Consultation on the Restructuring of Drug and Alcohol Services in Southwark

SUMMARY

This document describes the model for the delivery of drug and alcohol treatment services in Southwark and the current issues affecting its implementation. It then outlines current proposals for addressing these issues.

Central to this is the reorganisation of South London and Maudsley (SLaM) NHS Foundation Trust’s specialist drug and alcohol treatment services and the establishment of an Integrated Offender Management Service.

The document concludes by identifying a number of possible options for moving these issues forward then describes the process by which consultation will be undertaken with key stakeholders.

BACKGROUND

Southwark’s priorities for drug and alcohol treatment reflect the government’s national goals of reducing drug-related crime and anti-social behaviour and improving health and social outcomes for the individual and the wider community.

In 2008, a national study matching data from the Police National Computer and the National Drug Treatment Monitoring System showed that the number of offences committed by substance misusers almost halved after starting treatment. Criminal or malicious damage was down 75%, violence, public order or riot and robbery were down 57%, motoring offences (including car theft) were down 63% and soliciting and prostitution was down 62%.

A study by York University has shown that for every £1 spent on treatment the community receives the equivalent of £9.50 in benefits such as un-committed crimes.

In Southwark, treatment can also be seen to bring about reductions in a range of anti-social behaviours including drug dealing, drug-related prostitution, begging and street drinking when linked to other cross-agency initiatives such as the Crack House Protocol and Designated Public Place Orders.

Story from client

There are also less noticeable long-term benefits that come from the holistic approach taken by drug treatment services. Reintegrating the individual into the community is seen as a crucial element of any successful drug treatment programme. Issues such as housing, employment, parenting and other relationships may all be included in an individual’s care plan, stabilising not only the individual but also the social networks in which he or she functions.

Current Service Provision
Within the borough, drug and alcohol misuse is managed across a range of specialist and generalist agencies in both the public and the voluntary sectors. These services include structured community-based programmes such as counselling and methadone maintenance, informal community-based programmes such as needle exchange and advice and information services, and in-patient services such as hospital-based detoxification programmes.

**Southwark Substance Misuse Service Model**

The overall model of service delivery has three main strands. These are:

- The Substance Misuse Primary Care Strategy
- Services for Clients Referred Through the Criminal Justice System
- Services for Clients with Complex Drug and Alcohol Problems

**The Substance Misuse Primary Care Strategy**

The Primary Care Strategy was developed following extensive consultation with service users and other key stakeholders including the Substance Misuse Service Users Council and Southwark Local Medical Committee in 2008/09.

It seeks to achieve a better fit between client need and service provision. In practice this usually means ensuring that the clients with less complex drug and alcohol problems are cared for in General Practice with support from a primary health and social care team. This provides the opportunity for the client to receive their care closer to their home. It also seeks to ensure that clients with drug or alcohol problems are treated in the same way as clients with any other health problem.

The first stage in the consultation process was the development of a draft primary care model. This model had at its core a multi-agency assessment team that would be located at a specific site somewhere in Southwark.

Initial discussions around this model led to some modifications; in particular, the abandonment of the multi-agency assessment team. The new model focused instead on the identification of specific ‘gateway’ services where drug or alcohol users seeking treatment would present. These services are Foundation 66 (formerly ARP), Kappa, Evolve and General Practitioners.

This revised model was subject to a further period of consultation and final amendments made in response to feedback.

Clients who would be cared for in primary care services (GP surgeries or non-statutory agencies) are likely to be stable, attending regularly, have limited illicit drug use on top of their prescription drugs and actively addressing social needs

**Services for Clients Referred Through the Criminal Justice System**

The proposed model for the management of criminal justice clients is an Integrated Offender Management Service (IOMS). This is a single-site service that would house not only substance misuse services but also partner agencies such as the Prolific and Other Priority Offenders (PPO) Team, police, probation and the Diamond Initiative Team.
This reflects both local thinking and national initiatives such as the Home Office’s Integrated Offender Management scheme and the Ministry of Justice’s Diamond Initiative.

Suitable premises are yet to be identified for the IOMS.

Clients who would be cared for in criminal justice services will be:

- Those referred by the courts for treatment after they have committed ‘trigger’ offences (i.e. offences such as theft where there is strong evidence to suggest they were committed as a result of drug use)
- Those ordered to attend treatment following conviction for a range of mainly acquisitive offences (on Drug Rehabilitation Requirements).
- Those being managed by the Prolific and Other Priority Offenders Team.

**Services for Clients with Complex Drug and Alcohol Problems**

Clients that do not fit into either of the above groups – generally because their problems require more specialist treatment - receive their care from specialist services within the South London and Maudsley (SLaM) NHS Foundation Trust. These are currently located at Marina House in Camberwell and the Community Drug and Alcohol Team (CDAT) on Blackfriars Road.

Both Marina House and CDAT existed before the creation of the SLAM. CDAT was established in 1990 as part of the Lewisham and Guys Health Service. Marina House was established around the same time as part of what was then the Bethlem and Maudsley Health Service.

In 1999 the two Health Services were merged as part of the creation of SLAM but Marina House and CDAT continued to operate from two separate sites. The map below indicates the areas from which both services draw their clients.

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<thead>
<tr>
<th>Postcode</th>
<th>Marina House (%)</th>
<th>Blackfriars CDAT (%)</th>
<th>Overall (%)</th>
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CHALLENGES TO THE DELIVERY OF DRUG AND ALCOHOL TREATMENT SERVICES IN SOUTHWARK

The implementation of Southwark’s drug and alcohol treatment model has been affected by a number of issues in recent times. These include the introduction of a new national funding formula in 2008/09, leading to a 4% reduction in central funding, and difficulties in acquiring suitable local premises. Continuing difficulties in acquiring service accommodation are likely to lead to further funding reductions in future.

These pressures have necessitated a review of current service configuration to ensure that our model can continue to be implemented in a manner that ensures effective, high-quality service delivery within the various financial constraints. In practice this means:

- Reorganising SLAM's specialist services
- Establishing the Integrated Offender Management Service
- Completing the rollout of the Primary Care Strategy

WHAT WE ARE PROPOSING

We have identified a number of possible options for managing our current challenges. These are:

1) **Maintaining SLaM services at current levels at both sites and finding the savings elsewhere.** Given that funding for substance misuse services is based in large part upon the number of crack and/or opiate users in treatment, savings would be sought from areas that do not affect this. In effect, this is likely to be alcohol-related programmes.

2) **Maintaining SLaM services at both sites but downgrading provision.** This would require staff redundancies to offset the costs of operating from two sites. Initial estimates suggest that this is likely to equate to a minimum of six full-time positions. Reduced staffing would affect capacity to provide ‘satellite’ clinics (that is, SLaM staff seeing clients in other locations such as hostels, general practices and third sector drug agencies). This, in turn, would limit numbers in treatment and impact of subsequent funding allocation. Reduced staffing levels could also affect the safety of staff and clients of those services.

3) **Locating all SLaM staff at CDAT and locating the Integrated Offender Management Service at Marina House.** This would also involve making greater use of community pharmacies for dispensing of prescribed medication and the expansion of satellite clinics in hostels, general practices and third sector drug agencies. The precise location of new satellite clinics will not be known until such times as we have a clearer picture of client need. The overall aim is to ensure that ease of access is maintained to all service users and those with mobility problems in particular.

Locating the Integrated Offender Management Service at Marina House would place it closer to local Probation Teams. At present a greater percentage of SLaM clients live in the North of the borough (nearer CDAT) than in the South. There are currently more staff in post at CDAT than Marina House so this option would mean fewer SLaM staff would be required to relocate.
4) **Accommodating SLaM staff at Marina House and locating the Integrated Offender Management Service at CDAT.** Once again, this option would include SLaM making greater use of community pharmacies and satellite clinics. Larger numbers of SLaM staff would need to relocate. A greater proportion of SLaM clients (i.e. those living in the north of the borough) would be affected by this move.

**ENGAGEMENT AND CONSULTATION**

NHS Southwark is proposing that a consultation with key stakeholders takes place on the proposed options for service changes under the terms of the Health Act 2006.

**Key Stakeholders**

- **Community**

  This document is being distributed to community groups, councillors, council officers, MPs and other key stakeholders as well as being posted on the NHS Southwark website. Public meetings will be held as follows:

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- **Service Users**

  Pre-consultation engagement has been undertaken with service users with the assistance of Southwark Substance Misuse Service User Council representatives to assess the viability of some options. This will now move to a formal consultation process. This document will be distributed to service users via local treatment services and the Service User Council and Southwark LiNK. Service User meetings will be held as follows:

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- **Staff Consultation**

  This will be managed by SLaM.

  We will also involve Southwark Health and Adult Care Scrutiny Committee in the process

**STAKEHOLDER FEEDBACK**

We would like your views on the following questions:

- Which of the four options listed above is your preferred option?
- Why have you chosen that particular option?
- Is there any option that generates specific concerns or problems for you?
- Why does this option (or options) generate concerns or problems for you?

**HOW TO RESPOND**

Please send your responses.........