Encourage and promote recovery for dependent drug and alcohol users.
- To engage all partners to streamline efforts and use resources effectively.

## Developing this strategy

This strategy has been informed by internal and external data and evidence, including:

- The National Drugs Strategy 2010 –“Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life”
- The National Drugs Strategy 2017
- The National Alcohol Strategy 2012
- Reading’s Joint Strategic Needs Assessment (JSNA) and the
- Health & Wellbeing Strategy 2017-20.

### National Drug Strategy 2017

The National Drugs Strategy 2010 set out the Government’s approach to tackling drugs.

It focused on recovery\* as well as reducing the harms caused from drugs and alcohol.

The two key overarching aims of the 2010 strategy were to:

- Reduce illicit and other harmful drug use and
- Increase the numbers recovering from their dependence

The National Drugs Strategy 2017 moves another step forward clearly setting the expectations for action from a wide range of partners, including those in education, health, safeguarding, criminal justice, housing and employment. The new strategy expands on the 2010’s two overarching aims to reduce demand, restrict supply, build recovery and take global action.

### What is recovery?

\*Recovery is a process more so than an end state and means different things to different people. Recovery is the best way to summarise the benefits to physical, mental and social health. This could mean anything from support with managing money and debt, ability to access and sustain accommodation, employment and training and having the capacity to build healthy relationships including parenting. We have used the definition within the 2010 Drugs Strategy

*“Recovery involves three overarching principles – wellbeing, citizenship, and freedom from dependence. It is an individual, person-centred journey, as opposed to an end state, and one that will mean different things to different people.”*

This means recovery is much wider than just being free from dependence on drugs and alcohol. It is about having a safe place to live, a job, friends and a place in society.

### **National Alcohol Strategy 2012**

The National Alcohol Strategy 2012 set out the Government’s approach to addressing alcohol. The outcomes are to support:

- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others;
- A reduction in the amount of alcohol-fuelled violent crime;
- A reduction in the number of adults drinking above the NHS guidelines;
- A reduction in the number of people “binge drinking”;
- A reduction in the number of alcohol-related deaths; and
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

### **Reading’s Joint Strategic Needs Assessment (JSNA)**

[The JSNA](#) provides data and evidence about the needs of the local population, including:

- an estimate of the number of people likely to benefit from support or treatment to reduce alcohol use
- information, evidence and best practice around about interventions

### **Reading’s Health and Wellbeing Strategy 2017-2022**

The HWB Strategy sets out how the Health and Wellbeing Board plans to realise its vision for ‘a healthier Reading’ and meet its key objectives to:

- Promote and improve the health and wellbeing of the people of Reading
- Reduce health inequalities; and
- Promote the integration of services.

The strategy has identified eight priorities - Priority five is focused on Alcohol and “to reduce the amount of alcohol people drink to safer levels”.

### **Public Health Outcomes Framework (PHOF)**

We will use PHOF indicators for health improvement to measure the progress of this strategy. People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

#### **2.15 Drug and alcohol treatment completion and drug misuse deaths**

*Definition: The number of drug users that left drug treatment successfully (free of drug dependence) who do not then re-present to treatment again within six months as a proportion of the total number in treatment.*

#### **2.16 Adults with substance misuse treatment need who fully engage in community-based structure treatment following release from prison**

#### **2.18 Alcohol related admissions to hospital**

This strategy will also contribute to:

1.13 Levels of offending and re-offending (Definition: Percentage of offenders that re-offend from a rolling 12 month cohort)

1.11 Domestic violence rates

4.06 Under 75 mortality rate from liver disease

### **Reading's Drug and Alcohol Needs Assessment, January 2016**

On 22 January 2016 the [Health and Wellbeing Board](#) endorsed a report into the needs of local resident in relation to drug and alcohol use. The report found:

- Current resources are primarily targeted at drug treatment, particularly opioid substitution therapy (the prescribing of an opiate substitute, like Methadone or Subutex, to reduce the effects of withdrawal from illicit opiate drugs (like heroin) and help to reduce risks to the individual and enable them to maintain a safe and functional lifestyle).
- Around 500 heroin users are in treatment at any one time (roughly half of the total number of people estimated to use heroin in the Borough).
- Although these numbers are relatively small, the use of heroin and other drugs is often related to a variety of significant and very complex problems and the needs of this vulnerable group are high.
- The number of people using alcohol at potentially harmful levels is much greater, but the number receiving structured treatment is much smaller.
- We estimate around 30,000 residents drink at a level that could harm their health or have a negative effect on their work or personal relationships, and around 4,500 people whose drinking has already caused them some physical, emotional or social harm but only 100-150 people are in treatment for alcohol misuse in Reading at any one time. This apparent disparity is likely to reflect in part both more modest treatment and support needs of many alcohol users, as well as the nature of clinical treatment that can be provided for alcohol use (usually detoxification).
- Alcohol users, particularly those whose use would be classified as 'risky' rather than 'harmful' or clinically dependent, may be offered a short, practical and motivational discussion about their drinking at their GP surgery or by another professional.
- The high rates of liver disease and other alcohol-related mortality suggest that more support is needed locally to help people to reduce their alcohol use.
- The number of people, including young people, who engage with drug services for help with use of cannabis, cocaine and New Psychotic Substances is very small.
- Prevention activity, mainly delivered in focussed sessions in schools and youth clubs, is limited.

The report recommended a revised approach to drug and alcohol services that:

- puts greater emphasis on the problems of alcohol misuse at all ages;
- puts greater emphasis on prevention, particularly targeting of 0-18 year olds, with specialist family support in place for children at risk;
- ensures that health and social care and criminal justice services work together effectively;
- enables and encourages frontline staff in all sectors to do more to identify people at risk of harm from drug and alcohol use, and to provide a brief intervention or refer for specialist treatment where appropriate; and
- enables partners to take account of the cumulative impact of drug and alcohol use in strategic planning and delivery of services.

Visit [www.reading.gov.uk/JSNA](http://www.reading.gov.uk/JSNA) for more details.

## Partnership Approach - Collaboration and Integration

Drug and alcohol misuse has a huge impact on the individual, their families, the children and our community.

**No single organisation can tackle these issues alone.**

The responsibility for prevention of Drug and Alcohol misuse is shared between the Council, CCGs, Hospital Trust, Primary Care Providers, Housing, the Police, probation services, voluntary organisations, faith groups, those in recovery and many others.

We must work in partnership to :

- Improve the health and wellbeing of individuals who misuse drugs and alcohol. This will link in with The Health and Wellbeing Strategy objectives.
- Improve successful completions from drug and alcohol – ensure our treatment services are improving, responsive and available in Reading.
- Ensure vulnerable families & children receive timely and appropriate drug and alcohol support
- Reduce crime, domestic violence abuse and anti-social behaviour

We need robust joint working arrangements between organisations and must work as a partnership to achieve these objectives.

We must share our expertise and manage clients to ensure they have the best possible outcomes and can fulfil a drug and alcohol free lifestyle.

## Implementation, Governance and Accountability

Reading's strategic priorities, target outcomes and actions to deliver this strategy will be set out in our Drug and Alcohol Strategy Action Plan.

We will be accountable to the:

- Health and Wellbeing Board
- Clinical Commissioning Groups and
- Community Safety Partnership

and will report on progress against targets and developments to reduce offending behaviours, tackle drug and alcohol misuse as well as achieving successful completions.

These governing groups will be responsible for signing off the Strategy and the management and signing off of the actions.

We have identified three key priorities for this strategy:

- Prevention; reducing the amount of alcohol people drink to safer levels and reducing drug related harm.
- Treatment; Commissioning and delivering high quality drug and alcohol treatment systems
- Enforcement and Regulation; tackling alcohol and drug related crime and anti-social behaviour.



We will review the drug and alcohol strategy annually so that it is responsive to emerging needs.

The Drug and Alcohol Strategy Action Plan will assign responsibility and timeframes for actions so that progress can be monitored.

Key milestones in achieving the strategic priorities provide a framework to ensure that the drug and alcohol strategy and the action plan are robust.

The drug and alcohol Strategy 2018-2022 will contribute to the service priorities set out in the Council's Corporate Plan 2016-19:

- Safeguarding and protecting those that are most vulnerable
- Providing the best life through education, early help and healthy living

## Our priorities

In Reading, we want to enable individuals affected by drug and alcohol misuse to recover and reach their potential in leading a healthier lifestyle. We aim to reduce harm to those at risk, empower those who are addicted or dependent to recover.

Through consultation with local partners, we plan to address and commit to addressing 3 priorities of Prevention, Treatment and Enforcement and Regulation.

### **Priority 1: PREVENTION - Reducing the amount of alcohol people drink to safer levels & reducing drug related harm**

We want our communities to be getting the right information and advice on drugs and alcohol. The promotion of positive and responsible behaviours around drug and alcohol misuse is crucial, enabling individuals to make informed choices.

This is particularly important for young people and includes education around any subsequent behaviour that follows the consumption of drugs or alcohol, for example, offending, risky sexual behaviour, exclusion from school, loss of employment and benefits.

We must ensure the community understands the consequences their drug and alcohol use can have on others, specifically the effects on children and young people viewing such activities.

We also know that drug and alcohol service users tend to have numerous contacts with a range of other health care services. These include GP, A&E departments, other acute wards as well as the ambulance services. We want to work more closely with primary care and social services teams (Multi-Agency Safeguarding Hub, Early Years, Long term care teams, social workers) to capture drug and alcohol misusers to ensure that we can deliver the safest and most efficient appropriate treatment.

Every contact counts and our strategy aims to ensure that the first point of contact for our drug and alcohol misusers is positive, informative, supportive and that staff have the right skills to engage positively and effectively.

#### ***We want to achieve:***

- Reduce the health, social and economic harms caused by alcohol harm and

drug misuse, for both the individual user and wider society

- A shift in culture to promote positive alcohol lifestyle choices and a reduction in drug misuse
- More people to be able to receive support at an appropriate level to address risky, harmful and dependent use of alcohol.
- Make services more accessible; reduce stigma of alcoholism so people feel able to seek help and get the help they need.
- Encourage uptake in training in screening and brief interventions for frontline practitioners.
- Fewer alcohol related admissions to hospital and a reduction in alcohol and drug related harm.
- More people to receive support around co-existing mental health and drug and alcohol issues.
- Awareness of the risks of using drug and alcohol amongst all groups including lesbian and gay communities, ethnic minority groups, parents and carers, voluntary sector.

***To achieve this, we will:***

- Work together, regularly reviewing the needs of the local community and benchmarking local investment and performance.
- Provide good quality treatment for alcohol users that is evidence-based and recovery-focused and that enables individuals to improve their health and wellbeing.
- Promote knowledge and change behaviour by promoting understanding of the risks of using drugs and alcohol and by embedding screening and brief intervention in primary care, social care and criminal justice settings, housing and environmental health contacts.
- Increase number of audit c/brief interventions delivered in primary care.
- Review existing interventions and develop a robust multi agency model to reduce alcohol-related hospital admissions.
- Work with schools to target prevention campaigns as well as Parents about drinking behaviours and their consequences.
- Work closely with schools to support their delivery of drug and alcohol awareness programmes.
- Develop and implement a programme of communication in line with national campaigns, using social media, around drug and alcohol misuse
- Develop a rolling training programme for all agencies and Partners in Reading; drug and alcohol awareness, naloxone training, suicide prevention training
- Promote drug and alcohol awareness training to specific targeted groups including lesbian and gay communities and ethnic minority groups.
- Promote positive and responsible behaviours around alcohol and drug misuse including any subsequent behaviour that follows for example offending, risky sexual behaviours, exclusion from school or termination from work and benefits.
- Work in partnership with mental health services to improve interventions around co-existing mental health and drug and alcohol issues.

## Priority 2: TREATMENT -Commissioning and delivering high quality drug and alcohol treatment systems

The misuse of drugs and alcohol can have a detrimental effect on a person's health and wider wellbeing. It is accountable for poor health outcomes, health inequalities and significant demands on the resources of many public services.

Around 600 opiate users engage with local specialist adult drug treatment services each year. Many have very complex needs and engage in risky behaviour, causing harm to themselves, their children and other family members and the wider community.

As more people are identified as requiring treatment for drug and alcohol misuse, treatment providers and partners need to ensure their services meet their needs. Due to the ever changing environment, increased pressures on individuals and the new emerging trends for alcohol and drug users of all ages, there is the need to enhance these treatment systems to ensure continued delivery of high quality, fit for purpose services.

Re-balancing existing resources to address the unmet needs of alcohol users while managing the risks to the opiate using population will be a considerable challenge for Reading in the coming years.

### ***We aim to:***

- Re-tender drug and alcohol treatment services to manage the emerging needs of alcohol users
- Ensure those exiting treatment are free of alcohol and drug dependence, do not re-present at treatment services and are effectively reintegrated into society
- Reduce the numbers of drug related deaths; identify, appropriate interventions, prevention and training activities around the prevention of drug related deaths including the provision of take home naloxone.
- Reduce the risks of suicide
- Reduce the availability of illegal drugs and access to New Psychoactive substances
- Improve pathways between partner services; i.e. housing, probation, prisons, voluntary organisations, GPs, A&E and hospital wards
- Improve pathways for those with mental health issues; co-existing and dual diagnosis.

### ***To achieve this we will:***

- Specialist treatment providers need to ensure their services are meeting the needs of Reading. We live in a changing environment with increasing peer pressure, pressure on individuals and the new emerging psychoactive substances, that specialist treatment providers need to enhance their services to continue delivering high quality fit for purpose services.
- Review drug related deaths on a quarterly basis via the Substance Misuse Death Overview Panel as well as monitoring national information. The Panel will develop a mechanism for 'learning the lessons' and for the rapid dissemination of recommendations around the prevention of deaths.
- Disseminate Naloxone alongside overdose training to service users, their families and other agencies to prevent drug related deaths.
- Improve services via a trained workforce to highlight the dangers and harmful effects of drugs and alcohol on families and children.



- Improve relationships e.g. facilitating joint training & joint induction arrangements and communications between Specialist treatment services and the mental health services to put in place timely and effective pathways for those individuals with co-existing and dual diagnosis needs. Commissioners need to link up commissioning strategies and priorities as well as contract manage jointly to effectively manage clients.
- Develop effective information and intelligence sharing across the partnership.

### **Priority 3: ENFORCEMENT & REGULATION - Tackling alcohol and drug related crime and anti-social behaviour**

Illicit drug use and alcohol consumption is also a significant contributory factor in relation to a wide range of crime, disorder and anti-social behaviour for adults and young people.

We want to ensure alcohol is sold and consumed responsibly in Reading and continue to disrupt the supply of drugs into Reading through effective enforcement.

#### ***We aim to:***

- Reduce violence and crime associated with drugs and alcohol
- A community free of alcohol related violence in homes and in public places, especially the town centre
- Improve measures aimed at reducing access to counterfeit and illegal alcohol
- Reduce the availability of illegal drugs
- Reduce street drinking
- Reduce 'county line' dealing –this is described as when an individual, or more frequently a group, establishes and operates a telephone number in an area outside of their normal locality in order to sell drugs directly to users at street level.

#### ***To achieve this we will:***

- Create responsible markets for alcohol by using existing licensing powers to limit impact of alcohol use on problem areas and by promoting industry responsibility.
- Address alcohol-related anti-social behaviour in the town centre and manage the evening economy
- Address alcohol-related anti-social Neighbourhoods
- Drugs and alcohol are often linked to violence, burglary, domestic violence and disturbances. We need to improve a partnership approach to tackle drug and alcohol related issues associated with town centres and other trouble areas.
- Conduct a local criminal justice needs assessment to look at this cohort in more detail and develop tailored services to meet local need.
- Develop effective information and intelligence sharing across the partners, identifying where current crimes are taking place and known availability of alcohol and drugs in order to develop effective responses and improve current engagement with treatment services to improve referral pathways.
- Enforce laws on underage sales of alcohol and reduce the availability of illegal drugs.

## References

This strategy references a number of documents:

- Government Alcohol Strategy, 2012
- Government Drug Strategy, 2010
- Government Drugs Strategy 2017
- Reading Drug and Alcohol Health Needs Assessment, 2016
- Reading Community Safety Partnership Strategy 2016
- Reading Health and Wellbeing Strategy 2016
- Reading Joint Strategic Needs Assessment
- Public Health Outcomes Framework

DRAFT

# Wellbeing Team

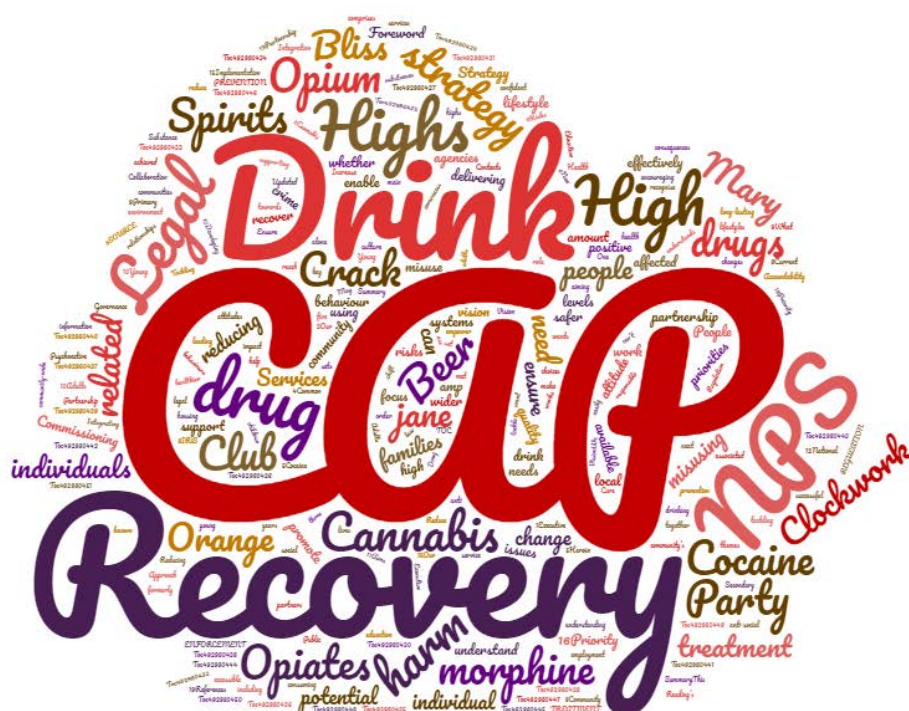


**Reading**  
Borough Council  
Working better with you

## Reading Drug and Alcohol Commissioning Strategy for Young People and Adults

2018 – 2022

### CONSULTATION RESULTS



## Executive Summary

Following a period of stakeholder engagement to develop a draft strategy, the Public Health Team ran a public consultation for 8 weeks between 21<sup>st</sup> February 2018 to 23<sup>rd</sup> April 2018. This was to ensure Reading Borough Council and its partners are focused on the right priorities for the period 2018-2022.

The strategy comprised of three main themes:

- Prevention; reducing the amount of alcohol people drink to safer levels and reducing drug related harm.
- Treatment; Commissioning and delivering high quality drug and alcohol treatment systems
- Enforcement and Regulation; tackling alcohol and drug related crime and anti-social behaviour.

Feedback was supportive of the 3 priorities. There were general comments submitted on how we should tackle each of these priorities in more detail.

## Background

Reading Public Health lead for drugs and alcohol began drafting the strategy in June 2017 for a period of 3 months. During this period, all key partners were consulted with on a one to one or group session basis to gather the views of priorities for Reading.

A Reading Needs Assessment was completed in Jan 2016. The recommendations from this report and the Reading Health & Wellbeing Strategy 2017-2020; *Priority 3: Reducing the amount of alcohol people drink to safer levels* has also taken into consideration.

The Government published the Drug strategy 2017, this sets out how the government and its partners, at local, national and international levels, will take new action to tackle drug misuse and the harms it causes.

All partners welcomed the opportunity to be involved in the development of the Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-22 at an early stage. This has shaped the draft strategy prior to a formal consultation period in 2018.

All partners and service users from adult and young people have expressed a view to taking part in further workshops after the consultation has closed and the strategy finalised to develop a long term action plan to address the priorities.

## What we consulted on

Public Health consulted with key partners on the issues presenting each service.

We then consulted with the wider public as to whether they agreed with the three priorities 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.

We asked the public for comments on whether they believed any other priorities should be considered.

## How we consulted

Public Health lead for drug and alcohol consulted with key partners for the priorities for Reading. Meetings to discuss the drug and alcohol issues in Reading took place with the following partners;

IRIS Reading Specialist Adult treatment service
Source
Homeless forum
Salvation Army
Hamble Court
Launchpad
St Mungos
Reading Voluntary Action
Health and Wellbeing Team
Housing Commissioners
Community Safety Partnership
Childrens, Mental health and Maternity Board (CMMV Board)
Community Alcohol Partnership
Licensing and Trading Standards
CCG Representatives
Probation
Thames Valley Police
Substance Misuse Overview Panel
Berkshire West mental health Group

The formal consultation on the strategies 3 priorities ran from 21st February 2018 to 23rd April 2018. It was an open public consultation, aimed at all members of the community as well as Partner organisations and community voluntary organisations.

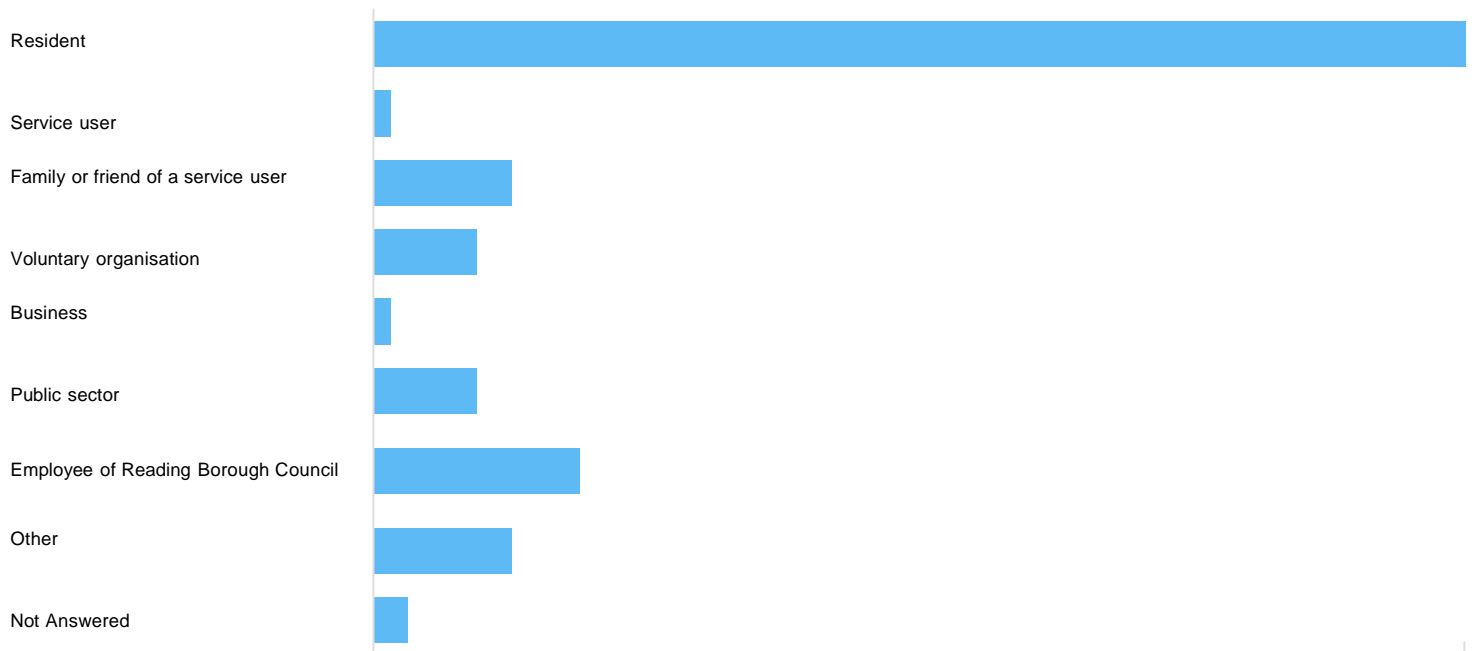
The public were invited to comment on whether they agreed with the draft strategy priorities for Reading. They were also asked to suggest what was needed to achieve each priority. These answers will be used to develop an Action Plan to support each priority.

The consultation questionnaire was available on the Council's website and in paper copy on request. A press release was issued at the start and during the consultation.

## Who responded

A total of 91 questionnaires were returned.

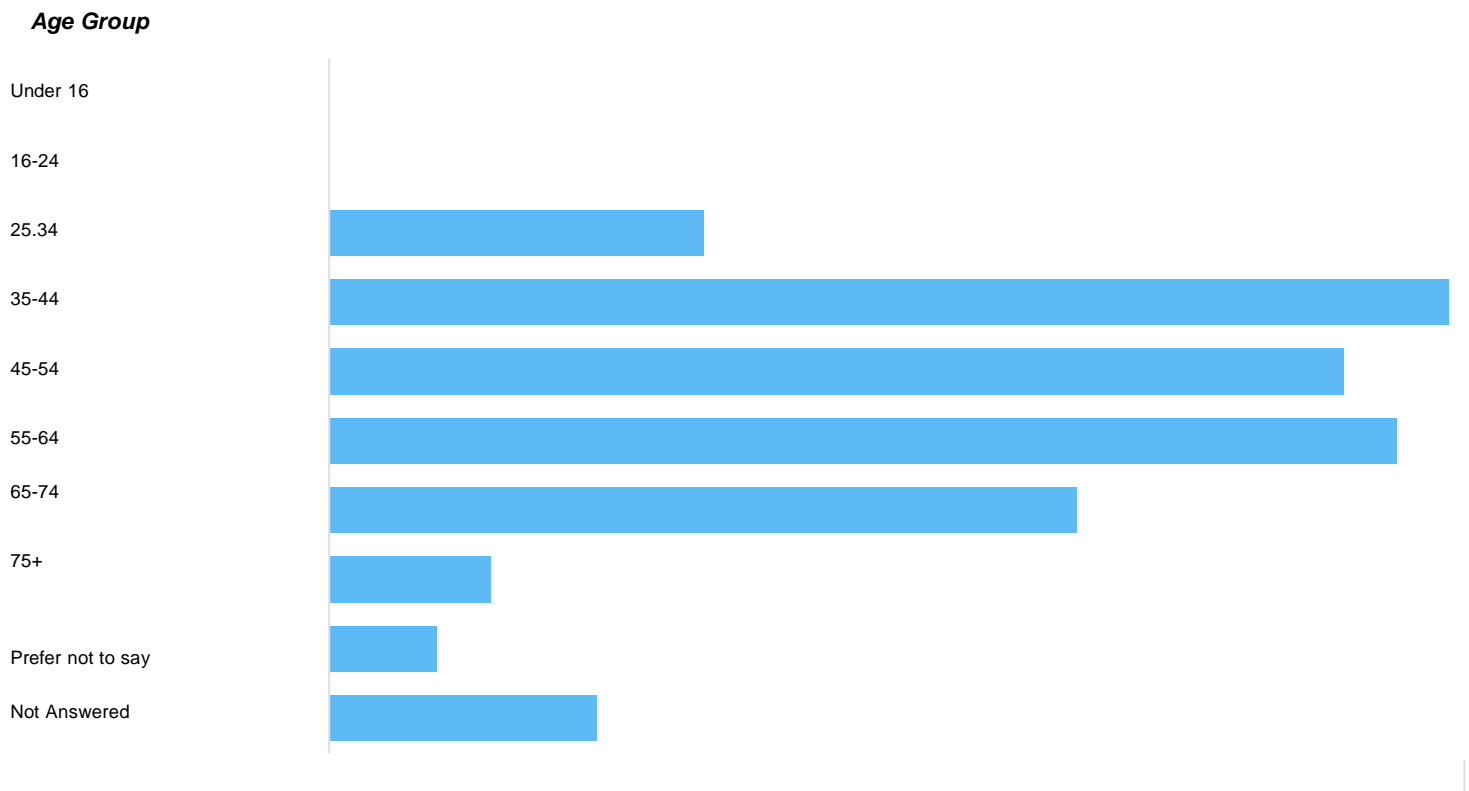
More detailed demographic analysis is available only from those who responded to the consultation by returning a questionnaire and completing the 'about you' questions - which were optional.

**ABOUT YOU**

70% of respondents were residents.

**GENDER**

54.95% of respondents who identified by gender were female and 36.26% male.

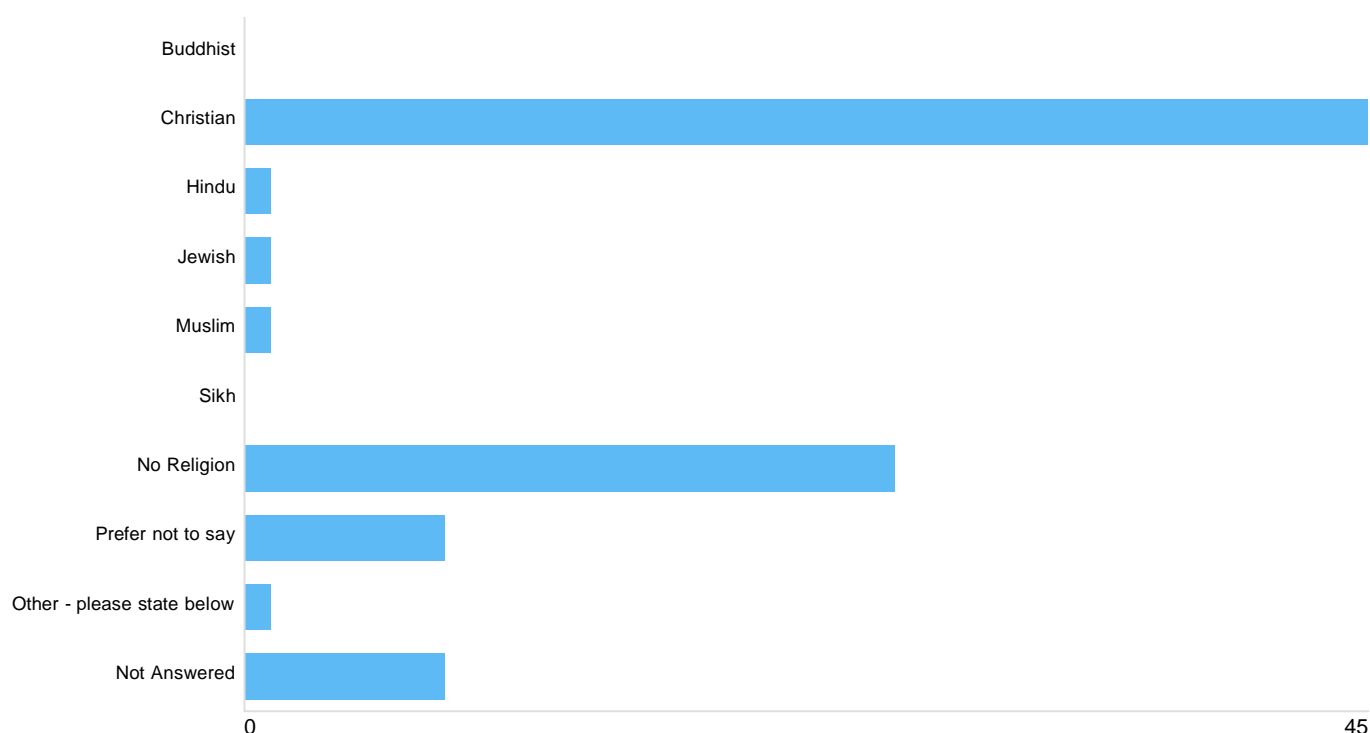


Questionnaires were returned by a range of people. There were no questionnaires from the 0-24 age group. It was verbally reported that the strategy was not user friendly for young people, however, it was suggested that young people would like to be involved with the action plan to look at how they can be more involved in taking forward the priorities for Reading. The youth cabinet in particular would be keen to work in this area.

**Ethnicity**

Three quarters of questionnaires (75.82%) were returned by people who identified as White British. This is in-line with the make-up of the population according to the last census undertaken in 2011.

Option	Total	Percent
White - British	69	75.82%
White - Irish	1	1.10%
White - Gypsy or Irish Traveller	0	0%
White - Any other White background (Please specify below)	5	5.49%
Mixed - White and Black Caribbean	0	0%
Mixed - White & Black African	0	0%
Mixed - White & Asian	0	0%
Mixed - Any other Mixed background (Please specify below)	1	1.10%
Asian or Asian British - Indian	2	2.20%
Asian or Asian British - Pakistani	1	1.10%
Asian or Asian British - Bangladeshi	0	0%
Asian or Asian British - Chinese	0	0%
Asian or Asian British - Any other Asian background (Please specify below)	0	0%
Black or Black British - African	0	0%
Black or Black British - Caribbean	0	0%
Black or Black British - Any other black background (Please specify below)	0	0%
Other ethnic group - Arab	0	0%
Other ethnic group - Any other ethnic group (Please specify below)	1	1.10%
Prefer not to say	5	5.49%
Don't know	1	1.10%
Not Answered	5	5.49%

**Religion**



## Consultation feedback

### **Priority 1: PREVENTION - Reducing the amount of alcohol people drink to safer levels & reducing drug related harm**

*"Prevention needs to have a multi-agency collaborative approach and needs to be fully supported by prevention strategies aimed at different age groups"*

Question 1: Do you agree with this priority?

Yes	No	Not answered
84 Responses	6 Responses	1 Response
92.31%	6.593%	1.099%

Question 2: Would you like to add further comments or suggestions?

Yes	No	Not answered
49 responses		
53.8%		

*Priority 1 - a range of comments included;*

#### Housing/ rough sleeping/ begging

- Robust policing and the local authority discouraging street sleeping and begging.
- It was suggested the Council should house individuals somewhere where drugs and substances are less readily available (i.e. not on the Oxford Road) as a preventative measure.

#### Education

- Needs to be accessible, accurate, meaningful and contextual.
- Advertise information on support & helplines available.
- Detailed information for schools to be more readily available to be able to signpost young people.
- Education for families to be able to support their children.
- Communication plan - how and who accountable to?
- A lack of specialists to come and run sessions/ workshops with our students.
- Don't just rely on schools to get the messages out - use outreach, radio etc.

#### Businesses

- There is a role for businesses in our communities

#### Young people

- Need to include Young people with disabilities.
- Ask a young person who has experiences of substance/ alcohol misuse and have now tackled their difficulties, to promote healthy behaviours to others/ peers.
- More work with young people on healthy choices and peer pressure

Community Pharmacies

- Community Pharmacies could help the prevention agenda

Drugs

- Availability of recreational drugs (via Amazon, Schpock apps). Prevent or criminalise this activity.
- Known network of drug dealers are operating in Reading. Disable the use of phone boxes for people to call in for the drugs.
- Police to assess drug abuse in drivers is key, tools and manning needs to be available.
- Remove the supply of drugs - continual reporting through 111 has not removed drug dealers from the streets.

Alcohol

- Changing the fashion of drinks, less bars aimed at Young people.
- More communication coverage on alcohol related admissions
- Enforce the one can ban along Oxford Road. Street drinking is not being enforced in Reading.
- Police and other authorities to have a no tolerance attitude towards these people who are spoiling central Reading (Non drinking zones).
- Support for bar staff to refuse selling alcohol to customers.
- Providing family members with information about their local Al-Anon groups will help prevent further damage being caused to the families. Please see website: [www.al-anon.org.uk](http://www.al-anon.org.uk)
- Better monitoring of licences being given out to supply alcohol.

Co-occurring issues

- More recognition of the work needed for co-occurring issues (Substance misuse and MH).

Other

- Prevention needs to have a multi-agency collaborative approach and needs to be fully supported by prevention strategies aimed at different age groups.
- Enabling people to take more responsibility for their behaviour.
- To tackle cultural issues by having a new approach; changing the drug and alcohol scene. To consider some of the initiatives taking place abroad to interrupt the existing environments that support addicts.
- Investigate the causes of these problems and proper social responses.
- Better protection for neighbourhoods for those affected by drug/ alcohol use/ noise. Process to complain is stressful.
- In-reach service needed at RBH ED. No specialist Drug and Alcohol workers at BHFT Psychological Medicine Service (Mental Health Liaison).
- Training for GPS to support the prevention agenda; IBA and drug screening.

## Priority 2: TREATMENT -Commissioning and delivering high quality drug and alcohol treatment systems

*“Interventions will need to remain as high quality and reflect the emerging and current trends within Reading. By continuing this investment it improves outcomes for residents and their family and the wider community”*

Question 3: Do you agree with this priority?

Yes	No	Not answered
85 responses	6 responses	0 responses
93.41%	6.593%	0%

Question 4: Would you like to add further comments or suggestions?

Yes	No	Not answered
42 responses		
46.2%		

*Priority 1 - a range of comments included;*

### Recovery rates

- Agree about most drugs and alcohol but opiate addiction has incredibly low recovery treatment rates 8%. Other solutions are needed at a national level especially

### Prevention

- This area is very grey. There appears to be non-existent treatment or help if the user is continuing with their substance abuse. No one wants to help until either they have stopped using or something major has happened. There is no proactive prevention to stop the user and their family/ friends imploding.
- Treatment is a great priority however we also at this stage need to work hard to prevent any further alcohol use. This means engaging with services such as IRIS at the earliest possible stage and first presentation. An alcohol support nurse role would be ideal for acute admissions but also as a support beacon for those who are being discharged home.
- Prioritising treatment in my opinion makes it 'ok' to start the abuse. I would much rather any resource here was focused on education of those not using drugs currently and preventing people ever needing treatment
- Why do you not emphasise the need for personal responsibility for misuse rather than just taking a default view common everywhere, that the system needs to provide services to deal with the problem and this needs to be funded by taxpayers of course.
- Treatment as early as possible is preferable to leaving it as late as possible.
- Such people misusing alcohol and/or non-prescription drugs cost the NHS vast amounts of money and time. These people ought to be educated in PERSONAL RESPONSIBILITY and SELF DISCIPLINE.
- Improved advertising/ information so people affected know what services are available to them.

### Treatment

- Treatment need to be longer term to ensure there is sustained change, and not quick-fix programmes which end in 6 weeks
- Treatments are effective, but root causes are often ignored so the chances of the situation repeating are sadly very likely. Follow-up strategies are critical- what to do after the treatment.
- Treatment should include harm reduction and if appropriate maintenance elements. Treatment has social, psychological, physical & medicinal dimensions. This needs to be aligned with better provision of mental health services
- High quality service delivery is required - a more responsive service (for scripting), and the homelessness and lack of supported housing adds to the problems.
- There should be more support to set things up prior to release from prison to prevent reoffending and relapse.
- There is very little choice for what type of treatment that can be received.
- Feedback from GPs:
  - There is a need for a common, consistent approach to Alcohol Detoxification.
  - There is a need for a common approach to opiate and benzodiazepine management
- In reach services to the Royal Berkshire Hospital to work with the range of health professionals and projects already in place e.g. into wards including Sidmouth Ward, Cardiology Wards and the teams who provide inpatient and outpatient care/management to people with issues related to substance misuse and alcohol.
- Frequent Attenders to A&E project has been successful in reducing attendances of identified cohort by 46% - that group have identified improving drug and alcohol misuse services an opportunity - the specialist treatment service is a good but more is needed.
- Providing interventions and treatment for alcohol and drug users is important to meet the needs of Reading residents. These interventions will need to remain as high quality and reflect the emerging and current trends within Reading. By continuing this investment it improves outcomes for residents and their family and the wider community.
- Treatment for moderate and dependant drug and alcohol users' needs to be readily available within the community to prevent avoidable deaths and improve the health choices of those using substances. Partners across housing, probation, mental health and social care should be knowledgeable about what treatment options are available in Reading and work jointly to address the needs of those that require treatment services to support individuals to build their recovery capital and complete treatment successfully.
- There is a need for a common approach to opiate and benzodiazepine management.
- Better communication between secondary care primary care and community treatment services.
- Include prescription drug use

### Financial

- Knock on effects of cut backs
- I am afraid that I do not agree that council taxpayers money should be used for this purpose, it is after all for a majority of these people a lifestyle choice.
- More central government funding is needed.

### Wider family impact

- There needs to be something in treatment about wider family impact - particularly where the person in treatment is responsible for the care/support (either full or part time) for children. Whilst this may fall under prevention and is a part of the awareness raising - for young people and those caring for people with addiction, there is something about supporting them with resilience.
- Support for families of addicts

### Detox

- Alcohol detox treatment at Prospect Park needs reviewing. It should not sit alongside people with acute mental distress.
- There is a need for a common, consistent approach to Alcohol detoxification

### Location

- The treatment service is in the centre of 'DRUG DEALING and STREET DRINKERS ALLEY'.
- Around ANY CARE or RECOVERY CENTRE area- you need a ZeRO TOLERANCE ZONE. The community that it sits in is being inundated with this problem right in a RESIDENTIAL NEIGHBOURHOOD!

### Pharmacies

- Community pharmacies already provide a valuable service supervising methadone/ subutex prescriptions and offering a needle exchange service. They could also be commissioned to provide Hepatitis testing and treatment services and also HiV testing. The pharmacies could work more collaboratively with other treatment agencies and TVPS and this would be more likely if there were opportunities to learn and share together.

### Young people service

- Need an agency specifically aimed at prevention in school aged children - 13-18. There is a high use of cannabis users within our schools, and with this being a gate way drug an agency to come in and support schools and the students would be greatly received. Our Permanent Exclusions are increasingly significantly for having drugs/drug paraphernalia on their person whilst in school.
- A lot of our students are coming into college/ leaving college during the day to smoke weed. This has a detrimental effect on their behaviour, learning and therefore their future aspirations. We need help with what can be done to stop this.

### Parents

- More treatment for parents who misuse, to support children living wither their parents.

### Supply

- Ultimately the drug problem will not significantly reduce unless some UK government control of supply is established such as in Portugal.

### Criminal justice

- In 2013 TVP commissioned a drug and alcohol service to work in custody suites across the county. The aim of this was to reduce substance misuse through offending and our team worked with offenders in custody, referring them to services and requiring those to tested positive for heroine and cocaine to attend treatment. This service was excellent and the statistics show that from 2013-2015 the rates of acquisition based crime, fuelled by addiction lowered considerably. However the police stopped funding for this service in 2015 as deemed too expensive. The figures of crime subsequently have risen from 2015 onwards.
- More money and resources should be put into the direct work done with those arrested for crimes involving addiction.

### Other

- I suggest that the NHS is the correct owner for the treatment of all long-term conditions. They will, one hopes, use evidence to design effective treatment regimes which keep pace with changing requirements. I do, however, think that our LA, on our behalf, could be looking creatively at "treating" the environment in which these problems surface. We have, for instance, lots of homeless people and beggars on our streets.

## **Priority 3: ENFORCEMENT & REGULATION - Tackling alcohol and drug related crime and anti-social behaviour**

*"This links to the perception of crime and making people feeling safe within the community. Disrupting supply reduces availability and can contribute to the prevention message. Promoting responsible behaviour and reducing anti-social behaviour"*

Question 5: Do you agree with this priority?

Yes	No	Not answered
85 responses	4	2
93.41%	4.396%	2.198%

Question 6: Would you like to add further comments or suggestions?

Yes	No	Not answered
42 responses		
46.2%		

*Priority 3 - a range of comments included;*

### Other

- This is just the surface problem. You need to address the root cause to prevent the issue.
- Should be priority one. This is a huge problem and enforcing it would prevent a lot of the other issues.

- Please remember that addicts are also victims and are often exploited in many ways. Whilst they may go on to commit crime and become a problem within their community, they rarely make a conscious decision for this to be the case. They did not choose to be an addict. A balance between treatment and sustained change Vs the public interest to prosecute needs to be finely tuned. Focus of drug related crime and anti-social behaviour should be aimed at the dealers first and foremost.
- This activity should form part of the 'prevention' strategy
- We need a better and more co-ordinated operational strategic governance framework in Berkshire to analyse the data and intelligence we have.

### Retailers/ Licensing

- Stop small retailers selling to known homeless, addicts or those clearly under the influence of alcohol. For this to happen, shop workers and owners need more support to be able to say “no” to known, difficult customers.
- Stronger LICENSING RULES in PROBLEM areas- will help.
- An increased minimum price on a unit of alcohol would help - but realise this is a government decision. Also, is there any way to decrease the huge amounts of alcohol made available in supermarkets for the Reading Festival?!
- More places need to be available to socialise without alcohol being the main centre of stage.

### Legalise it

- The war against drugs is lost. The best thing we can do now is to legalise these substances and try to remove the criminal element that is wreaking havoc on our streets.

### Enforcement

- Needs to be consistent enforcement of a whole host of issues by council, police and public including begging aggressive begging, shoplifting, anti-social behaviour, open drug dealing and injecting in town centre, fly tipping of detritus used by street population
- Reduce the amount of drugs that come into Reading
- Concern at the rising level of drug use in the town centre, including our communal car park.
- Disrupting drug supply tends to make it more expensive rather than less available. I believe drug use relies on income from begging and begging should therefore be restricted in the town centre.
- There should be a ban on drinking in the street apart from just outside pubs and bars.
- Tough ENFORCEMENT is the answer
- Anything that can be done to reduce crime, disorder and anti-social behaviour would be very welcome. Our town centre should be a place for everyone to enjoy and feel relaxed in the daytime and evenings. Unfortunately, as in many of our towns and cities, older people are deterred from going out in the evenings for theatre/cinema/meals etc. because of the alarming sight of, mainly young people, who have obviously had too much alcohol. I would have thought pub landlords have a responsibility to refuse to serve patrons who demonstrate excess alcohol consumption.
- More spot checks on known drug user properties, as well as working with neighbourhood watch committees.

- As well as active enforcement a strategy to decriminalise drug use and supply through pharmacies in parallel with seeking out and arresting the illegal supply chain is needed to eventually get the drugs problem under control.
- An absolute must. But not just in the town centre. Dealers are smart and use the peripheral areas such as Tilehurst.
- Once charged the courts need to do their part and enforce sentences.
- The police need to be more visible on the streets especially where drug dealers are known to operate.
- Additional resource required to aid enforcement effectively.
- Criminal enforcement (as the main approach) has had little effective impact, and can in itself cause damage to people's lives that can outweigh the impact of substances.
- Enforcement and regulation has undoubtedly a role, though can be used to simplify complex issues and fail to understand the drivers around substance initiation and continued use
- County lines, cuckooing, sexual exploitation adults and children, violence towards and between the vulnerable are big issues.
- This links to the perception of crime and making people feeling safe within the community. Disrupting supply reduces availability and can contribute to the prevention message. Promoting responsible behaviour and reducing anti-social behaviour.
- Working in partnership with the local police to protect vulnerable adults, who due to their substance use, are often abused physically, sexually, emotionally and financially needs to also form part of the enforcement. It is not just simply the case of enforcement for those who are battling addiction to reduce crimes associated with their substance use. A balanced and comprehensive approach is required which should include the police working with social care and health services on the ground to gather intelligence to support the disruption of emerging supply markets and offer supportive interventions that build confidence in the community to tackle the negative effects of drug & alcohol use on Reading communities.
- A stronger police presence is needed in all areas of Reading, including PCSO / community officers, who are very welcome in our neighbourhoods, and who can oversee areas that younger children use. This requires additional funding which should come through central government funds and taxes.
- There needs to be better communication links with Bullingdon Prison and practices.

### Education

- I think educating the population of Reading is required. The signs, in areas used for begging, explained that giving money did not solve but supported the problem. It suggested generous residents should give to charities working in the area.
- Readings secondary school rate for Permanent Exclusions are increasing with drug and crime related incidents, to include gang related crimes.
- We would LOVE for police to come and do regular drug searches on our students and just have a greater presence and greater penalties for carrying.

### **Question 7: Are there any other priorities you feel should be included?**

Yes	No	Not answered
43 responses	40	5 responses
49.43%	45.98%	5.75%



### Q8 Other than issues already included within the 3 priorities, comments included:

- The public and residents near to areas of treatment centres and supported housing also need consideration when plans relating to ASB and substance misuse are designed. For instance, placing IRiS in the middle of (1) a residential street and (2) in the middle of a high drug crime area would have benefited from residents advice.
- Better services for people with substance misuse who have additional needs like learning disabilities, ASD and mental health
- Follow up is the critical part of treatment/ recovery
- Extend CCTV across Reading
- There is a need for a unified IT system. Connected Care could support this.
- Support for families/ carers

### Q9 – Any further comments

- More diversionary activities - alternatives to alcohol
- What proportion of funding will be spent on alcohol prevention, compared with tackling drug misuse? Agree that alcohol is a bigger problem but how much do you have to take away from drug services?
- There needs to be a specific agency for this ever increasing issue amongst our young people, to include family support, knowledge and awareness, misuse support and gang affiliation.
- Prevention needs to begin as early as possible - we should not underestimate how young some children are when they become aware of substance misuses, especially alcohol.
- Treatment needs to be individual, less pathway-orientated and more focused on individual need
- Pursuit of criminal activity needs to be targeted at suppliers and dealers, criminalising addicts is not working which is why dealers are targeting younger and less obvious victims to draw into the world of supplying, dealing and running.
- The first sentence of the 'vision' is really weird. What is wrong with "Reduce the harm that alcohol and drugs have on the individual, families ...etc". "Potential harm", "misusing" I don't understand why those words are there!!
- There must be a recognition in the strategy of the interdependence of the trio of housing / mental health / and D&A problems.
- After-care in the community is another area where individuals are left much to themselves and peer support.
- Where in Reading do you go for a night out without alcohol? Where do young people go? This sort of infrastructure needs nurturing by Reading Council.
- Central Government appears to be ignoring any evidence base. Local government should not repeat this.
- You should look to empower the people of the town to help prevent and educate

- More police on the streets, walking the beat. When reporting drug selling details, no action or follow up happens.
- In order for the strategy to be effective and outcome focussed, joint KPIs that support a wide range of health and social care strategic plans and work to support people to make better lifestyle choices and receive the support they require to build recovery and sustain it is required. Many health and social care services in Reading are working to improve the health & wellbeing outcomes of individuals and communities, this strategy can provide a clear direction for Reading to remain a top performing area on the PHOF with continued support from cross departmental joint working.
- Education and prevention in primary care and brief intervention training

Drug and Alcohol Contracts

This paper sets out the options to combine drug and alcohol contracts from 1<sup>st</sup> April 2019.

## 1. ADULTS

Contract Title	Description	Provider	Terms	Value per annum (PUBLIC HEALTH)
Comprehensive Drug and Alcohol Treatment and Recovery Service	<p>A range of evidence based treatment services for drug and alcohol service users. Interventions range from:</p> <ul style="list-style-type: none"> <li>• Information, advice and screening,</li> <li>• Drop in services - harm reduction</li> <li>• Prescribing service</li> <li>• Community and Inpatient detox</li> <li>• Structured psychosocial interventions</li> <li>• Counselling/ group work</li> <li>• Day programme</li> <li>• Aftercare and recovery programmes</li> </ul>	Cranstoun	<p>1<sup>st</sup> October 2014 - 30<sup>th</sup> September 2017. Option to extend plus one plus one.</p> <p>Final extension until 30<sup>th</sup> September 2019.</p>	2018/19 £1,468,158
Needle Exchange Supplies Contract	Contract to package, store and deliver needle exchange packs and associated materials to designated pharmacies and drug agencies across Reading.	Orion Medical Supplies Ltd	1 <sup>st</sup> September 2016 for an initial period of 14 months with an option to extend for	£80,000

			a further period of 24 months	
Needle Exchange waste contract	Collection of needle exchange waste from Pharmacies and drug agencies across Reading.	Orion Medical Supplies LTD	Contract terms as above	£15,000
Shared care - various GPs	GPs prescribing to individuals for whom remaining on long term (medication) treatment are the most appropriate course of action. Medications are supported by a comprehensive psychosocial programme to enhance the chances of long-term recovery from opioid dependence	Various GPs in Reading	Rolling contract from 1 <sup>st</sup> April 2017.	£4000
Supervised consumption & Needle exchange - Various Pharmacies	Supervised consumption - This service will require the pharmacist to supervise the consumption of prescribed medicines methadone and buprenorphine at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient and that it has been totally consumed.  Needle exchange packs - Pharmacies provide access to sterile needles and syringes, and sharps	Various Pharmacies in Reading	Rolling contract from 1 <sup>st</sup> April 2017.	£238,000 (Supervised consumption)  £50,000 (Needle exchange packs)

	containers for return of used equipment.			
Theseus Drug and Alcohol Database	Client management database for Reading.	Cyber Media	Rolling Contract - 18 months' notice termination clause	£15,000

### Why combine all drug and alcohol contracts into one contract?

- One service for all drug and alcohol clients
- Pathway for clients is seamless
- Easier to performance manage one provider
- Provider is more adaptable to emerging needs
- Provider has flexibility on budget and delivery of the service
- Provider is given more opportunity for more innovation during life of the contract
- Less risk of conflict between different providers/ contract managers
- No blame culture for joint targets across the treatment system
- Economies of scale
- One set of policies and procedures for all

### The risks of one provider having one contract:

- Non-performance - no other services to back up the treatment system
- Risk of bankruptcy/ financial difficulties
- Potential of clients perceiving one provider as a lack of choice
- Greater risk that clients may be excluded from the service
- Reputational risk of winning provider (if non-performance)

### Recommendation

It is recommended to procure one provider to deliver a drug and alcohol treatment service that includes treatment, a client management database, needle exchange supplies and packs to pharmacies, supervised consumption and shared care (both pharmacy and GP contracts).

READING BOROUGH COUNCIL  
DIRECTOR OF ADULT CARE & HEALTH SERVICES

**Equality Impact Assessment**

**Provide basic details**

Name of proposal/activity/policy to be assessed

Drug and Alcohol Treatment System Contract

Directorate: Adult Care & Health Services

Service: Public Health

Name and job title of person doing the assessment

Name: Sally Andersen

Job Title: Senior Commissioner; Drugs and Alcohol

Date of assessment: 27 July 2018

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**Scope your proposal**

What is the aim of your policy or new service/what changes are you proposing?

To re-procure a new service model that delivers integrated drug and alcohol treatment service to Reading residents aged 18+.

To design a service that meets the agenda for recovery from addiction for adults, through substitute prescribing and harm minimisation but with a greater emphasis on the psychological model of treatment that the current provision offers.

There is currently one Provider in Reading delivering this service. The contract ends 30<sup>th</sup> September 2019. There are no options to extend the current contract.

It has been 5 years since the last commissioning exercise was carried out and therefore a need to establish best value for money, innovation and compliance with the national and local needs and policy/strategy for drug and alcohol treatment.

Reading intends to jointly procure with Sub regional Pan Berkshire Authorities to attract more bidders and offer a more flexible approach to treatment across the Boroughs.

The financial envelope for this contract will be reduced by 8% across the first 1.5 years. The re-procurement process will allow an opportunity for a new innovative service model to be designed to meet the needs of Reading. This process needs to ensure there is

- One service provider for all drug and alcohol clients and partner agencies
- Pathway for clients is seamless

- Flexible and adaptable to emerging needs
- Provider has flexibility on budget and delivery of the service
- Provider is given more opportunity for more innovation during life of the contract by merging smaller drug and alcohol contracts into one contract.
- Economies of scale i.e. management costs across Sub regional Pan Berkshire Authorities
- One set of policies and procedures for all

Commissioning one treatment provider to deliver all drug and alcohol related treatment will promote flexibility of the treatment system as funding and resources can be directed to the relevant part of the treatment system by the provider to respond immediately to emerging need.

#### Who will benefit from this proposal and how?

Drug and alcohol service users and the wider community will benefit from this proposal. These benefits include:

- Meeting the needs of current drug and alcohol service users in treatment and those that are not in treatment
- Decreasing harm to individuals and the community as a whole
- Reducing stigma
- Improving access to treatment
- Improving the quality of treatment
- Improving the pathways through treatment
- Increasing the number of people leaving treatment drug and alcohol free and integrating them back into the community.

The winning Provider, stakeholders and partners will benefit by:

- Improvements in Reading's performance
- An increase in partnership working with statutory and non-statutory providers
- Tighter and more effective budget management to maximise the return of investment
- Commissioners providing an opportunity for the winning provider to be more creative and innovative when designing the service within the boundaries of clinical governance, best practice and budget constraints.
- Developed mechanisms to establish need and adaptability to respond to need
- Greater contract and performance management to consistently achieve all objectives over the length of the contract

#### What outcomes does the change aim to achieve and for whom?

Public Health proposes to enter into a process of retendering drug and alcohol provision during 2018/19 to ensure that:

- The most cost effective service is commissioned.
- The provider most able to effectively provide the service(s) is in place.
- Commissioners can observe all recent changes in policy, particularly those that relate to recovery.
- The structure and availability of services is most appropriate based on service user's requirements and input.
- Commissioners can encourage new innovation to the area.
- A formal contract is in place for all services.

These outcomes will result in positive change for drug and alcohol clients, the wider community, the partnership and all stakeholders.

#### Who are the main stakeholders and what do they want?

Drug and alcohol service users - Drug and alcohol service users require easy and rapid access to treatment services which are able to address their individual needs in efficient and effective ways. Service users have fed back that they want availability and continuity of keyworking - By having one provider delivering a long term contract (up to 7 years), the service for clients can become more seamless and this will keep clients more motivated to stay in treatment. Service users have talked about needing more than just medication to become abstinent and suggested dealing with psychological issues. The new specification will be recovery focused and the new provider will be expected to deliver a holistic approach.

Stakeholders - Probation, Police, Social Services, Housing, Public Health, Community Safety Partnership, Mental Health, Drug and Alcohol Team, Public Health England and Voluntary agencies. These partners will take an active part in forming the specification and specifying their needs. They will be a part of the partnership strategic group group to ensure the new service is meeting the Partnerships targets. Stakeholders require good quality and accessible treatment service for all clients, to reduce risk and improve successful completions from treatment and reintegration back into the community. Robust and integrated services will also have a positive effect on reducing antisocial behaviour and criminality among Drug and alcohol clients.



### Assess whether an EqlA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc.)

The specification will need to ensure the winning tenders covers a number of issues related to specific groups. These include addressing:

- Language barriers which may present an issue. The provider will need to ensure access to interpreters as and when required.
- Cultural differences in understanding what constitutes as problematic alcohol consumption may prevent people from presenting to treatment.
- There is an aging population of opiate users in treatment.
- Alcohol misuse occurs at any age. The physical health problems caused by life-long alcohol misuse may not be realised until later in life.
- Disabilities - the premises is provided by RBC and has disabled access. The Provider will need to ensure access to visual and easy read information about their treatment options.
- Relationships - The provider will need to ensure those in relationships current and not current are treated fairly. If both parties are known to treatment services confidentiality needs to be adhered and safety needs to be taken into account as and when required (i.e Issues of DV).
- Pregnant women - the service needs to be accessible to pregnant women and offer safeguarding interventions. Additional support via the Parental Substance Misuse Team, RBH Midwife team should be accessible.
- Women - 28.9% of those in treatment are women. The provider will need to ensure women are offered a safe environment and gender specific group work when required. Childcare issues may present a barrier to those who want to access treatment.

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, and feedback.

None recorded.

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

If No you MUST complete this statement

An Equality Impact Assessment is not relevant because:

In order to lessen the negative impact on those groups described above, the procurement process will request evidence as to how the provider will address the issues . It is anticipated that Public Health and the winning Provider will:

- Provide access to translation services to ensure access to treatment.
- The new service model is available to all. Staffs are aware and sensitive to the needs of all regardless of any protected characteristics and in accordance with legislation and local and national good practice.
- Staffs are trained in equity and diversity to in order to work with all characteristics.
- Access to the service must be promoted and tailored for differing needs. The winning Provider will be required to proactively advertise and promote confidential nature of the service offer to include discreet out reach for BME clients (and others).
- Outreach locations will need to be considered to maximise engagement.
- Service delivery model to consider the age & gender of clients, ensuring various groups to prevent barriers to treatment.
- Winning provider must collect data as part of their contract terms.

Signed (completing officer) Sally Andersen

Date 09.08.18

Signed (Lead Officer) Seona Douglas

Date

### Assess the Impact of the Proposal

Your assessment must include:

- Consultation
- Collection and Assessment of Data
- Judgement about whether the impact is negative or positive

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

**Example:** A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

## Consultation

How have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation form do it now. The checklist helps you make sure you follow good consultation practice.

[My Home > Info Pods > Community Involvement Pod - Inside Reading Borough Council](#)

Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted
Current service users	<p>Annual service user questionnaires.</p> <p>Recent Drug and Alcohol strategy consultation taken place in 2018 and will inform the new specification</p> <p>A needs assessment was carried out 2016 to inform future commissioning and service delivery.</p>	Annually since 2014
Partner agencies	<p>Information sharing via strategic groups.</p> <p>Partner agencies with an interest in the contract will be invited to be a member of the evaluation panel. The group will meet regularly throughout the process. Partner agencies will be requested to input into the development of the specification and form the tender evaluation panel for the bids received.</p>	Quarterly - ongoing

<p>The specification will be informed by :</p> <p>NICE guidelines</p> <p>Clinical guidelines</p> <p>Government Drug and Alcohol Strategy 2017</p> <p>Government Alcohol Strategy 2012</p>		
Staff employed by current provider	TUPE consultation will take place as part of the procurement process	2018/19 - Ongoing
Current provider	<p>6 months' notice will need to be served to end current contract in line with terms.</p> <p>No further detailed information has been sent to them at this stage as they have the potential to apply for the new contract.</p>	Notice to be served 1.4.2019

## Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group. Include both positive and negative impacts.

(Please delete relevant ticks)

**Describe how this proposal could impact on Racial groups.**

Cultural differences in understanding what constitutes as problematic alcohol consumption may prevent people from presenting to treatment.

The new service model will be required to provide treatment to all race groups. Specific groups affected by drug and alcohol will be formed and developed to ensure the hard to reach groups have access to treatment. The provider will be requested to collect and monitor all referrals ensuring all race groups have fair access to services and are proportionately represented.

The ethnicity of service users will be monitored quarterly. Information leaflets in a variety of languages are a requirement of the new contract as well as providing translation services.

Is there a negative impact?	Yes	No	Not sure
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**Describe how this proposal could impact on Gender/transgender (cover pregnancy and maternity, marriage)**

The provider will be required to work with Female only groups and also refer to Female only services. Current services work alongside Alana House which is run by PACT charity to work with females in a safe setting outside services.

The Provider will have links with Parental Substance Misuse Team to work with pregnant and new Mothers. This work will not be carried out to the detriment of those not covered by the above groups.

Marriage - None expected

2017/18 Data

Gender

28.9% Female

71.1% Male

Heterosexual - 91%

Gay/lesbian - 2.5%

Bi-sexual - 2.5%

Not stated - 3.8%

Pregnant - 3.5%

Parent living with own child - 11.3%

Other child contact - 2.0%

Parent not living with child - 33.6%

Not a parent - 53%

Is there a negative impact?

Yes

No

Not sure

### Describe how this proposal could impact on Disability

RBC will lease 4 Waylen Street to the winning Provider. The building has disability access.

The contract has to collect disability data.

The new provider will be required to consider language and literacy issues when communicating with service users and the ability to provide interpreters has been included in the new contract.

Service users identified with/ possible mental health difficulties will be required to be supported by the Community Mental Health Team. The new contract has a requirement to manage dual diagnosis.

### 2017/18 Disability data

No disability - 74.5%

Learning disability - 7.2%

Progressive conditions and physical health - 4.5%

Behaviour and emotional - 4.3%

Speech - 3.8%

Not stated - 3.4%

Mobility - 2.5%

Manual dexterity - 1.1%

Personal/ self-care - 0.5%

Sight - 0.5%

Is there a negative impact?

Yes

No

Not sure

### Describe how this proposal could impact on Sexual orientation (cover civil partnership)

Like the current service provider, the new provider will be required to deliver services regardless of sexual orientation. The provider will be required to collect and monitor all referrals ensuring fair access to all.

**2017/18 Sexual Orientation data**

Heterosexual - 91%

Gay/lesbian - 2.5%

Bi-sexual - 2.5%

Not stated - 3.8%

Is there a negative impact?	Yes	No	Not sure
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**Describe how this proposal could impact on Age**

The provider will be required to deliver services to anyone aged 18+. There is a young people's specialist treatment service provided in Reading.

The new Provider will be required to link and work with the Young People's drug and alcohol service regarding any transitions to the Adult service.

**2017/18 Age data at start of treatment**

18-19 - 0.6%

20-24 - 5.1%

25-29 - 10.6%

30-34 - 17.7%

35-39 - 20.2%

40-44 - 17.2%

45 - 49 - 12.6%

50-54 - 7.2%

55-59 - 5.0%

60-64 - 2.6%

65-74 - 1.2%

Is there a negative impact?	Yes	No	Not sure
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**Describe how this proposal could impact on Religious belief?**

The new provider will monitor and review decisions regarding referrals ensuring that people of all religious beliefs have fair access to services. The provider will be required to continue to ensure that all people, including those with protected characteristics, are not subject to discrimination, harassment or victimisation.

**2017/18 treatment population data:**

None - 55.8%

Christian - 27.3%

Declined to disclose - 8.1%



Hindu - 1.4%

Buddhist - 1.6%

Other - 1.1%

Sikh - 0.5%

Missing data - 0.2%

Is there a negative impact?

Yes

No

Not sure

### Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you **MUST** assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

Tick which applies (Please delete relevant ticks)

1. No negative impact identified      Go to sign off

2. Negative impact identified but there is a justifiable reason

You must give due regard or weight but this does not necessarily mean that the equality duty overrides other clearly conflicting statutory duties that you must comply with.

Reason

3. Negative impact identified or uncertain

What action will you take to eliminate or reduce the impact? Set out your actions and timescale?

The new service model being tendered with an 8% budget cut will not be known until Jan 2019 - this EIA will need to be monitored and updated once the tenders have been evaluated to assess the future impact on protected characteristics.

Public Health drug and alcohol lead will monitor needs and tailor services within quarterly performance meetings with the successful provider to avoid any negative impact on anyone with a protected characteristic.

In order to lessen the negative impact on those groups described above, the procurement process will request evidence as to how the provider will address the issues . It is anticipated that Public Health and the winning Provider will:

- Provide access to translation services to ensure access to treatment.
- The new service model is available to all. Staffs are aware and sensitive to the needs of all regardless of any protected characteristics and in accordance with legislation and local and national good practice.
- Staffs are trained in equity and diversity to in order to work with all characteristics.

- Access to the service must be promoted and tailored for differing needs. The winning Provider will be required to proactively advertise and promote confidential nature of the service offer to include discreet out reach for BME clients (and others).
- Outreach locations will need to be considered to maximise engagement.
- Service delivery model to consider the age & gender of clients, ensuring various groups to prevent barriers to treatment.
- Winning provider must collect data as part of their contract terms.

How will you monitor for adverse impact in the future?

The procurement process will evaluate equality during the evaluation stage.

Public Health drug and alcohol lead will work closely with the winning provider during all contract performance meetings to ensure equity and access to treatment services at all times and work to minimise risk.

Signed (completing officer)	Sally Andersen	Date
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Signed (Lead Officer)		Date
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