

Report Title: Drug and Alcohol Action – Final Decisions on Funding 2011/12

Report of Anne Lippitt, Director Urban Environment

Signed :

Contact Officer : Marion Morris – Drug & Alcohol Strategy Manager

Wards(s) affected: **All**

Report for: **Key Decision**

### **1. Purpose of the report**

- 1.1. The purpose of this report is to seek final approval from the Cabinet Member for Community Safety and Cohesion in relation to funding decisions for 2011/12 for projects and services delivered in relation to Safer Communities (drug and alcohol action). All of these services are provided by the Haringey Advisory Group on Alcohol (HAGA). The final funding decision is based on scoring these projects against a range of agreed criteria and follows a period of consultation with HAGA.
- 1.2. On 25 February 2011 the Cabinet Member for Community Safety and Cohesion agreed criteria for future funding in relation to Safer Communities (drug and alcohol action) for 2011/12. These criteria were subject to consultation and this report seeks to confirm approval of the criteria as attached at Appendix 1.
- 1.3. These criteria were provisionally applied to assess the future commissioning of services and projects and these provisional decisions were subject to consultation. Following appropriate consideration of the responses to this consultation and having had due regard to the Council's equality duties as set out in the Equality Act 2010 this report seeks Cabinet Member approval to implement funding decisions arising from the application of these criteria.

## **2. Introduction by Cabinet Member (if necessary)**

- 2.1. The funding cuts from Central Government have meant that all areas of support and budget commitment be reviewed. Whilst we wish to continue our valuable work in relation to drug and alcohol support, the reductions in funding have meant that we have had to make some very hard choices with our limited resources. However, by working with our partners in Health we are confident that we are able to mitigate the worst impacts of the Government's spending cuts on drug and alcohol support projects.
- 2.2. A Cabinet decision on the 8<sup>th</sup> February (Item 9. Medium Term Financial Planning 2011/12 – 2013/14) gave authority to the appropriate Cabinet Member to take the final decisions in relation to proposed reductions or cessations of funding to third sector (and private sector where relevant) organisations that were provisionally identified as part of the Council's budget setting process for 2011/12.
- 2.3. On 25 February 2011 the Cabinet Member for Community Safety and Cohesion agreed criteria for future funding in relation to Safer Communities (drug and alcohol action) for 2011/12. The Cabinet Member also approved a delegation to the Director of Urban Environment to provisionally apply these criteria and make in principle decisions in relation to funding reductions for drug and alcohol support, subject to consultation and Equalities Impact Assessments.
- 2.4. Consultation with users and providers has been carried out and their responses are attached to this report at Appendix 3. Equality Impact Assessments (EqIAs) have been carried out on the proposals and are attached at Appendix 4 and 5.

## **3. State link(s) with Council Plan Priorities and actions and /or other Strategies:**

These services contribute to the Council's priorities in the following ways :

- 3.2 Council Plan priority – A Thriving Haringey: encouraging lifetime well-being at home, work, play and learning;
- 3.3 Council Plan priority – A Caring Haringey: promoting independent living while supporting adults and children in need;
- 3.4 Council Plan priority – Driving Change, Improving Quality: delivering excellent customer focused cost effective services;
- 3.5 Sustainable Community Strategy outcome – Healthier people with a better quality of life; and
- 3.6 Well-being Strategic Framework: The Framework is currently being reviewed to focus on the new policy agendas of personalisation, safeguarding vulnerable adults and addressing health inequalities.
- 3.7 [http://harinet.haringey.gov.uk/safer\\_for\\_all\\_strategy.pdf](http://harinet.haringey.gov.uk/safer_for_all_strategy.pdf)

3.8 [http://harinet.haringey.gov.uk/haringey\\_alcohol\\_harm\\_reduction\\_strategy\\_2008-2011.pdf](http://harinet.haringey.gov.uk/haringey_alcohol_harm_reduction_strategy_2008-2011.pdf)

3.9 [http://harinet.haringey.gov.uk/adult\\_drug\\_treatment\\_plan\\_2010-11.pdf](http://harinet.haringey.gov.uk/adult_drug_treatment_plan_2010-11.pdf)

#### **4. Recommendations**

4.1 It is recommended that the criteria attached at Appendix 1 for the future funding of projects and services in relation to drug and alcohol support is confirmed in order for final decisions on funding of individual services to be made.

4.2 It is recommended that the Cabinet Member formally approves the following decisions in relation to projects / services provided by HAGA:

(a) To fund the Polish Alcohol Outreach worker post (HAGA Project 1) from 1<sup>st</sup> June 2011 until 31<sup>st</sup> March 2012 in the sum of £36,000.

(b) The cessation of funding for the Alcohol Hospital link worker post (HAGA Project 2). The contract for this funding ended on March 31<sup>st</sup> 2011 (pending a final decision) and the value of this contract was £41,000 per annum.

(c) The reduction of funding to the COSMIC project (HAGA Project 3). The new contract value will be £70,000 per annum (a reduction of £41,000 from £111,000 per annum in 2010/11) for the period June 1<sup>st</sup> 2011 – March 31<sup>st</sup> 2012.

4.3 It is recommended that approval be granted for a waiver of the Council's Contract Standing Orders (CSOs) as allowable under the Council's Constitution (Part 3, Section D paragraph 2.2 (D)), of the Council's requirement for tendering of contracts under CSO 6.05, in relation to the contracts at 4.2 (a) and (c) above

#### **5. Reason for recommendation(s)**

5.1. In order to make informed and equitable decisions regarding proposed reductions, criteria were developed by council officers in conjunction with the legal department to assist in making decisions on future funding of organisations in relation to Safer Communities (drug and alcohol action).

5.2. These criteria (agreed at Cabinet on the 8<sup>th</sup> February and by the Cabinet Member for Community Safety and Cohesion on the 25<sup>th</sup> February) formed the basis of provisional decisions on funding allocations to organisations. The criteria put greater emphasis on the need for projects and services to: fit with the Council's strategic priorities: be a statutory duty; demonstrate value for money; maximise performance outcomes; demonstrate effective service delivery; and have a local presence in Haringey. Providers had to meet a minimum score of 35 to be eligible

for any potential funding.

- 5.3. The provisional decisions were notified to providers and users on the 25<sup>th</sup> February 2011 to enable consultation to be undertaken. The criteria themselves were monitored throughout the consultation process in order to give due regard to its impact on protected groups under the equalities legislation. Consultees were advised that the criteria were subject to the consultation process and equalities impact assessments.
- 5.4. There were no consultation responses received on the criteria used. It is therefore recommended that the criteria as set out in Appendix 1 are approved.
- 5.5. During the consultation process HAGA were also given opportunity to respond to the provisional application of the criteria, the scores given and the provisional decisions applied to their projects, in addition to being invited to put forward any other relevant information.
- 5.6. HAGA were advised that they needed to meet a minimum score of 35 out of a total of 45 to be eligible for any potential funding. The provisional scores were 23 for the Polish Outreach Worker post and Alcohol Hospital Link worker post (HAGA Projects 1 and 2) and 38 for COSMIC (HAGA Project 3). The breakdown of these scores is provided at Appendix 2. Based on these scores, the provisional decisions were to cease funding for the Polish Outreach Worker post and Alcohol Hospital Link Worker post (HAGA Projects 1 and 2) and to continue to fund COSMIC (HAGA Project 3), albeit at a reduced rate.
- 5.7. HAGA provided a response in relation to all three projects. Appendix 3 details the consultation responses received in addition to the questionnaire responses received from service users. The Council conducted Equalities Impact Assessments informed by these consultation responses of both the services users and HAGA. These are attached at Appendix 4 and 5.
- 5.8. As stated in para 5.4, there were no comments received on the criteria that were applied. In the case of all the projects the Council was urged to reconsider the decision to either cut or reduce the post/project and there were strong representations made regarding the equalities impacts of these cuts. These have been analysed in full in the EqlAs.
- 5.9. In the case of the COSMIC project, links with the Council's and DAAT's strategic objectives were made which clearly demonstrated that there was a strong fit – hence the score that was applied and the decision to continue to fund this project (albeit at a reduced rate.)
- 5.10. In the case for the Polish Outreach worker post (recommendation 4.2 (a) above), whilst the project did not meet the threshold for funding under the criteria, the consultation responses to the proposal to remove funding and analysis of the equalities impact raised some community safety concerns. The Cabinet member

has also noted that the NHS are providing funding (for nine months) for the hospital link worker to support further analysis of the impact of withdrawing funding. In line with this approach, and in view of the community safety concerns, the polish outreach worker funding will be maintained until March 31<sup>st</sup> 2012 to allow for further evaluation of the impact of withdrawing this post which is the only post working specifically with the polish community.

5.11. In the case for the Hospital link worker, HAGA were not able to demonstrate how these projects could fit into the Council's strategic priorities, how these projects impacted successfully on the Council's performance outcomes or how they could be considered as fulfilling a statutory duty and therefore the provisional score still applies and the recommendation is to cease funding. This is mitigated by alternative funding that been sourced from the NHS

## **6. Other options considered**

- 6.1. Throughout the process of considering the consultation responses and conducting the EqIA's, alternative sources of funding and/or means of delivery have been explored.
- 6.2. In the case of COSMIC, replacement grant funding from the London Community Safety Fund (LCSF) to the value of £70,000 has been identified. This will mean a reduction of contract value from £111,000 to £70,000. It is recommended that this funding is provided to COSMIC for the period 1 June 2011 - 31 March 2012. Funding beyond this date is uncertain as the grant funding from LCSF is being reduced in 2012/13.
- 6.3. In the case of the Polish Outreach worker, alternatives sources of funding have not been found. Owing to the wide ranging impacts as outlined fully in the EqIA of withdrawing funding, it is recommended that the Council fund this project until the end of the current financial year 2011/12.
- 6.4. In the case of the Hospital Link Worker Post, funding from the NHS has been identified to carry out a nine month evaluation project to determine whether this project should continue to be commissioned. Therefore, this post will continue until at least 31st December 2011 and this will mitigate the impact of the recommendation to cease funding

## **7. Summary**

- 7.1. Following the Governments Comprehensive Spending Review (CSR) on 20<sup>th</sup> October 2010 many of the grants that used to come to local authorities have been either trimmed or cut completely. Specifically the Area Based Grant, which the DAAT have used to commission the Polish Outreach Worker post, the Alcohol

Hospital liaison post, and COSMIC has come to an end. These posts/services are delivered by Haringey Advisory Group on Alcohol – the boroughs' voluntary sector Alcohol service.

- 7.2. Following the CSR, Cabinet agreed overarching indicative criteria for changes to funding for Third Sector organisations (and private organisations where relevant) on 8 February 2010. These criteria were developed to assist in making informed and equitable decisions on future funding of organisations and services across the Council. Urban Environment also developed detailed criteria based on the above that correspond with the priorities and frameworks of the Directorate and in relation to the Safer Communities Executive Board (SCEB). These were approved by the Director and Cabinet Member for Community Safety and Cohesion on the 25<sup>th</sup> February.
- 7.3. Organisations were advised that they needed to meet a minimum score of 35 out of a total of 45 to be eligible for any potential funding. The organisations were informed of the scoring and the provisional decisions relating to funding for 2011/12 on 25<sup>th</sup> February. As part of the formal consultation process, the organisations were invited to respond to the provisional scores and decisions, comment on the criteria being used, provide details on impacts on equalities groups from these provisional decisions and provide general representations on the provisional decisions. The representations received are attached as Appendix 3. Our responses to these comments are contained within the EqIAs (Appendices 4 and 5).
- 7.4. The initial provisional outcome following the scoring of the commissioned services indicated that the Council were minded to continue to commission COSMIC (HAGA Project 3), as it met the threshold; but not minded to continue to commission the Polish Outreach Worker (HAGA Project 1) or the Alcohol Hospital Liaison post (HAGA Project 2) as they did not meet the criteria.
- 7.5. It was originally intended that the Cabinet member for Community Safety and Cohesion would look to take final decisions on these commissioning arrangements by the end of April 2011. However, it was determined that in order to ensure that the consultation process provided as much opportunity as possible for service user and provider engagement a further period of consultation, and extension of the COSMIC contract was granted on the 15<sup>th</sup> April 2011.
- 7.5 During the course of this consultation alternative sources of funding have been identified for the Hospital link Worker post (HAGA Project 2) and COSMIC (HAGA Project 3) albeit at a reduced rate.
- 7.6 It was not possible to identify alternative sources of funding for the Polish Outreach Post (HAGA Project 1). However, the consultation responses and equality impact analysis of withdrawing funding identified community safety concerns. It is therefore recommended that the Council fund this post for the remainder of the

financial year 2011/12 to allow for further evaluation of the impact of service withdrawal to be undertaken.

- 7.7 Following the conclusion of the consultation period and an evaluation of the responses received from HAGA, it is recommended that the Council fund the Polish Outreach Worker (HAGA Project 1), cease funding of the Hospital Link Worker (HAGA Project 2) and to continue to fund COSMIC (HAGA Project 3), albeit at a reduced rate.

## **8. Chief Financial Officer Comments**

8.1. The Chief Financial Officer has been consulted in the preparation of this report and comments that the proposed savings set out through the reduction in overall funding to HAGA is consistent with the savings proposals provisionally agreed by Cabinet on the 8<sup>th</sup> February and support the achievement of the overall budget strategy agreed by the Council.

## **9. Head of Legal Services Comments**

- 9.1. The decisions by the Cabinet Member concerning the recommendations set out in the report must be informed by and take into account the outcome of the consultation with service users and providers, which is set out in Appendix 3 to this report.
- 9.2. In reaching their decisions the Cabinet Member must also have due regard to the authority's public sector equality duty and thus should take into account the attached full equality impact assessments included at Appendix 4 and 5 to the report. The extent of the duty on the authority is set out in Appendix 6 to this report. As the attached equality impact assessments highlight the effect of the proposals on a number of specific groups within the community, defined as those with protected characteristics under the Equality Act 2010 (by reason of their ethnicity, sex, or age ), particular consideration must be given to those effects and to the proposals made to reduce or mitigate them.
- 9.3 This report is seeking a waiver of tendering requirements under Contract Standing Order (CSO) 6.05 in respect of the contracts to HAGA for at paragraph 4.2 (a) and 4.2 (c). The report is also seeking approval to enter into these contracts. Power for the Cabinet Member to waive the rule at CSO 6.05 and enter into these contracts is contained within the Council's Constitution (Part 3, Section D paragraph 2.2 (d) which provides that the Leader of the Council can decide which decisions can be taken by an individual Cabinet Member).
- 9.4 The report also seeks to cease funding to the Alcohol Hospital link worker post

(HAGA Project 2). Power for the Cabinet Member to take this decision is contained within the Council's Constitution (Part 3, Section D paragraph 2.2 (d)).

## **10. Head of Procurement Comments**

10.1. n/a

## **11. Equalities & Community Cohesion Comments**

11.1. Equalities Impact Assessments on the proposed changes are attached at Appendices 4 and 5. The following is a brief summary of the findings.

11.2 Analysis of the **COSMIC Project** (HAGA Project 3)

An analysis of **COSMIC** service user data suggests that the protected characteristics likely to be affected most by this proposal are:

### **i. Some ethnic minorities**

The COSMIC data suggests that the service is being used by parents and families from a wide range of ethnic Backgrounds. In relation to their population size, no particular ethnic groups in Haringey are over represented in the statistics. However, three ethnic groups appear to be more represented than others. These are: White British (40%), African Caribbean (12.4%) and Irish (8%). This demonstrates that all ethnic groups in Haringey have a need for the services of COSMIC, with White British demonstrating the highest need, followed by African Caribbean and Irish respectively. A reduction in services of COSMIC will therefore impact more on three ethnic groups than others.

### **ii. Sex (formerly gender)**

In terms of the gender of parents who use COSMIC service, the statistics for 2010 -11 shows 75% women and 25% men. In 75% of serious case reviews, substance misuse was found to a factor in prenatal mental health among women and in domestic violence against women (Hidden Harm Strategy 2009). Similar findings have been recorded in a number of local serious case reviews. These indicate that women will be disproportionately disadvantaged by a reduction in services.

### **iii. (a) Age (Child protection impact on children)**

A recent study by Manning, Best, Faulkner and Titherington (2009) suggested that 34% of binge drinkers had at least one child in the household. From this national estimate, we have estimated that this may indicate that approximately 8,000 children in Haringey are living in households with a binge drinker, with potential child

protection implications.

- Alcohol misuse has been identified in 50% of child protection cases (Hidden Harm 2009)
- A 2010 review of referrals to COSMIC found that 60% of the children and young people were already known to Children and Young People Service.
- Substance misuse and or domestic violence have also been a feature in a number of local SCR's.
- Analysis of current cases (March 2011) at COSMIC shows that there are currently 32 families, of which 23 are 'active' with Children and Young People Service
- These figures suggest that a reduction in COSMIC services will inevitably increase child protection risks to children in Haringey.

#### 11.3 Analysis of **the Polish Outreach Worker Post** (HAGA Project 1)

Any removal of funding will undoubtedly increase barriers to accessing alcohol prevention and treatment services within the Polish community. It is also likely that there will be increased risk of visible street drinking and potential increase in anti-social behaviour. In addition it will mean that we are unable to respond to the needs of this community in the alcohol service, at A & E, on the wards or through street outreach. Many of this group are newly arrived to the borough and do not speak English. Having a Polish Outreach has been beneficial both in terms of communication but also in terms of cultural competence and understanding of this community. Further likely consequences are:

- Poorer engagement for an already marginalised population.
- Street drinking and associated police activity will increase, as a result of which the costs of policing will increase.
- Crime will likely increase - 25% of murders reported in Haringey in 2009 were committed within the Polish-speaking rough-sleeping community. That is to say, that the perpetrator and the victim were Polish.

Services will now have to pay for an interpreter in order to facilitate access to treatment – however this is will cost more and not be an available option. This is not just an issue for alcohol services – rather it is an issue that the borough needs to address – how to make our services accessible to all sections of the community.

#### 11.4 Analysis of the **Hospital Link Worker Post** (HAGA Project 2)

The over representation of men in terms of hospital admissions could in part be explained by the fact that Nationally men drink more, they drink more frequently and more heavily than women of all age groups. Men aged between 45 and 65 are the most likely to have drunk above the recommended limit. Interestingly only among the youngest age group are more women reporting drinking above the

recommended limit than men. **However, it would not necessarily account for Haringey having the highest rate of alcohol attributable deaths and deaths from chronic liver disease in London.**

This may be part of the wider pattern of deprivation in the borough. Haringey is the 5<sup>th</sup> most deprived authority in London with the worst unemployment rate in London. We know from the recent Marmot review into health Inequalities (Fair Society, Healthy Lives 2010) that being in good employment is protective of health. Conversely unemployment contributes to poor health. This coupled with other factors such as insufficient money to lead a healthy lifestyle means that those who health is not as good as it could be will undoubtedly more readily succumb to the ill effects of alcohol misuse.

The Hospital admission data over a five year period also indicates that those who identify as 'Irish' have the highest rates of wholly attributable hospital admissions – that is conditions that directly relate to alcohol use.

## 12. Consultation

- 12.1. **8 February 2011:** High level criteria for funding of Council services, developed by Council Officers and agreed by Legal Services, agreed at Cabinet
- 12.2. **25 February 2011:** Cabinet Member for Community Safety and Cohesion agreed criteria for future funding in relation to Safer Communities (drug and alcohol action) for 2011/12. The criteria are provisionally applied to organisations and in principle decisions are notified to providers to commence consultation. Consultation period to end on 15 March 2011.
- 12.3. **25<sup>th</sup> March 2011:** It is decided to extend the deadline for consultation responses to enable greater analysis to be undertaken. Letter sent to HAGA advising them of the temporary extension of contract for COSMIC, pending final decisions, as the Council was provisionally minded to continue funding this project. This letter also advised that the consultation period was being extended to March 31<sup>st</sup> 2011.
- 12.4. **25<sup>th</sup> February – 31<sup>st</sup> March 2011:** Consultation on these proposals took place between the 25<sup>th</sup> February – 31<sup>st</sup> March 2011. Questionnaires and a series of face-face meetings with service users formed the basis of the consultation methods used. Responses to the questionnaires can be seen at Appendix 3. The analysis of these responses and a write up of the comments from service users can be seen in the consultation section of the EqIA's (Appendices 4 & 5) and within this report.
- 12.5. **Before end of May 2011:** The Drug and Alcohol Strategy Manager will be providing face to face feedback to service users and the provider following the final decision.

## **12. Service Financial Comments**

- 12.2. The cost for the contract extension for COSMIC is being met from the London Community Safety Grant.
- 12.3. To fund the Polish Outreach Worker Post, the Safer Communities (drug and alcohol action) department will try to identify a compensatory saving in respect of the Polish Outreach Worker. Failing this, funding will be identified within the Chief Executive's department and/or central budgets to make up any shortfall.

## **13. Use of appendices /Tables and photographs**

- 13.1 Appendix 1. Criteria used for decision making
- 13.2 Appendix 2. Scoring for HAGA projects
- 13.3 Appendix 3. Consultation feedback from HAGA and service users
- 13.4 Appendix 4. EqIA – Polish Outreach Worker and Alcohol Hospital Liaison post (HAGA Projects 1 and 2)
- 13.5 Appendix 5. EqIA – COSMIC (HAGA Project 3)
- 13.6 Appendix 6. The Public Sector Single Equality Duty

## **14. Local Government (Access to Information) Act 1985**

- 14.1 not applicable