

# **Budget Proposals 2019/20: Adult Substance Misuse Service (Swanswell)**

## **Consultation Summary Report**

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### **Why we consulted?**

Over the last nine years we've had to make savings of £60 million as our central government funding, the Revenue Support Grant (RSG), has reduced and the need for social care support has increased. We've done this by becoming more efficient at what we do, by reducing some of our administrative functions and increasing our income. Throughout this period we have done our best to protect your services.

Six years ago, the RSG was worth £24 million to the council and was reduced to just £100,000 last year. In 2019/20 there will be no grant and our costs will exceed our income. As a result, we'll need to find a further £7 million in savings or income generation. Much of this will come from becoming a more efficient council, however, 14 proposals, amounting to approximately £300,000, have been identified from services that will impact the public.

It was these proposals that made up the Budget Proposals 2019/20 consultation.

### **Approach**

We published all the public facing proposals on our website on 12 November 2018 with feedback requested by midnight on 23 December 2018.

Respondents were directed to a central index page<sup>i</sup>, which outlined the overall background to the exercise, and provided links to each of the individual proposals on our Consultation Portal<sup>ii</sup>.

Each individual page included further details on the specifics of what the proposal contained and what we thought the impact might be, along with any other elements we'd taken into account. Feedback was then invited through an online form and a dedicated email address. Hard copies of the proposal documents and surveys were also made available on request.

As well as publishing the consultations on our website, we also emailed members of the West Berkshire Community Panel (around 400 people), Swanswell, Thames Valley Police, and a range of Charities who would be impacted by the proposals, notifying them of the exercise and inviting their contributions. Heads of Service also made direct contact with those organisations directly affected prior to them being made publicly available.

Finally, we issued a press release on the 12 November 2018, and further publicised our consultations through our Facebook and Twitter accounts. We also placed posters in our main offices and other council properties e.g. libraries, leisure centres and family hubs, and made them available to WBC Councillors and Parish and Town Councils to put up in the wards/parishes.

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#### Proposal Background

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions, including liver failure, liver cirrhosis, many cancers, cardiovascular disease, high blood pressure, falls and accidents. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

Our overall budget for Substance Misuse Services<sup>iii</sup> provided to adults and young people is currently £1,059,000. The services provided are:

- Needle exchange through pharmacies.
- Alcohol Users Disorder Identification Test - Consumption (AUDIT-C) carried out by GPs.
- Shared care in GP surgeries (where the GP's and the specialist service (Swanswell) work together to plan and meet the health needs of the individual).
- Prescribing and supervised consumption of opiate substitute medications.
- Raising awareness through giving advice and information about the risks to health around alcohol and drugs.

The specialist services for adults with drug and alcohol problems are delivered by a voluntary and charitable organisation called Swanswell<sup>iv</sup>. They support those who use drugs; helping them through treatment to become drug free. They also support those who are dependent upon alcohol to stop drinking, and those whose drinking is damaging their health to cut down.

Swanswell supports approximately 400 residents who are in treatment for drug and alcohol use each year. Individuals who stop using opiates have improved health and well-being. They live longer with improved physical and mental health, and are less likely to have family problems. Additional support services, including supervised consumption of methadone for those who use heroin and provision of a needle exchange service, are also available through GPs and community pharmacists.

Swanswell employ twelve members of staff including a manager, team leader, two administration workers, an apprentice recovery worker, a part time nurse and six recovery workers. The six recovery workers employed have average caseloads of 65 service users each. This number varies depending on the complexity of cases and the numbers of service users in treatment.

Between April 2017 and June 2018, there were 389 service users accessing substance misuse treatment, of whom 50 were new to the service. In 2017 9.3% of opiate clients, 44% non-opiate clients, and 39.9% alcohol clients in treatment, completed their treatment successfully and did not return to the service within 6 months. West Berkshire ranks better, for two out of three of these outcomes, than the national average (7%, 39% and 40% respectively).

We currently provide Swanswell with annual funding of £585,940. There have been no cost reductions to the service since it was commissioned in 2015.

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### **Legislation Requirements**

Under the Health and Social Care Act 2012<sup>v</sup>, local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse.

### **Proposal Details**

To reduce the annual funding to Swanswell from £585,940 to £540,940 (a proposed saving of £45,000 or 8%) from 1 April 2019.

### **Consultation Response**

#### Number of Responses

In total, 56 responses were received, although five of the respondents didn't complete the questionnaire.

Eight of the respondents identified themselves as users of the service, 37 as residents, four as employed by West Berkshire Council, four as Parish/Town Councillors, one as a service provider, four as partner organisations and 15 as other.

#### Summary of Main Points

In the main respondents either strongly disagreed or disagreed (42 or 82%) with the proposal. A small number of responses (8 or 16%) supported the cuts stating that those who misuse substances have made their own choices.

The main points raised in the responses were:

- Concerns that the reduction in the amount spent on substance misuse services will likely impact on costs to other services, such as the NHS and police budgets. Concerns were expressed particularly around the impact of alcohol misuse on the NHS hospital admissions and liver disease. This also included reference to the cuts impacting on the public funding in the long term and affecting the wider community through increased crime and resource pressures.
- A number of the responses referred to the disproportionate effect on vulnerable groups of the community and the increased impact of cuts on those who are most vulnerable or with complex needs and those with low socio-economic status.
- Cuts would likely lead to increased caseloads and the service being put under more pressure and the likelihood that this will lead to difficulties around access to services, barriers and quality of the service received.

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- A detrimental impact on service sustainability and recruitment of staff and the impact on relationships between service users and their key workers being effected.
- An increase in drug and alcohol related death and harm.
- Reduced service performance/less individuals able to recover from their substance misuse which impacts on their individual life choices long term.
- Counter intuitive to all the Health and Wellbeing Board aims.

The Head of Public Health and Wellbeing and the lead for Substance Misuse met with a group of service users and Swanswell staff on 20 December 2018, at their request, to discuss the Budget Proposals, and answer questions and hear their views.

The service users and staff had similar concerns to those raised by the respondents to the consultations. Areas discussed were as follows:

- Reasons for Swanswell being chosen for potential cuts
- Provision of services with reduced budgets
- The Drug Diversion scheme and potential impact on service with reduced resources
- Potential impact of cuts on other services
- How the council propose to cover short falls in services
- Time pressures on making cuts in new financial year

#### Summary of Responses by Question

##### 1. Are you...?

(N.B. respondents were able to tick more than one option)

	Responses		Percent of Cases
	N	Percent	
Or anyone you care for, a user of this service	8	11.0%	14.3%
A resident of West Berkshire	37	50.7%	66.1%
Employed by West Berkshire Council	4	5.5%	7.1%
A Parish/Town Councillor	4	5.5%	7.1%
A District Councillor	0	0.0%	0.0%
A service provider	1	1.4%	1.8%
A partner organisation	4	5.5%	7.1%
Other	15	20.5%	26.8%

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2. How far do you agree with the proposal to reduce the annual funding to Swanswell from £585,940 to £540,940 from 1 April 2019?

	Frequency	Percent	Valid Percent
Strongly agree	3	5.4	5.9
Agree	5	8.9	9.8
Neither agree nor disagree	1	1.8	2.0
Disagree	9	16.1	17.6
Strongly disagree	33	58.9	64.7
<b>Total</b>	<b>51</b>	<b>91.1</b>	<b>100.0</b>
Not answered	5	8.9	
<b>Total</b>	<b>56</b>	<b>100.0</b>	

3. What do you think we should be aware of in terms of how this proposal might impact people? For example, do you think it will affect particular individuals more than others?

Respondents felt that this would lead to further drug related harm and overdose and that the cuts were likely to impact on the use of emergency services and police services due to increased crime rates at additional cost.

They also felt that the cuts are likely to affect the most vulnerable sections of the community including individuals with mental health issues, disability, aging alcohol users and those with complex needs.

They felt that the recovery of individuals accessing the service would be affected and fewer staff would lead to an increase in group work and reduction in individual support.

It would also impact on the families of those accessing services and the wider community due to the impact on other charitable services and through an increase in crime.

Concerns were expressed that those working for Swanswell would be impacted by potential redundancies, increased stress levels and increased workloads, which would in turn would impact upon the service users.

4. If the decision is taken to proceed with this proposal, do you have any suggestions for how we can reduce the impact on those affected? If so, please provide details.

Respondents suggested that a review of the service should take place that looks at different models of providing support. Service users suggested that other service users should engage with the service user forum and take part in the groups.

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Concern was expressed about loss of staff impacting on the stability of service users and their recovery.

Reducing the amount of time that someone could be on supervised medication when recovery is going well was suggested and a restriction on needle exchange provision.

A number of respondents felt that this proposal was a false economy and reducing the impact would not be possible if the cuts go ahead.

**5. Do you have any suggestions on how we might save money or increase income, either in this service, or elsewhere in the council? If so, please provide details.**

A number of respondents suggested increasing council tax and for the council to lobby central government to reverse cuts to local authorities and the public health grant.

It could also lobby, directly and through the LGA, for a fairer, more sustainable and more decentralised system for funding local government, which increased the extent of local control.

Other comments suggested that one way of reducing costs longer term would be by reducing demand on services through greater investment in prevention.

Other respondents recommended that the local authority increase the amount required to be spent by large businesses in improving infrastructure in and around Newbury, as a clause of planning permission approval, to reduce the amount required to be spent by the council.

Other suggestions included reducing the amount of money spent on road improvements and repairing pot holes, exploring opportunities for Swanswell to source grant funding from other avenues and co-location business sponsorship, and charging GP's for use of the service for their patients.

**6. If you, your community group, or organisation think you might be able to help reduce the impact of this proposal, if the decision is taken to proceed with it, please provide your name and email address below.**

Seven respondents provided their contact details.

**7. Any further comments?**

One respondent asked that if a decision is made to reduce the funding of this service, that the local authority review the decision in 5-10 years, as funding for services such as these are vital.

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Officer conclusion and recommendation can be found in the associated Overview of Responses and Recommendations document.

Denise Sayles  
Senior Programme officer  
Public Health and Wellbeing Team  
31/12/2018

**Please note:** *In order to allow everyone who wished the opportunity to contribute, feedback was not sampled. Therefore this wasn't a quantitative, statistically valid exercise. It was neither the premise, purpose, nor within the capability of the exercise, to determine the overall community's level of support, or views on the proposals, with any degree of confidence.*

*The feedback captured therefore should be seen in the context of 'those who responded', rather than reflective of the wider community.*

*All the responses have been provided verbatim as an appendix to this report. Whilst this summary seeks to distil the key, substantive points made, it should also be read in conjunction with the more detailed verbatim comments to ensure a full, rounded perspective of the views and comments are considered.*

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i <http://www.westberks.gov.uk/budgetproposals>

ii <http://info.westberks.gov.uk/consultations>

iii <https://info.westberks.gov.uk/substancemisuse>

iv <http://www.swanswell.org/contact-us>

v <http://www.legislation.gov.uk/ukpga/2012/7/section/12/enacted>

## Overview of Responses and Recommendations

<b>Budget Proposals 2019/20: Adult Substance Misuse Service (Swanswell)</b>		<b>Head of Service: Matt Pearce</b>		<b>5 March 2019</b>	
		<b>Author: Denise Sayles</b>		<b>Version 1 (Full Council)</b>	
<b>Proposal:</b>	To reduce the annual funding to Swanswell from £585,940 to £540,940 from 1 April 2019.				
<b>Total budget 2018/19:</b>	£585,940	<b>Initial proposed saving 2019/20</b>	£45,000 (8%)	<b>Recommended saving 2019/20</b>	£0
<b>No. of responses:</b>	<p>In total, 56 responses were received. Of those that responded:</p> <ul style="list-style-type: none"> <li>• Eight identified themselves as users of the service</li> <li>• 37 as residents of West Berkshire</li> <li>• Four as council employees</li> <li>• Four as Parish/Town Councils</li> <li>• 0 as District Councillors</li> <li>• One as service providers</li> <li>• Four as partner organisations</li> <li>• 15 as other</li> </ul> <p>A user engagement meeting was held for individuals who were in receipt of support from Swanswell.</p>				
<b>Key issues raised:</b>	<p>In the main respondents either strongly disagreed or disagreed (42 or 82%) with the proposal.</p> <p>The main issue raised were:</p> <ul style="list-style-type: none"> <li>• Concerns that those accessing the service tend to be the most vulnerable people in society and the respondents felt that this service was already overstretched.</li> <li>• Concerns were expressed that cuts to this service would lead to further expense for other stakeholder organisations.</li> <li>• There would be a detrimental impact on service sustainability and recruitment of staff.</li> <li>• There would be an increase in drug and alcohol related deaths and harms.</li> </ul>				
<b>Equality issues:</b>	<p>The consultation supported the stage one Equality Impact Assessment suggesting that the proposed changes would likely have some impact on those with disabilities and/or complex needs, along with some older people who may find it more difficult to access services due to reduced mobility. The service is currently accessed by those from a range of age groups, 18 years and above.</p>				

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## Overview of Responses and Recommendations

	<p>Individuals with complex needs are particularly hard to engage and Swanswell employ outreach work with these individuals.</p> <p>The provision of outreach services could be affected by the proposals, but all attempts will be made to reduce the impact on those who are particularly hard to reach and vulnerable. Swanswell will work with other agencies to provide access to these individuals. Please see the stage two Equality Impact Assessment for more detail.</p>	
<p><b>Suggestions for reducing the impact on service users:</b></p>	<p><b>Suggestion</b></p>	<p><b>Council response</b></p>
	<p>Reviewing the service users who may require less intervention and looking at different models to provide this support. Instead of reducing the service this should be increased and workers should go into hard to reach communities and look at ways to engage them</p>	<p>This is a viable option and has been considered. We are proposing to look at a remodel of the service to ensure that we utilise the resources in an effective manner.</p> <p>Remodelling of the service would also look at the outreach provision of the service and potential digital support.</p>
	<p>Spend more money elsewhere to offset the cuts to service in a different way if that provides a better result in terms of reducing drug dependency.</p>	<p>The council has a duty to protect the health of its residents, and it receives a specific allocation of funding from central government to do this – the Public Health Grant. We continually review how the public health grant is spent to ensure that it meets the health needs of our local residents.</p>
	<p>Retention of staff is crucial</p>	<p>We will be working together with the service providers to minimise the impact on staffing levels and to retain the current staff.</p>
	<p>Continued engagement of service users might be able to help if the proposed cuts go ahead. The current Provider already has a service user forum and they have proposed that treatment group could be joined together e.g. alcohol and non-opiate groups</p>	<p>The council will continue to promote prevention and early intervention through its work to minimise the number of individuals who engage in harm-related behaviours across the district.</p> <p>We will also continue to support the local NHS and their new role in supporting people who engage in harm related behaviour</p>

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Suggestions for saving money or increasing income:	Suggestion	Council response
	Increase council tax, hold a referendum	The raising of Council Tax will be one of the options that Members will consider as part of setting a balanced budget for 2019/20.
	Invest more into prevention for the future	<p>The council has a duty to protect the health of its residents, and it receives a specific allocation of funding from central government to do this – the Public Health Grant.</p> <p>We continually review how the public health grant is spent to ensure that it meets the health needs of our local residents.</p>
	Lobby central government on the harm being done by the cuts	We will continue to lobby national government to reverse the cuts to the public health grant.
	Increase the amount required to be spent by large businesses in improving infrastructure in and around Newbury as a clause of planning permission approval, to reduce the amount required to be spent by the council.	<p>The council can only impose S106 on new development if it is directly related to mitigate the harm caused by the granting of planning permission and it is not covered by the Community Infrastructure Levy. Any S106 cost must be reasonable and justified, the council is not permitted by law to include a large business surcharge as suggested.</p> <p>With regards to the Community infrastructure Levy (CIL) a separate rate could be introduced for large developments if it was justified and evidence based but it would be subject to an Independent Examination and public scrutiny, so any rate must be defensible.</p>
	Stop giving pay rises to councillors. In fact, reduce councillors' pay to save money. Councillors should want to do the job to help the public, not for personal gains.	The Local Authorities (Members' Allowances) (England) Regulations 2003 provide the framework for West Berkshire Council's Scheme. The development of the Council's Members Allowances Scheme was undertaken by an independent panel. It would be for individual Members to decide whether they wished to reduce their allowances.
	Spend less money on repairing roads and on things like new bus stations	Under the Highway Act 1980 the council, as the Highway Authority, has a duty to maintain the public highway network in a condition that is safe for all users. Any reduction in this budget will lead to a deterioration of the network in the coming years and leave the council open to possible third party claims.

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		The new bus station in Newbury was constructed using developer funding. Its opening will enable the redevelopment of the Market Street area, which is a key part of the Newbury Vision 2026.
	An attempt by West Berks to engage large local business to sponsor treatment services.	The council will continue to work with our partners to explore opportunities for grant funding from other sources, although this can often mean the funding is short-term.
	There are many, many pots of money available from other areas. I would employ someone who's sole role it is to source these pots of income, bid for them and then redistribute them to the services financially affected. Rather than save money, generate it.	The council will continue to work with our partners to explore opportunities for grant funding from other sources, although this can often mean the funding is short-term.
	Look at grant funding or co location	The council will continue to work with our partners to explore opportunities for grant funding from other sources, although this can often mean the funding is short-term.  The council will work with the current provider to identify opportunities to co-locate with other services.
	Seek local business sponsorship Charge GPs to use this service for their clients. Charge a small percentage levy of 2.5% on any rental of council owned properties to subsidise the service. Small amounts charged to those who can afford to subsidise the highly vulnerable group of service users	The council will consider how it could raise additional revenue to support Council services that improve health and wellbeing. However we would need to ensure that this complies with the conditions of the public health ring fence grant.

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## Overview of Responses and Recommendations

### **Conclusion and recommendation:**

Most respondents disagreed with the proposal and pointed out that it will have an impact across the NHS, social care, police and local communities. A number of respondents also felt that the service is currently running to capacity and were concerned that access to the most vulnerable groups would be restricted further.

**It is recommended that this proposal is not progressed.**

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## Stage Two Equality Impact Assessment (EqIA 2)

<b>What is the proposed decision?</b>	To reduce the annual funding to Swanswell from £585,940 to £540,940 (a proposed saving of £45,000 or 8%) from 1 April 2019
<b>Summary of relevant legislation</b>	Under the Health and Social Care Act 2012, local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse.
<b>Does the proposed decision conflict with any of the council's key strategic priorities?</b>	No
<b>Name of budget holder</b>	Matt Pearce
<b>Name of assessor</b>	Denise Sayles
<b>Name of Service and Directorate</b>	Public Health and Wellbeing / Community Directorate
<b>Date of assessment</b>	08/01/2018
<b>Version and release date (if applicable)</b>	Version 1
<b>Date EqIA 1 completed</b>	16/10/2018

### Step One – Scoping the Equality Impact Assessment

1. What data, research and other evidence or information is available which will be relevant to this EqIA 2?			
<b>Service targets</b>		<b>Performance targets</b>	
<b>User satisfaction</b>		<b>Service take-up</b>	
<b>Workforce monitoring</b>		<b>Press coverage</b>	
<b>Complaints &amp; comments</b>		<b>Census data</b>	
<b>Information from Trade Union</b>		<b>Community Intelligence</b>	
<b>Previous EqIA</b>	√	<b>Staff survey</b>	
<b>Public consultation</b>	√	<b>Other (please specify)</b>	

**2. What are the findings from the available evidence for the areas you have ticked above?**

As a result of the consultation with the public we have compiled the following documentation to summarise the feedback which has been received

- Consultation Summary Report
- Overview of Responses and Recommendations

We have conscientiously taken the views of respondents into account. Please see the public consultation responses.

The consultation supported the stage one EqIA suggesting that the proposed changes would have some impact on those with disabilities and complex needs along, with some older people who may find it more difficult to access services due to reduced mobility.

The service is currently accessed by those from a range of age groups 18 years and above. Individuals with complex needs are particularly hard to engage and Swanswell employ outreach work with those individuals who are difficult to engage. The provision of outreach services could be affected by the proposals, but all attempts will be made to reduce the impact on those who are particularly hard to reach and vulnerable.

Swanswell will work with other agencies to provide access to these individuals.

**3. What additional research or data is required, if any, to fill the gaps identified in question two? Have you considered commissioning new data or research e.g. a needs assessment?**

None



## Step Two – Involvement and Consultation

4. How do the findings from the evidence summarised in Step One affect people with the nine protected characteristics?	
Target Groups	Summary of responses and type of evidence
<b>Age</b> – relates to all ages	<p>Reduction in service provision reduces flexibility of services particularly outreach services this may have some impact on those who are less mobile due to older age</p> <p>Key issues from consultation respondents:</p> <ul style="list-style-type: none"> <li>• Hidden harm in the older alcohol users is well known within the substance misuse community.</li> <li>• Those requiring home visits will be affected by the cuts</li> </ul>
<b>Disability</b> - applies to a range of people that have a condition (physical or mental) which has a significant and long-term adverse effect on their ability to carry out 'normal' day-to-day activities. This protection also applies to people that have been diagnosed with a progressive illness such as HIV or cancer.	<p>Reduction in service provision reduces flexibility of services particularly outreach services. Priority service user group:</p> <ul style="list-style-type: none"> <li>• Those requiring home visits will be affected by the cuts</li> <li>• 60-90% of service users will have some level of co-existing mental health problem</li> </ul>
<b>Gender reassignment</b> - definition has been expanded to include people who chose to live in the opposite gender to the gender assigned to them at birth by removing the previously legal requirement for them to undergo medical supervision.	<p>There is no evidence to indicate that there will be a greater impact on this group than on any other.</p>
<b>Marriage and civil partnership</b> –.protects employees who are married or in a civil partnership against discrimination. Single people are not protected.	<p>There is no evidence to indicate that there will be a greater impact on this group than on any other.</p>



<p><b>Pregnancy and maternity</b> - protects against discrimination. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. It is also unlawful to discriminate against women breastfeeding in a public place</p>	<p>There is no evidence to indicate that there will be a greater impact on this group than on any other</p> <p>Priority service user group:</p> <ul style="list-style-type: none"> <li>• Pregnant clients need greater clinical management and prioritisation of someone who is pregnant would lead to delaying treatment for another service user.</li> </ul>
<p><b>Race</b> - includes colour, caste, ethnic or national origin or nationality.</p>	<p>There is no evidence to indicate that there will be a greater impact on this group than on any other</p>
<p><b>Religion or belief</b> - covers any religion, religious or non-religious beliefs. Also includes philosophical belief or non-belief. To be protected, a belief must satisfy various criteria, including that it is a weighty and substantial aspect of human life and behaviour.</p>	<p>There is no evidence to indicate that there will be a greater impact on this group than on any other</p>
<p><b>Sex</b> - applies to male or female.</p>	<p>There is evidence to indicate that outside of substance misuse more women experience certain mental health issues, this may impact on their access to services and on the percentages of service users with complex needs.</p> <p>Women are underrepresented in services</p>
<p><b>Sexual orientation</b> - protects lesbian, gay, bi-sexual and heterosexual people.</p>	<p>This group may suffer from a lack of assertive outreach available to provide psychoeducation on chemsex for example</p>



### **5. Who are the main stakeholders (e.g. service users, staff) and what are their requirements?**

The main stakeholders are service users who have experienced substance misuse issues. The service users are from a range of backgrounds and have a range of different needs. Some of the service users have complex needs, with a high proportion having mental health issues, or are involved in adult or children's safeguarding services. Service users require a range of services including pharmacological and psychosocial interventions, staff also support the service users to access a range of other services in the community such as health, mental health and housing services.

Staff working in the service are from a range of backgrounds. There is a mix of male and female workers with different family situations. Their requirement is stable employment and they may themselves have a range of other needs. Some staff have been previous service users who have previous experience of being in services themselves.

### **6. How will this item affect the stakeholders identified above?**

We believe that the likely impact of the reduction in funding to the service would be that the service will have a reduced capacity to work with individuals presenting with substance misuse issues.

Service users within the priority groups will be prioritised for services.

Individuals with lower level needs may be offered brief interventions or self-help based interventions.

Service will be remodelled to reduce the impact of the cuts on access and service performance.

## **Step Three – Assessing Impact and Strengthening the Policy**

### **7. What are the impacts and how will you mitigate them?**

We believe the most likely impact of the cuts will be on those who find it difficult to access services, such as the elderly or disabled people with no access to transport. All possible steps will be taken to offer services to these individuals in accessible locations, such as GP surgeries or other suitable premises, and the service will work closely with organisations, such as adult social care and voluntary organisations who can help to support these individuals to access services.



## Step Four – Procurement and Partnerships

### 8. Is this item due to be carried out wholly or partly by contractors?

**Yes**

Regular meetings and reporting will reduce the risk of equality impacts.

Identified Priority groups will be prioritised for access to service

Review of equality policy held by Swanswell

## Step Five – Making a Decision

### 9. What are your recommendations as a result of the EqIA 2?

**In making your recommendations please summarise your findings.**

We have carefully and conscientiously taken the views of the respondents into account and considered the impact of the proposals in relation to equality. We have considered whether the proposal could lead to actual or potential discrimination and have considered whether the mitigation we have proposed is sufficient.

We believe that the mitigation measures that we have proposed demonstrate that we have met the authorities responsibilities in relation to equality

- Ensure that Swanswell have an equality policy in place and that equality in access to the service is monitored in quarterly performance meetings

## Step Six – Monitoring, Evaluating and Reviewing

### 10. How will you monitor the impact on the nine protected characteristics once the change has taken place?

Ensure that Swanswell have an Equality policy in place and an Equalities Impact Assessment to be completed each year as part of the annual review of the service.

## Step Seven – Action Plan

Categories	Actions	Target date	Responsible person
<b>Involvement and consultation</b>	Consult with service provider to ensure that the relevant equality policy is in place and plans are made to ensure that those with protected characteristics have equal access to services	Summer 2019	Denise Sayles, Senior Programme officer
<b>Data collection</b>			
<b>Assessing impact</b>	Monitor the service take up of those with protected characteristics	October 2019	Denise Sayles, Senior Programme Officer
<b>Procurement and partnership</b>	Ensure that equality is considered at point of procurement of service to commence April 2021	April 2021	Contracts and Commissioning
<b>Monitoring, evaluation and reviewing</b>	Annual review of Equalities Impact Assessment	April 2020	Denise Sayles, Senior Programme Officer

## Step Eight – Sign Off

<b>The policy, strategy or function has been fully assessed in relation to its potential effects on equality and all relevant concerns have been addressed.</b>		
<b>Contributors to the EqIA 2</b>		
<b>Name:</b> Denise Sayles	<b>Job Title:</b> Senior Programme Officer	<b>Date:</b> 08/01/2019
<b>Head of Service</b>		
<b>Name:</b> Matthew Pearce		<b>Date:</b> 09/01/2019

## Number of responses: 56 (including 5 incomplete)

ID	How far do you agree with the proposal to reduce the annual funding to Swanswell from £585,940 to £540,940 from 1 April 2019?		What do you think we should be aware of in terms of how this proposal might impact people? For example, do you think it will affect particular individuals more than others?	If the decision is taken to proceed with this proposal, do you have any suggestions for how we can reduce the impact on those affected? If so, please provide details.	Do you have any suggestions on how we might save money or increase income, either in this service, or elsewhere in the council? If so, please provide details.	Any further comments?
	Response	Please tell us the reasons for your response.				
1	Disagree	cuts to services for those with drug dependency issues leading to significant increases in drug related crime and drug related deaths (see The Advisory Council on the Misuse of Drugs). To reduce funding in this area is a nightmare waiting to happen in West Berkshire, where our police are over stretched and under paid, and attempting to tackle drug dealers such as the county lines gang who targeted Newbury and West Berkshire.				
2	Strongly disagree	<p>We acknowledge that the Council is in a challenging financial situation and will therefore need to reduce its expenditure. We do however have some concerns about the areas highlighted below, particularly because prevention is one of the main priorities in the NHS Five Year Forward View and the West Berkshire Health and Well Being Strategy. We would also like to continue to explore how we can work together through the Berkshire West 10 to maximise economics of scale across our area.</p> <p>We are particularly concerned regarding the proposed cuts to Swanswell and its potential impacts on treatment choices for local patients. Nationally there has been a 22% increase in alcohol related hospital admissions between 2005-2015. The approximate cost of alcohol to society is £21billion, made up of alcohol related crime, lost productivity and costs to NHS. There has been a 15% increase to deaths from liver disease since 2002 and alcoholic liver disease was responsible for 70% of alcohol specific deaths between 2011 and 2013. In Berkshire West, the impact of alcohol is significant with estimates indicating that 66,527 (6%) people are drinking above the recommended levels with increased risk of damage to their health. Chronic alcohol related conditions are also on the increase which puts pressures on A&amp;E, hospital and care services, thus creating a cost-related increase for the system. In 2016/17 there were 1,688 admissions costing £3,170,635 where alcohol featured as the primary and secondary diagnosis. Our view is that demand for services such as Swanswell will increase over time and will require additional investment. Swanswell have recently agreed to host additional Nurse led Primary Care clinics for the homeless population, as well as accept direct referrals from Thames Valley Police under a pioneering project to divert individuals to treatment rather than arrest. There are also plans to build on the links between Swanswell and GPs in managing shared care arrangements. If there is reduced capacity to deliver any of these initiatives then there will inevitably be increased pressure placed on already stretched health and criminal justice services.</p>				

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3	Strongly disagree	Reducing this service is counter intuitive to all the health and Well Being Boards aims and may result in additional costs to services of partners and the council as users fail to get help in time. It is short term in a time of rising demand and risks some avoidable deaths- the worst failing of any council	Likely to see more use of emergency services and health/police services at additional cost. It may cause a rise in preventable deaths from those failing to get treatment in time			
4	Strongly disagree	The case has not been adequately made that the harm from these cuts will be less than that if the cuts were found elsewhere, or means sort to increase income. An 8% cut is substantial and it is unlikely that efficiency savings could make up for it. Conversely, it is likely that reducing the ability to tackle these problems will actually create additional costs further down the line.	People with substance abuse problems frequently have other issues as well. This is therefore likely to particularly affect vulnerable sections of the community. By tackling the range of problems such people have, holistically, considerable savings could be made to the public purse.		I do not have sufficient information about the workings of the rest of the council to be able to suggest any better area for cuts. More general options for increasing income would be to increase council tax, holding a referendum, as required by central government, if necessary. The council might also wish to lobby central government and inform them of the harm being done by their cuts. It could also lobby, directly and through the LGA, for a fairer, more sustainable and more decentralised system for funding local government, which increased the extent of local control. One way of reducing costs longer term would be by reducing demand on services through investment in prevention, which is the opposite of what these cuts are doing.	

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5	Strongly disagree	Substance abuse remains a problem within the UK. It is essential that a robust support network exists to help people overcome addiction, rather than simply criminalising their behaviour.	The impact assessment talks about reducing the number of one to one sessions, instead referring people directly to group interventions. There are already group therapies within the West Berkshire area that offer a comparable service, so one to one support is what differentiates Swanswell from those groups. Group therapy simply isn't right for many people, everyone is different and everyone responds to treatments differently; to try and push people towards groups simply because of a lack of funding WILL cause harm. Some people will simply bolt and refuse treatment. Others will force themselves to attend the groups only to find it does more harm than good. While the impact assessment states that one on one treatment will be offered where necessary, the simple facts are that this council are proposing to slash funding by £45,000. That's the salary of at least 2 case workers. Redundancies will be necessary, and with reduced staff it WILL become necessary to push people into group sessions whether it's right for that individual or not. Additionally those redundancies will have a clear negative impact on those members of staff that lose their livelihood, and as many staff at Swanswell are recovering addicts themselves, losing their job would feel like a failure to help others — a key part of the recovery process for many recovering from substance abuse.		1. Stop giving away public land to private property developers. 2. Increase the amount required to be spent by large businesses in improving infrastructure in and around Newbury as a clause of planning permission approval, to reduce the amount required to be spent by the council. 3. Stop giving pay rises to councillors. In fact, reduce councillors' pay to save money. Councillors should want to do the job to help the public, not for personal gains.	
6	Strongly disagree	The funding cuts are likely to be counterproductive, leading to the need for further expenditure elsewhere.	Obviously these cuts will adversely affect staff and also those with drug dependency issues.	Spend more money elsewhere to offset these cuts and provide the service in a different way if that provides a better result in terms of reducing drug dependency.		
7	Disagree	The work Swanswell does in helping to divert drug users from prison is recognised by Government and Thames Valley Police. They have been awarded more funds to do more work in this area. It is therefore perverse and counter-productive for the Council to be cutting its funding at this time.	This will affect vulnerable people on the 'slippery slope' to criminality and consequent family breakup, which will cost the Council more in the longer term.	no	no	

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	Response	Please tell us the reasons for your response.				
8	Strongly disagree					
9	Strongly agree	I think that the savings can be better used elsewhere in the community	I don't think it will impact people.		No other suggestions	
10	Strongly disagree	<p>Being someone who has been impacted in a positive way by this service I can honestly say they do a great deal already despite a very limited budget. Unfortunately, local authorities continue to see fit to reduce funding on such services without truly understanding the impact this has on the community. Meaningful engagement with those affected by drugs and alcohol addiction is vital. Whilst West Berkshire Council is suggesting there is a possibility that by reducing the number of workers within the service and creating a waiting list may be an option, I do not feel this would be in the best interest of the community. For example, alcohol misuse is very prevalent in West Berkshire. Often people who require support and seek it, do so when they need it most. Some are in many cases coming to services too late. Alcohol brief screening and advice will pick up some people and provide an element of prevention. However, this service already provides this support despite not really having the resources to do so. I do not feel that this will provide the impact needed for the community. GPs can also screen and provide brief advice and refer on to specialist services where necessary. I don't think this will have as big of an impact as the local authority would like. The working relationship between a recovery worker and service user will take one to establish and build trust at times. There is often an underlying reason someone uses a substance, whether alcohol and drugs. It is not easy for someone to walk through that door and speak to a stranger. Creating further barriers such as waiting lists on briefer appointments will not aid this and potential increase unsuccessful recovery journeys. Drug misusers, more specifically opiate users need a longer term meaningful engagement. Whilst the figures suggest that this is approximately 40 service users, they are not constant and drop in and out of services due to their drug misuse. Funding reduction will impact on these individuals as there will be further impact on staff availability to provide a meanful engagement. With increasing concern about county lines in the area, it is important that services such as these are a point of contact to them enable them to support individuals who may start using themselves and provide intelligence to police and local authority. In summary, whilst a statement has been made that there hasn't been a funding reduction to this service - there is probably a reason for this. The funding whilst may be one of the bigger budgets, this is because it is with out a doubt</p>	<p>I believe the biggest impact to be what already is a challenge. Meeting the needs of those with mental health needs and a substance misuse issue. This are prevalent and need meaningful engagement which Breif intervention services simply can't offer and mental health services are not equipped to meet these needs in isolation. In addition, providing services to those in the community. West Berkshire is a very large local authority for 6 recovery workers to meet as it stands. Instead of reducing the service the provision should be increased. Some outreach worker would be beneficial to go into the harder to reach communities and look at ways to engage them.</p>	<p>Reviewing the service users that may require less intervention and looking at different models to provide this support such as brief intervention. Working with individuals who don't always like working in group interventions (often opiate users) and create a model that provide no option such as the methadone requirement and engagement. Opiate users will drop in and out of services regardless due to the nature of the impact of the drug and associated behaviours. It should also be considered that many people with opiate use may also use alcohol however often these figures are not truly represented as opiate is the primary drug.</p>	<p>I often see information regarding West Berkshires homelessness and funding increase. However, homelessness simply isn't as prevalent as I feel this is being funded unnecessarily to meet the needs of councillors and media hype. Homeless people in West Berkshire are often transient and either move on or those that stay will choose to be homeless. If funding was reduced here I think the impact would not be significant and would benefit the substance misuse services.</p>	<p>If a decision is made to reduce the funding of this service I think it important for the local authority to review its consultation in 5-10years time as funding for services such as these are vital. Reduction in funding is impacting and the budget will again need to be increased to sustain these services and meet the communities health and well-being needs.</p>

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		needed. The service already delivers above and beyond what they are funded to do. West Berkshire is particular difficult to recruit in. Especially in the health and social care industry. People simply do not have the skill base to work within these services and often have to be 'home grown'. This takes time and investment. This is to my knowledge a fairly highly performing service. Reducing funding will simply impact this so that West Berkshire will no longer perform. When the services go out to tender, providers will not be interested as they will find it in financially viable. Some providers may bid, but they will not be able to deliver. West Berkshire will not be able to continue to provide a reputable service.				
11	Neither agree nor disagree					
12	Strongly disagree		This will severely stretch the service and the great work they do, this could result in less education of recovery which will result in more overdoses and harm caused by substance abuse which will impact hospital services and mainly the people who require help to deal with their addiction and their families. Less recovery education and availability would increase crime rates in the area so therefore it will cost you more in other services.	It's unlikely you can make this cut without negatively impacting those who use the service and those who work at the service. You will need to provide support for staff who are over worked and underpaid.		
14	Agree					
15	Disagree	Service user (SU) feedback: Most SU's are afraid of changes being made to the service such as loss of staff and groups being cut as most find that having groups to go to gives their week a routine and structure to our days. There was a lot of confusion as to why we are being cut when addiction and drug use is such a big issue. It is felt they need clearer reasons as to why the council is making these cuts. SU's feel frustrated and confused as to why these cuts are being made when government and council officials continue to earn so much money. Why should drug rehab and school services have to be sacrificed for them to continue getting pay rises? How can the local council pay so much on repaving the town centre when the homeless and drug services receive huge cuts while doing vital work? Will these cuts force us to have to go through GP's for referrals and treatment making us have to wait longer to get help and possibly receive less help and support than we are currently getting? Concerned that these cuts will mean less resources available to help	SU's feel that mistreated and homeless animals are given more help support and funding than we receive. The feel that as a homeless person some people would rather run them over than stop and help them where as if they were animals they would be collected and given help and treatment along with a safe place to live. They feel de-humanized by these constant cuts and restrictions. Feel like more help is going for mental health and cancers than addiction but at the same time it is harder to receive mental health help as an addict so you feel excluded and in turn to substance or alcohol more due to being stuck in this grey area of dual illnesses. How do GP audits	How can the SU's help during these cuts and changes to service? By coming along to the SUF Taking part in the groups so that we don't lose them. Possibly joining groups together i.e. alcohol and non-opiate groups joining together. More afternoon groups instead of morning groups. More peer mentor lead groups and activities could work well as give a different view to recovery and discovering different methods of helping themselves.		



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		<p>those people who are just joining the service badly needing the help and support. Will these mean less groups and support will be available. If there are less key workers will that mean that they will have to go on a waiting list for treatment? Worrying that we will have less staff so will not get as much time in 1-1's and will become a non-personal service. Worry about this being a case of manipulating the media to distract from real reasons for cuts. Feels like addiction support and help is overlooked when councils are looking at budgeting as addiction is seen as a choice or self-inflicted behaviour rather than an illness such as cancer or mental health. Why should our funding be cut due to council or government debts why do we have to lose out? How will these cuts affect our service? Where is our service will these cuts be made and what implication does that have on SU's and staff?</p>	<p>help anyway when most people lie on these forms to make themselves seem better. What happens with most of these referrals' made by GP's anyway as most referrals never seem to come through or don't appear to have been actioned by the GP's in the first place. How are these referrals that would normally be made by the GP's going to be made in the future if this service is cut? If Swanswell didn't exist how or where would we be? Relapsed- More stressed due to lack of support- More issues with our mental health Is there the potential of cuts to scripts we offer? We feel this would increase the chances of relapse and addiction worsening with a rise in crime where people commit crimes to fund their increasing habits. There could be a rise in dealers and violent crime as people turn more to illegal methods again to supply their habits if scripts are lost. These cuts could make addicts feel that help is less accessible to them with possible waiting lists making more wonder if there is a point in trying meaning the fail to engage with the service as they are not made to feel that getting clean is accessible. How do staff feel about these cuts? What do they feel can be done to help keep the service running smoothly and offering the level of support and care we currently receive? There could be an increased chance of overdose's and spreading of viral infections and diseases due to loss of naloxone pens and training along with cut backs to needle exchange and the health clinics available.</p>			
16	Disagree	<p>Since first responding I have been informed that TVP have funding towards a pilot project to work with Swanswell. Surely it should then also be supported by WBC</p>	<p>Drig users, those in recovery and their families</p>	<p>There are not currently other provisions.</p>	<p>Looking for other grants but everyone is in the same situation.</p>	<p>2nd response as I had further information.</p>
17	Strongly disagree	<p>Without Swanswell I do not know where I would be right now. They have given me the will and hope to carry on and get better.</p>	<p>It will effect a great many people who rely on the service, young and old. Some may well be effected more than others but ALL will be effected. It scares me.</p>	<p>You must try not to proceed.</p>	<p>Pay your council leaders less? Give Swanswell a greater presence in the council's marketing</p>	<p>Please I urge you to seriously reconsider this proposal. I might be dead without finding Swanswell.</p>

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18	Disagree	Leave the Service as it is. In rural communities - we have a problem and it will get worse without the wonderful service that Swanswell provide, and therefore would cost the Council/NHS far more money long term. The money provided really needs to go up, as, at the moment prescribed drug addicts are being cared for but alcoholics are not being reached - and they have nowhere else to go for help in rural areas. Raise the money you provide!		Alcoholics are prone to need the police and other services more often = extra expense. Drug addicts involve the police/NHS and the council when they are homeless/die. = extra expense etc. Swanswell are providing an excellent services - but it needs expanding to be efficient!		
19	Strongly disagree		I've first handedly seen the brilliant work that these type of charity's do for an individual and how it can simply give them hope and inspiration for another chance at life. Putting that at risk would be a terrible thing to do and could be responsible for ruining so many lives.	No, any loss of staff could potentially send the service users of the rail as it can take them a considerable amount of time to open up and build a connection with an individual case worker. I don't think there will be a way to soften the blow that it will give.	By not wasting money on infrastructures that don't need replacing. IE. bus stations.	Find some money to fix the potholes as well. They're dangerous and have almost caused me to fall of my motorbike a few times. Thanks
20	Strongly disagree	The reduction in funding will greatly affect those needing the service and have far reaching consequences for the wider community.	The funding cuts could prevent people with substance use problems from accessing our vital service. This could ultimately lead to people dying from substance-related issues e.g overdose, alcohol-related illness, crime, unstable mental health, homelessness.	Minimize the impact on service delivery as much as possible. Retention of staff is crucial.	N/A	I strongly urge this proposal to be carefully considered because it will have a knock on effect on other front line public services such as a&e, hospitals, ambulance, and the police.
21	Strongly disagree	You have already made huge and sustained cuts to many support services over the last few years which in many cases have hit the needy the hardest. It's time to stop this, and to focus limited funds on those who need them most. I cannot support any of the above cuts and urge you to find savings elsewhere or re-allocate funds from areas that will not impact the disadvantaged.				
22	Disagree					
24	Agree	I don't agree with any assistance to people who drug themselves, but if it is really necessary then a carefully controlled system should be employed. Also, the fewer the number of administrators the better.				
25	Strongly disagree	Swanswell provide an invaluable service - to cut their funding, would as stated, have a wide impact on the current service users, service users not yet identified and the wider West Berkshire community	There are some service users that need more support and time than others - the cutback would increase work loads therefore having an impact on time spent with service users.	No - where else will they go for support without being judged	No	

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26	Strongly disagree	Swanswell is already stretched to its limit. Everyone already has a long wait of 3 months or more before treatment can be offered which is unacceptable. Most addicts only seek help at the point they are desperate or feel ready, after such a long wait many have lost their homes, families and even lives! The "lucky" ones generally have gotten deeper into addiction, debt/crime & have often lost the passion to start recovery. This results in many failing at their recovery when they would have been much more likely to succeed if their treatment could of started at the time they took the courage in making that first step to ask for help which is more difficult than most people realise. With the added knowledge of long waiting periods for treatment this just gives more stress & mental health problems to the individuals. My knowledge of other areas providing this service is that treatment can be sought and begin immediately! I feel this is how our town should help addicts. It would benefit many others, not just the users of the service but the NHS (less admissions to hospital/GP appts. etc), the police (less crime) and the community in general to name just a few! I ask that this vital service NOT endure cuts when in fact it needs an increased budget.	As I explained, it will affect the whole community, even people with no direct links with an addict, for example, it could be them who are robbed because an addict is waiting months for help! I also mentioned the emergency services but there are others too, e.g. the many other charitable services like CAB, food banks, homeless help.... plus many more. EVERYONE is affected.	shorter time keeping clients on supervised medication prescriptions. (8 months on daily supervised medication is a very long time & really not necessary when recovery is going well) Maybe a limit on a person's needle exchange (if there isn't one already. I don't know much about this program) Cut down on group sessions. Often there are only one or two people turn up. A questionnaire for all the service users on their thoughts and ideas to improve things with saving money in mind.	I just keep reading about cuts to all the most vulnerable and important things such as CAB but then I see new bus stations being built or read about "ugly buildings" getting a make over (on the SAME PAGE I've read the council can't afford to help the CAB!!!) it angers me that I'm seeing people sleeping out in the cold because the council has no money to help them but it can afford to make a building pretty?!!	I feel the same for all the proposed cuts, please add my concern to each of them as I don't have heating (can't afford to turn it on) and my hands are now too cold to type and submit them all. Thank you
27	Strongly disagree	With the reduction of funding, it is showing that helping and supporting people who are alcohol / substance dependent is not a priority - and it should be.				
28	Strongly disagree	This service saved my life and helped me get my children back. I was an alcoholic for many years,ive been clean nearly 5 yrs and swanswell had a huge impact on that. This service is priceless and run by people who i class as miracle workers,life changers. Users cannot lose this it would be detrimental to them if they did. This service needs more funding not less.	Service users will be affected massivly!! This cant happen!!!!	You cant its not being replaced with something else its being taken away.	People are more important than pot holes.	
29	Strongly disagree	This will have a massive impact on the service provided for the worst. The service would not be provided to a standard at all let alone a good one. This will cause many more substance abuse related deaths, crime and poor mental and physical health on the clients which is a hight amount of west Berkshire citizens. This will cause a strain on other services such as mental health, police, nhs. I understand there is only so much money and it is a shame that citizens of west Berkshire are going to suffer. You will only relize the negative impact of this once it is done and then will have a lot to answer for.	Many it will impact from all walks of life addiction doesn't discriminate. It will effect the individual and more so the families!!!! Which again will be a high percentage of west berkshire. Let alone the strain on other services such as housing, police, probation, mental health, nhs and the list goes on	No	Cut people salaries such as expenses for mp's members of Parliament and councilers	
30	Strongly disagree	I feel that this will not save any money in the long term because of the negative effects it will cause. Fewer people will be able to benefit from Swanswell's services, and this will have knock-on effects for many different services including the NHS, Children's social care, adult's social care etc.				

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31	Strongly disagree	<p>Substance Use Disorder is a highly stigmatised disease albeit with relapse rates less than comparable diseases such as hypertension, diabetes, asthma, epilepsy etc yet GPs are not forced to reduce healthcare for these diseases. By reducing funding to Swanswell it is likely that service provision will reduce meaning health and social inequalities will increase. Mental health will suffer and increase demand on mental health services who already require a joined up approach from drug agencies in order to work effectively but less substance use services will likely mean waiting lists and less partnership working. In addition to mental health other areas will also suffer, for example without substance use services (or reduced services); - tenancies will be at risk due to lack of support to manage substance use disorders meaning rent will go unpaid, benefits overspent - homelessness will increase due to the aforementioned - strain on hostel housing will increase with residents not receiving adequate care - those currently accessing the service and maintaining recovery will be at risk of relapse as key parts of their recovery will be under threat £45,000 cut is very short sighted and lacks vision of the knock on financial impact of making these cuts. Inferring that group based intervention could be on offer is a financially led argument. The maximum you would want in a group is 12, with 400 service users in treatment that would require 33 groups a week for those service users to receive the psychosocial interventions critical to achieving behaviour change. It is also unrealistic to expect opioid users to attend groups and this expectancy shows a naivety regarding the vulnerable adults who these cuts will affect most. These clients typically make up the maximum cohort and have a long history of trauma and coexisting mental health problems where 1:1 appointments are optimal. It is also against clinical guidance to force psychosocial treatment (i.e. groups) or deny first line treatment (i.e. prescriptions) so the best case scenario is a cohort of clients on prescription without psychosocial support/intervention.</p>	<p>Age - I think the equality impact assessment identifies this perfectly. The hidden harm of ageing alcohol users is well known within the field. By reducing service provision you reduce the number of people who can be helped. By reducing the number of people who can be helped you simply maintain pressure on other services. It makes no sense. Disability - to say that service users with mental health issues will be priority is both admirable yet demonstrating a level of ignorance to the client base. 60-90% of service users will have some level of co-existing mental health problem so how are 90% going to be priority? When everybody is a priority then nobody is a priority. Similarly, those people who require home visits and close liaison with GPs will suffer as service provision is not able to provide. Will GPs be happy to take these clients on without physical intervention from Swanswell? Pregnancy and maternity - I believe this to be a little short sighted. Again, given the need for partnership working within this client base, less service provision can only mean less capacity to do this and service users will end up being signposted rather than supported. Without support, treatment won't be effective and therefore pressure on services will not be reduced. Continuing the short term pressure means that there is no opportunity to deploy a long term strategy. Pregnant clients require greater clinical management but to prioritise them simply means a delay in somebody else's clinical need being met which is likely to have an impact on potential for drug related deaths due to non-evidence based slower titration periods for those on substitute opiates. Sex - again, this is a very basic, surface figure to say more men use substances. When we're looking at the bigger of impact on co-existing mental health problems, national prevalence outside of substance users is typically</p>	<p>I would've expected the people making the decision to cut the budget to already have a plan in place for this?</p>	<p>There are many, many pots of money available from other areas. I would employ someone who's sole role it is to source these pots of income, bid for them and then redistribute them to the services financially affected. Rather than save money, generate it.</p>	<p>When communicating a budget cut I would suggest: a) visit the service whom you wish to cut and discuss the changes directly with service users b) have a communicated plan in place for how you will limit the impact rather than promote the financial cut and ask for advice on how to limit the impact. That approach doesn't instil public faith in the decision makers and is likely to generate backlash.</p>

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			double in the major areas such as anxiety, depression, paranoia, psychoticism for women and again, we know that 60-90% of service users will have a co-existing mental health problem what your equality analysis is effectively saying is that you're aware you're already not reaching enough women and you don't see any reason to address that need. Sexual orientation - this group will suffer from a lack of assertive outreach available to provide psychoeducation on chemsex for example. Whilst Swanswell exists as a service and is easy to walk in to, lack of ability to provide targeted intervention means numbers in treatment of this population is likely to continue to be low. Much like females, it seems you're happy to allow for low numbers in treatment rather than to find a way to increase numbers from this population?			
33	Agree					
34	Disagree	Previous experience working in the field. The reduction Will impact individuals and the community. Removal of IBA is an earlier intervention which reduces some of the need for more intensive in the future. Money spent on treatment saves approx £2.50 to the community for every £1 spent. Continually reducing fundind from services affects mental and ohysical wellbeing	There have already been significant cuts in social care. Clients who have complex needs will be more affected	Support more peer led support programme s Look for p/t voluntary counsellors. Offer low cost rent ir co location to the service	Look at grant funding or co location	
35	Disagree	Its a false economy.	All trying to address their issue. Families coping with a member esp children	No and pushing more on to voluntary sector is not the answer.	Be efficient Stop wasting money on vanity look good projects. Cut councillor allowances	
36	Agree	I do feel less inclined to offer support to services where people have the ability to help themselves and/or there is considerable information is already available to them in the public domain.				

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37	Strongly disagree	By offering group interventions to individuals and less individual support this is likely to have a negative impact on the services users who are particularly vulnerable and struggle to engage in group activities.	Some individuals find it overwhelming when being exposed in a group activity, with other individuals with substance misuse issues. This could lead to a reduction of individuals using the service and these individuals not having the support they need to manage their substance misuse.	Do not make the cuts to the funding Swanswell need to engage with vulnerable individuals in the community, who struggle to go into the service for group support.	Reduce the amount of locums you use across the teams.	N/A
38	Strongly disagree	It supports people to reduce alcohol/ drug consumption. It saves the council money by dealing with this issue which otherwise would manifest itself in hospital/policing/social services care. The service will break with less employees. A case load should be 12-20. 65 per person is already ridiculous.	It supports people to reduce alcohol/ drug consumption. It saves the council money by dealing with this issue which otherwise would manifest itself in hospital/policing/social services care. The service will break with less employees. A case load should be 12-20. 65 per person is already ridiculous. I don't see how group work (i am a mental health social worker who delivers group sessions) will solve the issue of £45k saving.	You won't. You already know this. The impact will be felt on other services. What you are suggesting is false economy.	Don't pay such high wages at the top. Pay better wages consistently from bottom to middle- this will result in retention of staff and less recruitment/agency fees.	I appreciate the government has removed this funding. Perhaps this council should join forces with other councils to uphold certain laws and decency for the vulnerable. Radical, sure, but completely doable. Use politics to make a gain and a stand, not just accept it.
39	Strongly disagree	I believe that Swanswell are running on the smallest cuts they can possibly make safely, with the amount of service users they have in treatment	It'll effect the service the clients are receiving and are less likely to engage which could produce more drug and alcohol related deaths	No as it is obscure		
40	Strongly disagree	We need this service in the area. Crime will increase. People will be out of jobs. This will be a strain on the police and residents of the area if there isn't a place for people seeking recovery to go.	It will affect everyone	Do not cut the funds	More advertisement. Less cuts.	Do not cut the funding please!!!
41	Strongly agree		.	.		
42	Strongly disagree	There is not enough funding for the current drug issue that Newbury and out lying areas have by cutting back by the hugh amount mentioned is going to impact massively on the already stretched resources.	Yes, it will impact several individuals. Time in consultation being limited is going to cause those with mental health issues even more anxiety, to propose group sessions to overcome staffing shortest is not the answer. More one-one is needed. This is going to discourage those from accessing the service. This in turn has massive impact on families and NHS resources, resulting in more hospital admissions, GP appointments and the police service to name but a few.	No. You cannot reduce impact by any other means. Its robbing Peter to pay Paul. Except what is going to happen is the cost saving is then going to cost more on other services. ie police, crime, homeless, NHS. I believe that cost is going to end up greater than the initial cost saving made on the drug and alcohol service.	Putting a tax on green bin waste has already given I believe an extra million to the budget, what is this being used for? Staffing within the council is costing a lot of money. The salaries being paid are well above the average?	Very upset at this proposal and the impact it is going to have on Newbury and the surrounding areas.

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43	Strongly disagree	I think there is not enough funding as it is for Swanswell. You are taking away money from vulnerable people who find it hard talking to their families.	Health services, Police more criminal activity. Mental health, homelessness, GP's, AMBulance Services, Hospital's will be overrun with people accessing it because of drug and or alcohol use. Destroying families, Social Services will be overrun with referrals. Schools, exclusion.	As before.	Less money on road improvements, tax the rich people, we do not need a new bust station as we already have one.	
45	Strongly disagree	There is a serious issue in West Berkshjre and cutting funding will only add to this.	Some individuals rely heavily on this service, and taking it away from those who need it the most will have a detrimental impact on the county.	Other than raise the budget, no.		
46	Agree	A large amount of funding would still be available to support this important service, a reduction is better than losing it all together.				
47	Strongly disagree	The service is vital to our community, cutting an already low budget will have a detrimental effect on the service	Alcohol and drug service already have a huge stigma attached to them, Swanswell have work very hard in trying to change people perception on the service they provide. Case workers are already massively strained with huge caseloads, by cutting the budget you may also be putting service users at risk, as the higher the case load vital things may get missed, as appointment will be further apart	Don't cut the budget, this is not something that can be cut anymore. Peoples lives would be at risk. Alcohol and drug users are already such a high risk category, without any added strains		
48	Strongly disagree	The loss of 8% or £45k will lead to the loss of two staff at a service that is barely able to cope with the levels of clients already. The proposed removal of the Alcohol screening and advice is so short sighted as it is a service that would easily pay for itself in savings to social services, policing, GPS and NHS over the year, to name but a few. Catching alcohol abuse early at a point where it has not reached a point of no return is of massive import socially and economically in the area.	Yes it will impact low income vulnerable people who are already feeling the impact of budget cuts. The MOST vulnerable members of West Berks community use this service and they will again be hit by cuts. It is a shoestring service already and further cuts, in no uncertain terms will lead to deaths amongst this cohort because of the inability to properly engage this difficult and challenging cohort.	No - unless there was an attempt by West Berks to engage large local business to sponsor treatment services.	Seek local business sponsorship Charge GPs to use this service for their clients. Charge a small percentage Levey of 2.5% on any rental of council owned properties to subsidise the service. Small amounts charged to those who can afford to subsidise the highly vulnerable group of service users.	Please feel free to contact me on this matter as I have gone on to design service delivery for treatment services and I may be able to help in the consultation. This would of course be gratis and though I am firmly on the side of no cuts there may be more efficient ways to provide some areas.

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49	Strongly disagree		i think swanswell runs on a small budget anyway and if cuts are made, this will extremely effect service users and the service they are provided with. A lot of service users only have Swanswell as support and by making these cuts you are limiting the support these vulnerable/high risk people are receiving!!	no i dont as i do not feel this will save money as it will have a ripple effect on housing/homelessness, social services, NHS, more crime-police. Therefore other services will be exhausted and will need more money put into it. Maybe you shouldn't of spent so much money on a new bus station.	Stop spending money on pointless things and put money in to services like swanswell, two saints, mental health childrens services and schools.	
50	Strongly disagree	As a worker at Swanswell I feel the cuts will affect our clients, we already hold quite high caseloads, comparing to other services. Also a suggestion was more groups but groups are not for everyone and it is an individual preference and should be a choice not a given. We provide a good service here and it is proven in how many people we support on a day to day basis.	I think it will many people who access this service. As many of our clients are very vulnerable and do not have a good recovery capital, lack of family support or peer support. Just them coming for a one - one fortnightly makes their day.		Maybe cut down on how much money is spent on repairing pot holes.	
51	Strongly disagree	These people are vulnerable and already have limited support, to make cuts to this would further detriment their progress. Many people use this service and rather than cutting it, more funding should be being put towards it.	It will have a negative effect on service users and their families.			
52	Strongly disagree	Given that this proposal talks directly about the immense cost to the NHS and society as a whole or alcohol and drug issues, I find it shocking that we are being so short sighted as to make cuts to this service. It shows both a lack of care for those affected and also a lack of care for the wider public	Drug and alcohol issues have been shown to disproportionately affect people of lower socio-economic groups so these cuts will have much more severe effect on those people, ironically the people who have the least access to alternative treatments	If this decision goes through, this will have the direct effect of a greater cost to a whole host of other services, including but not limited to, police, the NHS and homeless shelters. Additional funding would need to go to these services to cope with this decision		
53	Strongly disagree	The people they try and help are the most vulnerable and stigmatised by society. The council are putting money into some stuff such as homelessness and seem to be forgetting addiction is a key factor and by reducing the budget for addiction is just furthering the cycle. Addiction is complex and with 65 Cases to one person and this set to increase the support available to people with be less resulting in more crime, homelessness and hospital admissions	All people with addictions but In Particular prevention work or people with less of Problem at the moment such as binge drinkers. They will not be able to access upper Untill they start becoming more problematic	No it's a mistake		
54	Strongly agree	I would suggest a 100% reduction - this shouldn't be part of a local council budget but part of central government policy and funding initiative if considered an important enough health matter - it is an expensive and minority issue.	The numbers it affects are a tiny percentage of the West Berkshire population and there are better ways to spend £500,000. It is not an area that Local Government should be concerned with.	The impact is on a tiny minority - they can sink or swim like everyone else on their own responsibility - there are sufficient laws and health initiatives to deal with these issues from central funding.	The most important thing is to remember that tiny minorities cannot expect to be funded by local government supplementary taxation - we as a nation now have the greatest tax burden of any generation - it is impossible to do all things for all people and tough and sometimes brutal decisions must be made. Just cut the service completely.	
55	Disagree	I think it needs to be reduced further to £500,000				