Cabinet Report

13 September 2017

Drug and Alcohol Recovery Service Model

Report of Corporate Management Team
Jane Robinson, Corporate Director of Adult and Health Services
Councillor Lucy Hovvels, Portfolio Lead for Adult and Health Services

Purpose of Report

1 To present Cabinet with an overview of the proposed new model for the Drug and Alcohol Recovery Service. The report will cover the rationale for change, the proposed new model and detail on the consultation process.

2 To make recommendations to Cabinet for the tender process for drug and alcohol services.

Background

3 Local authorities have the duty to reduce health inequalities and improve the health of their local population by the provision of public health services aimed at reducing drug and alcohol misuse.

4 There were an estimated 2,155 opiate and/or crack users (OCUs) in County Durham in 2011/12 (PHE Fingertips). The number of these OCUs injecting was estimated to be 1,076. At the end of Quarter 4 2016/17, there were 1504 OCU actively engaged in treatment services. This gives a treatment penetration rate of 70% for opiate users (penetration is the percentage of people who are accessing treatment as a proportion of those who are estimated to use drugs). There is potential for other users in the community not to be accessing any recovery support.

5 Drug and alcohol services make a significant contribution to tackling health inequalities, increasing life expectancy, improving the health and well-being of families and reducing crime and disorder in our local communities.

6 In a recent Public Health England Review (January 2017) it was estimated that for every £1 spent on substance misuse treatment there is a £2.50 saving recuperated on the social costs of drug misuse, making sound sense for local authorities to continue to invest in supporting people into recovery.

Current Provision

7 In 2014/2015 a review of drug and alcohol services was undertaken to transition a model of twenty-three providers to an integrated service. In April 2015 Lifeline, with a subcontract arrangement with Tees, Esk and Wear Valley NHS Foundation Trust were awarded the contract. This action was undertaken to provide a standardised and systematic approach for the client through their treatment journey.

8 In June 2017, Lifeline went into administration and the drug and alcohol contract was novated to a national charity called Change, Grow, Live (CGL) CGL are now the interim provider of services until the new contract is formally procured.

9 The current Integrated Drug and Alcohol Service in County Durham delivers a range of psycho-social interventions, clinical prescribing and recovery support based on evidence from Public Health England and NICE Guidance. Tees Esk and Wear Valley NHS Foundation Trust manage any requirement for clinical support. There are also 80 pharmacies undertaking supervised consumption of methadone and six providing needle exchange managed by CGL.

10 Services are delivered through six Recovery Centres, based in Consett, Durham City, Seaham, Peterlee, Newton Aycliffe and Bishop Auckland. Durham County Council hold the leases for all Recovery Centres and the IT database system, which provides a level of on-going stability in the system against any back drop of change.

11 This model brought many positives to the treatment journey. However, there remained challenges in relation to treatment outcomes for service users, which has remained equal to the North East average but lower than the national average.

12 It was also identified that there was fragmentation in some of the treatment pathways and that services could be more family focussed.

13 A re-tender exercise was due to commence in June 2016 to procure a revised treatment service with a start date of 1st April 2017. However due to the above it was recognised that a more comprehensive review and consultation was required to shape a future model.

14 This was also timely given changes to the Public Health Grant, which resulted in a prioritisation exercise due to grant reductions set out in paragraph 15. This comprehensive review was undertaken across all of the public health's areas of investment alongside detailed benchmarking analysis to plan future services within the contracting financial constraints.

Finance

15 Central Government announced in year reductions to the Public Health Grant in 2015/16 of £3.136 million. This was a recurrent reduction and additional grant reductions were announced that will lead to a total reduction from the public health grant of £8.148 million by 2019/20.

16 The full drug and alcohol service review aimed to address the changing needs of the service within the financial constraints and included a £1.3 million saving associated with the Drug and Alcohol Recovery provision, which has an existing budget of £7.37 million.

17 The overall contract size for the drug and alcohol recovery service is £5.35 million. Full year savings from the contract will be £733k with the remainder of savings coming predominantly from the reduction in the cost of premises, as the focus in the revised model will be on outreach. However, front line staff will be retained as far as possible.

Risks

18 There are several risks in relation to the Drug and Alcohol Service. Lifeline have recently transferred its rights and obligations under the current contract to CGL. In addition, due to the change in tender timeline the existing service is operating under a contract extension. There is some instability within the existing arrangement.

19 These services are critical in not only supporting people into recovery, but also combatting against blood borne infections such as Hepatitis and HIV. It is essential that the model is fit for this purpose and operates in a recovery-focused way to mitigate the risks.

20 There is a risk if we do not procure a permanent provider for this service that treatment outcomes and associated issues will be affected.

Review Process and New Service Configuration for 2017/18

Review

21 A service review was undertaken in July 2016 to inform a future service model within the new financial envelope. The review was overseen by the Drug and Alcohol Procurement Board and included:

- Review against NICE guidance and national policy.
- Review of evidence and best practice.
- Review of current performance, data and outcomes.

22 The review resulted in a proposed service model and draft specification. The model remains a recovery-based model with a range of prevention, harm minimisation, psychosocial, clinical and recovery support.

23 The model also proposed a move from six recovery centres to three with an increase in outreach provision based on needs across the county.

Consultation

24 A comprehensive consultation was then carried out between July 2016 and February 2017 on the proposed service model and draft specification. This was undertaken with the support and guidance of the Consultation Officers Group (COG).

25 The consultation included 27 discussion groups with a range of partners included dedicated sessions with:

- Durham Constabulary
- DCC children's services and adults
- Clinical Commissioning Groups
- Prison
- OSC
- NHS Harrogate Foundation Trust, County Durham and Darlington Foundation Trust and Tees Esk and Wear Valley Foundation Trust.

26 Briefings were also circulated to GPs, Pharmacies and Area Action Partnerships and elected members. Stakeholder and market engagement meetings were also held.

27 Direct consultation was also carried out with existing staff and service users drawn together in a report by Teesside University. A summary of responses and key themes and action taken to address these in the revised service model and specification is outlined in Appendix 2.

28 Key issues included the need to retain front line staff, to strengthen pathways to children's services and to ensure good access is retained through a centre and outreach model. There was a positive overall response to the mixture of centre based and outreach provision.

29 Those key elements have been included in the revised model including:

- More family focused including support for children and young people of parents who use substances
- Outreach support to reach clients
- Improved integration with a range of other services
- Improved pathways to children's services.
- Dedicated staff working into youth offending service.
- Extension of Recovery Academy to include a broader range of interventions.
- Flexibility for provider to use a range of community based venues dependant on client's needs.
- Retaining front line staff
- Improved pathways with criminal justice, primary and secondary care.

30 An equality impact assessment has been carried out on the proposed model and is attached to this report at Appendix 3.

New model

31 The proposed new model will be transitioned into a community outreach model in order to retain and maximise front line service provision. Services will be based in three Recovery Centres with extensive outreach provision to extend accessibility into more local communities (see Appendix 4).

32 To achieve this the model will move from a six centre based model to three centres utilised as staff bases, with an increase in outreach provision.

Recovery Centres to be retained	**Recovery Centres for decommissioning**	**Areas targeted for outreach provision**
Durham City	Consett	Consett
Peterlee	Seaham	Seaham
Bishop Auckland	Newton Aycliffe	Newton Aycliffe
		Stanley
		Chester-le-Street

33 Within the new model, local community assets will be utilised such as pharmacies, primary care and community buildings. The community outreach programme will be conducted sensitively with the needs of the service users, their families and the wider community interests all considered. It is anticipated that the drug and alcohol service staff will operate out of partner buildings in a co-location model as well as being based within the substantive three Recovery Centre buildings (Durham City, Peterlee and Bishop Auckland).

34 This will bring benefits to those service users and their families enabling increased access to community services across the County and reducing travel time and costs to recovery centres.

35 This model will seek to retain front line staff who will focus on an outreach approach.

36 The new model will enable improvement of a number of key pathways in the current specification. This includes an increase in referrals from criminal justice, primary care, hospital and the social care provision for children, young people and families. There will also be an increase in outreach support for alcohol clients and wider campaigns raising the awareness of the dangers on New Psychoactive Substances (formally known as “legal-highs”). The pathway for substance misusing parents, children and young people will also become more integrated with dedicated staff working in partnership with the One Point social care teams.

37 Savings will be accrued from a reduction in rent, rates, utilities and other associated running costs of buildings.

38 In July 2017, the HM Government published the new Drug Strategy and Drug Misuse: UK Guidelines on Clinical Management. This strategy builds on the ethos of reducing demand, restricting supply, and continues to advocate for an emphasis on promoting recovery to help support people to live a drug free life.

39 The strategy sets drug and alcohol services the challenge to provide more holistic approaches to addressing other issues in addition to clinical treatment to support people suffering with dependency on drugs and/or alcohol. There is a recognition that the Strategy applies to both drugs and alcohol and a stipulation that local authorities should integrate their approach to reducing associated harms.

40 The drug strategy advocates utilising the life course methodology for all interventions and stipulates that a more cross-cutting, coordinated approach be required to engage partners in education, health, safeguarding, criminal justice, housing and employment to effect change. These key elements are all integral to the service model and partners were consulted in the re-drafting of the model.

41 The strategy has a particular focus on building recovery and supporting individuals recovering from their dependency on drugs and alcohol. The revised model is recovery focused and seeks very clearly to reduce the harm caused by drugs and alcohol.

42 The service will continue to be commissioned in line with NICE Guidance and seek to increase the understanding of the client group as well as those who use drugs and alcohol who are not in contact with existing services.

43 A focused health needs assessment will be carried out to increase our joint understanding of long term service users. This will be carried out in conjunction with partners including the Office of the Police, Crime and Victim Commissioner, NHS and Public Health England to inform future commissioning intentions.

Proposals for Service Commissioning for 2017/18

44 The original time line for the procurement of the new drug and alcohol service suggested as 1st October 2016 tender publication, with a 1st April 2017 start date. This process was paused in June 2016 to enable a detailed consultation to take place. The revised timeline is 14th September 2017 tender publication with a service commencement date of 1st February 2018.

45 A detailed mobilisation plan will be developed and worked through with the successful provider. This will include a range of areas:

- Estates/building/leases. This will include leasing arrangements and cost of buildings
- IT
- Staffing

- Communication
- Referral pathways

The Drug and Alcohol Procurement Board will oversee this.

46 A full list of venues available to provide community one-to-one, group and clinical sessions in each outreach area identified will also be developed in preparation for the provider of the new contract. All proposed community outreach venues will be sensitive to both the needs of the service user and the wider community.

Recommendations

47 Cabinet is recommended to:

(a) note the consultation which has taken place to inform the final design of the service model;
(b) approve the proposals for the revised Drug and Alcohol Recovery Service model as outlined in paragraphs 31 - 37;
(c) approve the procurement of the new service for a 1st February 2018 start date;
(d) Note the approach taken to service mobilisation.

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Appendix 1: Implications

Finance – the value of the contract for the new Drug and Alcohol Service will be dependent on the outcome of the tender exercise. Failure to reach the recurrent annual savings from the reshaped £1.3 million will increase pressure to find mitigating savings elsewhere in the service. However, an improved model based on outreach and increased focus on families may have a positive impact on other council services including children social care

Staffing – staff within the current drug and alcohol service will be considered under TUPE arrangements within the tender process of the service. The review has focused on the retention of front line staff to deliver the revised model.

Risk – there are risks if the tender process does not go ahead as we are currently operating in an extension to an existing contract. This does not provide stability for the service, which could impact on quality and outcomes. There is a risk that there are no providers who tender for the service. However, initial market testing suggests this will not be the case and there are providers in the market.

Equality and Diversity / Public Sector Equality Duty – an equality impact assessment has been completed and is attached to this report. More men access the service as do people from the 25-44 years age groups. Transition to a revised delivery and recovery model will be positive for all services users with particular benefits for working aged people, younger people, women and people with disabilities.

Accommodation – this forms a key part of the mobilisation plan including consideration of leases, dilapidation costs and the provision of community facilities for outreach recovery services.

Crime and Disorder – agreed pathways with the criminal justice system within the new specification should improve referrals and performance outcomes for the service.

Human Rights – the proposed improvements to the service will assist the Council in protecting the human rights of individuals who need to use it.

Consultation – an extensive consultation exercise was undertaken between July 2016 and March 2017. This included consultation with the market, stakeholders, staff and service users as per DCC COG procedures. The key themes and changes to the model and specification are summarised in Appendix 2.

Procurement – the Drug and Alcohol Procurement Board is managing the procurement process and has a timetable in place to ensure the new service is in place for 1st February 2018.

Disability Issues – reasonable adjustments will be made where required to ensure access to services and compliance with the Equality Act 2010.

Legal Implications – the proposed changes require an agreed termination of the existing contract and its replacement by a newly procured arrangement. Under the amendments made to Section 2B of the National Health Service Act 2006 by the Health and Social Care Act 2012, the Council has a duty to take such steps, as it considers appropriate for improving the health of the people in its area. That may include the provision of information and advice; the provision of services or facilities designed to promote healthy living and the provision of financial incentives to encourage individuals to adopt healthier lifestyles. Procurement of a new contract will support the Council's actions to discharge its duty.

Appendix 2

A comprehensive consultation process with elected members, staff, service users, the Recovery Forum, delivery partners and wider community contacts was initiated in June 2016 as part of the Drug and Alcohol procurement Communications Plan. The Corporate Officers Group (COG) oversaw this activity. A summary is outlined below.

Table 2: Timeline for information and consultation on the newly proposed contract model

Date		Action
July 2016	Initial service review	Specification developed
July 2016 to February 2017	Consultation sessions on proposed model	
July 2016	Durham Constabulary	Reference to alcohol seizures pathway. Maintained of MASH
September 2016	Adult Social Care Checkpoint Children's commissioning Lead members	Links to remain Checkpoint pathway Links with schools Further consultation suggested
October 2016	Safeguarding CDDFT Durham Constabulary Local Medical Committee	FASD included Increased liaison with criminal justice Single point of contact for GPs included
November 2016	Office of Police Crime and Victim Commissioner Tees Esk and Wear Valley Foundation Trust	Explore HAT (underway via needs assessment) All clinical requirements are included.
December 2016	Prison Community Rehabilitation Company Youth Offending Service	Increased reference to prison pathways Pathways for probation strengthened Dedicated YOS worker
January 2017	AAPs Market consultation event	No feedback Positive response to model
	CDDFT Stakeholder Consultation Event	Hospital in reach included in specification. Link to Wellbeing for Life included.

	Harrogate NHSFT Attendance and Behaviour partnership Community wardens	MASH and One point remain Maintenance of pathways to young people and families team IBA training Proactive data sharing
February 2017	Briefing Pharmacies Briefing GPs Durham Constabulary Service user consultation DDES CCCG Members briefing North Durham CCG MASH Board	No feedback Offer of locations accepted and included Concerns re buildings noted Concerns noted and mitigating actions re access part of specification MASH and One Point to remain

In addition to the consultation with partners and stakeholders, direct consultation with staff and services users has been carried out.

This was done via face-to-face discussions and a questionnaire.

Teesside University compiled the results of the consultation, which is summarised below:

Client survey	**Key issues**	**Action**
298 completed	Impact of local service provision • clients happy with existing service • cost of existing travel • differing settings positive to meet new people • concerns re stigma • anxiety of different support workers	• Retaining staff and potential for local venues • Mini bus provision • Outreach to reduce travel costs • Range of venues to be used • Training for partner staff to be carried out re drug and alcohol • Retaining front line staff
Staff survey	Valued service Integrated service	

45 staff questionnaires	Changes suggested: • Advertising • Proactive with GPs • Move to outreach • Neutral venues • Less paperwork • Better referral pathways and knowledge of the service • Caseloads to be fair • Needs more psycho-social interventions • Increased community involvement • RAD – need more than 12 step models • Improved links with MH clinical services • Keep social workers • Needs for young people services to be in appropriate venues • Children of substance abusing parents • Improved referral to criminal justice • Positive feedback on community outreach	 • Key part of spec • Pathways in spec • Use of community venues in spec • Mobile working included • Improved pathways • Caseload allocation in spec • Psycho-social interventions key part of model • Community engagement part of spec • Included in spec • Referral pathways in spec • Extended 2018/19 • Comm venues and young people friendly venues included in spec • Key part of service – whole families supported • Pathways included • Outreach part of new model

Appendix 3

Durham County Council Equality Impact Assessment

NB: The Public Sector Equality Duty (Equality Act 2010) requires Durham County Council to have 'due regard' to the need to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people from different groups. Assessing impact on equality and recording this is one of the key ways in which we can show due regard.

Section One: Description and Screening

Service/Team or Section	Public Health
Lead Officer	Public Health Portfolio Lead (Drug and Alcohol)
Title	Integrated Drug and Alcohol Service
MTFP Reference (if relevant)	N/A
Cabinet Date (if relevant)	23rd August 2017
Start Date	November 2016
Review Date	August 2017

Subject of the Impact Assessment

Please give a brief description of the policy, proposal or practice as appropriate (a copy of the subject can be attached or insert a web-link):
This assessment considers the equality impact of the proposed new model for the Integrated Drug and Alcohol Recovery Service (IDAS). The aim of this service is to enable individuals to become 'free from their dependence' and, in doing so, reduce the harm which alcohol or drugs cause for individuals, families and their communities. Services are currently delivered through six recovery centres based in Consett, Durham city, Seaham, Peterlee, Newton Aycliffe and Bishop Auckland. This model brought many positives to the treatment journey; however, there remained challenges in relation to treatment outcomes for service users, which has remained equal to the North East average but lower than the national average. It was also identified that there was fragmentation in some of the treatment pathways and that services could be more family focussed. A comprehensive review and consultation exercise was undertaken between July 2016 to February 2017 to help shape a future model. As part of this exercise, a value for money review was undertaken on the drug and alcohol treatment estates, which considered the costs associated with the buildings, staffing costs, and the number of clients utilising the premises. Consideration was also given to service user evidence, national policy, best practice, local needs and existing performance.

The new proposal is a move to extensive outreach provision to extend accessibility into more local communities alongside services based in three Recovery Centres in order to reduce premises costs retaining and maximising front line service provision. To achieve this the model will move from the current six-centre model to three centres utilised as staff bases, with an increase in outreach provision. Proposed centres to be retained are: Durham city; Peterlee; and Bishop Auckland. Centres for decommissioning are: Consett; Newton Aycliffe; and Seaham.

Who are the main stakeholders? (e.g. general public, staff, members, specific clients/service users):

- Users of the service – IDAS clients who receive treatment at the Consett, Newton Aycliffe and Seaham recovery centres, plus their families/partners/carers;
- Change Grow Live – the incumbent provider;
- Staff – employees of the IDAS who are based at the Consett, Newton Aycliffe and Seaham recovery centres;
- Durham County Council;
- Elected Members;
- Landlord/owners of the buildings where the recovery centres are located in Consett, Newton Aycliffe and Seaham;
- Local residents/businesses that are located close to the recovery centres;
- Durham Constabulary;
- County Durham and Darlington Fire and Rescue Authority;
- National Probation Service;
- The Durham Tees Valley Community Rehabilitation Company Ltd;
- North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups;
- Tees Esk and Wear Valley NHS Foundation Trust Mental Health Services;
- GP's;
- Community Pharmacies;
- County Durham and Darlington NHS Foundation trust; and
- Job Centre Plus

Screening

Is there any actual or potential negative or positive impact on the following protected characteristics?		
Protected Characteristic	Negative Impact Indicate: Y = Yes, N = No, ? = unsure	Positive Impact Indicate: Y = Yes, N = No, ? = unsure
Age	?	Y
Disability	?	Y
Marriage and civil partnership (workplace only)	N	N
Pregnancy and maternity	N	N

Race (ethnicity)	N	N
Religion or Belief	N	N
Sex (gender)	?	Y
Sexual orientation	N	N
Transgender	N	N

Please provide **brief** details of any potential to cause adverse impact. Record full details and analysis in the following section of this assessment.
Although there is a disproportionate impact in terms of gender – around 70% of current service users are male, and age – there is a higher concentration of service users in the 25-44 years age group adverse impact is not anticipated with a move to the revised recovery model. There is no disproportionate impact across the other protected groups although a low number of service users state they have a disability and reasonable adjustments will continue to be made where necessary in order to fully access the service. This is a fully commissioned service and staff are non-DCC.

How will this policy/proposal/practice promote our commitment to our legal responsibilities under the public sector equality duty to: • eliminate discrimination, harassment and victimisation, • advance equality of opportunity, and • foster good relations between people from different groups?
Within the new model, local community assets will be utilised such as pharmacies, primary care and community buildings. The community outreach programme will be conducted sensitively with the needs of the service users, their families and the wider community interests all considered. This will bring benefits to those service users and their families enabling increased access to community services across the County and reducing travel time and costs to recovery centres. This may be particularly beneficial to working age people, disabled people and people with care responsibilities, which is of greater benefit to women who are more likely to have care responsibilities. The new model will enable improvement of a number of key pathways in the current specification. This includes an increase in referrals from criminal justice, primary care, hospital and the social care provision for children, young people and families. There will also be an increase in outreach support for alcohol clients and wider campaigns raising the awareness of the dangers on New Psychoactive Substances (formally known as “legal-highs”). The pathway for substance misusing parents, children and young people will also become more integrated with dedicated staff working in partnership with the One Point social care teams. This new family focus will be of particular benefit in terms of age especially younger people, helping to break the cycle of intergenerational substance misuse.

Implementation
A detailed mobilisation plan will be developed and worked through with the successful provider. This will include:

- Assessment of future needs and the development of individual treatment plans for all service users who may be impacted by the changes as part of the transition programme to the new model. Treatment plans will ensure a tailored service and take account of any individual issues, which may arise as a result of moving to a centre and outreach model, for example allowing time to adapt especially where anxiety levels are high. Reasonable adjustments will continue to be made for disabled service users.

- A full communications plan will be developed in order to communicate key messages on service changes and referral pathways to key stakeholders, including key partners and current/future service users.

- The model will still include three recovery centres alongside extensive outreach provision and the flexibility for the provider to have dedicated bases if they feel this reflects the needs of clients. Minibus provision is part of the specification, which will also mitigate against access issues.

Evidence

What evidence do you have to support your findings?
Please **outline** your data sets and/or proposed evidence sources, highlight any gaps and say whether or not you propose to carry out consultation. Record greater detail and analysis in the following section of this assessment.

The following table provides a demographic profile by recovery centre for all clients with an open treatment episode as at 3 November 2016:

	Category	Bishop Auckland	Consett	Durham	Newton Aycliffe	Peterlee	Seaham
Age	Under 18	0%	0%	1%	2%	0%	0%
	18-24	4%	5%	9%	3%	6%	3%
	25-34	25%	30%	29%	30%	35%	28%
	35-44	48%	33%	35%	38%	39%	44%
	45-54	18%	21%	19%	21%	15%	20%
	55-64	4%	10%	6%	5%	5%	5%
	65 and over	1%	1%	1%	1%	1%	1%
Ethnicity	White - British	98%	98%	98%	96%	99%	98%
	White - Irish	1%	0%	0%	1%	0%	0%
	White - Other background	0%	1%	0%	0%	0%	2%
	Mixed - White and Black Caribbean	0%	0%	0%	0%	0%	0%
	Mixed - Other background	0%	0%	0%	0%	0%	0%
	Asian or Asian British - Indian	0%	0%	0%	0%	0%	0%

	Asian or Asian British - Other background	1%	0%	0%	0%	0%	0%
	Chinese or other ethnic group	0%	0%	0%	0%	0%	0%
	Not stated	0%	1%	1%	1%	0%	1%
	(blank)	0%	0%	0%	2%	0%	0%
	Category	Bishop Auckland	Consett	Durham	Newton Aycliffe	Peterlee	Seaham
Religion	Christian	16%	43%	10%	10%	27%	17%
	Muslim	0%	0%	0%	0%	0%	0%
	Jewish	0%	0%	0%	0%	0%	0%
	Atheist/agnostic	0%	0%	1%	0%	0%	0%
	Pagan	0%	0%	0%	0%	0%	0%
	Any other religion	8%	1%	1%	1%	2%	2%
	No Religion	27%	45%	23%	19%	46%	14%
	Declines to disclose	40%	10%	65%	67%	16%	62%
	Religion Unknown	10%	0%	1%	1%	8%	6%
	(blank)	0%	0%	0%	2%	0%	0%
Gender	Female	33%	38%	27%	25%	34%	28%
	Male	67%	62%	73%	74%	66%	72%
	(blank)	0%	0%	0%	2%	0%	0%
Pregnant	No	85%	98%	92%	76%	96%	95%
	Yes	1%	0%	2%	1%	1%	1%
	(blank)	15%	2%	6%	23%	3%	5%
Sexual orientation	Bi-Sexual	2%	1%	1%	1%	1%	1%
	Gay/Lesbian	2%	3%	2%	1%	1%	3%
	Heterosexual	80%	90%	84%	72%	96%	80%
	Not Stated	17%	6%	12%	22%	2%	16%
	(blank)	0%	0%	0%	4%	0%	0%
Disability	Yes	4%	1%	1%	7%	2%	5%
	No	14%	7%	3%	13%	13%	7%
	Other	0%	0%	0%	0%	0%	0%
	Not stated	3%	4%	4%	4%	3%	8%
	(blank)	79%	88%	91%	76%	81%	79%

SOURCE: Theseus (Drug and Alcohol Service Management Information System)

Link to the Durham Locate website containing details of the six current recovery centres in County Durham:
https://www.durhamlocate.org.uk/Services/ListAllLocations/1491

Link to Public consultation: http://www.durham.gov.uk/article/11276/Drug-and-Alcohol-Recovery-Services-consultation

Consultation Feedback

Consultation was carried out on the draft model with a range of partners over 27 consultation sessions, elected members, staff in the existing drug and alcohol service and service users. This feedback predominantly supported the outreach

model of working while retaining key drug and alcohol centres and the Recovery Academy. Consultation also supported the strengthened pathways for criminal justice, children's services, primary care and Accident and Emergency. Increased emphasis on vulnerable young people including young offenders has also been addressed by dedicated front line staff. Retaining front line staff was also supported. Concerns in relation to the reduced number of premises and access have been mitigated in the revised specification by the flexibility of the provider to base the service in key areas of need over and above the three stipulated centres and use of dedicated transport where required.

Screening Summary

On the basis of this screening is there:	Confirm which refers (Y/N)
Evidence of actual or potential impact on some/all of the protected characteristics, which will proceed to full assessment?	N
No evidence of actual or potential impact on some/all of the protected characteristics?	Y

Sign Off

Lead officer sign off: Public Health Portfolio Lead	Date: 22/11/16 Reviewed August 2017
Service equality representative sign off: Equality and Diversity Officer, Transformation and Partnerships	Date: August 2017

If carrying out a full assessment please proceed to section two.
If not proceeding to full assessment please return completed screenings to your service equality representative and forward a copy to **equalities@durham.gov.uk**
If you are unsure of potential impact, please contact the corporate research and equalities team for further advice at **equalities@durham.gov.uk**

Appendix 4

Table 1: Proposed changes to the current model addressed within the proposed Drug and Alcohol Recovery Service Specification (2017/20)

Current provision	Proposed changes	Comments
Recovery Centres in Durham City, Peterlee and Bishop Auckland retained	None	All staff will be housed in the 3 retained Recovery Centres
Services from Consett Recovery Centre	Decommissioning of Consett Recovery Centre and replaced by outreach facilities and mobile workforce	Pressure from the current property owner means the service needs to vacate which is separate to recommissioning process.
Services from Seaham Recovery Centre	Decommissioning of Seaham Recovery Centre and replaced by outreach facilities and a mobile workforce	Seaham has the lowest footfall of service users when compared to other Recovery Centres
Services from Newton Aycliffe Recovery Centre	Decommissioning of Newton Aycliffe Recovery Centre and replaced by outreach facilities and mobile workforce	Outreach will be of benefit to local clients and may increase reach for those who do not currently access the centre based service
No current provision of in provision in Chester-le-Street, Spennymoor and Stanley	Outreach facilities to be initiated in Chester-le-Street, Spennymoor and Stanley	Increased service accessibility for service users, reducing the need to travel.
Limited pathway for criminal justice	Comprehensive pathway for offender management co-locating with Youth Offending Service (YOS), police, Integrated Offender Management team, National Probation Service and Community Rehabilitation Company.	Potential for Checkpoint to be integrated into process after October 2017.
Reduced pathway from CDDFT	Comprehensive pathway from hospital into community setting with fast track referrals	Improved referrals.
Lack of engagement with GP's and primary care	Initiation of dedicated workers for GP liaison and referral from Identification of Brief Advice for Alcohol (IBA). This will also be complemented by ability to engage staff team on home visits.	Improved pathways.
Children, Young People and families pathway only developed since contract initiation in April 2015	Increase integrated Think Family approach to managing families, children and young people. Presence of staff in Multi Agency Safeguarding Hubs, YOS and 10 One Point hubs will be transitioned into the new model.	Improved pathways.
Workforce remain static with expectation clients will access each of the 6 Recovery Centres	Workforce are based in the 3 remaining Recovery Centres but become mobile to enable community outreach	Reduced requirements for clients to travel long distances to access treatment. There will be an increase in alcohol clients accessed via home visits.

Appendix 5: Timeline for the procurement process

Stage	Date/time
Publication of OJEU Contract Notice	13/09/2017
Publication via NEPO Portal and Contracts Finder	15/09/2017
Deadline for submission of questions or requests for clarification	11/10/2017 13:00 pm
Deadline for submission of completed Tender	**27/10/2017 13:00 pm**
Evaluation of Tender submissions	23/10/2017 to 31/10/2017
Approval under Council scheme of delegation	03/11/2017
Notification of Tender evaluation results	06/11/2017
ALCATEL standstill period	06/11/2017 to16/11/2017
Expected contract award date	17/11/2017
Mobilisation period	20/11/2017 to 31/01/2018
Expected contract start date	**01/02/2017**