

APPENDIX 1

Overview of existing services for inclusion in the new contract

A: Adult Integrated Drug and Alcohol Treatment System (AIDATS) - 18 years and above

1. Current service provision is commissioned under the AIDATS service contract, delivered by CGLSL, which is currently due to expire on 31 March 2022. A detailed summary of the AIDATS service is outlined in the GW0 report.
2. The AIDATS service comprises a range of community-based Tiers 2 and 3 drugs and alcohol treatment interventions for adult residents aged 18 years and over. Delivery is directed by a detailed service specification, which includes the requirement for evidence-based pharmacological and psychosocial drug and alcohol treatment interventions, underpinned by the most recent national guidance, with a strong focus on recovery and building resilience. There is an overlap between the age criteria for the AIDATS and IHSYP services, with the 18-24 younger adult cohort able to access either service, dependent upon level of need.
3. In addition to specialist pharmacological and psychosocial treatment interventions, the service delivers a range of activities that contribute to reducing inequalities and improving outcomes and the life chances of the borough's residents with drug and / or alcohol support needs, including:
 - facilitated access to support with housing, employment and training opportunities;
 - support to establish new substance free social networks and interests;
 - support for physical and mental ill-health in partnership with a range of local agencies including primary care and community mental health services;
 - working in partnership with the council's commissioned Recovery Support Service (RSS), service users, people with lived experience and stakeholders to build a thriving and visible recovery community in the borough;
 - provision of support for families and carers of people with drug and / or alcohol support needs, and hidden harm support for CYP affected by someone else's substance use.
4. An external review of the adult community drug and alcohol treatment system, undertaken in June 2019, identified a complex treatment population with multiple needs; this was mirrored by the findings of the 'Review of drugs: part two'. This means that local drug and alcohol treatment service provision needs to be holistic, with a wide range of well developed partnerships with housing, social care, health and criminal justice agencies, as well as other local services.
5. The current AIDATS has made some great achievements in supporting a highly chaotic and complex treatment population to tackle their use of drugs and / or alcohol, particularly when faced with the challenges arising from the COVID-19 pandemic and an effective response to providing care and support. It has demonstrated its ability to help new entrants to the treatment system to reduce their drug and alcohol use, and reduce harm to themselves and others.

6. The most recent assessment of financial envelope for the services indicates Southwark's budget was lower than in equivalent boroughs, with a lower cost-per-head for service users, demonstrating that we have been striving to achieve best value within these services throughout the past six years.
7. However, it should be noted that, as Southwark's treatment population is more complex, service users often need to be in treatment for longer, some of whom may cycle through several attempts to cease substance use before they recover, and others who will be retained in treatment for their lifespan in order to reduce harm and keep them safe. As such, measures such as the Public Health Outcomes Framework (PHOF) and National Drug Treatment Monitoring System (NDTMS) successful treatment completion measures cannot be considered in isolation as the most appropriate measures of treatment impact and success for these groups.
8. The key service components detailed within the current AIDATS service specification are:
 - Recovery Navigation (Single Point of Contact, Advice and Information, Assessment, Recovery Planning, Keywork, Case Management and Care Coordination)
 - Structured Psychosocial Interventions (individual / group)
 - Pharmacological Interventions (community prescribing, community detoxification)
 - General Practice Liaison and Support
 - Recovery Community Activities (in partnership with the Recovery Support Service)
 - Harm Reduction Interventions (Needle Exchange, Blood Borne Virus and Health Service)
 - Needs-Led Drug Testing
 - Hospital Liaison and Support
 - Family and Carer Support including hidden harm provision
 - Criminal Justice Pathway
 - Aftercare and Reintegration
9. Since 23 March 2020, adult community drug and alcohol treatment services in Southwark have remained accessible and open to vulnerable residents, many of whom are at greater risk from COVID-19, both in relation to increased infection and transmission risk, and vulnerability to poor health outcomes, which may have worsened during the pandemic. To support the provision of a robust and safe adult drug and alcohol treatment service in the borough, the AIDATS service has managed many situations arising from the pandemic impact on Southwark's communities, including the scenarios outlined by PHE in their guidance¹:
 - interrupted access to medicines through pharmacies that were overwhelmed by demand for their services in 2020;
 - reduced access to illicit drugs resulting in a substantially increased demand for the service, which already evidenced high pre-pandemic caseload numbers;

¹ <https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol>

- managing 1000+ residents with greater vulnerability to the effects of COVID-19 and an increased risk of non-compliance with social distancing and other measures to reduce transmission risk;
- managing service users at risk of exacerbated breathing impairment from COVID-19 due to use of depressant drugs, which increases the risk of harm and death;
- identifying and managing individuals at increased risk of domestic abuse and violence in the home as people stayed at home, substance use increased and there were less opportunities for professional agencies to identify harm;
- increased risk of harm to children not in school from parental or carer substance use in the home;
- the creation of a 'homeless hotel' at Waterloo and the need for a service response to support vulnerable rough sleepers with drug and alcohol treatment needs that were housed there;
- rapid evolution from a traditional face to face service offer to a primary remote delivery model that had never previously been commonplace for drug and alcohol treatment delivery and the need to ensure that all service users, particularly those receiving prescriptions, were supported to transition to and continue to engage with this new model, including supply of digital devices to assist with this.

10. Opportunities for learning from service delivery during the pandemic have been taken, including seeking service user feedback, and where positive benefits from a different model of provision have been identified, these will be captured and embedded in the future model proposed in this report.

B: Children and Young People's (CYP) drug and alcohol services (10-24 years)

11. Drug and alcohol services for CYP and younger adults up to the age of 24 years are currently delivered under the Integrated Health Service for Young People (IHSYP) – sexual health and substance misuse service; contracted to Brook Young People, a registered charity providing health and welfare services, (with sub-contracting to Change, Grow, Live (CGL) for the drug and alcohol element of the service), which is currently due to expire on 31 March 2022. This service has piloted the integrated model of delivery since 1 December 2017 for the first time in the borough, with a current annual contract value of £437,250, which is fully funded by the Public Health grant.

12. IHSYP is an evidence-based, integrated service that works with partner agencies to meet the drug and / or alcohol and sexual health wellbeing needs of CYP and younger adults aged 10 to 24 years in Southwark. The service offers a range of brief, unstructured and structured interventions to address drug and alcohol and sexual health support needs (including sexually transmitted infections and contraception, focusing on long-acting methods), with needs identified through holistic assessment, and targeted support provided to address the harms of associated risk-taking behaviour. It is predominantly delivered peripatetically through an outreach delivery model in locations where CYP and younger adults meet.

13. The contract comprises a range of local and national indicators that are used to gauge performance. As is the case with the AIDATS, the performance of local authority commissioned drugs and alcohol treatment systems is captured through monthly provider submission to the NDTMS. PHE use these data to monitor drug and alcohol treatment service provision, and how effective it is in supporting CYP to address their substance use.
14. The current service has made some positive achievements in supporting CYP and younger adults with a range of vulnerabilities to address sexual health and / or drug and / or alcohol support needs, including early intervention support to reduce escalation of substance use. During the contractual term to date, it has demonstrated its ability to help the cohort to reduce harm to themselves and others.
15. The closure of schools, and limitations on external agencies being allowed access to school premises, and other places where CYP meet significantly affected the ability of the IHSYP service to identify potential service users, engage with them, and foster relationships with key referral partners. A substantial decline in numbers accessing the service was observed in 2020-21, and this is against a backdrop of declining numbers in recent years, which is more stark in Southwark, than evidenced nationally.
16. A virtual offer was developed and delivered from Autumn 2020, albeit with limited uptake from educational settings. In recent months in 2021, with a relaxation of pandemic restrictions, service delivery has resumed in a number of locations, with an upturn in engagement rates.

C: Needle and Paraphernalia Exchange Coordination Service

17. A needle and paraphernalia exchange coordination service is commissioned with SLaM under a Section 75 agreement between the council and NHS South East London Clinical Commissioning Group (SEL CCG). The 2021-22 cost of the service is £120,600, which is fully funded by the Public Health grant, and the service is in place to support the operation of needle and paraphernalia exchange sites in the borough.
18. The service works with needle exchange providers in Southwark to:
 - supply injecting and other related equipment, including appropriate materials for the safe disposal of injecting equipment, for distribution to injecting drug users;
 - supply adequate levels of health and safety information and education to eliminate all contamination/infection risk to staff and clients participating in this scheme;
 - supply health promotion literature on safe injecting, safer sex and related issues such as blood-borne viruses;
 - arrange and implement safe collection and disposal of all clinical waste generated by the scheme;
 - plan and deliver user-focused awareness campaigns on drug-related health issues
 - provide a rapid advice service to contracted providers in relation to drug-related public health alerts (e.g. contaminated batches of drugs); and

- collate contracted provider data arising from the scheme and provide this to the council to support contract monitoring and enable annual payments to be made.

19. Payments to contracted pharmacies are funded directly by the council, and there is no direct contractual relationship between SLAM and needle exchange providers.

20. The service was not impacted by the COVID-19 pandemic and continued to operate throughout.

D: General Practice Opiate Drug Misuse Service (Shared Care)

21. The general practice shared care (GPSC) opiate drug misuse service has been an established service in Southwark for many years. It operates as a partnership between general practice, the AIDATS, and community pharmacy with the aim of providing an comprehensive opiate drug treatment service, including Opioid Substitution Therapy (OST), for people that are stable and engaged in strengthening their recovery.

22. Through effective partnership working, the service operates as part of the community treatment service offer, and works alongside the AIDATS to support a reduction of harm and inequalities in the service user group, and to improve outcomes.

23. At the present time, nine practices are providing the service to a total of 48 people. In recent years, there has been a significant reduction in the number of people receiving the service, (300 in 2015-16 to 48 in 2021-22) with increasing numbers being transferred to the AIDATS since Q4 2020-21 for a number of different reasons. Until recently, an enhanced prescribing clinic was hosted by Villa Street Medical Centre (VSMC), which provided a shared care prescribing service for people who were suitable for management in primary care, but could not access the service through their own GP. A GP with Special Interest (GPwSI) was also previously commissioned with VSMC to provide shared care leadership.

24. In 2021-22, the budget for the services is £99,500. This comprises a £70k budget for GPSC activity, £24,500 for the enhanced prescribing clinic and GPwSI services, and a £5,000 training budget. GPSC activity is currently funded on a quarterly per-patient basis, with a sliding scale of increased payments to encourage practices to increase the numbers of people that they provide the services for.

25. The service continued to be offered by a number of general practices during the pandemic. However, many practices were unable to continue to deliver the service during this period for a variety of reasons, and transferred participating service users to the AIDATS. This included the transfer of all service users receiving care through the enhanced prescribing clinic as VSMC became a COVID-19 'hot-hub'. The increase in numbers of people transferring from shared care with OST support needs has had an adverse impact on the AIDATS prescribing budget, and has also created capacity issues in the service in relation to medical appointments.

E: Substance Misuse Services in Community Pharmacy – Supervised Consumption and Needle Exchange

26. Supervised consumption and needle exchange in community pharmacy are established services in the borough, and are delivered by a number of providers. Pharmacy services to drug users aim to 'assist the service user to remain healthy, reduce drug related harm, provide service users with regular contact with a healthcare professional and help them access further advice or assistance'.
27. Supervised consumption provides a range of service user, family and community harm reduction benefits and is an integral part of an efficient community drug treatment system. Levels of supervision are decided through risk assessment between the AIDATS and the service user. An appropriate pharmacy is identified that can fulfil the prescription and supervised consumption requirements, and which meets the service user's needs (usually directed by proximity to home or place of work).
28. A total of 218 people receiving an Opioid Substitution Therapy prescription (OST) from the AIDATS accessed the community pharmacy supervised consumption service on at least one occasion in Q4 2020-21. In 2021-22, a budget of £75k is allocated to fund activity, with a set fee of £2 per supervised consumption paid to participating practices.
29. Pharmacy needle exchange services aim to reduce the rate of sharing and other high-risk injecting behaviours by providing sterile injecting equipment and other support as well as ensuring the safe disposal of used injecting equipment. They are accessible to all adult injectors who are using illicit drugs and are not dependent upon resident status.
30. In 2020-21, a total of 12 community pharmacies provided needle exchange services to injecting drug users in the borough, with an estimated total of 10,291 contacts. A budget of £27k is allocated to fund activity in 2021-22, and this includes a sliding fee scale that provides payments in accordance with activity up to a maximum number of contacts, as well as a fee for returns to encourage responsible, safe disposal of injecting equipment and paraphernalia.
31. Pharmacies continued to deliver both services throughout the pandemic. Rates of supervised consumption saw a marked decline in activity as the AIDATS service followed national guidance to reduce, via risk assessment, the number of people using the service to minimise COVID-19 transmission. Whilst numbers have increased in the more recent stages of the pandemic, it is not expected that they will return to pre-pandemic levels as service users report positive benefits of the freedom of not being required to present to pharmacies as frequently.
32. Needle exchange levels dipped for a period of time before returning to a pre-pandemic steady state. During this period, outreach was used to provide additional access to needle exchange provision, with particular reference to the 'homeless hotel' provision that was supported by the AIDATS.

F: Rough Sleeping Drug and Alcohol Treatment Grant funded outreach team

33. The main aims of the fund are to:
- a. ensure that the engagement that people have had with drug and alcohol treatment services whilst in emergency accommodation is maintained as they move into longer term accommodation (continuity of care);
 - b. support people to access, and engage in, drug and alcohol treatment who have not yet done so (access and engagement);
 - c. build resilience and capacity in local drug and alcohol treatment systems to continue to meet the needs of this population in future years (resilient and sustainable models of care).
34. Funding was awarded for a dedicated outreach team, hosted by CGLSL, comprised of clinical, psychology and keyworker posts overseen by a team leader and with administrative support. This team are in place to address two primary issues:
- i. Significant improvement to treatment retention rates for the rough sleeping cohort as many rough sleepers evidence complex and multiple vulnerabilities and require significant levels of dedicated outreach resources, not available within existing budgets, to support engagement and retain them in treatment and;
 - ii. Increased engagement, through enhanced dedicated engagement and clinical staffing resources, with rough sleeping cohorts that are identified as being under- represented in the AIDATS treatment population and where the council is legally able to commission a service.