

**A Joint Report of the Directors of Public Health, Environments and Housing,
Children's Services and Adult Social Services**

Report to Executive Board

Date: 22 January 2014

Subject: Review and Commissioning of Drug and Alcohol Treatment and Recovery Services

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

A detailed review of all commissioned drug and alcohol treatment and recovery services is currently being undertaken. The purpose of the review is to ensure that there is a greater focus on recovery from substance misuse in Leeds. The timetable for the completion of the re-commissioning is June 2015.

The review and subsequent re-commissioning processes aim to deliver the objectives of the Leeds Drug and Alcohol Strategy and Action Plan which was approved by Executive Board in November 2013.

Key findings from the review include proposals to develop a more integrated service for both adults and children which is focused specifically on supporting more people to recover from drug and alcohol abuse.

Recommendation

Executive Board is requested to:

- Note the progress of the review and give approval to proceed with re-commissioning of drug and alcohol treatment and recovery services.

1 Purpose of this report

- 1.1 This report briefs Members on the commissioning review of drug and alcohol treatment and recovery services and follows on directly from the Leeds Drug and Alcohol Strategy and Action Plan which was produced on behalf of the Safer Leeds Executive and approved by Executive Board in November 2013.
- 1.2 The re-commissioning of drug and alcohol treatment and recovery services will contribute towards the Council's objectives for reducing crime and re-offending and will set out how drug and alcohol services in Leeds can contribute to the West Yorkshire Police and Crime Plan 2013-2018 as produced by the Police and Crime Commissioner.
- 1.3 This review has been informed by changes to national and local strategy, opportunities relating to the move of public health into Leeds City Council and a desire to improve outcomes for those in treatment.
- 1.4 The new recovery focused service will benefit both adults and young people and supports the delivery of a range of strategic outcomes related to community safety and health and wellbeing.
- 1.5 Included within the scope of the review are drug and alcohol treatment services from four directorates (Public Health, Adult Social Care, Children's Services and Environment and Housing) totalling **£12.5m** in value. Contracts related to these services are currently held by a range of external organisations (third sector and NHS) and are managed by Leeds City Council.
- 1.6 The commissioning of drug and alcohol treatment and recovery services directly supports the delivery of objectives from a range of Council strategies including the Vision for Leeds, the City Priority Plan and the Best Council Plan to which it directly contributes to the objective for ensuring high quality public services.
- 1.7 This report highlights the key finding from the review, details of the draft service design and requests approval from Executive Board to proceed with re-commissioning of drug and alcohol treatment and recovery services.

2 Background information

- 2.34 Historic Investment in Drug and Alcohol Services
- 2.35 The commissioning of local drug and alcohol treatment and recovery services became the responsibility of Leeds City Council in April 2013 as part of the changes outlined in the Health and Social Care Act (2012).
- 2.36 Prior to this, drug services were commissioned by both the Leeds Primary Care Trust (PCT) and LCC from a pooled treatment budget. In the main drugs services were commissioned by the Local Authority and funded from a pooled treatment budget and alcohol services were commissioned and funded by the PCT.
- 2.37 The move of Public Health into Leeds City Council, brings with it the opportunity to improve the integration of both drug and alcohol services and those for adults and children.

- 2.38 Strategic Context:
- 2.39 The existing drug treatment system in Leeds was commissioned within the context of the National Drug Strategy (1998) which set out a clear aim of increasing the number of drug users entering and remaining in treatment.
- 2.40 The resulting investment in Leeds aimed at achieving these outcomes has built capacity in the system and has enabled more people to access treatment and achieved substantial health gains. The contribution that these treatment and recovery services have made to reducing drug-related crime and improving health outcomes has been well documented through national research.
- 2.41 In 2010 a new National Drug Strategy was published which changed the emphasis of treatment delivery from engagement and retention in service to one based on recovery from drug addiction and dependence.
- 2.42 A National Alcohol Strategy published in 2012 sets out a clear ambition to reshape the approach to alcohol treatment and reduce the number of people drinking to excess. The outcomes include a change in attitudes towards drinking where people are aware of their levels of consumption and the potential harm to their health.
- 2.43 A Focus on Recovery
- 2.44 A [recent report](#) by the Advisory Council on the Misuse of Drugs (November 2013) gives further weight to the now growing evidence that investment in recovery focused treatment services are cost effective and achieve the best outcomes for those in treatment. The report states that “there is extensive evidence that participating in good quality treatment is protective of an individual’s health, reduces crime, and can reduce the spread of blood-borne virus transmission associated with injecting. Multiple studies have shown that drug and alcohol treatment is cost-effective, beneficial to individuals and society and can play a very important role in the process of recovery”.
- 2.45 Justification for Continued Investment
- 2.46 While there is a clear picture of the costs associated with our current treatment and recovery service in Leeds, there is also clear understanding of the risks associated of with reducing this investment.
- 2.47 A report by Public Health England (2011) describes the following costs of alcohol to the Leeds economy as follows:
- NHS: £58.42m
 - Crime and Licensing £114.88m
 - Workplace: £133.83m
 - Social Services: £32.03M
 - **Total Cost: £334.62m per year**
- 2.48 Continued investment in treatment and recovery plays an important role in helping to reduce these costs to the city’s economy.

- 2.49 The Leeds Strategic Drugs Profile (2013) produced by Safer Leeds highlights the link between drug misuse and crime as follows:
- Offences are committed under the influence
 - Crime is committed in order to fund the purchase of drugs
 - Violence occurs between rival drug dealers and their groups and
 - Dealing or possessing a controlled substance is a criminal offence.

2.50 Leeds Drug and Alcohol Strategy:

Reflecting the principles as set out in the National Drug Strategy and the National Alcohol Strategy, the Leeds Drug and Alcohol Strategy and Action Plan (2013-2016) brings together objectives from a range of local partners including public health and community safety and was approved by Executive Board in November 2013.

This new strategy for Leeds retains a focus on breaking the link between addiction and offending behaviour, but it also sets a wider ambition to improve health outcomes.

2.51 Our Ambition:

“Leeds to be a city that promotes a responsible attitude to alcohol and where individuals, families and communities affected by the use of drugs and alcohol can reach their potential and lead safer, healthier and happier lives”.

2.52 Outcomes

To achieve this ambition, the Leeds Drug and Alcohol Strategy and Action Plan will focus on the following key outcomes which have directly informed proposals for future commissioning of drug and alcohol Treatment and Recovery Services:

- People choose not to misuse drugs and/or alcohol
- More people recover from drug and alcohol misuse
- Fewer people experience crime and disorder related to the misuse of drugs and alcohol
- Fewer children, young people and families are affected by drug and alcohol misuse

2.53 Impact of Drug and Alcohol Abuse on Children and Families

- 2.54 It is estimated that two million children in the UK are affected by parental drug and alcohol use (Manning 2009). In Leeds there are a higher proportion of adults in drug and alcohol Treatment and Recovery Services that are parents or who live with children. In adults new to drug treatment in 12/13 between 33% to 43% had children. In the existing drug treatment population 39% live with children 20% have children who did not live with them.

- 2.55 There is a growing body of evidence nationally linking parental drug and alcohol use to household instability, child neglect, compromised care and safety, attachment difficulties and resilience.
- 2.56 In Leeds research conducted by social work services for two consecutive years on receptions into care found that drug and alcohol use was a clear factor in 56% (2012) and 45% (2013) of families. Other factors that featured alongside drug and alcohol use were mental health issues and domestic violence.
- 2.57 As part of the development process officers from Adult and Children's Services safeguarding have been involved to ensure that issues raised through safeguarding referrals or from Serious Case Reviews are appropriately addressed through the service design and specification.
- 2.58 There is a clear recognition that accessible and high quality drug and alcohol treatment and recovery services can have a positive impact on children and families and form an important part of how we deliver our comment to child safeguarding in Leeds. The review process will seek to engage the Leeds Children's Trust Board in helping to identify how these services can contribute to the Council's objectives towards reducing the number of looked after children.
- 2.59 Health Implications for Substance Misuse
- 2.60 According to a recent report by Public Health England, over 9 million people (22% of the population) say they drink at levels above recommended guidelines which increases the risk of harm to their health. Alcohol is one of the three biggest lifestyle risk factors for disease and death in the United Kingdom after smoking and obesity. Alcohol related illness is responsible for 7% of hospital admissions.
- 2.61 The negative health impacts arising from the use of drugs are wide-ranging and vary depending on the substance used and the pattern and context of their use, but it is well established that their use causes significant harm to individuals and represents a major challenge for health services. The number of admissions to hospital in England due to a drug-related mental health or behavioral disorder is on the rise. Accidental poisoning from heroin continues to be a cause of drug related deaths along with blood borne infections, violent assaults, and suicides.
- 2.62 Link Between Substance Misuse and Offending Behaviour
- 2.63 The Home Office estimates that drug related crime costs £13bn per year and that offenders who use heroin, cocaine or crack cocaine commit between a third and half of all acquisitive crimes. Evidence from Public Health England (PHE) shows that drug treatment reduces people's need for drugs, and in turn reduces the driving force behind their drug-related offending.
- 2.64 Excessive use of alcohol increases the likelihood of involvement in crime or disorder as either a victim or an offender. A June 2013 strategic profile of alcohol related crime commissioned by the Safer Leeds Executive, indicates that there were 5,547 arrests within Leeds during 2012/13 which were identified as being alcohol related and of these offenders, 15% of individuals had been in custody on two or more occasions with an alcohol related offence.

2.65 There were approximately 13,000 incidents of domestic violence attended by the Police in 2012-13, however it is acknowledged that there is a pattern of unreported incidents so the actual figure could be higher. Police and Accident and Emergency records cite alcohol as a contributing factor in nearly half of all cases of domestic violence.

2.66 Drug Intervention Programme

The Drug Intervention Programme (DIP) was launched in 2003 as a key part of the United Kingdom's strategy for tackling drug abuse. It aims to break the link between drug misuse and crime by engaging drug-misusing offenders into treatment and other support.

2.34 In Leeds, DIP is a key referral route into drug Treatment and Recovery Services, and has played an important role in reducing drug related harm and reducing drug related offending such as offending such as burglary and shoplifting. As such DIP represents an important part of how we achieve the objectives set out in the Leeds Drug and Alcohol Strategy.

2.35 Police and Crime Commissioner

2.36 Leeds has managed funding for DIP activity through its Community Safety Partnership since its introduction in 2003. In April 2013 the government moved funding for the Home Office DIP grant from local authorities to the Police and Crime Commissioner. In 2013/14 the PCC passed this funding back to the Local Authority and has recently announced his intention to extend this arrangement until September 2014 whilst he undertakes a review of the DIP programme across West Yorkshire.

2.37 The PCC has indicated that the findings of this review will inform his plans for any further procurement or funding of DIP services in West Yorkshire. We currently await the findings of this review and an announcement of any investment plans by the PCC to determine what impact any changes may have for DIP services in Leeds and the routes of referral for offenders into treatment and recovery services.

2.38 Changes to Probation Service

2.39 The role of probation services and the changes proposed by the national Transforming Rehabilitation initiative may have a direct impact on the future of drug and alcohol treatment and recovery services in Leeds. The probation service plays an important role in securing referrals into treatment through the Drug Rehabilitation Requirement (DRR).

2.40 Most people who are engaged through the DRR and Integrated Offender Management (IOM) programmes will receive support through Leeds' drug and alcohol treatment and recovery services. So any changes to the role of probation services in securing referrals into treatment could have an impact on drug treatment outcomes and possibly offending behaviour for the city.

3 Main issues

3.1 Current Drug and Alcohol Treatment and Recovery Services

3.2 Drugs

At present there are approximately 3,630 people in structured treatment (based on year end data for June 2013) for drug abuse in Leeds. 2,798 of these are OCU's (opiate and crack cocaine users) and 332 are non-OCU's (e.g. using drugs other than heroin or crack cocaine). There are a further 832 people registered with needle exchange / harm reduction services.

3.3 In Leeds, the number of dependant opiate users in treatment and recovery services is decreasing, while the number of non-opiate users is on the increase. This reflects the changing pattern of drug use which is marked by a rise in the use of cannabis along with emerging new club drugs or novel psychoactive substances (NPS), often termed "legal highs." A recent report by LCC Public Health investigating the current picture of club drug use in Leeds indicates that the health, crime and social impacts of these substance is as yet unclear.

3.4 Alcohol

There are approximately 2,299 people currently in treatment for alcohol in Leeds. This treatment takes the form of a range of activities including: inpatient detoxification and residential rehabilitation, wet hostel services and abstinence-based structured day treatment.

3.5 Referrals for alcohol treatment are made from a variety of sources including: self-referrals or referrals through general practitioners (GP's), community treatment and recovery services community mental health teams (CMHTs), hospitals, social services and probation/criminal justice.

3.6 Responding to the issues associated with alcohol use in Leeds is perhaps more complex than drugs in some ways. Although the legal sale of alcohol creates jobs and makes a profit for businesses, alcohol misuse has a range of associated harms, risks and costs to health, criminal justice services, child and adult social care and to businesses. The strategy and any resulting treatment and recovery services will need to take account of this situation.

3.7 Review of Drug and Alcohol Treatment and Recovery Services

3.8 A commissioning review of drug and alcohol treatment and recovery services is currently being undertaken by Leeds City Council (LCC) and its strategic partners.

3.9 Purpose

The purpose of the review is to:

- To support the delivery of objectives as set out in the Leeds Drug and Alcohol Strategy and Action Plan (2013-2016)
- To set out a clear vision and direction of travel for partners and stakeholders and to establish new contracts for drug and alcohol services that allow us to deliver effective outcomes for individuals and achieve greater efficiency;
- To develop an integrated recovery-orientated treatment system that supports people to maintain long term recovery from their addiction;

- To re- balance investment between structured medical treatment and recovery services;
- To enhance support to people with multiple or complex needs, particularly for those with a 'dual diagnosis' of both substance misuse and mental health issue.
- To ensure the treatment system is responsive to the needs of children who become Looked After as a result of parental drug or alcohol misuse and;
- To ensure effective transitions between young people and adult treatment and recovery services.

3.10 **Scope of Review**

The services within scope of the review include the following:

- Adult community drug treatment and recovery services;
- Adult community alcohol treatment and recovery services;
- Housing related support services for people with drug and/or alcohol problems;
- Harm reduction services;
- Children's drug and alcohol services;
- Out of area drug and alcohol treatment and recovery services.

3.11 **Value of Services in Review**

The total value of services in scope of the review is **£12.5m** which breaks down as follows against four separate directorates in Leeds City Council:

• Public Health	£10,233,358
• Children's Services	£ 912,011
• Adult Social Care	£ 851,601
• Environments and Housing	<u>£ 492,630</u>
Total	£12,489,600

3.12 **Project Leadership**

This review is being led by a project board made up of representatives from the following Council departments and organisations:

- LCC Environments and Housing
- LCC Public Health
- LCC Adult Social Care
- LCC Children's Services
- LCC Public Private Partnership Unit & Procurement
- West Yorkshire Probation Services
- West Yorkshire Police
- Public Health England
- Clinical Commissioning Groups

3.13 **Key Findings of Review**

A set of key findings has been developed informed by consultation with service users, providers and stakeholders. These findings will directly inform the design of future drug and alcohol treatment and recovery services in Leeds. A detailed list

of these findings is provided at **Appendix 1**. The following provides a brief summary of some of the key findings:

- The age profile and substance misuse habits of drug users in Leeds is changing and becoming more complex with an ageing population and an increasing proportion of people in treatment for cannabis and legal highs.
- Leeds has a higher proportion of people misusing drugs and alcohol who live with children or have a mental health problems compared with other areas in West Yorkshire.
- The existing treatment system and the process of making referrals between providers in Leeds is complex and may be limiting the outcomes for people in treatment.

3.14 **Proposed Service Design**

A summary of the proposed drug and alcohol treatment and recovery service design is provided at **Appendix 2**. It includes the following key elements:

- A service which is focused on recovery, but retains a focus on harm reduction.
- A service which brings together treatment for drugs and alcohol but is not substance specific
- A service for all age ranges including treatment provision for young people, which is responsive to the needs of individuals
- A service that is well integrated, easy to access and navigate for those entering treatment from a range of routes including offenders

3.15 The elements of the proposed service design will be worked up into detailed service specifications which will be used to inform the procurement and contract development processes.

3.16 **Procurement Process**

3.17 Key Milestones

The following describes the steps that will be taken to complete the review and procurement process:

- December 2013: Market sounding exercise
- January 2014: Approval to proceed with procurement
- February 2014: Detailed specification complete
- March- October 2014: Tender process
- December 2014: Contract award
- December 2014 to June 2015: Mobilisation period
- June 2015: New services in place

3.18 Performance Management

3.19 Treatment providers are required to submit monthly performance information to the National Drug Treatment Monitoring System (NDTMS) which Leeds City Council uses to monitor the performance of individual services and of the treatment system as a whole.

3.20 The table below contains the latest headline information from NDTMS and is included here to demonstrate the type of outputs used to measure performance of the drug and alcohol Treatment and Recovery Services in Leeds.

Headline Performance- 12 months to September 2013

	No's in treatment			Successful Completions		Waiting times (over 3 weeks)	
OPIATE	▼	Down -1%	2808	▲	Up 1%	◀▶	No change 0%
NON-OPIATE	▲	Up 10%	376	▲	Up 12%	▼	Down -1%
ALCOHOL	▼	Down -10%	1873	▼	Down -2%	▲	Up 9%

3.21 The new contracts will have clear service specifications including a suite of performance indicators and targets. Robust contract management arrangements will be put in place to ensure that services are being delivered effectively and that performance remains at a high level.

3.22 At a minimum this will include a quarterly performance meeting between LCC contracts officers and the providers. These meetings will be informed by performance data compiled by the provider and Public Health England alongside other sources. On-going engagement with and feedback from key stakeholders and service users will also form part of the performance management framework.

3.23 Due to the overarching nature of these services it is envisaged that LCC staff from Adult Social Care, Children's Services, Public Health and Environment and Housing will be involved in the performance management of this service.

3.24 Monthly performance reports will be made to Joint Commissioning Group who will ensure that any performance issues are identified and resolved. These arrangements will be described in more detail in the Contract Management Plan that will be agreed with the providers and form part of the contract documentation.

3.25 Understanding Service Demand

The Joint Strategic Needs Assessment (JSNA) provides estimates regarding the prevalence of drug use and the number of dependant drinkers in Leeds. These figures are used to make assessments about the capacity needed in our treatment and recovery services.

3.26 The table below sets out the prevalence of substance misuse in Leeds and highlights the proportion of those accessing treatment. Due to the changing picture in relation to NPS usage, data about prevalence for non-OCUs is not currently available.

Users	Prevalence in Leeds	No's accessing treatment service	Per-cent accessing treatment service
Adults: Drugs – Opiate and Crack Cocaine Users	5,215	2,798	54%
Adults: Alcohol-Dependant Drinkers	17,255	2,299	13%
Young People: with Drug and Alcohol problems	1, 639	279	17%

3.27 Responding to Changing Patterns of Substance Misuse

3.28 Going forward we can expect the number of OCUs in treatment to fall and the number of non OCUs to rise in line with national and local trends. The number of dependant drinkers in treatment may need to rise if we are to meet the national target of 15% of users accessing treatment. At current levels that would mean an extra 289 dependant drinkers in treatment.

3.29 Our approach to commissioning drug and alcohol treatment and recovery services in Leeds will need to take account of this changing situation and provide a more flexible approach to tackling substance misuse.

3.30 Cost of Treatment and Outcomes

3.31 The current annual total cost of adult's and children's drug and alcohol services within scope of the review is **£12.5m** comprising:

Services for Adults:

- treatment and recovery (inc. prescribing) £9.307m
- harm reduction £927k
- rehabilitation £712k
- housing related support £528k
- support for families/carers £50k

Services for Children

- treatment and recovery, harm reduction, support for young carers, support for young people at risk of misusing drugs/alcohol £1.016m

3.32 The total number of adult clients in structured treatment is 5,429 of which 3,130 have a primary drug needs and 2,299 have a primary alcohol need. A total of 279 children receive structured treatment for drug and alcohol problems.

3.33 The table below sets out the structured treatment and recovery costs for adults and children highlighting the unit cost per client. To help provide an equal comparison across the three areas, it includes costs for prescribing but excludes rehabilitation, harm reduction and other support costs.

3.34 Average Costs for Treatment and Recovery
(including prescribing costs but excluding rehabilitation and harm reduction services)

	Adult Drugs	Adult Alcohol	Children's Drugs and Alcohol
Annual Expenditure	£ 6,974,235*	£2,333,530*	£512,800
Numbers in Treatment	3,130	2,299	279
Average Cost per Client (annual)	£ 2,228	£ 1,015	£1,838

**Estimated split between drugs and alcohol*

3.35 The average cost per client is a basic unit cost measure and masks a range of costs applicable to different client groups. The cost of treatment and successful outcomes is determined by factors such as type and length of substance misuse and complexity of need which in turn determine the type of interventions required and the length of time in treatment.

3.36 Cost effectiveness data produced by NDTMS in respect of adult drug treatment services in 2011/12 (including the Drugs Intervention Programme which is not part of this review) indicates that the cost per client in Leeds compares favourably with the national average even though the average length of time in treatment is longer.

3.37 The table below sets out the average costs for adult clients in drug treatment as they compare nationally. Comparative national cost data is not currently available for Children's Drug and Alcohol services or Adult Alcohol treatment services.

Cost Effectiveness 2011/12	Leeds	National Average
All clients – Average cost	£3,478	£3,652
All clients - Average no. of days in treatment	447	401

3.38 The current annual total cost of adult's and children's drug and alcohol service within scope of the review is **£12.5m**. £9.3m of this is spent on adult treatment and recovery services (excluding rehab, harm reduction and services for young people.) which account for 75% of the total budget. The total number of adult clients treated is 5,429 of which 3,130 have a primary drug needs and 2,299 have a primary alcohol need.

- 3.39 The table below sets out the costs for adult and children’s treatment for drugs and alcohol highlighting the unit cost per client. For ease of comparison, it includes costs for prescribing but excludes rehab and harm reduction.

	Adults Drugs	Adults Alcohol	Children’s Drug and Alcohol
Annual Expenditure	£ 6,974,235	£2,333,530	£512,000
Numbers in Treatment	3,130	2,299	275
Cost per person/year of treatment	£ 2,228	£ 1,015	£1,862

3.40 **Approach to Savings**

There are a number of issues driving the cost associated with the provision of drug and alcohol treatment and recovery services in Leeds. Key to making an assessment about the budget are the capacity required and the needs and complexity of the clients in treatment.

- 3.41 Clients who require the prescribing of treatment or medication or those who present with a ‘dual diagnosis’ where they require support for both substance misuse and mental health disorders tend to require longer and more expensive treatment.
- 3.42 Further work is needed to confirm the details of the service design and the contract specification before a full understanding can be gained about the cost for the future treatment and recovery service for Leeds.
- 3.43 It is anticipated however that by specifying an integrated service that there will be a reduction in costs required for management and overheads and that this may generate some savings. It is not clear at this stage of the review what the value of these savings would be, although it is recommended that these savings be reinvested in the service to ensure that it meets the needs of those in treatment in the future.
- 3.44 Discussions will be undertaken with NHS and crime prevention with a view to reducing associated costs and utilising resource in the most effective way.

4 **Corporate Considerations**

4.1 **Consultation and Engagement**

4.2 Consultation with Service Users

- 4.3 Forty current and former service users were consulted on a one to one basis, using a structured interview technique. The questions were adopted from a tool used for a similar commissioning review in York that was developed by Act Research. The questions covered a range of issues including the service user’s history of drug/alcohol use, how and when they accessed treatment, their

experiences of services including positives and negatives, their experiences of recovery in the city and their views on how things could be improved.

4.4 The process also enabled the collection of key demographic information. The interviews were held on a one to one basis in order to maintain confidentiality. In addition to the interviews, service users have also been consulted through a number of different forums, meetings and events including the locality based co-production events. Following the consultation, a service user feedback event was held at Leeds Town Hall. The event was an opportunity to feedback the key findings to service users and to ensure that these accurately reflected the consultation undertaken.

4.5 Consultation with Service Providers

4.6 Structured interviews have been undertaken with all current service providers in the city, including treatment, recovery, harm reduction and housing related support providers. The interviews were an opportunity to gain a more detailed understanding of how services, pathways and referral systems currently operate. In addition, providers' views were sought on what works well within the current system, any gaps or areas of duplication and also any areas which could improve.

4.7 Consultation with Stakeholders

4.8 In addition to service providers and service users, a wide range of stakeholders have been consulted through the review including the police, probation service, clinical commissioning groups and locality partners. The majority has been consulted as either structured interviews or through written questionnaires. Stakeholders have been asked to comment on their experiences of drug and alcohol services in Leeds, and what they would like to see feature as part of a reconfigured system, going forward. Stakeholders were also asked to comment on how they think drug and alcohol services could better contribute to their key priorities in the future.

4.9 In addition, a number of stakeholders have been consulted through a variety of different forums, meetings and events which Project Team members have attended in order to seek views and provide feedback on the review. These include the Supporting People Provider Forum, the locality based co-production events, the Dual Diagnosis Forum, the three NHS Clinical Commissioning Groups the Local Medical Committee and the Leeds Local Pharmaceutical Committee.

4.10 Consultation with Elected Members

4.11 A series of briefings have been undertaken with Elected Members as part of the review of drug and alcohol treatment and recovery services. In particular, Executive Members whose portfolio includes services within the scope of the review have had the opportunity to comment on the findings of the review and the draft service design.

4.12 Going forward this process will continue. Executive Members whose services are within scope of the review will be consulted on the service specification. Further briefings will be arranged throughout the procurement process in the lead up to contract awards being issued in November to December 2013.

4.13 **Equality and Diversity / Cohesion and Integration**

4.14 A detailed equality impact assessment has been undertaken and is included as **Appendix 3** of this report. This document assesses the equality and diversity impact of both the review of services described in this report and of the Leeds Drug and Alcohol Strategy which was approved at the November 2013 Executive Board.

4.15 **Council policies and City Priorities**

4.16 The commissioning of drug and alcohol treatment and recovery services directly supports the delivery of objectives from a range of Council strategies including the Vision for Leeds, the City Priority Plan and the Best Council Plan to which it directly contributes to the objective for ensuring high quality public services.

The services commissioned as part of this review will contribute towards the delivery of outcomes from the following strategies and plans:

§ Leeds Joint Health and Wellbeing Strategy (2013-2015)

Outcome: People will live longer and healthier lifestyles

Success Measure: "Increase in successful completions of drug and alcohol treatment designed to support recovery".

§ Safer Leeds Strategy 2013-2014

Outcome: Reduce re-offending, reduce crime related to drugs and alcohol

§ Children and Young People's Plan 2011-15 (2013 Refresh)

Outcome: Children and young people choose healthy lifestyles

§ Adult Social Care Better Lives Programme

Priority: Better lives through housing, care and support

4.17 **Resources and Value for Money**

4.18 Value of Current Investment

4.19 As highlighted in section 3.34 of this report, the total cost of investment in drug and alcohol treatment and recovery in Leeds is **£12.5m**. As part of the review, a detailed analysis has been undertaken of the unit cost per outcome and the capacity required within the service to meet the estimated levels of drug and alcohol misuse in the city. This information will be used to determine how to achieve value for money and to respond to changing service needs.

4.20 Savings identified through the process of the review will be reinvested in the service to improve the capacity to respond to the needs of those in treatment.

4.21 **Legal Implications, Access to Information and Call In**

4.22 The re-commissioning of drug and alcohol treatment and recovery services is being conducted in accordance with the Council's contract procedure rules. This report is subject to Call In

4.23 **Risk Management**

4.24 Risks associated with the re-commissioning of drug and alcohol treatment services have been identified, reviewed and managed through fortnightly Project Team meetings and monthly Project Board meetings.

4.25 The identification of new and increasing risks is an on-going process and will continue to be throughout the life of the project. The risk register is controlled through configuration management and the latest version is available upon request.

4.26 As part of the review, an assessment of how the re-commissioning of services may impact on existing providers has been undertaken. This includes risks to the viability of these third sector organisation as a whole, risks associated with other services and to the use of assets by individual providers.

5 **Conclusions**

5.1 Changes in national and local strategy for both drugs and alcohol are an important driver for how we shape our services in Leeds and represent a change in approach to tackling addiction and substance misuse.

5.2 Commissioned drug and alcohol treatment and recovery services play an important part in achieving key community safety and health and wellbeing outcomes for the city.

5.3 Drug and alcohol treatment and recovery form an important part of how we deliver our commitment to safeguarding in Leeds and will contribute to the Council's objectives towards reducing the number of looked after children.

5.4 The review and subsequent procurement processes provide an opportunity to ensure that our treatment and recovery services are able to deliver and respond effectively to the strategic priorities agreed within the Leeds Drug and Alcohol Strategy and provide positive outcomes for individuals.

6 **Recommendations**

6.1 Executive Board is requested to:

- Note the progress of the review and give approval to proceed with re-commissioning of drug and alcohol treatment and recovery services.

7 **Background documents**¹

7.1 Case Studies of Clients in Treatment

7.2 A set of case studies have been prepared a Background Documents which help to describe treatment journey of clients who have been engaged in drug and alcohol services.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

7.3 Please note: these are designated as exempt as they may reveal the identity of individuals. These exempt under access to information procedure rule 10.4 (1 and 2).

Appendices:

- 1: Summary of Review Findings
- 2: Summary of Draft Service Design
- 3: Equality Impact Assessment

Appendix 1:

Summary of Key Findings

1) Service Provision and Delivery Model

- The treatment system in Leeds is complicated and difficult to navigate. Many clients interviewed felt that the current service configuration is complex and it is not clear who does what or how services work together. Referrers such as GPs also commented that referral pathways and access into treatment could be simplified.
- Clients want to be treated for all their substance misuse issues (i.e. alcohol and drugs) in one place, rather than having to move between lots of different specialist services.
- Having locally based, accessible services is important to clients and referrers such as GPs. Clients also want some access to support at weekends and in the evenings.
- A high proportion of clients interviewed had a mental health issue. Clients want to be treated for their mental health issues within the same service as their substance misuse.
- At present the majority of people accessing both drug and alcohol treatment are White British. Stakeholders consulted said there are language and cultural barriers which prevent some groups from accessing Treatment and Recovery Services.
- Waiting times for alcohol treatment in Leeds are not always in line with national averages. 2013 JSNA data indicates that 44% of alcohol clients start treatment in under 3 weeks. 3% wait over 6 weeks.
- There is currently no treatment provision in Leeds for violent patients.
- At present BBV (blood borne virus) vaccinations are not available to clients who are accessing Harm Reduction services but are not in structured treatment.

2) Changes in substance misuse

- Leeds has fewer non-Opiate and Crack Users (non-OCUs) in treatment compared with other cities in our cluster and nationally.
- The vast majority of people entering drug treatment in Leeds have a heroin or other opiate problem. Leeds figures differ from national trends where new entrants to treatment are generally non-OCUs.
- Leeds also has fewer numbers of non-OCU criminal justice clients in treatment when compared with other WY authorities – 5% in Leeds compared with 14% in Calderdale, 9% in Bradford and 15% nationally.
- There is a perception that Leeds Treatment and Recovery Services are primarily focused on provision for heroin and crack users.
- The 2013 JSNA data shows that 11% of our treatment population have issues with illicit use of prescription/over the counter medicine (this is lower than the national average of 14%). Clients with addictions to prescription or over the counter medications commented that it was particularly difficult to access treatment as their issues were not always seen as being problematic.
- Leeds has an aging drug treatment population. 71% of clients in Leeds are within the 30 to 44 age group compared with 59% in 2008/09. Conversely, fewer older people are accessing alcohol treatment with 8% of those in treatment being over 55.
- There has been an increase in the number of people in alcohol treatment, however Leeds is still below the national target to have 15% of dependent drinkers in treatment.

3) Recovery

- Clients commented that the recovery message needs to be stronger and introduced from the very start of treatment. Some clients felt that they should have been challenged more whilst in treatment.
- Clients placed great importance on peer mentors and the role of peer support and positive role models.

- Many clients felt that they had not been told about the benefits of mutual aid groups (AA, NA, SMART) or were not encouraged enough to attend. Clients felt strongly that providers need to proactively encourage mutual aid and support clients to keep attending.
- Links to employment, education and training opportunities for people in treatment and recovery is essential.
- Clients want access to effective aftercare support once they have completed treatment.

4) Children and Young People

- Nationally, alcohol consumption and substance use trends are downward for this adolescent group. More young people abstain from drinking now than several decades ago and the proportion reporting that they have used illegal drugs has also been falling for at least a decade.
- Local trends are not so positive. The child health profile for Leeds shows that hospital admission rates for alcohol are significantly worse than national and regional figures. National data reports that local rates of young people drinking were 2% higher than national rates and similar to Leeds' statistical neighbours.
- Growing Up in Leeds (GUIL) survey data over the period 2009-13 shows that 30% of children and young people (11-15yrs) are choosing not to drink (and 8% increase), whilst 9% drink regularly (a 5% decrease- though with a slight upturn in the most recent year).
- When young people *are choosing* to drink, data now indicates that 13% of 11 -16 years olds surveyed reported that they were regularly drunk or drank to get drunk - an increase of 2% since 2011.
- Alcohol and drug use amongst children and young people is a growing issue in Leeds, and is not always seen by them as a problem.
- Hospital admissions data for drugs also shows Leeds to be significantly worse than the national rate, and similar to the regional rate. GUIL data indicate 14% of young people (11-16yrs) report ever using illegal drugs, a 5% increase since 2011.
- There are changing patterns of drug use amongst young people. National data shows that fewer young people are entering treatment for opiate use issues and the use of cannabis and new psychoactive substances more prevalent. Local data indicates that Leeds has seen an increase in stimulant drug use, 40% of young people in treatment have a primary stimulant issue, compared with 26% nationally.
- The more risk factors a young person has, the more likely they are to get involved in substance misuse and to experience problems in adulthood. Groups of young people have been identified as being more at risk of drug and alcohol use e.g. children who are looked after, care leavers, young offenders and homeless.
- Young people in treatment in Leeds have a range of additional vulnerabilities, including being at risk of child sexual exploitation
- Intergenerational drug and alcohol misuse is a key issue of concern.

5) Families and Carers

- Leeds has more people in drug treatment with children living with them than the national average. At the end of 2011/12, 42% of new entrants to treatment had children living with them, compared to 27% nationally. More than half of adults receiving alcohol treatment in Leeds are parents.
- Recent Leeds 'Looked After Children' research showed that drug and alcohol misuse was a significant factor in 56% of cases where children were taken into care. Parental substance misuse is a key factor in children becoming looked after.
- Joint working between substance misuse services and Children's Social Work Services is not always effective.
- Concerned others (family, carers, friends etc.) often feel 'outside of the system' and therefore do not always know about the treatment being offered to the client.

Concerned others also said they want clear information about how and where to seek help and advice.

- Parents commented that childcare can be a barrier to attending treatment appointments or mutual aid meetings.

6) Criminal Justice

- There has been an increase in young Probation clients with a drug or alcohol issue, in particular young male cannabis users.
- Drug and alcohol use is no longer such a driver for offending behaviour. The majority of offenders linked to both alcohol and drug crimes appear to use both in a recreational manner as part of their lifestyle choice.
- Police data shows that cannabis is prevalent in Leeds, along with new and emerging drugs.
- HMPs Leeds and Wealstun are seeing an increase in prisoners with cannabis, steroid and legal high issues, and much fewer heroin users, especially amongst younger prisoners.
- Clients coming out of prison felt that links with provision (treatment, aftercare, recovery activities etc.) in the community needs to be improved – ‘it’s easier to recover in prison’ but ‘too hard to cope when released’.
- There are close links between problematic drug and alcohol use and domestic violence.

7) Residential Detox and Rehabilitation

- Current Leeds facilities are only available for alcohol detox and rehab. Clients in drug treatment who require detox and/or rehab have to go out of area.
- Some clients cited being away from family and work and childcare issues as barriers to accessing out of area provision.
- Access to appropriate accommodation for people returning to Leeds from rehab is critical.

8) Housing Related Support

- There is currently some overlap between floating housing related support activity and tier 2 advice and support which is offered within drugs services.
- There has been an increase in demand for housing related support services in the last two years. The total number of referrals to HRS services for people with drug or alcohol related support needs increased from 386 in 2011/12 to 482 in 2012/13.
- Joint working between HRS and treatment/recovery services could improve. Less than half (42%) of the people who currently use HRS services for people with drug/alcohol issues are engaged in treatment and only 10% of these have joint support plans.
- There is on-going need for wet hostels for those continuing to drink.
- Clients told us that inappropriate housing and anti-social behaviour have a real impact on their ability to engage with treatment and recovery support.

Appendix 2:

Summary of Proposed Service Design

The following bullet points describe the key features of the proposed reshaped drug and alcohol provision for the city.

5.1 Service provision

- A single service which brings together drugs and alcohol but is not substance specific.
- A service for all age ranges including treatment provision for young people. This will allow for more family based interventions and offer better support for 18 to 24 year olds.
- Specialisms should be built into the service. These include:
 - Harm Reduction
 - Mental Health Dual Diagnosis
 - Homelessness
 - Pregnancy
- Consideration should be given to offering some general medical services in drug / alcohol Treatment and Recovery Service. (This would require discussion and agreement with CCGs).
- Blood borne virus services need to be available for clients just accessing harm reduction services.
- A competent and well trained workforce is essential

5.2 Criminal Justice

- Treatment for people subject to Drug Rehabilitation Requirements and Alcohol Treatment Requirements should be built into overall treatment and not be a separate service. However there should be clear and effective links / care plans and information sharing with probation/ offender managers.
- Faster access to assessments should be considered.
- Extended hours and weekend cover should be available.
- The service should have a detailed understanding of offending, and be able to challenge offending behaviour.
- There should be very effective transitions between prison and community.

5.3 Delivery Model

- There should be a clear access / information point. This should include a single phone number/ service name / web site etc. which will be clearly advertised and pro-actively promoted. This should also be the route for information for professionals/ carers etc.
- A hub and spoke model is being proposed which has drop in facilities aligned to areas of greatest demand as determined by the mapping work. More delivery of treatment should be then done across the city on a clinic basis- ideally involving more GP surgeries where this is possible.

- There is recognition that whilst there is benefit in having a single provision, certain client groups may need to be seen in different premises. This includes young people's services, harm reduction etc.
- There should be a greater use of outreach arrangements. This will ensure that we can offer better service to those in treatment and reach communities that do not traditionally seek help from drug and alcohol services.

5.4 Recovery

- Recovery should be built in from the beginning and not be an add on.
- Recovery should be integrated - not a separate service.
- Build in more capacity to train, develop and support peer mentors.
- Explore opportunities to develop peer mentoring for young people in service.
- The service should offer more challenge to service users.
- Require links with Mutual Aid such as Narcotics Anonymous / Alcoholics Anonymous and Smart in specifications.
- Require key links with employment / training organisations. Increase traineeships and apprenticeships available to the client group.
- Ensure support is available beyond structured treatment and easy access back to support if needed rather than needing to go back into structured treatment.
- Ensure that support is available post prison release for non-opiate and crack users and those who have become abstinent in prison.

5.5 Children and Young People's Recovery and Safeguarding.

- Ensure services are aware and identify and respond effectively to issues of child sexual exploitation. To include this in the specification.
- The service needs to work effectively with families where parents and children are misusing substances. More family based intervention to be undertaken.
- The new service needs to have excellent safeguarding arrangements in place and this to be embedded as part of continuous professional development.
- The service needs to be clearly linked into safeguarding arrangements and embedded into existing infrastructure such as wedges and clusters.
- There should be effective responses to pregnancy
- The service needs to offer effective interventions to Children who are Looked After.
- To build requirements for co-working and consultancy in family intensive support services into the specification.

5.6 Carers and Families

- Support for carers and significant others is essential and should continue to be provided.
- Where it is appropriate that family members are involved in treatment / recovery interventions then they should be prepared/ supported by the recovery service.
- The treatment/ recovery service should ensure family members are given appropriate information about what treatment entails.
- Identification and effective responses to adult safeguarding issues will be an essential requirement of the new service.

- Identification and effective responses to domestic violence issues will be an essential requirement of the new service. This will include developing an effective information sharing protocol with the police for high risk cases.
- DV Quality Mark to be required in the specification.

5.7 Residential Detox and Rehabilitation

- Work will be done to explore possibilities of being able to offer Leeds based residential rehab and detox. Current Leeds facilities are only available for alcohol.

5.8 Housing Related Support

- Where there is provision for those continuing to drink such as “wet hostels” those services need to be clearly linked to the treatment / recovery service. This to include joint reviews and ensuring that residents are able to access appropriate treatment / support options and community care assessments.
- Consideration should be given to merging the floating support services with the treatment/ recovery service as elements of Housing Related Support Provision and wrap around support delivered in some drugs services are very similar.
- Further work will be done to explore whether the accommodation based services could/ should be remodeled and linked to treatment / recovery services to provide a Leeds based rehabilitation service.

Appendix: 3



Equality, Diversity, Cohesion and Integration Impact Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration. In all appropriate instances we will need to carry out an equality, diversity, cohesion and integration impact assessment.

This form:

- can be used to prompt discussion when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

Directorate: Environment and Housing	Service area: Strategy and Commissioning
Lead person: Louise Hackett	Contact number: 0113 3951309
Date of completion of the equality, diversity, cohesion and integration impact assessment: 22 November 2013	

1. Title: Leeds Drug and Alcohol Sector Review
Is this a:
<input checked="" type="checkbox"/> Strategy /Policy <input checked="" type="checkbox"/> Service / Function <input type="checkbox"/> Other
If other, please specify

2. Members of the assessment team:

Name	Organisation	Role on assessment team e.g. service user, manager of service, specialist
The EIA has been undertaken by the Drug and Alcohol Sector Review Project Team which is implementing the review of drug and alcohol services in Leeds under the direction of a Project Board drawn from key members of the Joint Commissioning Group.		
Members of the project team are detailed below:		
Sinead Cregan	Adult Social Care	Service Manager
Louise Atherton	Children's Services	Service Manager
Chris Dickinson	Environment & Housing	Service Manager
Louise Hackett	Environment & Housing	Service Manager
Dawn Bray	Environment & Housing	Service Manager
Diane Powell	Office of Public Health	Service Manager
Jude Roberts	Probation Service	Partner
Tony Bailey	Procurement Unit	Advisor
Catherine Farrell	Public Private Partnerships Unit	Advisor
Melanie Jones	West Yorkshire Police	Partner
Dave McDougal	West Yorkshire Police	Partner

3. Summary of strategy, policy, service or function that was assessed:

During 2013 a review of the drug and alcohol strategy for Leeds and drug and alcohol service provision in Leeds has taken place in response to the following key drivers:

- Changes to national and local strategies with a greater emphasis on recovery
- Opportunities relating to the move of Public Health into Leeds City Council
- Changes in patterns of drug use
- A desire to improve outcomes for those in treatment
- The need for a more joined up service
- The need for service provision to be easier to access and to navigate

The review of strategy and service provision has included significant consultation and engagement with service providers, service users, people in recovery, carers, and strategic partners and stakeholders along with extensive data collation and analysis, mapping exercises and cost/value for money assessments.

The scope of the review for service provision has encompassed the following services:

- Adult community drug treatment services
- Adult community alcohol treatment services
- Housing related support services for people with drug and alcohol problems
- Pharmacy and harm reduction services
- Children’s drug and alcohol services
- Out of area drug and alcohol treatment services

Key findings from the review have been collated and shared with providers, service users and stakeholders. These findings have been used to shape proposals for a new service model for the city and an options appraisal has been undertaken to determine the best way to procure them.

The key features of the new model are for a combined drug and alcohol service with a single identity and point of access for all users and professionals, extended opening hours and a greater focus on recovery. Services for adults and children will be combined (although delivery may be in separate venues) and specialisms such as mental health are to be integrated. More outreach and local access to services will be achieved by moving to a hub and spoke model. The new service model is described in more detail at 4b.

4. Scope of the equality, diversity, cohesion and integration impact assessment

(complete - 4a. if you are assessing a strategy, policy or plan and 4b. if you are assessing a service, function or event)

4a. Strategy, policy or plan

(please tick the appropriate box below)

The vision and themes, objectives or outcomes	<input type="checkbox"/>
The vision and themes, objectives or outcomes and the supporting guidance	<input type="checkbox"/>

A specific section within the strategy, policy or plan	<input checked="" type="checkbox"/>
<p>Please provide detail: The Leeds Drug and Alcohol Strategy and Action Plan (2013-2016) contains four priority outcomes and this equality impact assessment focuses on outcome 2 “more people recover from drug and alcohol misuse” of which the review and recommissioning of drug and alcohol treatment services is a key action in achieving this outcome.</p> <p>Equality Diversity and Community Cohesion Impact Screening / Assessments will need to be undertaken as part of the development of implementation plans for the actions aimed at achieving the other outcomes in the strategy.</p>	

<p>4b. Service, function, event please tick the appropriate box below</p>	
The whole service (including service provision and employment)	<input checked="" type="checkbox"/>
A specific part of the service (including service provision or employment or a specific section of the service)	<input type="checkbox"/>
Procuring of a service (by contract or grant)	<input checked="" type="checkbox"/>
<p>Please provide detail:</p> <p>The review and re-commissioning of drug and alcohol treatment services is a key action in the Leeds Drug and Alcohol Strategy and Action Plan (2013-2016) aimed at achieving the outcome of “more people recover from drug and alcohol misuse” (Outcome 2).</p> <p>The review has resulted in a series of proposals for a reshaped drug and alcohol provision for the City. The overall requirement is for a substance misuse prevention, treatment and recovery service for young people and adults. The service will be expected to work creatively and flexibly to ensure it understands and responds to individual and local needs and maximises outcomes for individuals, families and communities.</p> <p>The service will be holistic and offer the full range of interventions including:</p> <ul style="list-style-type: none"> • Prevention • Harm reduction • Brief interventions • Advice, information and signposting • Structured treatment including Pharmacological and Psychosocial interventions • Access to residential detox and rehabilitation services • Hospital in reach • Mentoring • Recovery orientated planning and support, including facilitating recovery 	

communities

- Support to sustain recovery

The service will work across the age range, working with young people and adults and work with those misusing or at risk of misusing drugs and/ or alcohol. The service will offer high quality, evidenced based, structured treatment interventions as part of a package of support tailored to achieve sustainable recovery outcomes for individuals.

The service will have a clear identity and be easily accessed. It will take a holistic approach to supporting children and young people providing universal, targeted and specialist support. The children and young people's service will have separate access points to adult services, a team with defined children's competencies and comply with the SCODA 'Ten Key Policy Principles' (NTA, 2005)

The service will have a significant role to play in ensuring the delivery of a number of elements of the Leeds Drug and Alcohol Strategy and will be expected to be familiar with and work effectively with all key strategic partners and service delivery arrangements in the City.

Service Provision

- A single service which addresses both drugs and alcohol but is not substance specific;
- A service for all age ranges including treatment provision for young people. This should feature more family based interventions and offer better support for 18 to 24 year olds;
- A service that tackles the specific needs of those with dual diagnosis as well as supporting mainstream mental health services;
- The service will provide a full range of evidenced based treatment interventions in accordance with NICE and other relevant guidelines in order to promote the recovery of each individual. This will include interventions for pregnant women and those with co- existing mental health and substance misuse problems;
- Blood borne virus (BBV) services will be available for clients accessing all parts of the service, including those accessing needle exchange / harm reduction services;
- Provision for violent patients to be considered and built in appropriately;
- A competent and well trained workforce is essential;
- The service will fully understand the impact of parental problem drug and alcohol misuse as detailed in the AMCD inquiry: 'Hidden harm' report on children of drug users (2011) and develop working practices based on the recommendations for drug and alcohol services outlined in the report. In particular, the service should adopt a 'Think Family' approach and work with Children's Services to ensure children in families affected by drug and alcohol misuse are safe from harm and have the support they need to succeed and avoid children becoming looked after;
- The service will work to address any barriers to parents accessing services.

Criminal Justice

- Structured treatment and other interventions for people subject to Drug Rehabilitation Requirements and Alcohol Treatment Requirements should be built into overall treatment and not be a separate service. However there should be clear and effective links / care plans and information sharing with probation/ offender managers. There should be rapid access to assessments;
- Extended hours and weekend cover should be available;

- The service should have a detailed understanding of offending and be able to challenge offending behaviour;
- There should be very effective transitions between prison and community.

Delivery Model

- There should be a clear access / information point. This should include a single phone number/ service name / web site etc. which will be clearly advertised and pro-actively promoted. This should also be the route to information for professionals/ carers etc;
- A hub and spoke model is being proposed which has drop in facilities aligned to areas of greatest demand, including areas with the highest numbers of looked after children. More delivery of treatment should be then done across the City on a clinic basis- ideally involving more GP surgeries and other health care venues where this is possible;
- There is recognition that whilst there is benefit in having a single provision, certain client groups may need to be seen in different premises. This includes young people's services, harm reduction etc.
- The services will deliver effective outreach arrangements. This will ensure that we can offer better service to those in treatment and reach communities that do not traditionally seek help from drug and alcohol services.

Recovery

- The service will be recovery orientated with recovery aspirations being built in from the beginning of a treatment journey;
- Recovery planning should be personalised building on the strengths and assets of each individual;
- The service will clearly demonstrate and articulate that recovery is possible and attainable. Visible peer mentors and recovery champions should be a key feature of this;
- The service will deliver an effective peer mentoring programme. This will include exploring opportunities to develop peer mentoring for young people in service;
- The service will ensure that service users are effectively linked with Mutual Aid such as Narcotics Anonymous / Alcoholics Anonymous and Smart;
- The service should be aware of and make full use of mainstream and wider support services to support service user recovery;
- The service should develop key links with employment / training organisations and as part of this should increase the number of traineeships and apprenticeships available to the client group;
- Support should be available beyond structured treatment with easy access back to support if needed. Support should be available post prison release for non-opiate and crack users and those who have become abstinent in prison;
- Support should be available post prison release for non OCU's and those who have become abstinent in prison;
- Support should be available to people leaving residential detox and rehab whether this is planned or unplanned.

Children and Young People's Support and Safeguarding

- The service needs to be able to provide universal, targeted and specialist support. It will intervene at the earliest opportunity to prevent drug and alcohol use, help reduce the likelihood that a young person's drug and alcohol use will escalate, managing risk and harm, whilst providing specialist care-planned support for young

- people who are regularly misusing drugs or alcohol;
- The service needs to work effectively with families where parents are misusing substances and children are at risk and/or misusing drugs and alcohol to address the impact of intergenerational drug and alcohol misuse and criminal behaviour. The service will target areas with the highest numbers of vulnerable children e.g. NEET, School excludees, YOS and particularly Children who are looked after;
 - The service needs to offer a range of effective interventions and packages of care to support all children and young people including high intensity support for the most vulnerable e.g. NEET, School excludees, YOS and particularly Children who are looked after;
 - The service needs to undertake more family based support and interventions and ensure that co-working and consultancy occurs with family intensive support services;
 - The service needs to have excellent safeguarding arrangements in place that are part of continuous professional development and ensure that these are clearly linked and embedded into existing infrastructure such as city-wide wedges and clusters;
 - There should be effective responses to pregnancy across all service provision and engagement with other services;
 - Ensure services are aware, identify and respond effectively to issues of child sexual exploitation;
 - The service should be able to develop and deliver workforce development in line with city-wide priorities.

Adult Safeguarding

- Identification of and effective responses to adult safeguarding issues will be an essential requirement of the service;
- The service will need to have excellent safeguarding arrangements in place that are part of continuous professional development;
- The service will require an excellent understanding of and ability to work within the Leeds Safeguarding Adults Policy and Procedures;
- Identification of and effective responses to domestic violence (DV) issues will be an essential requirement of the new service. This will include developing an effective information sharing protocol with the Police for high risk cases;
- The Leeds DV Quality Mark will be required.

Carers and Families

- Support for carers and significant others is essential and should be provided;
- Where it is appropriate that family members are involved in treatment / recovery interventions then they should be prepared/ supported by the service;
- The treatment/recovery service should ensure family members are given appropriate information about what treatment entails.

Housing Related Support (HRS)

- The service will provide floating support to people with drug or alcohol problems who are struggling to manage their tenancy and/or who may be at risk of homelessness. Support will be tailored to individual need and should include a range of interventions;
- The service will work closely with Leeds Housing Options and commissioned homelessness services. Links will also be needed with other HRS providers to develop effective pathways and packages of support for those who have additional

- or more complex needs (e.g. mental health, offending behaviour);
- The service will have strong links with HRS accommodation based services for people with drug and alcohol problems (including 'wet' hostels) to ensure access to appropriate treatment and support options. Referral and joint support planning processes will need to be developed;
 - Service users will be proactively encouraged and assisted to live independently as part of their recovery from drug and/or alcohol addiction.

Note the Drugs Intervention Programme (DIP) for clients in the criminal justice system is funded separately and therefore not included within the scope of this review.

5. Fact finding – what do we already know

Make a note here of all information you will be using to carry out this assessment. This could include: previous consultation, involvement, research, results from perception surveys, equality monitoring and customer/ staff feedback.

(priority should be given to equality, diversity, cohesion and integration related information)

Information from a variety of sources has informed the development of the new strategy and service model and also been used in the undertaking of the EIA as detailed below:

Consultation findings:

A cross-section of service users were interviewed on a one to one basis, structured interviews were carried out with service providers, and a combination of structured interviews and questionnaires have been used to seek the views of other stakeholders. Consultation through events and attendance at forums has also taken place. Details of stakeholder engagement are described in full at 6.below.

Service User & Service Provider Data:

The majority of the data used comes from the National Drug Treatment Monitoring System (NDTMS). This includes monthly and quarterly data which is available at programme level for the whole of Leeds and also provider level for each service. The information available includes the number of individuals in treatment, the number of new treatment journeys each quarter, demographics of our service users, e.g. age and gender, main drug use, whether they have housing issues and BBV status. Other information that is available includes the number of planned and unplanned exits, successful completions and representations.

Data is also received from the Treatment Outcome Profiles (TOPs), which charts changes in clients drug use, employment and housing situation through their treatment journey and subjective information on their physical and mental health.

Additional performance data is collected directly from our providers on a monthly basis and contract managers collect other information on a regular and ad hoc basis as part of their contract managing procedures.

Reports and Policy/Strategy documents:

A number of published sources have informed our work including:

- National Drug Strategy (2010)
- SCODA 'Ten Key Policy Principles' for children's substance misuse treatment services (NTA, 2005)

- AMCD inquiry: 'Hidden harm' report on children of drug users (2011)
- Drugscope Report – Making the Connection: Developing integrated approaches to domestic violence and substance misuse

Mapping information:

An exercise to map service provision and location of service users has been undertaken for drug, alcohol, and housing support services including services for young people.

Provider Information:

A range of information has been systematically gathered from providers through face to face meetings or completion of a questionnaire regarding the buildings they are based at / deliver out of, current staffing arrangements, and the potential impacts of recommissioning the service including interdependencies with other services / LCC contracts that might also be affected. Information on whether current premises are fully accessible / DDA compliant was also obtained.

Findings from Project Team Workshop:

A workshop was held in October to consider in detail how the new service model would impact on different groups. This provided a check that due regard to equality, diversity and community cohesion had been paid throughout the review of service provision and development of the new model. There was a particular focus on looking at the issues faced by different equality groups and the positives and negatives of the new service model. Actions to ensure benefits are realised, barriers overcome and potential risks mitigated were also considered.

Are there any gaps in equality and diversity information

Please provide detail:

The collection of data on Religion or Belief, Sexual Orientation, Gender Reassignment or Marital Status of service users is not reported by NDTMS.

Further analysis and / or consultation is required to better understand LGBT issues and the needs of gypsies/travellers and care leavers in relation to drug and alcohol services.

Action required:

The type and level of data to be obtained from providers and service users will be reviewed by commissioners at the tender specification stage and periodically thereafter to ensure consistency of information collected and that it meets current and ongoing monitoring requirements. Provision for the collection and reporting of equality and other data as required on a regular and ad hoc basis by providers will be built in to the tender /contract documentation as appropriate.

Undertake further analysis / consultation regarding LGBT, gypsies/travellers, and care leaver's needs prior to finalisation of service specification.

6. Wider involvement – have you involved groups of people who are most likely to be affected or interested

Yes

No

Please provide detail:

The review of strategy and service provision has involved consultation with service

users, service providers and a range of other key stakeholders representing a cross section of different equality groups :

Service Users

40 current and former adult service users were consulted on a one to one basis, using a structured interview technique. The questions were adopted from a tool used for a similar commissioning review in York that was developed by Act Research. The questions covered a range of issues including the service user's history of drug/alcohol use, how and when they accessed treatment, their experiences of services including positives and negatives, their experiences of recovery in the city and their views on how things could be improved. The process also enabled the collection of key demographic information. The interviews were held on a one to one basis in order to maintain confidentiality. In addition to the interviews, service users have also been consulted through a number of different forums, meetings and events including the locality based co-production events. Following the consultation, a service user feedback event was held at Leeds Town Hall. The event was an opportunity to feedback the key findings to service users and to ensure that these accurately reflected the consultation undertaken.

The views of young carers have been obtained through structured interviews with young people from Willows Young carers project.

Service Providers

Structured interviews have been undertaken with service providers in the city, including treatment, recovery, harm reduction, housing related support and those who work with a specific client group e.g children/young adults, homeless, pregnant women, people with mental health problems and carers. The interviews were an opportunity to gain a more detailed understanding of how services, pathways and referral systems currently operate. In addition, providers' views were sought on what works well within the current system, any gaps or areas of duplication and also any areas which could improve. Consultation events with existing providers were held on 27 June and 3 October 2013.

Other Stakeholders

A wide range of other key stakeholders have been consulted through the review primarily through structured interviews or written questionnaires but also through specific events and forums including a number who work primarily with key equality groups such as young people, carers, people in the criminal justice system, victims of domestic violence etc. Stakeholders were asked to comment on their experiences of drug and alcohol services in Leeds, and what they would like to see feature as part of a reconfigured system going forward. Stakeholders were also asked to comment on how they think drug and alcohol services could better contribute to their key priorities in the future.

Consultees include:

- Service Users (adult treatment, recovery and harm reduction services)
- Current Adult Treatment and Recovery Service Providers (DISC/LCDP, Multiple Choice, ADS, York St, LAU, SMHS, St Anne's Alcohol Services and Spacious Places)
- Current Adult Harm Reduction Providers (BARCA and St Anne's Community Services)

- Current Adult Social Care Providers (Multiple Choice, alcohol residential rehab)
- Current Housing Related Support Service Providers (St George's Crypt, Leeds Housing Concern, St Anne's Alcohol Services)
- Young people (children and young people's service)
- Current Children's Services Provider (DISC - Platform)
- Families First, LCC
- Children's Social Work Services, LCC
- Youth Offending Service, LCC
- WY Police
- ASB, Safer Leeds, LCC
- WY Probation Service
- HMP Leeds
- Sentencers – magistrates and judges
- Probation Bail Hostels
- Migrant Communities Network
- Genesis (support for sex workers)
- Joanna Project (support for street sex workers)
- Housing Services, LCC
- Mental Health Commissioning, Leeds North CCG
- CCGs and GPs
- Leeds Local Pharmaceutical Committee
- Leeds Local Medical Committee
- Shared Care GPs and Providers
- Carers Leeds
- Willow Young Carers
- Yorkshire MESMAC (sexual health service for young people)
- Domestic Violence Services (refuge, floating support and perpetrator service)
- LCC Area Leads
- Lead Members
- Community Groups / Residents
- Job Centre Plus
- Employment and Skills, LCC
- Narcotics Anonymous members/group facilitators

Forums and Events

A visioning event was held with key partners in January 2013 and Project Team members have more recently attended forums including the Supporting People Provider Forum, the Dual Diagnosis Forum and the Leeds Local Pharmaceutical Committee in order to seek views and provide feedback on the review.

Throughout the year three locality based co-production events involving service users, service providers, community groups, ward members and local residents were held at Armley (April 2013), Seacroft (July 2012) and HydePark/Headingley (October 2013). There has also been consultation with LCC area locality leads.

Action required:

A communication plan including engagement and communication with a wide range of stakeholders has been drafted. Implementation of this plan should ensure that all stakeholders are kept informed of developments as appropriate.

Ongoing service user involvement - An expert reference group involving former service users who are now in recovery has been established at the Space and will ensure there is ongoing engagement with service users throughout the commissioning process. A meeting has also been arranged for December 2013 with The Learning to Live Again Group at LAU to hear their views. Opportunities for involving young people are also being explored.

Contract managers will liaise with existing providers to ensure that service users are reassured about the continuity of service and that any transitional arrangements from provider to provider are implemented so as to minimise disruption.

7. Who may be affected by this activity?

please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service or function

Equality characteristics

Age

Carers

Disability

Gender reassignment

Race

Religion or Belief

Sex (male or female)

Sexual orientation

Other : Ethnic Origin, Parental Status, Homeless Status, Area of Residence, Those in Criminal Justice System, Victims of Domestic Violence, Children Looked After, Care Leavers.

Stakeholders

Service users

Employees

Trade Unions

Partners

Members

Suppliers

Other:

Potential barriers (for service users unless otherwise stated)



Built environment



Location of premises and services



Information and communication



Customer care



Timing



Stereotypes and assumptions



Cost



Consultation and involvement



**Other : Childcare facilities
Size of new contract (potential barrier for small suppliers)**

8. Positive and negative impact

Think about what you are assessing (scope), the fact finding information, the potential positive and negative impact on equality characteristics, stakeholders and the effect of the barriers

8a. Positive impact:

At present drug and alcohol services for young people are separate to services accessed by adults. A combined service will offer improved continuity of care especially for 18-24 year olds by removing the transition between services and the associated issues that can arise.

The new service will look to operate in venues where childcare is available or at times convenient to parents.

Links to safeguarding arrangements and the embedding of the service into the existing infrastructure such as wedges and clusters will ensure children and vulnerable adults continue to be appropriately protected.

Support from carers and significant others can have a tremendous impact on successful recovery. Where it is appropriate that family members or friends are involved in treatment / recovery interventions they will be prepared and supported by the recovery service so that they are aware of what treatment entails and can provide appropriate emotional and practical support to the person in treatment/recovery.

Incorporating mental health dual diagnosis, homelessness, pregnancy, and harm reduction specialisms, and housing related support into an integrated provision instead of having separate services will broaden access to recovery services for people who require these types of support. For harm reduction service users not in treatment this will provide improved access to interventions such as BBV services and pathways into treatment and recovery. The potential to include delivery of the baby steps programme and other related interventions will also improve the quality of provision for pregnant women and parents of young children.

The identification and effective response to domestic violence issues will be an essential requirement of the new service and will include the development of an effective information sharing protocol with the Police for high risk cases and achievement of the DV Quality Mark by the service.

The incorporation of offender and DRR / ATR treatment services into the single service model with extended hours and weekend cover will provide for more effective transition and timely access to care for those entering and leaving the criminal justice system.

Enhancing the links to employment, training, and apprenticeships will particularly support the sustained recovery of young people and those of working age by helping them gain skills and experience to engage in socio-economic activity. Volunteering / peer mentoring opportunities will benefit all age groups.

The proposed hub and spoke model will improve opportunities for outreach and access for all equality groups by having more drop in facilities aligned to areas of greatest demand as determined by the mapping work undertaken during the review which has compared location of services with where users live.

Leeds-based residential facilities are currently only available for alcohol detox and rehab with drug service users needing to access out of area services which is not suitable for all clients . Providing similar facilities in Leeds for drug users would improve the opportunity of access for all equality groups.

Action required:

The service specification will need to include requirements around : integrated service provision, childcare, safeguarding, the involvement of carers/significant others where appropriate, improved outreach and access through a hub and spoke model, and consideration of Leeds based residential services for both drugs and alcohol detox and rehab..

8b. Negative impact:

There is recognition that whilst there is benefit in having a single provision, certain client groups may need to be seen in different premises. This approach would overcome any resistance that parents may have to their children being treated alongside older, more hardened drug users or people with severe alcohol issues. The same may apply to other groups who do not perceive themselves as typical alcohol and drug users e.g students/young professionals. The location of services and appropriate communication and branding will be key in preventing these groups from thinking “this service isn’t for me”.

At present there is separate provision for certain client groups e.g. the homeless, those who also require mental health treatment and pregnant women. There is a potential risk that by incorporating these specialisms into the service as standard the offering may be weakened and the high level of specialist knowledge and experience currently found in the separate services will be lost.

From time to time it may be necessary for a provider to exclude a client from treatment due to aggressive/violent behaviour. With the current service it may be possible for a different treatment provider to take that client on board however with a larger single service there is

the potential for such opportunities to be lost.

In terms of delivering the new service, small to medium sized organisations may not have the capacity or experience to deliver a contract of this scale. Allowing the service to be delivered by a consortium will overcome any such barriers and the soft market test being undertaken during December 2013 will provide opportunities for small to medium sized organisations to explore partnership arrangements with other providers ahead of any commissioning arrangements. A consortium arrangement may also provide greater opportunity for maintaining specialist expertise as some small to medium sized providers are specialists in different fields.

Action required:

The service specification will need to make provision for some client groups e.g. young people, to be seen in different venues.

Service identity and publicity will need to be developed in such a way that it has wide appeal to all client groups.

Staff training and development, along with the identification of lead practitioners for the different specialisms will be key in ensuring that specialist expertise and knowledge is maintained across the service.

The new service will need to develop and implement risk management strategies in relation to preventing and dealing with unacceptable behaviour that may lead to client exclusion. Opportunities for alternative provision for clients already excluded need exploring further.

Delivery of the service by a consortium to be permitted.

9. Will this activity promote strong and positive relationships between the groups/communities identified?



Yes



No

Please provide detail:

Drug and alcohol misuse is an extremely serious social issue which affects the well-being of individuals, families and communities. It damages and ruins the health of individuals and undermines family life, preventing people from fulfilling their potential and engaging in society through work and leisure activities. It increases the vulnerability of individuals to being perpetrators or victims of crimes with a knock on effect for local communities in terms of their experience and perception of crime.

All of this comes with a cost. Recent data from Public Health England shows that the social and economic cost of alcohol misuse in Leeds was £335m in 2011/12 (equivalent to £446 per head of population) and breaks down as NHS costs £58.42m, crime and licensing £114.88m, workplace £133.83m, social services £32.03m.

The revised service model, with its greater focus on sustainable recovery and the

prevention work that will run alongside it, will seek to contain and minimise the impact on the public purse. Public Health England estimate that every £1 spent on drug treatment saves £2.50 in costs to society and every £1 spent on alcohol treatment saves £5-£8.

Besides delivering cost effective benefits for the residents of Leeds the impact on society at a local level will be through reduced crime and anti-social behaviour and increased opportunity for individuals and families to play a more active role in society in general. This will be achieved through a greater emphasis on family support, volunteering and peer mentoring opportunities and links to employment which will be integral to the new service model.

The proposed hub and spoke model with more services in localities such as GPs etc will be of particular benefit to those communities where drug and alcohol misuse is highest.

Action required:

Publishing positive news stories about the cost benefits of reducing substance misuse and reports of reduced crime/anti-social behaviour in neighbourhoods etc will be key in demonstrating the value of delivering this service especially at a more localised level.

The requirement for a greater emphasis on family support, volunteering and peer mentoring opportunities and links to employment will need to be incorporated to the service specification.

10. Does this activity bring groups/communities into increased contact with each other? (e.g. in schools, neighbourhood, workplace)

Yes

No

Please provide detail:

The hub and spoke model will see more people treated in their communities which will improve access to services for drug and dependent alcohol users who live there. This may however generate some resistance from local residents to having dependent drug and alcohol users on their doorstep especially where this involves accessing shared services e.g GP surgeries.

The new model provides for all age access to the same service which will overcome transitional issues that can arise at present when a young person moves to adult services. However as mentioned at 8b. some parents may have a reluctance for their children to be treated alongside older, more hardened drug users or people with severe alcohol issues. Likewise there are other groups who may perceive themselves as different to other alcohol and drug users e.g students/young professionals. The siting of services in locations that are not specific to drug and alcohol such as GP surgeries alongside appropriate communication and branding will also be key in preventing these groups from thinking "this service isn't for me".

Action required:

Publishing positive news stories about the cost benefits of reducing substance misuse and reports of reduced crime/anti-social behaviour in neighbourhoods etc will be key in demonstrating the value of delivering this service especially at a more localised level.

The service specification will need to make provision for some client groups e.g. young people, to be seen in different venues.

Service identity and publicity will need to be developed in such a way that it has wide appeal to all client groups.

11. Could this activity be perceived as benefiting one group at the expense of another? (e.g. where your activity/decision is aimed at adults could it have an impact on children and young people)

Yes

No

Please provide detail:

The new model incorporates many service enhancements that will benefit a wide range of equality groups e.g. childcare, more locality based service provision with access to mental health, pregnancy services etc and should therefore not be perceived as benefiting one group at the expense of another.

Action required:

Enhancements to be included in service specification.

12. Equality, diversity, cohesion and integration action plan

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

Action	Timescale	Measure	Lead person
The type and level of data to be obtained from providers and service users to be reviewed by commissioners at the tender specification stage and periodically thereafter to ensure consistency of information collected and that it meets current and ongoing monitoring requirements. Provision for the collection and reporting of equality and other data as required on a regular and ad hoc basis by providers to be built in to the tender/contract documents as appropriate.	31 Dec 2013	Requirements included in service specification and contract documentation.	Commissioning Leads (LH,DB, LA,SC,DP) and Procurement / PPPU (TB, CF)
Undertake further analysis / consultation regarding LGBT, gypsies/travellers, and care leaver's needs prior to finalisation of service specification.	Ongoing Dec 2012/Jan 2013	Needs established and incorporated where appropriate and feasible in service specification.	LH, Strategy and Commissioning

Action	Timescale	Measure	Lead person
Communication plan to be completed and actioned to ensure all stakeholders are kept informed of developments as appropriate throughout the commissioning process. Plan to include positive publicity about the economic and social benefits for communities and the city as a whole.	Communication Plan in place by 31 December 2013. Actions implemented as per agreed timescales in plan.	Plan in place, stakeholders informed and adverse publicity minimised/avoided.	Plan development: CD, Strategy and Commissioning Plan Actions: Project Team.
Ongoing service user involvement - An expert reference group involving former service users who are now in recovery has been established at the Space and will ensure there is ongoing engagement with service users throughout the commissioning process. A meeting has also been arranged for December 2013 with The Learning to Live Again Group at LAU to hear their views and opportunities for involving young people are being explored.	Ongoing throughout commissioning process.	Service users engaged in process and views obtained.	Strategy & Commissioning (LH) for adult service users. Children's Services (LA) for young people.
Contract managers will liaise with existing providers to ensure that service users are reassured about the continuity of service and that any transitional arrangements from provider to provider are implemented so as to minimise disruption.	Ongoing – mobilisation phase will be a key period	Appropriate communication and discussion with providers through regular contract management meetings.	Commissioning leads & contract managers.
The service specification to include: <ul style="list-style-type: none"> - Integrated provision - Requirements for family support, childcare provision, safeguarding, the involvement of carers/significant others, improved outreach and access 	January 2014	Requirements included in service specification.	Commissioning Leads (LH,DB, LA,SC,DP) and Procurement / PPPU (TB, CF)

Action	Timescale	Measure	Lead person
<ul style="list-style-type: none"> - Staff training and development to ensure specialist expertise maintained - Volunteering, peer mentoring opportunities and links to employment to support recovery and social integration - Provision for some client groups e.g. young people, to be seen in different venues. - Extended hours / weekend opening as appropriate. - Risk management strategies to prevent and deal with unacceptable behaviour that may lead to client exclusion. Opportunities for alternative provision for clients already excluded need exploring further. - Service identity/promotion to have wide appeal to all client groups - Consideration of Leeds based residential services for both drugs and alcohol - Delivery of the service by a consortium as an option 			
<p>Opportunities for treating clients excluded on the grounds of unacceptable/violent behaviour to be explored further.</p>	<p>January 2014.</p>	<p>Discussions held with GMS services.</p>	<p>Public Health, DP</p>
<p>Equality Diversity and Community Cohesion Impact Screening / Assessments to be undertaken as part of the development of implementation plans for the actions aimed at achieving the other outcomes in the strategy.</p>	<p>In line with the development of implementation plans.</p>	<p>EIA screening / assessments undertaken as appropriate.</p>	<p>Various as set out in the Leeds Drug and Alcohol Action Plan 2013-16</p>

13. Governance, ownership and approval State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment		
Name	Job Title	Date
Ian Cameron	Director of Public Health	9 December 2013

14. Monitoring progress for equality, diversity, cohesion and integration actions (please tick)	
<input type="checkbox"/>	As part of Service Planning performance monitoring
<input type="checkbox"/>	As part of Project monitoring
<input checked="" type="checkbox"/>	Update report will be agreed and provided to the appropriate board Please specify which board: Drug and Alcohol Sector Review Project Board
<input checked="" type="checkbox"/>	Other (please specify) Drug and Alcohol Sector Review Project Team

15. Publishing	
This Equality, Diversity, Cohesion and Integration impact assessment will act as evidence that due regard to equality and diversity has been given.	
If this impact assessment relates to a Key Delegated Decision, Executive Board, full Council or a Significant Operational Decision a copy should be emailed to Corporate Governance and will be published along with the relevant report.	
A copy of all other Equality and Diversity, Cohesion and Integration impact assessment's should be sent to equalityteam@leeds.gov.uk . For record keeping purposes it will be kept on file (but not published).	
Date impact assessment completed	22 November 2013
If relates to a Key Decision – date sent to Corporate Governance	
Any other decision – date sent to Equality Team (equalityteam@leeds.gov.uk)	