Southwark NHS
Primary Care Trust

Date of Trust Board meeting:	21 January 2010
Name of Report:	Restructuring Drug and Alcohol Treatment Services in Southwark
Author(s):	Tony Lawlor, Substance Misuse Commissioner Southwark Drug and Alcohol Action Team Partnership (NHS Southwark)
Approved by (name of Director):	Sean Morgan, Director of Performance & Corporate Affairs
Audit trail:	The decision to consult was made at the 24 September 2009 Board meeting (paper F). The 26 November Board meeting noted that the consultation had commenced on 16 November and that two further variant options had been included following suggestions made by the Health Scrutiny sub-committee (paper B).

1 RECOMMENDATIONS

1.1 The Board is asked to consider the responses to the public consultation about the relocation of drug treatment services, which have been gathered through a variety of means including two public meetings held by the PCT, other meetings which the PCT has attended such as Camberwell Community Council and written responses received in response to the consultation document either in writing or electronically via the PCT website.

1.2 As noted in the initial report this is a supplementary report setting out the full list of responses received, and summarising all the responses received following the closure of the consultation on 15 January. Some of the written responses are attached as an appendix, including those from local elected representatives, the Health Scrutiny sub-committee, joint letter from Blackfriars Road residents groups and the National Treatment Agency.

1.3 The recommendation is that the Board proceeds with option 3 namely:

- Locating the specialist treatment service provided by SLAM at CDAT, Blackfriars Road and locating the Integrated Offender Management Service at Marina House

Supplementary Report to NHS Southwark Board on the Consultation on Restructuring Drug and Alcohol Treatment Services

1. Respondents

The number of responses received was relatively low given the level of activity undertaken to promote the consultation. However, the range of respondents was quite broad and consisted of:

- Cllr David Noakes and Simon Hughes MP, responding as elected Lib Dem representatives
- Rt Hon. Tessa Jowell, MP
- Service users at Marina House (9)
- Blackfriars Road area residents
- The National Treatment Agency
- Attendees at public meetings (5)
- Anonymous respondents to the online questionnaire (9)
- Anonymous respondents to the questionnaire within the consultation document (8)
- Southwark Health and Adult Care Scrutiny Sub-Committee

2. Nature of the Responses

Responses focused largely on the impact of the proposals on service provision and on the wider community.

Service Provision Issues

Concerns over service provision issues focused almost entirely on proposals to centralise at CDAT. These were expressed mainly by service users and elected representatives. It should be noted that, as best as we can ascertain, no responses were received from CDAT service users.

The major concerns were:

- Service users in the south of the borough would find accessing CDAT more difficult
- Services users at Marina House had easy access to other health services at Kings College Hospital.
- There was a very different culture between service users at CDAT and those at Marina House and this could lead to conflict.
- Service users would receive reduced quality of care. This was because of the perception that specialist services would have less time to see them and GPs would not have the skills to provide effective treatment.

Some respondents also expressed concern at the proposed closure of the self-referral system at both SLAM sites, although this was not part of the consultation as it was previously agreed as part of the Primary Care Strategy.

The implementation of a new Integrated Offender Management service would require various logistical and practical issues to be satisfactorily resolved, including the allocation of the Home Office grant of £98,000 for capital work, on which the PCT would need to liaise with it's partners in the Safer Southwark Partnership.

There was some support for the view that funds should be found from elsewhere in NHS Southwark and support across the board for the view that funding should not be taken from alcohol services.

The Wider Community

The most commonly expressed community concern was that the proposals would lead to an increase in crime and anti-social behaviour. Linked to this was the perception that footfall would increase on both sites because all SLAM clients would be focused on one site and the Integrated Offender Management Services would generate high levels of activity at the other. These, in turn, were perceived as leading to a decreased quality of life for local residents.

Local residents and elected representatives also expressed a number of concerns about proposals to increase GP involvement in the management of drug and alcohol clients. These included:

- The impact on GP time and availability.
- The safety of other patients.
- The ability of GPs to provide appropriate treatment for drug and alcohol clients.

Respondents also indicated that, irrespective of the option chosen, local services should ensure ongoing involvement and engagement of local residents and elected representatives.

Other Issues

A number of respondents including local residents, elected representatives and the National Treatment Agency, supported the development of satellite services.

It was also acknowledged that finding a central site, as per Options 5 and 6, would prove very difficult, and respondents did not identify any potential sites.

3. Summary

The consultation has enabled the PCT to receive and consider a range of views on the issues relating to managing drug and alcohol misuse in Southwark. A number of themes have arisen from this and will be addressed here.

Issues Raised in the Consultation	Reflections on the Impact of Each Issue on the Options and Possible Mitigation
Service Provision Issues	
Service users in the south of the borough would find it more difficult to access CDAT.	Not all SLAM service users will be expected to travel to CDAT for their treatment. Clients who are vulnerable or unable to travel will be managed at a local satellite clinic; this may even be at Marina House. Prior to this, a full assessment of clients would be undertaken in order to accurately assess the level and nature of demand.

	Clients who do not need the high level of specialist support provided by SLAM will be managed in 'shared care' services; that is, medical management by GPs with nursing and psycho-social support from substance misuse services.
Marina House offers easy access to other health services at King's College Hospital and the Maudsley Hospital.	It is recognised that some service users may be inconvenienced by a move. However, vulnerable or complex clients who are likely to be in need of such services will continue to be managed in that locality.
There are two very different service user cultures at CDAT and Marina House and this would lead to conflict.	It is impossible to guarantee a lack of conflict between regular users of any service. This occurs to a greater or lesser extent in many services and policies and protocols for managing this are in place. It may be that this particular concern is also generated by the belief that the entire caseloads of Marina House and CDAT will be seen in the one premises. This is not the case; as mentioned earlier, a significant number of clients from both sites will be managed elsewhere.
Service users would receive reduced quality of care because SLAM workers would have an increase case load.	As stated above, not all service users will continue to be managed within SLAM services. Therefore SLAM workers caseloads will not increase beyond current levels.
Service users managed by GPs would receive reduced quality of care because GPs do not have the same level of skill as workers in specialist services. SLAM patients with alcohol problems receive 45 minutes of counselling. This length of time would not be offered at GP practices.	A number of people with drug and alcohol problems are already managed by GPs, not least because some of them prefer that. Local GPs have a significant level of skills in the management of substance misuse. This includes a number who have undertaken specialist training organised by the Royal College of GPs: 23 practices in Southwark have at least one GP who has undertaken this. Additionally, SLAM's Community Liaison and Advice Service (CLAS) provides specialist nursing to GPs managing substance misuse clients. The Kappa Project, a third-sector substance misuse service also provides

	psycho-social support to GP practices. CLAS will also provide counselling to alcohol clients seen at GP practices, where these practices do not provide their own counselling facilities. These sessions will be of the same duration (45 minutes) and style as those offered within SLAM. Alcohol clients whose problems require more complex intervention will be referred to either Marina House or CDAT.
Service users managed by GPs would receive reduced quality of care because GPs would not have enough time to manage this increased caseload.	This concern suggests that substance misusers are not already part of their local GPs caseload. This is not the case: substance misuse clients have wider health needs like any other section of the population and they will attend their GPs to receive this. Furthermore, GPs will only take on this additional workload by agreement.
The system whereby substance misusers can refer themselves to either SLAM or CDAT should be not withdrawn.	This proposal was consulted on as part of the Primary Care Strategy and forms part of the strategy to ensure that SLAM's specialist staff are freed up to undertake specialist work. This reflects general practice is other health areas; specifically, that patients do not self-present to specialist services in the first instance but are assessed elsewhere first to ensure the appropriateness of the referral. Current figures on self-referrals to SLAM services also show that the majority of these are subsequently referred back to General Practices and voluntary sector drug services for management. Drug and alcohol misusers will have a number of other community-based access points to treatment and care, including 23 General Practices with specially trained GPs and three voluntary drug services. It should also be noted that provision will be in place for immediate access for vulnerable clients.

Community Issues	
There will be a general reduction of quality of life for local residents. This would be as a result of increased footfall and levels of crime and anti-social behaviour around sites.	It is acknowledged that anti-social behaviour has been an ongoing concern of local residents. However, it should also be noted that efforts have been made to address this in the past, with considerable success and there is no reason why this should not continue in future. It may be that current concerns have been exacerbated by perceptions of increase footfall and the nature of clients attending the Integrated Offender Management Service. In terms of increased footfall, it remains our view that this is unlikely to increase as increasing numbers of clients are managed off-site. In terms of the nature of clients attending the IOMS, it should be noted that there has been no documented increase in levels of crime or anti-social behaviour in the vicinity of other criminal justice programmes such as the REACH project in Badsworth Road. There is a strong argument to suggest that crime and anti-social behaviour is likely to fall in the vicinity of these projects since clients attending face considerable sanctions – including imprisonment – for any misdemeanours. The PCT will continue to work with Council community safety teams to address concerns on the incidence of anti-social behaviour
Transferring the management of drug and alcohol clients to GPs will overwhelm GP practices. Transferring the management of drug and alcohol clients to GPs will compromise the safety of other patients.	The transfer of drug and alcohol clients to General Practices is undertaken as part of a planned programme of rehabilitation and always with the consent of both the patient and the GP. There is no reason to presume that drug and alcohol clients present any risk to the safety of other patients. As previously noted, drug and alcohol clients are already registered with GPs, thus they already make up a part of the caseload of most GP practices.

Funding Issues	
Additional funding should be found from elsewhere. Funding should not be taken from alcohol services.	NHS Southwark works within the context of considerable financial pressures: this year the PCT is already having to find approximately £20m of savings to meet its requirement to breakeven and for 2010/11 the current plans require additional savings of approximately £18m. Therefore, there is no readily identifiable source of additional funding. Concerns in relation to the funding of alcohol services seem to have arisen at least in part from a reported statistic that there has been a 500% increase in the death rate from chronic liver disease. In fact the nationally published data shows that in 2008 (the latest year for which data has been published) the mortality rate in Southwark had decreased, was at its lowest level for 15 years and was lower than the national average. The mortality rate is still of concern and that is why NHS Southwark and it's partners have taken measures to address the problem, including targeted interventions with young people, and developing screening and brief interventions within GPs and increased detoxification services within primary care
Only one of the options offered would achieve the required savings of £340,000.	Options 2, 3 and 4 could achieve required savings of £340,000 but, in every case, with different effects on service provision. For example, Option 2 would require that the costs associated with operating two sites would need to be offset by cuts to staffing levels. Options 4 and 5 could achieve similar savings but would be dependent upon finding appropriate premises. Option 3 was identified as the preferred option because it was felt that this offered the best opportunity to maintain service capacity and effectiveness.

The PCT wishes to assure residents that their voices are being heard and their concerns addressed. Thus the various calls for greater resident and local representative involvement in service delivery should be heeded and actioned by the PCT as commissioner and by local services. These calls represent a welcome opportunity for a greater community engagement on the management of drug and alcohol misuse in Southwark.

4. RECOMMENDATIONS

4.1 The Board is asked to consider the responses to the public consultation about the relocation of drug treatment services, which have been gathered through a variety of means including two public meetings held by the PCT, other meetings which the PCT has attended such as Camberwell Community Council and written responses received in response to the consultation document either in writing or electronically via the PCT website.

4.2 The recommendation is that the Board proceeds with option 3 namely:

- Locating the specialist treatment service provided by SLAM at CDAT, Blackfriars Road and locating the Integrated Offender Management Service at Marina House

Appendix A

Selected responses are attached from the following:

- Cllr David Noakes and Simon Hughes MP, responding as elected Lib Dem representatives
- Rt Hon. Tessa Jowell, MP
- Blackfriars Road area residents
- Southwark Health and Adult Care Scrutiny Sub-Committee
- The National Treatment Agency