

Appendix 1 – Detailed Summary of the Scope of Existing Services

AIDATS

1. 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 another person's substance use.

2. 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 independent review of drugs. 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.

3. 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.

4. 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.

5. 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.

6. 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

7. 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;
 - 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;

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

- 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.
8. 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 are being captured and embedded in the future model for services.

RSDATG

9. In Autumn 2021, the council submitted a successful bid to the RSDATG, a £23m fund designed to provide extra support for people sleeping rough with drug and / or alcohol needs to help them to recover and to rebuild their lives, and was awarded funding for a drug and alcohol outreach service for rough sleepers to be hosted by CGLSL. Initially, the funding was awarded for fifteen months between 1 January 2021 and 31 March 2022 based on an annual cost of £281,469.08 (pro-rata), but the council has subsequently received confirmation from OHID that the funding will continue until 31 March 2023, with a commitment within the new Drug Strategy for funding to be continued throughout the Spending Review period until end 2024-25.
10. The aim of the outreach team is to develop a strong drug and alcohol treatment presence on the borough's streets and work with existing rough sleeper services to assertively reach out to people sleeping rough and provide them with opportunities for treatment, including residential care.

General Practice Shared Care Opiate Drug Misuse Service

11. 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.
12. 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.

13. 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.
14. 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. Prescribing costs are met by the CCG's prescribing budget and not charged to the council. 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.
15. 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.
16. The current model of shared care in Southwark is not operating as effectively as it could be, as evidenced by a decline in numbers of over 70% since 2015-16 with a recognition that change is needed in order to increase general practice interest in delivering the services, and to offer more choice for stable opiate users in terms of OST prescribing and care.

Children and Young People's (CYP) drug and alcohol and sexual health (10-24 years)

17. 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.
18. 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.

19. 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.
20. 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.
21. 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.