

## **Appendix 1 – Analysis of Options**

<b>Option</b>	<b>Benefits</b>	<b>Risk</b>
Do not renew the existing contracts or DAWS AND TAS	<ul style="list-style-type: none"><li>• Initial cost saving</li></ul>	<ul style="list-style-type: none"><li>• Negative impact on the most deprived areas of the borough where drug and alcohol dependency is higher.</li><li>• Negative impacts on associated harms including poor physical and mental health, unemployment, homelessness family breakdown and criminal activity.</li><li>• Negative impact on the health of vulnerable older people. Nationally the proportion of opiate users, both in and out of treatment, aged 45 and over is increasing.</li><li>• Negative impact on the health of vulnerable young people. Nationally the majority of presentations for non-opiate use is continuing to come from the under 35 age group.</li><li>• Negative impacts on families and children of users. Partners and children of drug and alcohol users may go on to suffer from physical, psychological problems. Parental substance misuse is a factor in 29% of all serious case reviews.</li></ul>

Option	Benefits	Risk
<p>Extend the DAWS and TAS contracts for two years</p> <p><b><i>(Recommended option)</i></b></p>	<ul style="list-style-type: none"> <li>• Positive impact on young peoples' health and well-being outcomes. Effective identification and interventions have been shown to minimise the longer-term impact of parental alcohol and drug use on a child's future health and wellbeing and can contribute to improved outcomes for the following PHOF indicators: <ul style="list-style-type: none"> <li>-school readiness and attainment <ul style="list-style-type: none"> <li>- children where there is a cause for concern</li> <li>-16-18-year olds not in education</li> </ul> </li> <li>employment or training</li> <li>-first time entrants into the youth justice system <ul style="list-style-type: none"> <li>-under 18</li> </ul> </li> <li>conceptions <ul style="list-style-type: none"> <li>-hospital admissions in children and young people</li> </ul> </li> </ul> </li> <li>• The services have widened their remit to include those drug and alcohol misusers previously unidentified and unlikely to access more traditional drug and alcohol provision. This includes younger and older people, carers and BME groups.</li> <li>• Decrease in preventable illness and falls particularly in older people.</li> </ul>	

Option	Benefits	Risk
<p>Vary Substance Misuse Treatment Service contract to incorporate elements of Groupwork and Primary Care support</p> <p><b><i>(Recommended option)</i></b></p>	<ul style="list-style-type: none"> <li>• Continuation of groupwork and primary care which are key aspects of treatment</li> <li>• Add value to collective resources.</li> <li>• Ensures Hammersmith &amp; Fulham has time to review all drug and alcohol contracts.</li> <li>• Residents have no gap in provision</li> </ul>	<ul style="list-style-type: none"> <li>• The changes highlight the end of the previous contracts which residents were not consulted on</li> <li>• Residents are further dissatisfied regarding the lack of communication on changes to tri-borough services.</li> </ul>
<p>No contract variation with no restructure of core services</p>	<ul style="list-style-type: none"> <li>• Initial full-service cost saving.</li> <li>• DAWS could continue some groupwork from the core funding however this would be minimal and focus only on readiness for detox and rehab</li> </ul>	<ul style="list-style-type: none"> <li>• Disruption to service leading to residents not being supported, leading to further ill health and decline.</li> <li>• Not cost effective long term, pressure on other local services, and long terms pressure on health and social support services.</li> <li>• Potential loss of staff through redundancy</li> <li>• Confusion over service provision across the three boroughs as bi-borough will continue to run the service from the core tri-borough contract but H&amp;F will not have these functions</li> </ul> <p>Primary Care Risks</p> <ul style="list-style-type: none"> <li>• Some GPs may not continue to prescribe without psychosocial support from specialist services</li> <li>• Patients engaged with GPS cease being reported as in treatment to PHE and thus the numbers of patients in treatment in the borough will fall by approx. 133. This will have a knock on to the opiate treatment penetration rate as measured by PHE which is currently good but will become poor.</li> </ul> <p>Groupwork \Risks</p> <ul style="list-style-type: none"> <li>• other group work will likely cease including the main full-time abstinence programme. In 2017-2018 26 borough residents used this programme. The ending of this</li> </ul>

		<p>programme represents a significant loss for the treatment system in terms of the support and outcomes achieved</p> <ul style="list-style-type: none"> <li>• This could increase detox and rehab placements if service users relapse without this service</li> <li>• Each service user requiring funded detox and rehab treatment represents a cost of thousands of pounds</li> </ul>
No contract variation with restructure of DAWS	<ul style="list-style-type: none"> <li>• Initial cost saving</li> </ul>	<ul style="list-style-type: none"> <li>• Possible resident dissatisfaction regarding provision being taken away from some service areas</li> </ul>