

THE RE-STRUCTURING OF DRUG AND ALCOHOL SERVICES

**Consultation on the
Restructuring of Services in
Southwark**

FOREWORD

As with other health services, drug treatment services are subject to regular review to ensure they are meeting local need in the most effective and economical way possible. Various issues - such as new treatment options, new funding arrangements and changing patterns of drug use - are constantly emerging and our challenge is to ensure we address these appropriately and efficiently.

Sometimes these issues can be addressed with little or no re-organisation of services but on other occasions more significant changes are required. Such is the case with the current proposal.

This proposal is made within the context of a broader model of drug treatment delivery, which is described later in this document. We believe this model will allow us to address current and anticipated future challenges in the drug misuse field without reducing the standards or availability of treatment services.

A key concern of the proposed re-structure is ensuring that we are able to provide effective treatment to all those who need it in line with national standards and guidelines. We feel that this is best achieved by the measures outlined later in this document.

We recognise that any form of service change generates concerns amongst service users and also within the wider community. For this reason we are committed to addressing these through open and meaningful engagement with all those affected. This document sets out how we intend to go about this. It also sets out the issues that have influenced our thinking on this matter. A more detailed explanation of the factors influencing the provision of drug treatment in Southwark is set out in the document 'A Partnership Approach: The Provision of Treatment for Drug and Alcohol Misuse in Southwark'. This is available on the NHS Southwark website.

By the end of this consultation process we hope that everyone – service users, service providers and members of the local community - will feel that their voices have been heard. And, just as importantly, that those

voices have helped us achieve our goal of providing a service that is accessible, appropriate and responsive to local needs.

Dame Donna Kinnair
Director of Nursing and Commissioning
Southwark Health and Social Care

November 2009

SUMMARY

This is a Consultation Document on the future of drug treatment services in Southwark. The document describes the model for the delivery of drug and alcohol treatment services in Southwark and the current issues affecting its implementation. It then outlines current proposals, with a preferred option for addressing these issues, and seeks views on the proposed approach. It also seeks to identify any concerns and suggestions you may have so we can address them.

Central to this consultation is the proposed reorganisation of South London and Maudsley (SLaM) NHS Foundation Trust's specialist drug and alcohol treatment services and the establishment of an Integrated Offender Management Service.

The document concludes by identifying a number of possible options for moving these issues forward then describes the process by which consultation will be undertaken.

BACKGROUND

Southwark's priorities for drug and alcohol treatment reflect the government's national goals of reducing drug-related crime and anti-social behaviour and improving health and social outcomes for the individual and the wider community.

In 2008, a national study matching data from the Police National Computer and the National Drug Treatment Monitoring System showed that the number of offences committed by substance misusers almost halved after starting treatment. Criminal or malicious damage was down 75%, crimes of violence: e.g. robbery were down 57%, motoring offences (including car theft) were down 63% and soliciting and prostitution was down 62%.

A study by York University has shown that for every £1 spent on treatment the community receives the equivalent of £9.50 in benefits such as un-committed crimes.

In Southwark, treatment can also be seen to bring about reductions in a range of anti-social behaviours including drug dealing, drug-related prostitution, begging and street drinking when linked to other cross-agency initiatives such as the Crack House Protocol and Designated Public Place Orders.

D is a client at one of SLaM's Southwark drug and alcohol services.

"I have been on and off drugs and alcohol since the age of 16. I am now 48 years old.

Five years ago my life was in a right mess: I was addicted to Heroin and Crack, using about three £20 bags of Heroin and as much Crack as I could get a day.

It was starting to get hard to obtain the money for my addiction as I didn't want to commit crime anymore. I was behind with my rent and facing eviction, my relationship with my family was declining, my health was in a poor state. So I decided to seek help and go into treatment.

It was a good decision to make; my life is now very different. I have got back on my feet, I have been abstinent for over three years, I have learned new skills, gained some qualifications and am now starting to think about returning to work."

There are also less noticeable long-term benefits that come from the holistic approach taken by drug treatment services. Reintegrating the individual into the community is seen as a crucial element of any successful drug treatment programme. Issues such as housing, employment, parenting and other relationships may all be included in an individual's care plan, stabilising not only the individual but also their social networks.

Strategic Objectives

The strategic objectives for substance misuse services are:

- Increased access to effective and responsive treatment across the borough.
- Effective engagement of problematic drug users (that is, users of opiate and/or crack) in treatment.
- Increased management of straightforward cases by primary care services where this is appropriate.
- Ensuring the safety of service users, staff and the local community.
- Ensuring best value for money in the current economic climate.

- Reducing the level of crime and anti-social behaviour within the community.

Current Service Provision

Within the borough, drug and alcohol misuse is managed across a range of specialist and generalist agencies in both the public and the voluntary sectors. These services include structured community-based programmes such as counselling and methadone maintenance, informal community-based programmes such as needle exchange and advice and information services, and in-patient services such as hospital-based detoxification programmes.

Southwark Substance Misuse Service Model

The overall model of service delivery has three main strands. These are:

- The Substance Misuse Primary Care Strategy
- Services for Clients Referred Through the Criminal Justice System
- Services for Clients with Complex Drug and Alcohol Problems

The Substance Misuse Primary Care Strategy

The Primary Care Strategy was developed following extensive consultation with service users and other key stakeholders including the Substance Misuse Service Users Council and Southwark Local Medical Committee in 2008/09.

It seeks to achieve a better fit between client need and service provision. In practice this usually means ensuring that the clients with less complex drug and alcohol problems are cared for in General Practice with support from a primary health and social care team. This provides the opportunity for the client to receive their care closer to their home. It also seeks to ensure that clients with drug or alcohol problems are treated in the same way as clients with any other health problem. 50% of Southwark's GP practices currently provide treatment to people requiring drug treatment, and the intention is that this will increase to 60% or higher when the strategy is fully implemented.

The first stage in the consultation process was the development of a draft primary care model. This model had at its core a multi-agency assessment team that would be located at a specific site somewhere in Southwark.

Initial discussions around this model led to some modifications; in particular, the abandonment of the multi-agency assessment team. The new model focused instead on the identification of specific 'gateway' services where drug or alcohol users seeking treatment would present. These services are Foundation 66 (formerly ARP), Kappa, Evolve and General Practitioners.

This revised model was subject to a further period of consultation and final amendments made in response to feedback.

Clients who would be cared for in primary care services (GP surgeries or non-statutory agencies) are likely to be stable, attending regularly, have limited illicit drug use on top of their prescription drugs and would be actively addressing their social needs (such as employment, training and housing.)

Services for Clients Referred Through the Criminal Justice System

The proposed model for the management of criminal justice clients is an Integrated Offender Management Service (IOMS). This is a single-site service that would house not only substance misuse services but also partner agencies. These would include the police, probation, the Prolific and Other Priority Offenders (PPO) Team, and the Diamond Initiative Team – a multi-agency initiative that seeks to break the cycle of re-offending by coordinated interventions with repeat offenders.

This reflects both local thinking and national initiatives such as the Home Office's Integrated Offender Management scheme and the Ministry of Justice's Diamond Initiative.

Suitable premises are yet to be identified for the IOMS, which has been a long-standing problem.

Clients who would be cared for in criminal justice services will be:

- Those referred by the courts for treatment after they have committed 'trigger' offences (i.e. offences such as theft where there is strong evidence to suggest they were committed as a result of drug use)
- Those ordered to attend treatment following conviction for a range of mainly acquisitive offences (on Drug Rehabilitation Requirements).

- Those being managed by the Prolific and Other Priority Offenders Team.

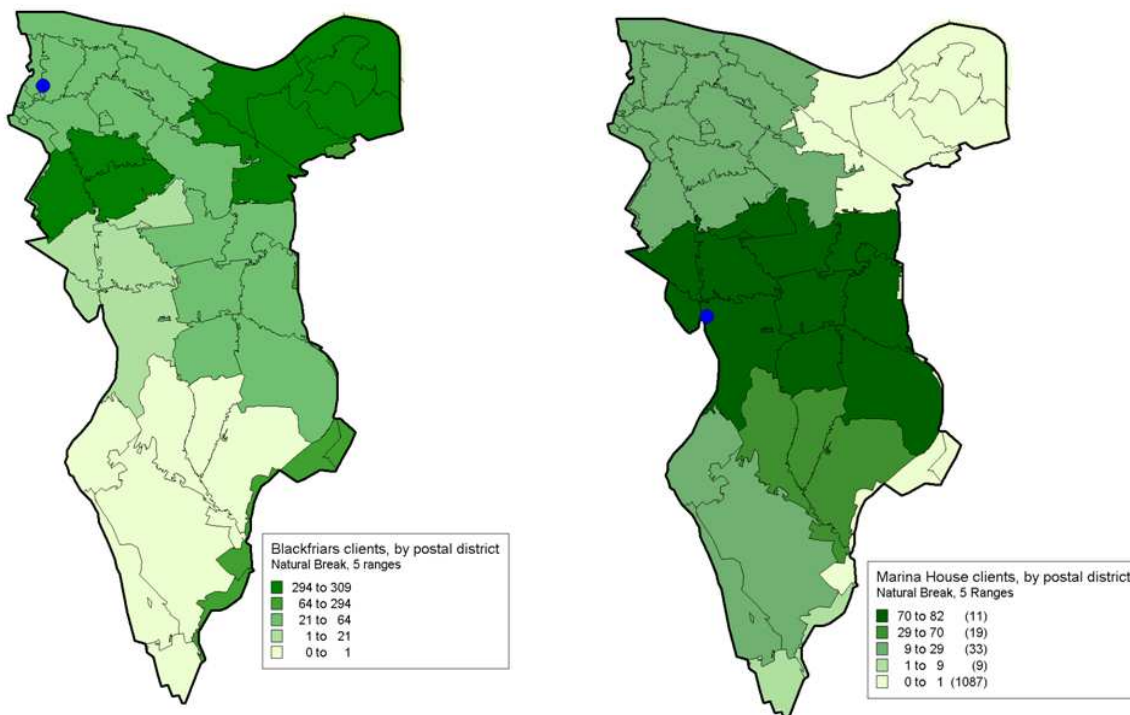
Services for Clients with Complex Drug and Alcohol Problems

Clients that do not fit into either of the above groups – generally because their problems require more specialist treatment - receive their care from specialist Addictions services within the South London and Maudsley (SLaM) NHS Foundation Trust. These are currently located at Marina House in Camberwell and the Community Drug and Alcohol Team (CDAT) on Blackfriars Road.

Both Marina House and CDAT existed before the creation of the SLAM. CDAT was established in 1990 as part of the Lewisham and Guys Health Service. Marina House was established around the same time as part of what was then the Bethlem and Maudsley Health Service.

In 1999 the two Health Services were merged as part of the creation of SLAM but Marina House and CDAT continued to operate from two separate sites. The map below indicates the areas from which both services draw their clients.

Distribution of Clients by Postcode for Existing Services



Postcode	Marina House (%)	Blackfriars CDAT (%)	Overall (%)
SE 1	5.3	27.2	18.0
SE 4	0	2.5	1.5
SE 5	25.0	2.2	11.8
SE 8	0	4.8	2.8
SE 11	6.1	1.6	3.5
SE 14	0	3.9	2.3
SE 15	29.0	4.8	15
SE 16	1.6	23.5	14.3
SE 17	4.2	22.9	15.0
SE 19	5.0	0.0	2.1
SE 21	3.2	0.0	1.4
SE 22	10.8	0.6	4.9
SE 23	0.9	3.2	2.2
SE 24	8.1	0.0	3.4
SE 26	0.7	2.7	1.9

53.6% of all SLaM clients live in the CDAT catchment area

CHALLENGES TO THE DELIVERY OF DRUG AND ALCOHOL TREATMENT SERVICES IN SOUTHWARK

The implementation of Southwark's drug and alcohol treatment model has been affected by a number of issues in recent times. These include the introduction of a new national funding formula in 2008/09, which has led to a 4% reduction in central government funding, and difficulties in acquiring suitable local premises. Continuing difficulties in acquiring service accommodation are likely to lead to further funding reductions in future because it restricts the number of clients we can see.

These pressures have led to a review of current service structures to ensure that we can continue to deliver effective, high-quality service in the face of changed funding. In practice this means:

- Reorganising SLAM's specialist services
- Establishing the Integrated Offender Management Service
- Completing the rollout of the Primary Care Strategy.

WHAT WE ARE PROPOSING

In order to maintain service levels and standards we are proposing a service re-organisation based on:

- Basing SLaM's clinical staff from both Community Drug and Alcohol Teams in one site rather than the current two (the preferred site option being CDAT at Blackfriars Road with the remainder of the SLaM Specialist Teams being based at Marina House)
- Increased use of satellite clinics (that is, SLaM CDAT staff seeing clients in other locations such as hostels, general practices and third sector drug agencies).
- Increased use of community pharmacists for the provision of supervised dispensing services.
- The continuing referral of non-complex clients into primary care services as appropriate.
- Creating a new Integrated Offender Management service (the preferred site for this is Marina House in Camberwell)

We have identified a number of possible options for managing our current challenges. These are:

1) Making no changes to SLaM services and finding the savings elsewhere.

- Given that funding for substance misuse services is calculated largely on the number of crack or opiate users in treatment, savings would be sought from areas that do not affect this. In effect, this is likely to be alcohol-related programmes.

2) Maintaining SLaM services at both sites but downgrading provision.

- This would require staff redundancies to offset the costs of operating from two sites. Initial estimates suggest that this is likely to equate to a minimum of six full-time positions.
- Reduced staffing would affect capacity to provide 'satellite' clinics.
- This, in turn, would limit numbers in treatment and impact of subsequent funding allocation.
- Reduced staffing levels could also affect the safety of staff and clients of those services.

3) Locating all SLaM staff at CDAT and locating the Integrated Offender Management Service at Marina House (our preferred option).

- This would also involve making greater use of community pharmacies for dispensing of prescribed medication and the expansion of satellite clinics in hostels, general practices and third sector drug agencies.
- The precise location of new satellite clinics will not be known until such time as we have a clearer picture of client need.
- The overall aim is to ensure that ease of access is maintained to all service users and in particular those with mobility problems.
- At present a greater percentage of SLaM clients (53.6%) live in the North of the borough (nearer CDAT) than in the South.
- There are currently more staff in post at CDAT than Marina House so this option would mean fewer SLaM staff would be required to relocate.
- Locating the Integrated Offender Management Service at Marina House would place it closer to local Probation Teams.

4) Accommodating SLaM staff at Marina House and locating the Integrated Offender Management Service at CDAT.

- Once again, this option would include SLaM making greater use of community pharmacies and satellite clinics.
- A greater proportion of SLaM clients (i.e. those living in the north of the borough) would be affected by this move – in terms of reduced access.
- Larger numbers of SLaM staff would need to relocate.

5) Accommodating all SLaM staff at a new site that would be centrally located within the Borough and locating the Integrated Offender Management Service at Marina House.

- This option would also include SLaM making greater use of community pharmacies and satellite clinics.
- The advantage would be that the site would be equally accessible to all service users and staff across the borough.
- This option is dependent on finding a site that is both centrally located and acceptable to the local community. Historically, finding such premises has been extremely difficult.

6) Accommodating all SLaM staff at a new site that would be centrally located within the Borough and locating the Integrated Offender Management Service at CDAT.

- The same issues apply as per the previous option.
- However, this also raises the issue of what to do with Marina House, since the terms of its lease specifically state that it must be used for the provision of a drug treatment service.

Impact of Service Model Implementation

The following table is presented to give an indication of the likely impact on client numbers and local footfall if the substance misuse service model was fully implemented.

It should be noted that these figures are based on discussions with SLAM around one particular model, Option Three; that is, service delivery from CDAT and that Marina House accommodates the Criminal Justice service. It is likely that a similar pattern would apply for Option Four. However, detailed analysis of client or financial figures has not been undertaken for any other service configuration at this stage.

Current configuration								
Marina House site		Blackfriars Road site		Primary care sites		Satellite Clinics		Sub totals
Mainstream	300	Mainstream	280	Mainstream	200	Mainstream	50	830
Criminal Justice	0	Criminal Justice	180	Criminal Justice		Criminal Justice	40	220
Sub totals	300		460		200		90	1050
Proposed configuration								
Marina House site		Blackfriars Road site		Primary care sites		Satellite Clinics		Sub totals
Mainstream	45	Mainstream	335	Mainstream	300	Mainstream	150	830
Criminal Justice	230	Criminal Justice	15	Criminal Justice		Criminal Justice	40	285
Sub totals	274		350		300		190	1115

It should be noted that in the proposed model fewer clients would be treated at both Marina House and Blackfriars Road than in the current service configuration.

It should also be noted that high numbers of Criminal Justice clients are currently seen at Blackfriars Road only because there is no other site available to them. This arrangement is deemed unsatisfactory by all parties. The overall numbers of Criminal Justice clients are expected to increase because the new premises will offer a one-stop shop for clients, resulting in better overall management and retention of clients.

CONSULTATION

The consultation will run from Monday, November 16th 2009 until Friday, January 15th 2010.

NHS Southwark is consulting with the public and key stakeholders on the proposed options for service changes under the terms of the Health Act 2006.

We have a preferred option that we believe best meets the strategic objectives described on page 2 and we want to be honest about acknowledging this. However, no decision has been made yet and this is an opportunity for people to influence the decision-making process and we therefore seek your views on the preferred option and the other options described.

A paper will be presented to the PCT Board on the consultation responses and the PCT Board will make the decision on the way forward taking account of all views expressed during this consultation.

Key Stakeholders

- **Community**

In September 2009, SLaM presented their preferred option to Camberwell Community Council and councillors and residents of the Blackfriars Road area. NHS Southwark and SLaM have worked with the Councils Health and Adult Care Scrutiny Sub-committee to ensure that the consultation complies with consultation best practice. The consultation will be taken forward by the distribution of this document to a range of community groups, councillors, MPs and other key stakeholders as well as being posted on the NHS Southwark website.

We have sent this consultation document to a number of community groups including:

- Southwark Carers
 - Community Action Southwark
 - SE5 Forum
 - Local Tenants and Residents Associations
 - Blackfriars Settlement
 - Community Councils
- **Two public meetings** will be held, one in the North of the borough and one in the South.
- **Service Users**
Pre-consultation engagement has been undertaken with service users with the assistance of Southwark Substance Misuse Service User Council representatives to assess the viability of some options. This will now move to a formal consultation process. This document will be

distributed to service users via local treatment services and other organisations including:

- Southwark Substance Misuse Service User Council
- Southwark Local Involvement Network (LINK).
- Southwark Mind and User Council

Service User meetings will be organised in conjunction with, and on the advice of, Southwark Substance Misuse Service User Council.

Additionally, an oversight committee will be established with representatives of Southwark Substance Misuse Service User Council and Southwark LINK to oversee the implementation of the consultation process.

- **Other Service Providers**

We will also seek the opinions of organisations that provide other services to SLAM clients. These include:

- Blenheim CDP Drug Services
- CRI
- Foundation 66
- Lambeth, Southwark and Lewisham Local Pharmaceutical Committee
- Southwark Local Medical Committee
- St Mungos
- Southwark Social Services Substance Misuse Team

- **Staff Consultation**

This will be managed by SLAM.

- **Other stakeholders**

We will also seek the opinions of other stakeholders that work with NHS Southwark to deliver the National Drugs Strategy. These include:

- The Probation Service
- Metropolitan Police
- The National Treatment Agency

STAKEHOLDER FEEDBACK

We would like your views on the following questions:

- **Which of the six options listed above do you feel best meets the strategic objectives (set out on pages 8 and 9)? Please tick one box.**

- | | | |
|---|--|--------------------------|
| 1 | Making no changes to SLaM services and finding the savings elsewhere | <input type="checkbox"/> |
| 2 | Maintaining SLaM services at both sites but downgrading provision. | <input type="checkbox"/> |
| 3 | Locating all SLaM staff at CDAT and locating the Integrated Offender Management Service at Marina House (our preferred option). | <input type="checkbox"/> |
| 4 | Accommodating SLaM staff at Marina House and locating the Integrated Offender Management Service at CDAT. | <input type="checkbox"/> |
| 5 | Accommodating all SLaM staff at a new site that would be centrally located within the Borough and locating the Integrated Offender Management Service at Marina House. | <input type="checkbox"/> |
| 6 | Accommodating all SLaM staff at a new site that would be centrally located within the Borough and locating the Integrated Offender Management Service at CDAT | <input type="checkbox"/> |

- **Why have you chosen that particular option?**

- **For those respondents who believe option 5 or option 6 best meets the strategic objectives, is there a specific location that you would propose for the services?**

- **Is there any option that generates specific concerns or problems for you?**

- | | |
|--|--|
| 1 Making no changes to SLaM services and finding the savings elsewhere | |
| 2 Maintaining SLaM services at both sites but downgrading provision. | |
| 3 Locating all SLaM staff at CDAT and locating the Integrated Offender Management Service at Marina House (our preferred option). | |
| 4 Accommodating SLaM staff at Marina House and locating the Integrated Offender Management Service at CDAT. | |
| 5 Accommodating all SLaM staff at a new site that would be centrally located within the Borough and locating the Integrated Offender Management Service at Marina House. | |
| 6 Accommodating all SLaM staff at a new site that would be centrally located within the Borough and locating the Integrated Offender Management Service at CDAT | |

- **Why does this option (or options) generate concerns or problems for you?**

- **If the option generating specific concerns were to be implemented what action would you wish to be taken by the PCT and SLAM to address your concerns?**

It would also help us if you could provide the following information (which will be treated as confidential):

The first part of your postcode (e.g. SE1, SE5)

If you use either of the SLAM services, please indicate which one:

Blackfriars
CDAT

Marina
House

HOW TO RESPOND

Please send your responses to either our freepost address:

Tony Lawlor
Freepost RSCY-ACYH-CAZL
Southwark PCT
PO Box 64529
London SE1P 5LX

or complete the feedback form online at
www.southwarkpct.nhs.uk/get_involved.

Please ensure you send your responses to arrive no later than **Friday, January 15th 2010**.