# **Consultation Summary Report**

### 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), 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

The purpose of the Alcohol Screening and Brief Advice Service is to provide people with an opportunity to reduce the harm that excessive drinking causes to their health and wellbeing. This service aims to reduce incidents of liver disease, hepatitis, cirrhosis and reduce premature deaths from these conditions. The service is currently delivered by Healthcare Professionals within GP practices across West Berkshire. The screening is conducted using a simple, free to use test, called the Alcohol Use Disorders Identification Test - Consumption (AUDIT-C)<sup>iii,</sup> which determines a patient's level of risk. The screening takes approximately one minute, and based on the level of an individual's risk, an appropriate course of action is decided upon. This could include providing brief advice, signposting to online support or a referral to specialist services

We've contracted GPs to deliver this service since April 2009. The total annual budget for this is £21,300. Each GP is paid £1.00 per patient screened, £4.00 per alcohol brief advice given and £2.00 per referral to specialist services. In 2017/18, GPs claimed for 28% more AUDIT-Cs than in 2014/15. However, claims for Alcohol brief advice have dropped by 42.9% in the same period. The number of referrals to specialist services have remained similar to previous years.

# **Legislation Requirements**

There is no legislative requirement for us to provide this service, however the government's Alcohol Strategy<sup>iv</sup> encourages a change in drinking behaviour and reduce the harm that excessive drinking causes to an individual's health and wellbeing. Treatment is focused on engaging people in effective management quickly, and enabling recovery.

# **Proposal Details**

To cease the annual funding to the Alcohol Screening and Brief Advice Service (a saving of £21,300 or 100%) from 1 April 2019.

# **Consultation Response**

# Number of Responses

In total, 9 responses were received.

One of the respondents identified themselves as a resident, seven as employed by West Berkshire Council, one as a Parish/Town Councillor, two as partner organisations, and two as other.

# **Consultation Summary Report**

# Summary of Main Points

Five respondents either strongly disagreed or disagreed with the proposal, whilst three either strongly agreed or agreed.

There is a shared concern from those who 'strongly disagree' with the proposal that the withdrawal of this service from routine care will mean that fewer individuals are identified of drinking at harmful levels and offered an intervention at an early stage. These respondents suggest that the proposed savings will lead to adverse health and wellbeing outcomes of individuals and the council is not focusing on allocating funds to support the disadvantaged.

Respondents also suggested that alcohol problems are one of the areas of public health which is continuing to worsen, and that not taking measures to identify and support individuals who drink at harmful levels is short sighted and likely to lead to increased costs in the future.

Respondents who agree with the proposal describe how information, support and advice is already available through various online resources. They suggest that alcohol consumption is ultimately a choice, and they feel less inclined to offer support to services where people have the ability to help themselves.

#### Summary of Responses by Question

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

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

	Resp	Percent of	
	Ν	Percent	Cases
Or anyone you care for, a user of this service	0	.0%	.0%
A resident of West Berkshire	1	7.7%	11.1%
Employed by West Berkshire Council	7	53.8%	77.8%
A Parish/Town Councillor	1	7.7%	11.1%
A District Councillor	0	.0%	.0%
A service provider	0	.0%	.0%
A partner organisation	2	15.4%	22.2%
Other	2	15.4%	22.2%

Budget Proposals 2019/20: Alcohol Screening and Brief Advice Service

**Consultation Summary Report** 

# 2. How far do you agree with the proposal to cease the annual funding to the Alcohol Screening and Brief Advice Service from 1 April 2019?

	Frequency	Percent	Valid Percent
Strongly agree	2	22.2	22.2
Agree	1	11.1	11.1
Neither agree nor disagree	1	11.1	11.1
Disagree	1	11.1	11.1
Strongly disagree	4	44.4	44.4
Total	9	100.0	100.0
Not answered	0	.0	
Total	9	100.0	

# 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?

The general consensus from respondents was that there will be a limited opportunity for patients who are not aged 40-74 to receive the benefits of this service. It was suggested that patients who do not present with symptoms of alcohol abuse would not be given an opportunistic Audit-C test, alcohol information and support.

One respondent suggested that there was likely to be a socio-economic gradient in the impact of these cuts, with worse-off people being affected more.

# 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.

A suggestion was made to exclude patients who are eligible for a NHS Health Check, allowing for a specific cohort to be given the opportunity to receive the service e.g. newly registered patients, patients who present with symptoms of alcohol abuse (opportunistic tests) and patients aged 40-74, but excluded from having an NHS Health Check, and those aged over 74. Budget Proposals 2019/20: Alcohol Screening and Brief Advice Service

# **Consultation Summary Report**

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.

Suggestions were:

- Reallocate funds from areas that will not impact the disadvantaged
- Increase Council Tax to continue funding all budget proposals
- Lobby central government and inform them of the harm being done due to the proposed cuts
- Propose that those eligible for an NHS Health Check are excluded from receiving the benefits of the alcohol screening and brief advice service
- To invest more money in awareness of alcohol abuse and its associated effects across West Berkshire
- Stop funding alcohol related charities

# 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.

No respondents answered this question.

### 7. Any further comments?

One respondent felt that this type of service was an important thing for the council to do. Another agreed with the cuts, rather than see an increase in Council Tax.

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

Edward Clintworth Public Health Category Manager Commissioning 02/01/2019

**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

# Budget Proposals 2019/20: Alcohol Screening and Brief Advice Service

# **Consultation Summary Report**

in conjunction with the more detailed verbatim comments to ensure a full, rounded perspective of the views and comments are considered.

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

i http://info.westberks.gov.uk/consultations

https://www.gov.uk/government/publications/alcohol-use-screening-tests

https://www.gov.uk/government/publications/alcohol-strategy

Budget Proposals 2019/20: Alcohol Screening and Brief Advice Service		Head of Service: Matt Pearce Author: Eddie Clintworth		5 March 2019 Version 1 (Full Council)			
Proposal:	Proposal: To cease the annual funding to the Alcohol Screening and Brief Advice Service from 1 April 2019.						
Total budget 2018/19:	£21,300	Initial proposed saving 2019/20	£2	21,300 (100%)	Recommended 2019/20	saving	£21,300 (100%)
No. of responses:	In total, nine responses were received. Of those that responded: <ul> <li>0 identified themselves as users of the service</li> <li>One as residents of West Berkshire</li> <li>Seven as council employees</li> <li>One as a Parish/Town Council</li> <li>0 as District Councillors</li> <li>0 as service providers</li> <li>Two as partner organisations</li> <li>Two as other</li> </ul>						
Key issues raised:	ey issues raised: Five respondents either strongly disagreed or disagreed with the proposal, whilst three either strongly agreed or agreed. There is a shared concern from those who disagreed with the proposal that the withdrawal of this service from routine care will mean that fewer individuals drinking at harmful levels will be identified and offered an intervention. These respondents suggest that the proposed savings will lead to adverse health and wellbeing outcomes of individuals. Respondents who agrees with the proposal describe how information, support and advice is already available through various resources to which people can access. They suggest that alcohol consumption is ultimately a choice and they feel less inclined to offer support to services where people have the ability to help themselves.						
Equality issues: No issues were raised during the consultation, that weren't already included in the stage one Equality Impact Assessment.							

**NB:** This Overview of Responses and Recommendations paper should be read in conjunction with the Consultation Summary Report and Verbatim Responses received in relation to this proposal. These can be found in the agenda pack or on our <u>Consultation Portal</u>.

Suggestions for reducing the	Suggestion	Council response
impact on service users:	Exclude Patients who are eligible to have an NHS Health Check, allowing for a specific cohort to be given the opportunity to receive the service e.g. newly registered Patients, Patients who pose with symptoms of alcohol abuse (opportunistic tests) and Patients aged 40-74 but excluded from having an NHS Health Check and those aged over 74.	Newly registered patients can be asked to complete an Audit-C test on a registration form when registering to a GP Practice. This will reduce the number of initial appointments and ensure the healthcare professional's time and capacity is used effectively. If the newly registered patient is found to be at moderate risk due to their drinking behaviour, the patient should be signposted to additional information and support, readily available to them through various resources e.g. the council's Alcohol and Drug Support webpage <u>https://info.westberks.gov.uk/substancemisuse</u> or NHS Choices. Patients who are at high risk of adverse health effects due to their drinking behaviour can self-refer onto specialist support services, visit their local GP or Pharmacy and access Mutual Aid Groups and Fellowships which can be found on West Berkshire Council's Alcohol and Drug Support Webpage.
	For local and national alcohol support services to raise awareness of the adverse health effects associated with alcohol misuse in the community and support local schools to educate and raise awareness of alcohol misuse to young people.	Public Health England and NHS England continue to run a number of national campaign raising the awareness of the adverse health effects of alcohol to health. The council continue to work closely with local NHS organisations through the Integrated Care System to ensure that opportunities to raise awareness of excessive alcohol consumption are embedded throughout clinical pathways. The council continue to support schools in educating children about the harms of alcohol misuse through a range of initiatives.
	Health and Wellbeing Boards to continue to help prioritise health improvement and prevention to best deliver benefits for the health and wellbeing of the population.	The council will continue to work through the Health and Wellbeing Board to plan how best to meet the needs of our local population and tackle health inequalities. This is achieved through the preparation of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

# **Overview of Responses and Recommendations**

	Public Health England to support the responsibility for monitoring of alcohol misuse across the locality and in raising awareness of alcohol campaigns such as Dry January.	Local authorities are required to report information from alcohol and drug misuse services through the National Drug and Alcohol Treatment Monitoring System (NDTMS). NDTMS is managed by Public Health England to look at how good these services are at helping people with drug and alcohol problems, with the aim of making sure everyone receives the best treatment possible. Public Health England and West Berkshire Council continue to support national campaigns such as 'Dry January'
	Local Clinical Commissioning Groups to continue to prioritise local budgets for health care and support the development of an alcohol treatment pathway.	NHS England recently published their 10-Year Plan which requires local Clinical Commissioning Groups to support hospitals with the highest rate of alcohol dependence-related admissions through new specialist Alcohol Care Teams (ACT's). The Council will continue to work with our NHS Partners to raise awareness of excessive alcohol consumption and ensure individuals are signposted to local support as required.
Suggestions for	Suggestion	Council response
Suggestions for saving money or increasing income:	Suggestion Use the income from local council tax to support the delivery of this service.	Council response 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.

**NB:** This Overview of Responses and Recommendations paper should be read in conjunction with the Consultation Summary Report and Verbatim Responses received in relation to this proposal. These can be found in the agenda pack or on our <u>Consultation Portal</u>.

### **Overview of Responses and Recommendations**

	Stop funding alcohol related charities.	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 abuse. The Local Authority must, in using the grant, have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.
Conclusion and recommendation:	It is clear that by removing the funding for this service, there is a potential risk of fewer individuals being identified as drinking at harmful levels and offered an intervention at an early stage. However, there is no evidence to suggest that this service is proving to support the health and wellbeing outcomes of individuals who are found to be at moderate to high risk of alcohol related health conditions.	
	As a result of the responses received, <b>it is recommended that the service is decommissioned</b> and the council continue to support GP Practices and the wider NHS to identify and support individuals who drink at harmful levels as part of routine care.	

# Stage One Equality Impact Assessment (EqIA 1)

What is the proposed decision?	To cease funding the Alcohol Screening and Brief Advice Service (a saving of £21,300 or 100%) from 1 April 2019	
Summary of relevant legislation	The government's Alcohol Strategy (2012) describes the national policy about encouraging a change in drinking behaviour and reducing the harm that excessive drinking causes to an individual's health and wellbeing. Treatment is focused on engaging people in effective management quickly, and enabling recovery.	
Does the proposed decision conflict with any of the council's key strategic priorities?	No	
Name of budget holder	Denise Sayles	
Name of Service and Directorate	Public Health & Wellbeing, Communities	
Name of assessor	Edward Clintworth	
Date of assessment	23/10/2018	
Version and release date (if applicable)	V2. 14/01/2019	

Is this a?		Is this policy, strategy, function service?	or
Policy	No	New or proposed	No
Strategy	No	Existing and being reviewed	Yes
Function	No	Changing	Yes
Service	Yes		·



1. What are the main aims, objectives and intended outcomes of the proposed decision and who is likely to benefit from it?		
Aims:	To reduce spending in line with ring fenced grant reductions and council savings	
Objectives:	To end the current provision for this service.	
Outcomes:	Reduction in cost toward alcohol related support services.	
Benefits:	Savings of £21,300.00 per year	

2. Which groups may be affected and how? Is it positively or negatively and what sources of information have been used to determine this?				
Group affected	What might be the effect?	Information to support this		
Age	There is no evidence to indicate that there will be a greater impact on this group than on any other			
Disability	There is no evidence to indicate that there will be a greater impact on this group than on any other			
Gender reassignment	There is no evidence to indicate that there will be a greater impact on this group than on any other			
Marriage and civil partnership	There is no evidence to indicate that there will be a greater impact on this group than on any other			
Pregnancy and maternity	There is no evidence to indicate that there will be a greater impact on this group than on any other			
Race	There is no evidence to indicate that there will be a greater impact on this group than on any other			
Religion or belief	There is no evidence to indicate that there will be a greater impact on this group than on any other			



Sex	There is no evidence to indicate that there will be a greater impact on this group than on any other	
Sexual orientation	There is no evidence to indicate that there will be a greater impact on this group than on any other	
Further comments		

# 3. Result

Are there any aspects of the proposed decision, including how it is delivered or accessed, that could contribute to inequality?

AUDIT-C is a free and easily accessible tool that can continue to be used by GP Practice employees when necessary.

Will the proposed decision have an adverse impact upon the lives of people, including employees and service users?

No

GP Practice employees can continue to use the tool for free when necessary. The impact will be very minimal due to the NHS Health Check Programme.

4. Next steps	
EqIA 2 required?	No
Owner of EqIA 2	
Timescale for EqIA 2	



# Number of responses: 9

ID	How far do you agree with the proposal to cease the annual funding to the Alcohol Screening and Brief Advice Service 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	If the decision is taken to proceed with this proposal, do you have any suggestions for how we can	Do you have any suggestions on how we might save money or increase income, either in this	
	Response	Please tell us the reasons for your response.	affect particular individuals more than others? Please refer to the Equality Impact Assessment (EqIA) to see what has already been identified.	reduce the impact on those affected? If so, please provide details.	service, or elsewhere in the council? If so, please provide details.	Any further comments?
1	Strongly disagree	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. These are the areas of concern and questions we wanted to highlight: As with the proposed cuts to Swanswell we feel that this intervention is an important part of a range of measures to help identify and tackle the increasing problem of hazardous drinking levels amongst the local population. Whilst the AUDIT-C test will be performed as part of an NHS Health check for those aged 40-75 we know that uptake for the check has been mixed, and that those most in need of a check are often the least likely to present. The concern is that withdrawal of the screening check from routine care will mean fewer individuals drinking at harmful levels will be identified and offered an intervention at an early stage. It could be reasoned that without early identification and advice there will be an increased demand placed on tier two services such as Swanswell				
2	Strongly disagree	The argument for these cuts is not well made. If cutting the grant will have minimal effect, why has it been commissioned since 2009 – was it a worthwhile service or was the council wasting money? It is suggested some cases may be picked up by the NHS health check and routine dealings with GPs, but there is no estimate of what proportion of people will be picked up that way. GPs are already overstretched and cannot be expected to absorb more work. Alcohol problems are one of the areas of public health which are continuing to worsen and not taking measures to identify and help deal with them is short sighted and likely to lead to increased costs in future.	There is likely to be a socio- economic gradient in the impact of these cuts, with worse off people affected more.		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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ID	How far do you agree with the proposal to cease the annual funding to the Alcohol Screening and Brief Advice Service 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	If the decision is taken to proceed with this proposal, do you have any suggestions for how we can	Do you have any sugg how we might save r increase income, eith
	Response	Please tell us the reasons for your response.	than others? Please refer to the Equality Impact Assessment (EqIA) to see what has already been identified.	reduce the impact on those affected? If so, please provide details.	service, or elsewhe council? If so, pleas details.
3	Disagree	The impact assessment is clearly nonsense: not all abusers of alcohol are over the age of 40, which is precisely why this service exists.	People under the age of 40 will no longer receive the assessment that could ultimately be the difference between life and death for those individuals. Many will not feel comfortable attending an AA meeting or a similar alcohol rehabilitation group. An alcohol screening with a GP might catch a potential descent into alcoholism before it becomes debilitating, life- threatening, or harmful to loved ones.	Since those aged 40-74 are already covered by the NHS Health Check, the service could be cut to individuals in that age bracket. GPs would then have a way to cover all age ranges. To simply remove cover for those under the age of 40 and over the age of 74 is ageist.	Surely with the council t year on year you should of income??
4	Strongly disagree	It is likely to lead to an adverse outcome	This will affect staff and those who will be impacted by inadequate screening for alchohol.		
5	Neither agree nor disagree				
6	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.			
7	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.			
8	Strongly agree				
9	Strongly agree		Drinking is a choice. They shouldn't get help to give up (unless they pay for it themselves). why should we (the Pole tax payers pay for it)	N/A- see previous comment	Stop funding Alcoho charities. As I said be choice people m

gestions on money or ther in this tere in the se provide	Any further comments?
l tax going up ld have plenty ??	
	This type of service is an important thing for the council to do.
nol related before it is a make.	I agree with a lot of your cuts, rather that than increase my community charge. Thankyou