

## APPENDIX 1

### Scope of service provision and impact

Provider	Service Provision	Function & Impact
Foundation 66	Southwark Service User Council for Substance Misuse & Peer Mentors Service	<p><b><u>1) Function</u></b></p> <p>Both services conform to the requirement for service user involvement as set out in the following legislation:</p> <ul style="list-style-type: none"> <li>• NHS and Community Care Act 1990 (section 46)</li> <li>• Health and Social Care Act 2001 (section 11)</li> <li>• The Local Government Act 1999 and the Public Involvement in Health Act</li> </ul> <p>The Service User Council performs a governance function for Southwark's substance misuse treatment services and the Drug and Alcohol Action Team. The Service User Council is consulted prior to any strategic or operational decision making process and feature in treatment service specifications and supports the DAAT to undertake consultation with service users, stakeholders and partners. The Service User Council also undertakes audit and research projects which are used to inform service development as well as taking a lead role in substance misuse awareness campaigns.</p> <p>The Peer Mentor Service provides practical and emotional support to Southwark's treatment service users during their treatment and recovery journey. They are available to work with service users from the time they first enter treatment offering support in all phases of treatment. The presence of peer mentors in treatment services is visible, tangible evidence that recovery is achievable.</p> <p><b><u>2) Impact</u></b></p> <p>The Adult Integrated Drug and Alcohol Treatment Service specification delivered by the Lifeline Project specifies the Service User Council and Peer Mentor Service must be fully integrated with treatment delivery to ensure peer led support relates to all aspects of the treatment system.</p> <p>The impact of this service is challenging to isolate from interventions delivered by other agencies with a need to focus upon outputs to demonstrate parts of the service activity.</p>

- Provision of Recovery Café every Sunday for 3 hours (52 weeks of the year = 156 hours of support per year). Four Service User representatives attend and provide support each week on a voluntary basis. This provides the only 'out of hours' substance misuse support in Southwark to service users who report that weekends are of particular risk to use of substances due to limited support options available. To replicate weekend provision outside of the current arrangements, Lifeline would be required to provide 4 keyworkers for each session which would cost approximately £6,122 extra a year (calculated by current market salary value for key workers) & would impact on service users' access to keyworkers during the week due to time owed.

#### **Peer Mentor Service**

- A recent Equality Impact Assessment identifies a range of areas that have been adversely impacted upon by the reduction of financial envelope from adult community specialist services. This service is able to offer some mitigation against the known impact through the delivery of a wider range of interventions that will support the delivery of the commissioned service and offer additional capacity that has been reduced with the lower staffing levels in the new treatment service.
- The Peer Mentoring Training for service users engaged in the Southwark treatment system, coordinated & delivered by the manager of both services, supports the employability of peer mentors, which in turn reduces benefits dependency.
- Trained peer mentors provide resource and capacity building for the Lifeline treatment service which is operating on a lower budget to that which was commissioned in previous years assisting the smooth operation of the service such as supporting reception, co-facilitating groups demonstrating visible recovery and offering advice, encouragement and 1:1 interventions to service users at all stages of their recovery. 12 peer mentors deliver 139 hours of support per week as part of Lifeline's overall service delivery which be problematic for Lifeline to take on based on lower service budget & would impact on other parts of service provision due to diversion of staff.
- Peer Mentors provide capacity to support service users to attend a variety of social and welfare appointments, which reduces the risk of homelessness, poverty, health complications, further substance use and criminal activity. This has a direct impact on wider council services by supporting the reduction of likelihood of housing

		<p>enforcement action and statutory action related to the needs of at risk children. In the past financial year, Peer Mentors facilitated service users to attend 71 benefit appointments, 21 housing appointments, 68 GP and 53 hospital appointments and 9 solicitor meetings which could not have been achieved by Lifeline due to reduced capacity for wraparound support interventions based on overall budget allocation. .</p> <ul style="list-style-type: none"> <li>• Peer Mentors are trained to deliver Safer Injecting and Naloxone advice which supports the reduction of spread of blood-borne viruses and is particularly important in the context of estimations that Southwark has the second highest HIV prevalence rate in the UK with 11.2 per 1000 people being diagnosed. Widespread provision of safer injecting advice and the capacity of the treatment system to deliver this can reduce drug related deaths &amp; health complications. Naloxone training also provides service users with effective and practical overdose management, reducing the risk of drug related deaths, which have increased in the borough over the past 5 years.</li> <li>• Engagement of service users in the role of Service User Council reps increases recovery and abstinence rates across the borough, with 79% of council reps abstinent by graduation from treatment.</li> <li>• The Service User Council delivers independent consultations with service users on a monthly basis which ensures efficient service delivery and service user needs are being identified. This information is provided to the DAAT and Lifeline to ensure that the voices of service users are represented in treatment system design and development with the effect of empowering individuals. By their presence alone, visible recovery is demonstrated which serves as motivation and encouragement for other service users to engage in treatment, thus impacting on the outcomes of the commissioned adult treatment service. The Drug Strategy 2010 highlights the importance and effectiveness of mutual aid in promoting and sustaining in recovery from drug dependence.</li> </ul>
Cranstoun City Roads & Equinox Brook Drive	Crisis and Planned Admissions - Inpatient Detoxification Services including complex care.	<p><b><u>Function</u></b></p> <p>Inpatient Detoxification Services are specifically intended for service users with complex needs &amp; vulnerabilities that are unable to achieve abstinence and recovery in a community setting.</p> <p>Identification of need for assessment, stabilisation and assisted detoxification / withdrawal in an inpatient unit is primarily linked to need, crisis presentation or requirement for 24 hour</p>

		<p>supervised medical stabilisation.</p> <p><b><u>Impact</u></b></p> <p>The most recent &amp; complete unrestricted NDTMS data relates to the 2014/15 financial year.</p> <p>Referrals for placement have been in the region of 150 – 160 per year of which 20% require crisis admission. Average length of stay is approximately 11 – 14 days. Completion rates fluctuate and are difficult to isolate for Southwark residents as national data relates to the overall performance of the unit for all partnerships. Completion rates for both units in 2014/15 for all partnerships was between 64% &amp; 79%.</p> <p>Anecdotal reports in Southwark suggest that when residents do not have facilitated access to inpatient detoxification, they will present at A&amp;E in crisis for support. Short term detoxification in hospital does not include psychosocial support or aftercare planning, both of which are crucial to the successful progression of recovery.</p> <p>Access to specialist commissioned inpatient detoxification units such as those detailed within this report reduce the likelihood of A&amp;E presentation and increase the likelihood of treatment progression through the provision of targeted treatment based on individual assessment of need. In the absence of these units, some service users will not present to A&amp;E resulting in a deterioration of health &amp; wellbeing due to substance misuse and may present for treatment a later date increasing the costs for a range of council services, health and criminal justice agencies and their communities through the impact of ongoing untreated substance misuse.</p>
Blenheim CDP	Insight Southwark – Young People’s Substance Misuse Service	<p><b><u>1) Function</u></b></p> <p>A confidential specialist support service for young people up to the age of 24, living with or affected by substance misuse (including alcohol) in Southwark. Provision of advice and information on harm reduction and prevention as well as therapeutic interventions to complement the needs of young people accessing the service.</p> <p>Universal work (entail building individual’s knowledge around substance misuse):</p> <ul style="list-style-type: none"> <li>• promote health and emotional wellbeing</li> <li>• provide preventative advice and information to young people and their parents</li> </ul>

- provide professionals with training to empower them to recognise substance misuse in young people and provide appropriate support

Targeted work (reaching vulnerable groups):

- Identify young people who are at risk of engaging in substance misuse
- Ensure that hidden harm groups are identified early and have access to appropriate support
- Increase referrals from targeted groups

Specialist work (young people have access to structured treatment):

- Deliver a range of young person centred and specialist interventions.
- Focussed treatment interventions for young people with substance misuse related needs

## **2) Impact**

Integration and partnership working to meet the needs of children and young people is embedded within the service provision which aligns with Every Child Matters (2005), Hidden Harm (2003, 2006), Working Together to Safeguard Children (2006) and the Children's Act 2004 as well as the National Drug Strategy 2010.

In order to have the greatest impact on the lives of children and young people using drugs and / or alcohol, the service has an important and vital role to play in ensuring integrated, partnership methods of delivery with statutory service provision including the need for good information sharing, safeguarding, identification of lead agency and shared care planning.

### **Key outcomes**

To support young people substance misusers to make necessary changes in lifestyle and substance use to improve health and well being. This will be underpinned by the five Every Child Matters outcomes - for every child, whatever their background or circumstances, to have the support they need to:

- stay safe
- be healthy
- enjoy and achieve
- enjoy economic well-being
- make a positive contribution

#### Performance indicators

The service is measured across a range of indicators and performance measures. A recent review of performance between 1 April 2014 and 31 March 2016 identified the following:

#### Rates of engagement into treatment

- 22% increase in number of under 17s and 9% increase in number of 18 – 24s engaged in treatment which brings the benefits of reduced harm and risk of harm & improvements in health and wellbeing amongst others.

#### Treatment effectiveness (18-24s)

- Increase in the retention rate of 18-24s engaged in treatment for a minimum optimum period of 12 weeks from 64.5% in 2013/14 (national average: 81.8%) to 96.8% in 2015/16 (national average: 82.9%). Longer periods of retention in treatment impacts on the likelihood of sustained behaviour changes and better outcomes for young people.

#### Successful completion of treatment

Insight Southwark has consistently delivered high rates of successful treatment completion since 1 April 2014 when compared with the national average across all categories of substance use. Successful completion of treatment is an indicative measure of improvements across a range of outcomes including reduced substance use, reduced criminal behaviour, improved relationships and social functioning amongst others.

		<p><u>Planned treatment exits</u></p> <ul style="list-style-type: none"><li>• Increase in planned treatment exit in under 17s from 84% in 2014/15 to 93% in 2015/16 which has consistently surpassed the national average mean rate of 80%.</li><li>• Increase in planned treatment exit for 18-24s from 87.1% to 96.2% in 2015/16 which has consistently surpassed the national average mean rate of 48%.</li></ul> <p>Planned treatment exit is indicative of successful completion of treatment and achievement of a range of outcomes as opposed to unplanned treatment exit which suggests that exit is untimely and before the care plan objectives have been achieved.</p>
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