

Integrated Impact Assessment (IIA)

This Integrated Impact Assessment considers the duties and requirements of the following legislation in order to inform and ensure effective decision making and compliance:

- Equality Act 2010
- Welsh Language Standards (No.1) Regulations 2015
- Well-being of Future Generations (Wales) Act 2015
- Environment (Wales) Act 2016

Version Control

Version	Author	Job title	Date
Version 2	Claire Jones Julia Jenkins, & Erica Barret	Strategic Manager Partnerships and Community Cohesion Commissioning and Development Manager Contract Monitoring and Performance Officer	29 th July 2020

1. Details of the initiative

	Title of the Initiative: Possible Decommissioning of Substance Misuse Counselling Service
	Service Area: partnerships & Community Cohesion/APB commsioning & Support Team (regional)
1b	Directorate: Assistant Chief Executive & Chief Digital Officer
1c	Summary of the initiative:

	<p>Substance misuse service: provision of counselling by contracted service provider for people who have substance use issue and need to access counselling to work through the complex emotional issues that lead to their misuse of substances. It is a highly specialist area, and the only like provision in the region.</p> <p>Contract Monitoring identified issues with the low number of people being supported by the Platform (formerly known as Newlink) Counselling Service as described above, and as such the strategic relevance, need and value for money of this service was brought into question..</p> <p>Consequently, at the request of the APB, a more detailed strategic evaluation was carried out of this Counselling Service, to ascertain if it was inter alia strategically relevant, offered value for money, and met local needs.</p> <p>.</p> <p>A report highlighting the findings of this evaluation is due to be presented to the CFP on the 6th August. The CFP will make a decision to recommend in respect of the future commissioning, or decommissioning of this service, or the future remodeling of the service. It is assumed that any decision to decommission would need to be confirmed within the lead organisation's (banker) governance arrangements.</p> <p>One of the options is to consider the decommissioning of this Counselling service. This Impact Assessment is based on the potential impact of decommissioning this service, to help inform the decision making process, the other options remodelling or leave as is, would have a neutral to positive impact.</p>
<p>1d</p>	<p>Who will be directly affected by this initiative?</p> <p>Any person who use illegal substances and require counselling to work through the complex emotional issues that led to their misuse of substances. We recognise that people may use substance regardless of their age, race, religion, sexual orientation, gender and marital status.</p>
<p>1e</p>	<p>When and how were people consulted?</p> <p>Counselling is part of our model for service delivery in respect of substance misuse services.</p> <p>On a wider note the APB (in January 2019) commissioned HSR to undertake a review of substance misuse services in the region and to propose a suitable model for the delivery of services to meet needs. This review was subject to wide-ranging</p>

consultation, including partners, stakeholders, service providers and service users. There is a substantial document produced by HSR with details of this work.

On a service specific nature, as part of a strategic evaluation of this service, stakeholders and current service users (to the service) were consulted; there is no waiting list so wider consultation was not possible for people who would access the service. It was not within the remit of the strategic evaluation to undertake wider public consultation, or to consult with service users more generally.

The below provides information about the feedback given by both Service Users and staff (via calls and an online survey) who have referred people into the service, as well as outcomes of discussions with funding bodies, achieved via video conference. The consultation with all the following occurred between 13th and 24th July 2020.

Service User Feedback

Out of the 13 active service users, all of whom were invited to participate, via the Service Manager, 4 Service Users responded to the consultation:

- 2 via telephone calls
- 1 via the on-line survey
- 1 via responding to the questions in the word document.

Referring Organisations

Referring organisations were asked for feedback on the service and its delivery. These were consulted via telephone calls.

Barod Choices,

- 7 of the open cases have been referred by the Choices Service.
- 2 staff spoken to.

City and County of Swansea: Children's Services

- 1 service Manager responded to consultation request

PSALT

- Two members of staff responded to the consultation.

WCADA

2 staff responded

	<p>Others</p> <p>Cwm Taff APB team were also consulted, but only in respect of the funding split, and how they commission the service.</p> <p>Welsh Government, were also consulted as funders regarding how the ring fenced funding for this service can be utilised. They were not consulted on the options per se, rather on the principle of the funding.</p> <p>CFP Subgroup</p> <p>On 17th Feb 2020 the APB Commissioning Finance & performance Group was presented with a contract monitoring report that highlighted a possible issues with the service. Membership of the CFP Sub Group is made up from South Wales Police, The Police and Crime Commissioner, SBUHB, Swansea Council (Commissioning and Social Services), Neath Port Talbot Council (Social Services), National Probation Service and Mid and West Wales Fire Service. Future discussion have occurred during May and July of 2020.</p> <p>Service Provider</p> <p>The initial findings of the evaluation were presented to the Service Provider on 20th July 2020 to allow feedback and an opportunity to challenge anything included in the report.</p>
1f	<p>What were the outcomes of the consultation?</p> <ul style="list-style-type: none"> • The feedback from people who are currently using the service (4 people), as well as staff from partner agencies who are joint working with existing service users (2 agencies), has been very positive about the service and the impact that this has had on the lives of people who have used it. • Some commented that they had not known about the service <p>Service user feedback</p> <ul style="list-style-type: none"> • The feedback given by the person who completed the on-line survey for service users was positive about aspects of the service included in the survey. The responder said that they have been using the service for between 3-6 months and will need to continue to use the service for over 12 months more. • The 2 Service Users spoken to over the phone were extremely positive about their experience of using this service, which they said was life changing and compared favourably to other services they have tried in the past. Both have been using the service for over 12 months. One said that she only uses the service when she needs to now, but that

it is good to know that it is there when she does need it. One said that she is doing much better now than when she started and knows that the next step will be to stop having Counselling, but does not feel quite ready yet.

- The one person who completed the word document was also very positive about the service they had received and compared this favourably to other experiences of counselling that they had in the past. They have been using the service for a couple of months, having telephone counselling once a week for about an hour. They were unsure of how long they would need to continue to receive the service.
- Some feedback, which Service Users had sent via phone messages or Facebook, was also provided by the Service Provider. This feedback is very positive about the service and the impact that this had on their lives.

Partner Agencies

WCADA

- indicated that they had not utilised the Counselling service following the sudden death of one of the Counsellors as they were not made aware of the alternative arrangements for provision in NPT.

Barod

- 1 member of staff, who has worked with young people for several years, said that:
 - Values Counselling services as they can help people address issues that Key Workers are not qualified to do, such as eating disorders or self-harm/suicide.
 - Experienced barriers accessing mental health services for people who have chaotic substance use issues, though believes this is currently being looked at with a view to addressing.
 - They were unaware of the service until February / March this year, until they had a case they were concerned about and on speaking to a colleagues they suggested they try a referral for counselling.
 - The reason they use this service is because of how responsive it is, i.e. that it will start working with young people with a day or two of referral.
 - One of their cases is of a young lady in University who does not meet the criteria for the Exchange Counselling Service.
 - The University offer Counselling, but there is a waiting list for this.
 - The Exchange service, commissioned by City and County of Swansea, work with young people up to the age of 18, is time limited to 6 sessions (which can be extended if needed).
 - As there is a time limit, the Exchange Service cannot work with young people who have a high level of needs due to the complexity of their issues. These young people have to be referred to CAMHS through their GP or Social Services.

- There is an approximate 2 year waiting list to access counselling services through the GP (for people aged 18 and over).
- Barod have a volunteer working with them who is a qualified Counsellor and provides this service one day a week. There is a waiting list for this service.
- Swansea City Council have recently employed someone as an Emotional Health and Well-Being Worker (for young people?), but they have only just started in post so not sure how this service will work.
- 2 of the people that they have referred would have struggled to access alternative provision to meet their needs.
- 1 of the people they have referred is likely to need to access Counselling over a prolonged period of time. The rest are likely to be short term.
- 1 member of staff, who has worked with young people for 15 years (6 of these with Barod):
 - They have 4 people currently being supported by the service.
 - 1 has been with the service for 7 months
 - 1 for 2 months
 - 2 are very recent
 - They have 1 more in the contemplative stage who they may refer soon.
 - Counselling needs to be weekly, as it can be quite risky to start working with someone through past traumas if they are not seen regularly.
 - Reason use this service:
 - No waiting list:
 - Referrals are responded to within one day.
 - Good understanding of what approach will work best for individual young people and the issues that they have (e.g. past trauma, suicidal thoughts, eating disorders)
 - No restrictions on the number of sessions that the young person can have:
 - It can take time for young people to develop trust and open up about their issues and past traumas.
 - Good communication:
 - Counsellors will discuss cases and the approach that they will use during the referral process, so that the support worker can advise the young person of this and they can make an informed decision about whether or not this is something that they want to do.
 - Advice is be given, at the point of referral, about the potential likelihood that the individual would benefit from counselling.
 - Contact is maintained if a young person does not turn up for their appointment.
 - Understanding of substance misuse:

- Some mental health services can be difficult for young people to access if they are misusing substances, but that taking coping mechanism away from someone who has experienced trauma can be dangerous.
- Young people can feel judged about their substance misuse if they go to other services.

PSALT

- Two members of staff responded to the consultation.
- 1 provided the following feedback:
 - I have got two patients that are currently receiving counselling and the impact on their quality of life has improved tremendously.
 - I have one patient that since working with Claire they have been able to focus on their recovery in treatment, requested reductions in their Buprenorphine and has managed to secure part time work in substance misuse.
 - My other patient had been struggling to get any support from her GP for a number of years, she has suffered a great deal of trauma as both ex partners died as a result of a drug overdose and whilst she has remained stable in treatment and not used drugs over the years she has also developed OCD tendencies and agoraphobia. With my patient continuing to work with Claire their quality of life has improved as a direct result, is looking into go back into college and attending NA groups for additional social support, which would not have been an option before counselling.
 - I do have another patient on my caseload that has had multiple counselling episodes with Claire but has had to stop many times as they have found it difficult to sustain stability in treatment whilst working on PTSD. This patient now feels that they have sustained a long enough period of abstinence and has a strong family support network, so they have requested another referral for counselling as they feel it is paramount in their recovery and be able to give them the confidence to start making progress in treatment with an end goal of living drug free.
- Another provided the following feedback:
 - I can confirm that I have one patient currently attending counselling with Claire @ Newlink. This young man has found this to be this to be an absolute life line in being able to move forward in his life and looks forward to progressing with the support.
 - One of my patients following his counselling through Newlink and victim support was able to attend a conference where he was recorded speaking in front of 100 people on his experience of PTSD and encouraging others to come forward and seek help.
 - I also have two people who are waiting to be referred but unfortunately on hold at the moment due to Covid 19 restrictions.

Findings of the consultation carried out by HSR as part of their Substance Misuse Service Review in Western Bay

The HSR Report identified that there is a need for specialist, trauma informed, counselling, but did not include any information on how many people needed to access this type of provision. It was noted that the Newlink service was not as well-known as it should be.

The CFP Sub Group

They felt that there were issues that warranted further investigation and were minded to decommission the service. This was fed up to the full APB who decided that a strategic evaluation and EIA would be required to support any decision made.

Welsh Government

Advised what scope there was to move the ring fenced funding around. They provided supporting documentation to help any decisions that are made regarding the funding of the counselling service.

Cwm Taf APB

Information was shared on service usage across the region. They were advised that the weighting of service provision in Bridgend did not correlate with the amount of funding being provided and that Western Bay are subsidising their service. Further work will be required within their own APB structures alongside any decision that is taken in Western Bay.

Service Provider

They confirmed that the report was accurate and there were some challenges to the information presented in the report and appropriate amendments were made. The service manager did offer some verbal insights into certain aspects of the evaluation that were taken into consideration in the final report.

2. Evidence

What evidence was used in assessing the initiative?

In undertaking the evaluation the following evidence was used.

Reference is made to PARIS – this is the data management system used by substance misuse services

AREA TO CONSIDER	SOURCE OF DATA
APB Priorities	
Reduction number drug related deaths	Provider Stakeholders
Parity of provision	Provider Stakeholders
Meeting needs	
1. Number of individuals supported (snap shot on given date)	Paris Provider
2. Number of individuals supported (over 12 month period)	Paris Provider
3. Geographical location of people being supported	Paris Provider
4. Needs of individuals being supported	Care/Support Plan Paris Provider
5. Length of time individual in receipt of service (for each individual)	Paris Provider
6. Average length of time individuals in receipt of service	Paris Provider
7. If individual has left the service: reason for leaving	Paris Provider
8. Number of counselling sessions provided to each individual	Paris Provider

9. Outcomes achieved for each individual	Paris Provider
10. What would be the impact if individual unable to receive service	Provider Stakeholders
11. Stakeholder Engagement:	
a. Service Users	Telephone call / Survey Provider service user feedback forms (track progress / measure how feel session went)
b. AADAS (referral agency)	Survey
c. CDAT (delivery partner)	
d. PSALT (referral agency)	Survey
e. WCADA (referral agency and delivery partner)	Survey
f. Barod (referral agency)	Survey
g. City and County of Swansea, Children's Services (delivery partner)	Survey
h. Cwm Taff APB (funding body: neighbouring APB)	Telephone call / email
i. Welsh Government (funding body: ring fenced funding)	Telephone call / email
j. Any other referral agencies or delivery partners	
Value for money	
1. Overall cost	WBAPB Expenditure Plan
2. Staffing hours	Provider Quarterly Monitoring Returns
3. Cost per hour	Taken from item 1
4. Cost per individual supported	Taken from item 1
Market analysis	
1. What other services exist that provide counselling to the client base	Provider Stakeholder engagement

2. Where does this service fit into the wider system?	
a. How do people access this service	Provider
b. What services refer in to this service	Provider Stakeholder engagement
c. What services joint work with the individuals being supported	Provider Stakeholder engagement
d. What services do people move on to	Provider Stakeholder engagement

i. HSR Service review and model
ii. Welsh Government Revised Guidance for Commissioning Substance Misuse Services October 2015
iii. Welsh Government Substance misuse delivery plan: 2019 to 2022
iv. Welsh Government substance misuse treatment framework 'Guidance for Evidence Based Psychosocial Interventions in the Treatment of Substance Misuse'
v. APB Evaluation report

3. Equalities

a) How does the initiative impact on people who share a **protected characteristic**?

Protected Characteristic	+	-	+/-	Why will it have this impact?
Age			X	Access to the service is not limited by age, access is determined by need, and the motivation to seek help to address the complex issues that led to someone using illegal substances.

			<p>Data on age is however recorded.</p> <p>The tables below, are taken from the strategic evaluation and the numbers relate to that report. It shows the average age in respect of open and closed cases during the evaluation period (1st April 2029 to 14th July 2020).</p> <table border="1" data-bbox="844 344 2042 740"> <tr> <td colspan="2">Table 3: Open cases (Total: 13) to the service</td> </tr> <tr> <td colspan="2">Demographics</td> </tr> <tr> <td>Average Age</td> <td>28</td> </tr> <tr> <td>Youngest</td> <td>15</td> </tr> <tr> <td>Oldest</td> <td>50</td> </tr> <tr> <td colspan="2">Table 4: Closed cases (Total: 19)</td> </tr> <tr> <td colspan="2">Demographics</td> </tr> <tr> <td>Average Age</td> <td>40</td> </tr> <tr> <td>Youngest</td> <td>28</td> </tr> <tr> <td>Oldest</td> <td>69</td> </tr> </table> <p>The data above highlights that the spread of age profile does not particularly impact on a single age group. Young people and old people are represented within the service profile. Referral routes into the service for all age groups are equal.</p> <p>This initiative will have an impact on specific age groups as if the service is no longer being provided it may affect their ability to access this kind of speciality counselling. However, this service is not solely for people with this protected characteristic and may affect all people of all ages. The affect will not be disproportionate to any other group of people.</p>	Table 3: Open cases (Total: 13) to the service		Demographics		Average Age	28	Youngest	15	Oldest	50	Table 4: Closed cases (Total: 19)		Demographics		Average Age	40	Youngest	28	Oldest	69
Table 3: Open cases (Total: 13) to the service																							
Demographics																							
Average Age	28																						
Youngest	15																						
Oldest	50																						
Table 4: Closed cases (Total: 19)																							
Demographics																							
Average Age	40																						
Youngest	28																						
Oldest	69																						
Disability			<p>Access to service is not limited to or by persons with disability. Access is determined by needs, but the following information is gathered in respect of disability:</p>																				

			<p><u>All Open Cases to the counselling service</u></p> <p>Disability (Y)- 1</p> <p>Disability (N)- 3</p> <p>Left Blank- 9</p> <p><u>All cases 19/20</u></p> <p>Disability (Y)- 1</p> <p>Disability (N)- 3</p> <p>Left Blank- 28</p> <p>Analysis of the impact of the decommissioning of this service on those with a disability cannot be effectively determined because the data available is not reliable due to the high % of blanks. We are unsure of the number of clients using the service who have a disability. However, the number of people reported are low.</p> <p>This initiative may have an impact on this protected characteristic as if the service is no longer being provided it may affect their ability to access this kind of speciality counselling. However, this service is not solely for people with this protected characteristic and may affect all people of all ages. The affect will not be disproportionate to any other group of people.</p>
Gender reassignment		X	<p>The service is not specifically for this group, but people in this group may be using it. Data is not available in relation to this, and there is therefore currently limited insight into the potential impact on this group. This will need to be addressed by a data task and finish group.</p>

				The decision to decommission may affect people with this characteristic, but this would not be disproportionate to other groups of people who use, or need to use, this type of service.
Marriage & civil partnership			X	<p>The service is not specifically for this group, but people in this group may be using it. Data is not available in relation to this and there is therefore currently limited insight into the potential impact on this group. This will need to be addressed by a data task and finish group.</p> <p>The decision to decommission may affect people with this characteristic, but this would not be disproportionate to other groups of people who use, or need to use, this type of service.</p>
Pregnancy and maternity			X	<p>The service is not specifically for this group, but people in this group may be using it. Data is not available in relation to this and there is therefore currently limited insight into the potential impact on this group. This will need to be addressed by a data task and finish group.</p> <p>The decision to decommission may affect people with this characteristic, but this would not be disproportionate to other groups of people who use, or need to use, this type of service.</p>
Race			X	<p>The service is not specifically for this group, but people in this group may be using it. Data is not available in relation to this and there is therefore currently limited insight into the potential impact on this group. This will need to be addressed by a data task and finish group.</p> <p>The decision to decommission may affect people with this characteristic, but this would not be disproportionate to other groups of people who use, or need to use, this type of service.</p>
Religion or belief			X	The service is not specifically for this group, but people in this group may be using it. Data is not available in relation to this and there is therefore currently limited insight

			<p>into the potential impact on this group. This will need to be addressed by a data task and finish group.</p> <p>The decision to decommission may affect people with this characteristic, but this would not be disproportionate to other groups of people who use, or need to use, this type of service.</p>						
Sex		X	<p>This data is captured, and the table below shows the split in relation to this service.</p> <table border="1" data-bbox="842 456 2042 617"> <tr> <td colspan="2">Demographics</td> </tr> <tr> <td>Male</td> <td>14</td> </tr> <tr> <td>Female</td> <td>18</td> </tr> </table> <p>From the data available the gender split is relatively even. This initiative will not affect either gender disproportionately.</p>	Demographics		Male	14	Female	18
Demographics									
Male	14								
Female	18								
Sexual orientation		X	<p>The service is not specifically for this group, but people in this group may be using it. Data is not available in relation to this and there is therefore currently limited insight into the potential impact on this group. This will need to be addressed by a data task and finish group.</p> <p>The decision to decommission may affect people with this characteristic, but this would not be disproportionate to other groups of people who use, or need to use, this type of service.</p>						

What action will be taken to improve positive or mitigate negative impacts?

If the decision is made to decommission the service, an exit strategy will be developed, with the Service Provider, for each of the Service Users currently in service, which will be determined by their individual needs. Options will include completing treatment or referring to another counselling service.

b) How will the initiative assist or inhibit the ability to meet the **Public Sector Equality Duty**?

Public Sector Equality Duty (PSED)	+	-	+/-	Why will it have this impact?
To eliminate discrimination, harassment and victimisation			X	Substance misuse and underlying trauma may have a range of consequences including homelessness, mental health, child protection issues, and physical injury and offending behaviour. We recognise that substance misuse affects people regardless of their age, race, religion, sexual orientation, gender and marital status. This initiative relates to the potential decision to decommission a counselling service. The ethos of services is to respond to need. That service does not have a specific role in relation to meeting Public Sector Equality Duties.
To advance equality of opportunity between different groups			X	This initiative relates to the potential decision to decommission a counselling service. That service does not have a specific role in relation to meeting Public Sector Equality Duties.
To foster good relations between different groups			X	This initiative relates to the potential decision to decommission a counselling service. That service does not have a specific role in relation to meeting Public Sector Equality Duties.

What action will be taken to improve positive or mitigate negative impacts?

Depending on the decision (to recommend) taken, a risk based action plan will be developed to mitigate any risks to current service users. The APB is developing in partnership a new integrated model, and this will take a whole life approach, and therefore have positive over-all impact. Within this model, the provision of counselling will be considered.

4. Community Cohesion/Social Exclusion/Poverty

	+	-	+/-	Why will it have this impact?
Community Cohesion		X		The service aim is to help people to address the underlying emotional issues that lead to their substance misuse. The decommissioning of this service is therefore likely to have a negative impact on community cohesion, as people may continue with their misuse of substances, which could have an impact on them causing anti-social behaviour problems and being either victims or perpetrators of crime. They could also find it difficult to maintain accommodation and may as a result end up homeless.
Social Exclusion		X		The service aim is to help people to address the underlying emotional issues that lead to their substance misuse. The decommissioning of this service is therefore likely to have a negative impact on social exclusion. If people are unable to address their underlying issues and stop their misuse of substances, then they are likely to become more socially excluded.

Poverty		X		The service aim is to help people to address the underlying emotional issues that lead to their substance misuse. The decommissioning of this service is therefore likely to have a negative impact on poverty, as people whose substance misuse out of control are less likely to be able to gain and/or retain employment. They also might find it more difficult to manage their finances.
---------	--	---	--	---

What action will be taken to improve positive or mitigate negative impacts?

If we decommission, we have a responsibility to those who are currently in treatment to source alternatives if treatment cannot be complete within the notice period. We will also need to ensure that partner agencies are aware of the change, so that alternative provision can be put in place for these individuals as well as prospective Service Users.

The APB is developing in partnership a new integrated model, and this will take a whole life approach, and therefore have positive over-all impact. Within this model, the provision of counselling will be considered.

5. Welsh

	+	-	+/-	Why will it have this effect?
What effect does the initiative have on: - people's opportunities to use the Welsh language			x	The proposal to decommission would not impact on people's opportunities to use the Welsh Language. There have been no Welsh Language users using the service, to date.
- treating the Welsh and English languages equally			x	As above.

What action will be taken to improve positive or mitigate negative impacts?

N/A

6. Biodiversity

How will the initiative assist or inhibit the ability to meet the **Biodiversity Duty**?

Biodiversity Duty	+	-	+/-	Why will it have this impact?
To maintain and enhance biodiversity			x	This relates to decommissioning a Counselling service, which has no impact on biodiversity.
To promote the resilience of ecosystems, i.e. supporting protection of the wider environment, such as air quality, flood alleviation, etc.			x	As above.

What action will be taken to improve positive or mitigate negative impacts?

N/A

7. Well-being of Future Generations

How have the five ways of working been applied in the development of the initiative?

Ways of Working	Details
i. Long term – looking at least 10 years (and up to 25 years) ahead	In line with the requirements of the Well-Being of Future Generations (Wales) Act 2015, the development of substance misuse services will be developed to meet the 5 ways of working which will help us to work together better, avoid repeating any past mistakes and tackle some of the long term challenges we are facing. This initiative to decommission the counselling service will form part of the development of a new service model for the long term. It is recognised that changes made to service delivery now will take time to effect and maintain change.
ii. Prevention – preventing problems occurring or getting worse	Counselling provision can help people to manage their addictions and thus have a preventative effect of the addiction progressing further. If this service were to be decommissioned the preventive element it provides could be diluted as there could be a gap in the market. But there are other services available that could plug the gap.
iii. Collaboration – working with other services internal or external	Collaboration with existing wrap around services to ensure that a holistic treatment is provided to people based on need. All partners are integral to the development and delivery of services for people who have substance use issues. This initiative to decommission the counselling service will form part of the development of a new service model for the long term. The new

	service model will take a collaborative approach towards commissioning, developing and delivering substance misuse services across sectors and service areas.
iv. Involvement – involving people, ensuring they reflect the diversity of the population	All partners will be involved in the decision regarding the future of the counselling service of this and will continue to be involved in all developments of substance misuse service provision going forward, this will ensure our service delivery is person centred To ensure the voices of people affected by substance misuse are heard and that more opportunity is created to develop services that are evidence based and include service user engagement, all services will be involved in the development of this our substance misuse service profile and will continue to be involved in its delivery.
v. Integration – making connections to maximise contribution to:	This initiative will be developed within the well-established and strengthened Area Planning Board structure and by the nature we will be taking a holistic approach and promoting that this is everyone’s business. No-one agency has the solutions and therefore we all need to work together to achieve the best outcomes.
Council’s well-being objectives	The proposal will not directly help but could release funding that would better meet the Council’s Wellbeing objectives and complement the anticipated priorities and steps in the revised Corporate Plan 2020-2023 Obj 1: improve well-being of children and young people - “All of our children and young people have the best start in life, so they can be the best they can be” Obj 2: To improve the well-being of all adults who live in the county borough - “Everyone participates fully in community life – socially and economically”
Other public bodies objectives	This is a shared duty with the agencies across Swansea Bay, but is an issue that requires all public bodies to play their role, including Police, Probation, Housing, Health, Fire, etc. The NPT Public Service Board identified key objectives to improve the well-being of the people who live in the Neath Port Talbot area and specifically to improve the situation around drug related deaths and crime. Swansea and NPT PSBs have jointly tackled this subject by creating a CIG and having joint meetings to discuss progress on this work. The work to develop the substance misuse service model to better impact on these issues will contribute to achieving the following objectives: Objective 1: Support children in their early years, especially children at risk of adverse childhood experiences Objective 2: Create safe, confident and resilient communities, focusing on vulnerable people

	<p>Objective 3: Put more life into our later years - Ageing Well</p> <p>Objective 4: Promote well-being through work and in the workplace</p>
--	---

8. Monitoring Arrangements

Provide information on the monitoring arrangements to:
 Monitor the impact of the initiative on Equalities, Community Cohesion, the Welsh Measure, Biodiversity Duty and the Wellbeing Objectives.

The existing monitoring framework will be used to monitor the ability of other services to meet the demands placed on them as a result of this decommissioning. Any unmet needs can be identified and information used to inform the future commissioning of substance misuse services across the region.

The strengthened partnership arrangements that have been created in the APB will enable partners to highlight any unintended negative consequence of the initiative, which will then be considered as part of the overall recommissioning process.

The CFP Sub Group will continue to monitor the effectiveness of all services and the reports it receives informs service development going forward by making decisions in relation to funding as the decommissioning of this service will lead to resources being available that could be used for different provision. The CFP Sub Group will make recommendations regarding any changes to provision, which will also be monitored. The overall budget is monitored by the CFP Sub Group on a quarterly basis.

Welsh Government also require quarterly monitoring highlight reports to enable a claim for funding to be made. This enables the Welsh Government to have oversight of any changes.

9. Assessment Conclusions

Please provide details of the conclusions reached in relation to each element of the assessment:

	Conclusion
--	-------------------

Equalities	Neither negative or positive. The affect is neutral as the service is not specifically for any group, but people with protected characteristics may be using it. The decision to decommission may affect people with these characteristics, but this would not be disproportionate to any groups of people who use, or need to use, this type of service.
Community Cohesion/ Social Exclusion/Poverty	This initiative would have a negative effect. The service aim is to help people to address the underlying emotional issues that lead to their substance misuse. The decommissioning of this service is therefore likely to have a negative impact on community cohesion, as people may continue with their misuse of substances, which could have an impact on them causing anti-social behaviour problems and being either victims or perpetrators of crime. They could also find it difficult to maintain accommodation and may as a result end up homeless. If people are unable to address their underlying issues and stop their misuse of substances, then they are likely to become more socially excluded. People whose substance misuse out of control are less likely to be able to gain and/or retain employment. They also might find it more difficult to manage their finances
Welsh	Neither negative or positive. The affect is neutral as the proposal to decommission would not impact on people's opportunities to use the Welsh Language. There have been no Welsh Language users using the service, to date.
Biodiversity	Neither negative or positive. This relates to decommissioning a Counselling service, which has no impact on biodiversity.
Well-being of Future Generations	This initiative is part of a longer-term plan to improve substance misuse service provision that will be developed in line with the 5 ways of working. The decommissioning of this service will release resources that can be used for new services that can better meet the needs of residents and future proof services for the region.

Overall Conclusion

Please indicate the conclusion reached:

- **Continue** - as planned as no problems and all opportunities have been maximised
- **Make adjustments** - as potential problems/missed opportunities/negative impacts have been identified along with mitigating actions

- **Justification** - for continuing with the initiative even though there is a potential for negative impacts or missed opportunities
- **STOP** - redraft the initiative as actual or potential unlawful discrimination has been identified

Please provide details of the overall conclusion reached in relation to the initiative

Make adjustments

The recommendation of the proposed initiative will change the profile of service provision. However, there will be a plan in place to mitigate any negative impacts of the decision. These will include:

- Exit plans for existing service users to be developed to ensure that treatment is completed.
- Monitor the impact that the change will have on the ability of other services to fill the gap created.
- Use the information to inform future commissioning decisions.
- The decommissioning of this service will release resources that can be used to fund other provision which may better suit the needs of the population.

10. Actions

What actions are required in relation to obtaining further data/information, to reduce or remove negative impacts or improve positive impacts?

Action	Who will be responsible for seeing it is done?	When will it be done by?	How will we know we have achieved our objective?
To work with service provider to develop an appropriate exit plan	APB Contract Monitoring and Performance Officer	This will be dependent on when notice is given to provider and will be within 3 months of this date.	All service users will have completed their treatment plans without any negative effect on their wellbeing.
To develop a list of alternative services and ensure that they are well promoted with all SM Service Providers. The usage of the alternative provider will be monitored via the established quarterly	APB Contract Monitoring and Performance Officer	Ongoing	Quarterly monitoring reports will highlight no issues with the alternative service provision.

monitoring system and reported to the CFP Sub Group.			
Ensure that the future commissioning arrangements takes into account any intelligence on unmet need.	CFP Sub Group/APB	This will be dependent on the progress of the commissioning cycle.	The revised service model will reflect information that was gathered as part of this initiative.
Ensure that the money that is freed up by this initiative is used appropriately based on need and the priorities of the area.	CFP Sub Group/APB	This will be dependent on when the provider is issued with notice.	New services will be able to be funded.

11. Sign off

	Name	Position	Signature	Date
Completed by	Claire Jones, Julia Jenkins and Erica Barrett	Strategic Manager Partnerships and Community Cohesion Commissioning and Development Manager Contract Monitoring and Performance Officer		30 th July 2020
Signed off by	Karen Jones	Head of Service/Director		