

## Overview of Responses and Recommendations

<b>Budget Proposals 16/17 Phase Two: Substance Misuse Support Service (Adults)</b>		<b>Deborah Joyce – Senior Programme Officer (Public Health and Wellbeing)</b>	<b>24 March 2016 Version 2 (Executive/Council)</b>
<b>Proposal:</b>	To reduce the overall budget for substance misuse support services to £840,993.		
<b>Total budget 15/16:</b>	£911,993	<b>Recommended officer saving 16/17:</b>	£71,000 (8%)
<b>Initial proposed saving 16/17:</b>	£71,000 (8%)	<b>Final recommendation to Executive/Council:</b>	To proceed with this savings proposal
<b>No. of responses:</b>	<p>In total, 19 responses were received, 15 of which included comments. Of those who responded:</p> <ul style="list-style-type: none"> <li>• 17 were individuals</li> <li>• Two were groups/organisations</li> </ul> <p>12 responses were from non-users of the service.</p>		
<b>Key issues raised:</b>	<ul style="list-style-type: none"> <li>• Decreasing substance misuse services will affect the most vulnerable in society as well as their friends and families.</li> <li>• Lack of access to substance misuse services will cause an increase in health problems, crime and homelessness, all putting more pressure on other public services.</li> <li>• The current substance misuse services are already stretched and cannot tolerate any more decrease in funding which would limit access to those in need</li> <li>• Those working in substance misuse services are already stressed and having difficulty delivering the services, any further cuts would exacerbate this situation.</li> <li>• Working in substance misuse services is a specialist role that requires training and experience. Expecting Primary Care Professionals to take on more in this area is not realistic or advisable.</li> </ul>		
<b>Equality issues:</b>	No issues were raised during the consultation, that weren't already included in the EqIA stage one.		
<b>Suggestions for reducing the impact on service users:</b>	<b>Suggestion</b>	<b>Council response</b>	
	Do not make any savings in the substance misuse services	Most of the responses focus on cuts being made directly to the Swanswell substance misuse contract, that represents only part of the substance misuse overall budget. One respondent has asked what else within the overall budget could be cut and this includes a variety of services including alcohol brief interventions in Primary Care; dual diagnosis work supporting people who have a substance misuse	

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		<p>problem in addition to a mental health condition; a Shared Care contract in Primary Care where GPs and Swanswell support those in treatment together; a needle exchange and supervised consumption of methadone contract with community pharmacies; plus a blood borne virus vaccination service for high risk individuals.</p> <p>The overall savings of £71,000 will be made across all these services by increasing efficiency and using better models of care that represent better value for money. It is not intended that all the savings will be made on the Swanswell contract. We are reviewing all areas of spend in the budget in order to increase efficiency and change processes and practices that need changing. We will work with partners and key stakeholders to ensure all elements of the service will remain accessible.</p>	
Alternative options for applying the saving in this area:	Suggestion	Council response	
	Decrease the reliance of specialist prescribing doctors within Swanswell and switch clients back to their GPs for ongoing care	We are currently rewriting the service specification for Shared Care which should improve this process. There will be a requirement that all GPs have adequate training if they take on more of an active role in supervising the care of opiate users who are in treatment.	
	Stop funding alcohol brief interventions in Primary Care since they are not effective	There is evidence to support the use of brief interventions for high risk and hazardous drinking in Primary Care. We are looking at this and the latest research to consider effectiveness and cost effectiveness	
	Ensure money spent on needle exchange equipment is cost effective	Needle exchange packs are purchased based on value for money and quality – ie. What people find the most useful. We continue to keep this under review.	
	Tax the late night clubs and pubs in the District to fund alcohol services	This could be followed up through working with Licensing and Trading Standards.	

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	Reallocate smoking cessation service budget to alcohol and drug services	Smoking is prevalent in almost a quarter of our residents, in routine and manual occupations, and is the main cause of lung cancer and chronic obstructive airways disease. The evidence of effectiveness of smoking cessation services is very strong and therefore it would not be wise to decrease funding in this area to any greater extent. We have decreased funding in stop smoking services since 2014/15 by £30,000 to be in line with our current overall prevalence of 15%.	
	Use NHS funding to fund substance misuse services.	The council has responsibility for commissioning and funding substance misuse services, not the NHS. This is not an option.	
	Use volunteers to deliver substance misuse services	Clients that use specialist substance misuse services are either dependent on alcohol or drugs, or are drinking at high levels that are likely to cause harm to health. These individuals require specialist help. However, clients that are recovering from addiction may well benefit from peer support and this is being addressed already by Swanswell.	
<b>Suggestions for how others may help contribute:</b>	Primary Care staff already work with substance misuse services in the treatment and care of people with substance misuse problems through a shared care arrangement. This is being further developed to become more efficient and effective.		
<b>Officer conclusion:</b>	<p>All aspects of the substance misuse services commissioned by us are being investigated to ensure maximum evidence of effectiveness, and value for money. The current provider of specialist services, Swanswell, are working with commissioners to deliver services in the most efficient way and all key stakeholders, including service users, will be involved in all discussions around making budgetary savings.</p> <p>It is not the intention to cut services so that they become inaccessible to those who need them, and all aspects of the service will continue to exist. The offer of volunteers to be involved in supporting people recovering from substance misuse will be followed up with Swanswell. In addition, involving those businesses who sell alcohol in being part of the funding of services and support to those with alcohol problems can be investigated further through appropriate channels.</p> <p>The council is supported and advised by the Thames Valley Public Health England Substance Misuse Team to ensure</p>		

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	<p>our local services are effective as well as cost effective and evidence based. Further expert advice is available through the Berkshire Public Health team, based in Bracknell.</p> <p>Feedback from the consultation process has not resulted in any issue being raised which would prevent the council from proceeding with the proposal. The feedback has also not generated any viable counter-proposal which would mitigate the proposal.</p>	

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