APPENDIX 1

Introduction

The current drug and alcohol residential placements are delivered by a range of providers. Access to these services is managed by the DAAT and Substance Misuse Social work Team. This review will examine the current systems for assessing need, allocating appropriate placements, funding and monitoring residential and other funded care for substance users. It draws on a DAAT Review of Tier 4 Service and Provision (Magilton 2015).

The majority of drug and alcohol treatment is delivered in a community setting by Lifeline, Southwark. Interventions range from unstructured support including advice and signposting and drop in services increasing in intensity to a more structured approach which includes a care plan with regularly reviewed goals. The Government's drug[1] and alcohol[2] strategies stress that to increase the effectiveness of treatment, care should be both personalised and integrated within a multi-agency approach, ensuring that the substance misuser's needs are met. More intensive treatment such as detoxification for those with more complex needs, and residential care is delivered in hospital inpatient, specialist or residential settings. Whilst the cost is therefore higher per client or intervention, the numbers of substance misusers requiring such treatment is much smaller than those of community based services.

Background

Treatment must be recovery driven[3] and the linking of in-patient and residential with community based aftercare and support has become as important as the treatment itself. Residential detox and rehabilitation provision (which is also referred to as tier 4 treatment) is for clients who experience a number of complex issues that make achieving abstinence through community based support challenging. Residential rehabilitation services, which are often run by voluntary and private sector organisations, are a key part of a recovery focused treatment system (these organisations are geographically spread across the country and largely outside of London). They offer structured programmes that may include psychosocial interventions, individual and group therapy, education and training and social and domestic skills. The common factors for this provision are that residents stay overnight for a period of time at the facility to receive treatment and they are expected to be drug and alcohol free before they start the programme. Detox clients receive a medically assisted withdrawal from opiates or alcohol, often before moving on to residential rehabilitation.

The Southwark Pathway

The Southwark pathway has been in operation for 9 years. The DAAT In-Patient Referral Coordinator manages all admissions for drug and/or alcohol detoxification and stabilisations.

Detox/Stabilisation -Referrers contact the In-patient Referral Coordinator who assesses the need, co-ordinates information and confirms appropriate admission to a residential unit before agreeing funding. All planned admissions must be part of a care plan and include post-detox/stabilisation support. Southwark have a Grant Agreement with 2 specialist residential substance misuse providers.

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[1] HM Government (2013) Drug Strategy Annual Review. Delivering within a New Landscape https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/265392/Drug_Strategy_AR_v0.6.pdf

[2] HM Government (2012) Alcohol Strategy http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy?view=Binary

[3] http://www.nta.nhs.uk/recovery.aspx

Residential Rehab -Referrals for residential rehabilitation or funded day programmes go directly to the Substance Misuse Team (SMT) for assessment and confirmation of funding for aftercare. This social work team is managed by Children's and Adult Social Care and not located with the Integrated Drug and Alcohol service.

Funding for residential rehab/funded day programme and the choice of placement is decided on a case by case basis by the Substance Misuse Team (SMT, Social Workers) in consultation with service users, and placements are spot purchased. An exception to this is the 'Cranstoun Recovery Package' a pre paid detox/rehabilitation package for a defined client group/need which is gatekeeped by the SMT.

The SMT are in the process of introducing Individualised Budgets for each client. An indicative personal budget will be available based on eligibility criteria. The criteria are based on areas of potential need to promote wellbeing and money is allocated against each identified need. This system is to be in place by July 2016.

Referral numbers and reason for planned and crisis inpatient detox

	2013/14	**April 2014-March 2015**
Alcohol only detox	78	77
Alcohol and drug stabilisation	15	31
Drug & alcohol detox	17	20
Drug only detox	32	34
Drug stabilisation	9	13
Referrals with dual diagnosis	*90*	*104*
Enquiries not leading to referral	25%	25%
TOTAL referrals	150 inc 33 crisis	185
TOTAL commencements	Planned 117 Crisis 33 **150***	**185**

The table below summarises 2013/14 residential/day programme activity. Please note that some clients straddle two financial years – both this and the reduced costs due to lack of completions mean that the actual costs paid out are much lower.

	Funded packages	**Non residential progs. /packages**	**Residential and aftercare packages**
	Budget	**Treatment:** £513,352	
1	**Nos. clients agreed**	53	**Initial** (res): 71 **Further** (non-res):23
3	**Outcomes**	**Initial:** 82.5% (33/40) **Further:** 92%(12/13) (Group has higher Recovery Capital)	**Initial:** 59% (42/71 **Further:** 91% (21/23) (Group has lower Recovery Capital)

- ***Post treatment pathway:*** Funded aftercare packages were often sufficient to ensure that the client no longer needed community treatment services. For the non-completers and some completers, clients returned to community services for aftercare day programmes, peer support, or 1-1.

Duty of Care

Providing assessment and access to residential rehabilitation treatment (if appropriate) is an integral part of commissioning a local drug treatment system. Local Authorities have a duty to offer an assessment to the service user (and carer) and if they meet 2 out of a range of eligibility criteria based on their well-being and safety, a duty to offer care. The Care Act 2014 also states that Local authorities must promote the efficient and effective operation of a sustainable market in services for meeting care and support needs and ensure that there is a meaningful choice of providers who, when taken together, provide a variety of services. This could be independent private providers, third sector, and voluntary and community based organisations, including user-led, mutual and small businesses. [i]

The following table summarises residential and day programme provision funded by Southwark in 2016/16. The headings show the particular strengths of the provider reported by the SMT and highlight some of the specific needs identified following assessment.

	Dual diagnosis	Domestic violence	Sexual Abuse	Criminal Justice	Personality Disorder/challenging behaviour	ETE or aftercare	Help with housing	Mother and baby/children. Social services	Day Programme	For those with good recovery capital	Detox/clinical staff	Cognitive/physical care	CBT/DBT psychological interventions	Mutual Aid
Action on Addiction Clouds House										x				x
Addiction Recovery Centre (ARC)					x	x	x							
Broadreach House											x			x
Broadway Lodge						x	x				x			
Carlton House Male only				x		x	x							
Cranstoun Oak Lodge and Trelawn	x		X											
Freedom Recovery Centre		x						x	x					
Hebron House female		x	x		x									

only														
ODAAT Male only				x										x
Kairos Bethwin Road												x		x
Kairos Linden Grove												x		x
Kenward House Male only	x					x	x							
Longreach Female only	x	x												x
Mercia Care Homes-Sefton Park							x							
Mount Carmel	x	x				x	x		x					x
Nelson Trust	x					x	x							
Phoenix Futures-Long Yard											x	x		
Providence Project						x	x		x					
Ravenscourt				x										x
Streetscen				x		x	x							x

e-Allington House and Francis House														
Yeldall Manor Male only				x										
Janus						x		x	x					
Kairos Day Programme						x			x					x
Next Steps						x			x					
74 Foundation	x							x	x					

Consultation

58 Service users were consulted for the 2015 Review about their experiences of residential rehab (amongst other things). Their responses follow:

Service user responses – 58
DAAT Tier 4 Review: January/ February 2015

Number of types of Tier 4 treatment used: Service users were asked which types of Tier 4 treatment they had used in the past. 40% had used three or more treatment types.

- 23 interviewees had used three or more types of treatment. This was usually community detox, inpatient detox and a community aftercare programme. *Please note that aftercare may have been a Tier 3 service, and not necessarily a funded aftercare package.*
- 18 interviewees had used two or more types of treatment.
- 20 interviewees had been to a residential facility.

- ***Barriers to use:*** For those who had not, they were asked if there were any barriers. The most common response was either concerns about childcare and Social Services involvement (for women), or losing accommodation.
- ***Specific needs in Tier 4:*** A significant number of interviewees said that when they were admitted to either inpatient or residential facilities – they had severe mental health difficulties, or were homeless, or were a victim of domestic violence. Mental health was cited the most often as the issue that help was required with, followed by accommodation and benefits.
- ***Care plans and key workers:*** Whilst most interviewees said they had a care plan, very few had a visit from their community based keyworker whilst they were in rehab although some had phone calls. The main agencies involved in care whilst the service users were in all types of Tier 4 treatment included the community treatment provider, mental health services, accommodation services and Probation.
- ***Successful completions:*** Very few responses indicated that each treatment had been successfully completed at the time it was delivered. For some, there were repeated failures, or a mix of some success and failure.
- ***What could be improved about Tier 4 treatment?*** Clear themes emerging, regardless of the type of treatment. They can be summarised as:
  - Clear explanations about the treatment ahead.
  - Increased structure if possible, and less free time.
  - Closer work with keyworkers
  - Aftercare plans in place and where issues need resolving, this starts early in the treatment.

Lifeline Staff Consultation 2016

For this review, the Lifeline Consultant Clinical Psychologist asked keyworkers:

"Please think about any client you are referring via SMT to Rehab, or if you are not currently referring anyone, please think about the last person you referred. <u>What must the rehab have for it to be right for this client?</u>" The responses were:

- It must take dogs
- Be away from London – offer an option of radical change
- Community and support for going out and other women and openness. Some fun.
- Robust after-care housing and resettlement

- Be alright for someone with mobility limits
- Capacity to manage Mental Health Difficulties
- Capacity to accept/manage forensic issue
- Capacity to manage PD
- For the rehab not to be dominated by boisterous, post-prison loud young men. Not just single sex but attentive to the experience of distressed older folks of different demographics. Not posher, just less threatening, more familiar, more a sense of shared experience.

The consultation identified the need to have range of options available and a way of matching need to provision that is consistent and transparent. We also need to maximise the resources available whilst ensuring that agreed standards are met

Benchmarking 2015/16

5 London Boroughs were asked about their procedures:

	Rehab budget
Southwark	£429,000
A	£300,000
B	£475,400
C	461,500
D	280,000
Mean average budget allocation	389,180

4 of the 5 boroughs consulted have a fortnightly multi-disciplinary panel and 3 have (or plan to have) a Framework Agreement with residential providers. 2 have identified potential savings with this approach.

A

In A the DAAT and the Drug and Alcohol service operate a fortnightly detox and rehab panel. Referrers follow borough agreed guidelines before presenting the case for detox and rehab. The case is presented at the panel and the panel discusses whether to agree funding. Placements are spot purchased on a case by case basis.

B

In B the DAAT detox referral coordinator manages all admissions for detox and stabilisations. The SMT social workers are based in the Integrated Drug and Alcohol service.

Referrals go to the detox coordinator who confirms appropriate admission to a detox and confirms detox funding. Rehab referrals go direct to the social workers for assessment and confirmation of funding for aftercare.

Funding for residential rehab is decided on a case by case basis by the Substance Misuse Team and placements are spot purchased.

C

In C the DAAT and the Drug and Alcohol service operate a fortnightly detox and rehab panel. Referrers follow borough agreed guidelines before presenting the case for detox and rehab. The case

is presented at the panel and the panel discusses whether to agree funding. A Framework Agreement with a range of drug and alcohol providers is used.

D

In D the DAAT and the Drug and Alcohol service run a collaborative detox and rehab panel. Whereby referrers follow borough based guidelines and discuss with management before presenting the case for detox and rehab. The case is presented at the panel which is held fortnightly and the panel discusses whether to agree funding. The current model of spot purchasing for detox and rehab is similar to Southwark's but a Framework Agreement with a range of drug and alcohol providers is now being developed. They spot purchase residential rehab and day programmes.

Recent Developments

This review supports the findings of the 2015 review in that it highlighted the need to change how decisions are made about funded residential placements. That is decisions about: who meets the criteria for funding, how cases are prioritised, which placement can meet the needs of individuals and who agrees the funding.

In response to the earlier review, a panel process has been established. The panel will review eligibility and agree funding for packages of care on a case by case basis. It will provide a robust process for decision making for residential detox and rehabilitation placements, ensuring that these decisions are based on assessment of need that is based on a clear evidence base and to ensure due diligence for funding agreement without compromising quality of care.

Future Developments

To build on this work it is necessary to develop the next stage of the process – procurement arrangements with providers. A Framework Agreement is an overarching contract setting out a clear and robust expectation for quality and outcomes and a set price for the interventions delivered. There is no upper limit to the number of providers on the framework, all providers who meet price and quality criteria will be invited to join. All placements are funded on a spot basis, no block or retainer fee is paid. The proposed move to a framework will provide greater stability in spend as prices of care will be agreed in advance during procurement.

The budget and potential savings will be reviewed annually based on demand for residential based interventions which is anticipated to reduce. Lifeline, Southwark's Adult Integrated Drug and Alcohol Service will develop pathways with more abstinent focussed recovery opportunities within the local community. It is anticipated this will result in a further reduction in need for residential rehabilitation and detox. More robust contractual arrangements with providers in year will build in greater assurance that outcome data are recorded accurately and in a timely fashion.

Recommendations

Option 1: Do nothing – the current Grant Agreements expire in December 2016. Unless procurement takes place, all access to residential treatment provision will continue to be funded as spot placements. This may cost Southwark more and will have less impact in ensuring that quality

standards and monitoring requirements are met. However, it may be possible to negotiate rates with individual providers.

Option 2: Develop a Framework Agreement for detoxification and rehabilitation providers.

This paper has discussed the in-patient and residential provision from referral to placement and funding, and it is all provided by different organisations. This is an opportunity to streamline the function into one and place it within the current drug and alcohol integrated service.

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[i] **The Care Act 2014** http://www.legislation.gov.uk/ukpga/2014/23/