DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		SUBSTANCE MISUSE SERVICES IN SOUTHAMPTON		
DATE OF DECISION:		22 FEBRUARY 2018		
REPORT OF:		DIRECTOR OF QUALITY AND INTEGRATION		
CONTACT DETAILS				
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STATEMENT OF CONFIDENTIALITY
Not applicable

BRIEF SUMMARY
In 2017/18 substance misuse services in Southampton were subject to savings of approximately £400,000 as part of the overall budget savings required. In January 2017 the Health Overview and Scrutiny Panel (HOSP) wrote to the Cabinet Member to express concern about the potential impact of the savings proposals on the health of a number of groups of Southampton residents, substance misuse service users amongst them. The HOSP has therefore requested an update on the following: • Progress on the development / commissioning of a model for substance misuse services in Southampton; • Proposals for the commissioning of services beyond 30th June 2019; and • Progress on the work outlined in the Drug and Alcohol Strategies 2017 – 2020.

RECOMMENDATIONS:		
	(i)	That the Committee notes the progress made in Substance Misuse following the re-development of services, commissioning service from 2019 and the Drug and Alcohol Strategies.

REASONS FOR REPORT RECOMMENDATIONS	
1.	To ensure that the HOSP has oversight of the way in which the proposals were developed, decisions made and implemented.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	Not applicable

DETAIL (Including consultation carried out)	
	Current substance misuse model in Southampton
3.	The Southampton Drug and Alcohol Recovery Partnership (SDARP) was re-designed in 2017 and services commenced on 1st July 2017. The Partnership now comprises four main contracts: A - **Drug and Alcohol Support and Health (DASH)** – A children and young

	people's service commissioned to deal with young people between the ages of 11 – 24 years. This service provides care co-ordination and structured interventions for young people experiencing problems with drugs and alcohol use. The provider for the service is No Limits. B - **Assessment, Review and Monitoring Service (ARM)** – Adult care co-ordination and recovery planning service. The service also provides clinical interventions such as prescribing, health assessments, harm reduction services and assessment and treatment for blood borne viruses. The provider for the service is Change Grow Live (CGL). C - **Southampton Alcohol Brief Interventions and Counselling service** – The service was commissioned to provide high volume, low intensity brief interventions and short term structured counselling for adults aged 18+ years experiencing a problem with alcohol use. The provider is CGL. D - **Psychosocial Intervention Service** – A service which provides individual key-work to service users and a wide selection of groups addressing substance misuse issues, abstinence and recovery. The service also provides a variety of structured activities aimed at enabling service users to adapt to a structured lifestyle, gain certificates and qualifications and build non substance using networks. The service has been particularly successful in this regard and more service users are attending groups than at any time previously. The provider for the service is Society of St James.
	Other services
4.	• **Purchased services** (includes detoxification, residential rehabilitation, personalisation, personal health budgets – administered by the ARM service). This is a sum of money provided for the purposes specified above. • **Supervised consumption** (Pharmacies). Community pharmacists provide a service to dispense, support and monitor the consumption of methadone and other medicine used for the management of opiate dependence. • **Pharmacy Needle Exchange** (Pharmacies). This service provides access to sterile needles and syringes, and a sharps container for the return of used equipment to promote safe injecting practice and reduce transmission of infections. It acts as a gateway to other services. The service is open to over 18 year olds only. • **Shared Care provision** (GP practices). Shared Care provision enable GP's to pick up the prescribing and monitoring of medicines/treatments in primary care, in agreement with the initiating specialist, for people who are stable and no longer require more intensive treatment. Care is provided by a Shared Care GP and the Shared Care liaison worker based in specialist substance misuse services. • **Alcohol Care Team** (specialist nurse service provided by UHS). The Alcohol Care Team (ACT) is a specialist nurse service established to provide a range of alcohol interventions for patients who have been admitted to the local general hospital (planned or unplanned) and whose health is affected by alcohol. Patients are referred to community services in order to complete any treatment commenced while in

	hospital. The CCG has recently enhanced the project funding to establish community in-reach into the hospital, which has led to a significant increase in the number of patients, identified and taking up longer term treatment in the community services. This has further been enhanced for a year to include extra care coordination in the community for the enhanced referrals. The outcome of these pilots will establish the on-going need and possible extension to include weekends.
	Local Performance
5.	**Alcohol use and health in Southampton -** Alcohol use has health and social consequences at an individual, family and wider community level. Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions; nationally annual alcohol misuse is estimated to cost the NHS and care about £3.5 billion a year and society as a whole £21 billion.
6.	Alcohol-specific mortality represents deaths from conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis. In the three year period from 2013 to 2015, 78 people in Southampton died as a direct result of alcohol misuse. This resulted in an alcohol-specific mortality rate of 13 deaths per 100,000 population. This puts Southampton slightly higher than the England average of 11.5 but one of the lowest rates amongst the city's comparator areas, although the calculated rates have large confidence intervals and so most of the differences between the comparator areas are not statistically significant. Alcohol-specific mortality has remained fairly stable since 2006.
7.	There were a total of 2,092 admissions to hospital as a result of alcohol-specific causes for Southampton residents in 2015/16 (the most recent national data available). This is significantly higher than the national average by about 400 admissions per 100,000 population. This is at the upper end of our city comparators. This has been identified within the Alcohol Strategy. The forthcoming Alcohol Strategy implementation group for the "healthy" theme will be investigating whether the higher admission rate represents good clinical practice, good coding and/or increased need.
8.	**Drug Use and health in Southampton -** Rates of drug uses are estimated nationally, based on health and crime data. The latest estimates indicate that Southampton has a similar rate of opiate and/or crack users (OCU) to England and most comparator Local Authorities. Opiate use without crack is also estimated to be similar to England and comparator authorities. The estimates are approximate and have large confidence intervals, i.e. the range within which the actual figure is likely to lay.
9.	There were a total of 488 hospital admissions with a primary or secondary diagnosis of drug related mental health and behavioural disorders amongst Southampton residents in 2015/16, a rate of 182.6 admissions per 100,000 resident population. This is higher than the national rate observed over the same time period of 148.4 admissions per 100,000 resident population. These admission rates represent a 38% increase since 2014/15. Further work with

	CCG colleagues is needed to look further at the psychiatric liaison teams within UHS and the links with our substance misuse teams within the City to ensure that our substance misuse teams are supporting people that are identified within UHS to access community services.
10.	**Drug Related Deaths -** Drug related deaths (DRD) in Southampton have increased, as has the national rate, again the confidence intervals on the data are high so there is a large margin for error in the figures. Public Health England (PHE) are currently investigating the possible causes of the national increase and are sharing good practice nationally to address the issue.
11.	Southampton's approach to Drug Related Deaths, in particular the universal availability of naloxone for opiate users and their carers, is regarded as particularly good practice. The local Drug Strategy Implementation Group for Prevention and Treatment has prioritised the reduction of drug related deaths and are implementing PHE guidance accordingly.
12.	**Successful completions and representations -** There are currently 941 service users in treatment in Southampton (Drug and Alcohol Highlight report January 2018), a slight decline from 1,000 in 2016/17. Numbers in treatment have largely been maintained (with slight fluctuations).
13.	Figure 1 below shows the number of successful completions since January 2015. The initial decrease in performance seen in July 2015 followed the recommissioning of services. Commissioners worked with service providers to address this and improve performance, this has led to improvements in early 2016, though performance is variable and has been tracking between 30-40% over the last 18 months. Following the budget reductions from July 2017 performance has remained relatively stable with slight dips in performance but when viewed alongside the performance of the previous 12 months this is not significant. We are working closely with providers to put robust improvement plans in place to improve the current performance.

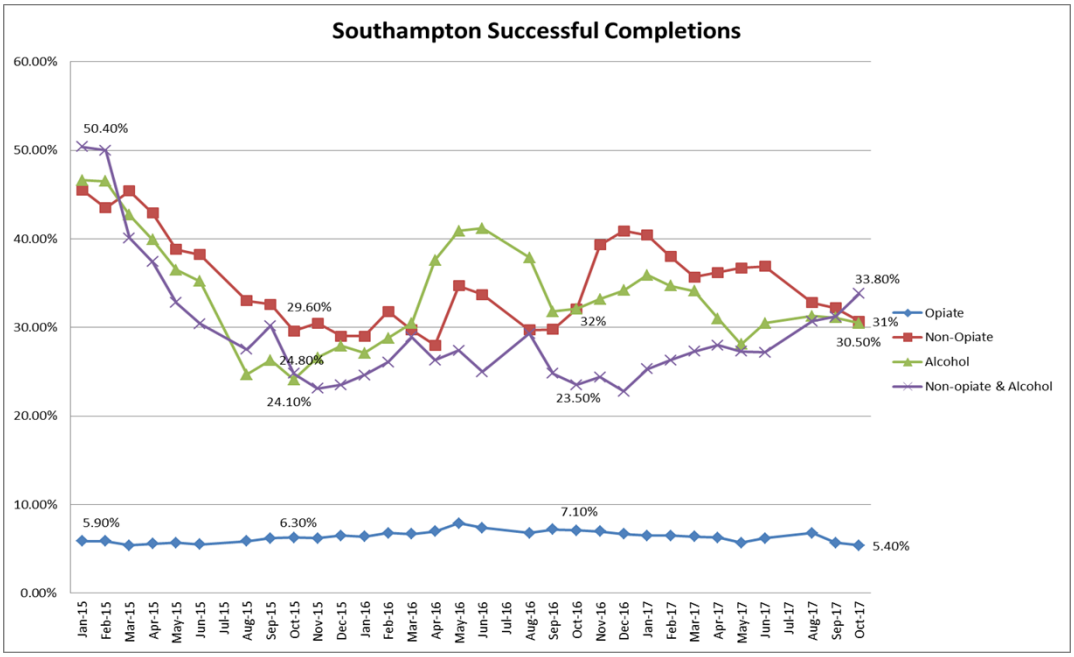
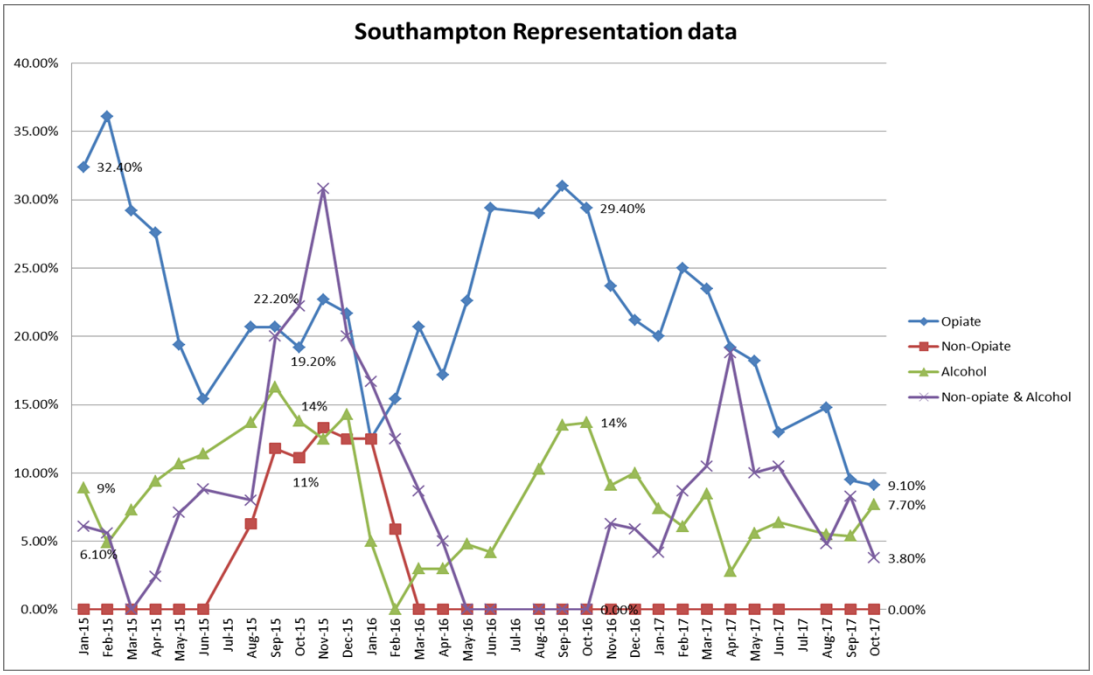


Figure 1

14.	Figure 2 below shows the number of representations for the time period as above. Although there have not been any improvements in successful completions there has been an improvement in representations, this indicator relates to the number of people that have had successful completions that have subsequently returned to services within six months. The fact that these numbers have been decreasing is an indicator that, although there has not been as many successful completions, those that we have had are remaining well enough not to need to come back to services and so is an indicator of the quality of the service. As this target tracks representations from people that were discharged within the last six months this data reflects performance primarily from the previous six months.  **Figure 2**
15.	The redesign of services from July 2017 aimed to bring together the functions of two separate contracts and allow savings to be made by reducing management, overheads and some frontline functions. This allowed for a minimum impact on the frontline services that are provided to patients.
16.	During the consultation for the savings Solent NHS Trust gave notice on their contract as they were not able to deliver the service in line with the contract value. This coincided with discussions about service change to make the savings and allowed for the current change in services to occur and the merging of functions and teams with the majority of savings being achieved from management and overhead reductions.
17.	Commissioners have continued to work closely with the providers to embed the new model of care and to mitigate the impact of this major change. In addition, the provider is currently in the process of recruiting a Service Improvement Manager for Southampton for a six month initial placement to implement a service improvement plan that has been put in place to improve performance, including the number of successful completions. Alongside the service improvement plan is the alcohol work within UHS, described above, and the increase in coordination post within the community, which is expected

<table>
<tr><td></td><td>to show an increase in successful completions in alcohol patients within the next few months.</td></tr>
<tr><td>18.</td><td>Recent contract reviews held between commissioners and provider organisations have highlighted that performance during quarter three shows some improvement.</td></tr>
<tr><td></td><td>Substance Misuse Review and Redesign of services</td></tr>
<tr><td>19.</td><td>The Integrated Commissioning Unit (ICU) commenced a full review of substance misuse services in December 2017. The review will be informed by the performance of the current commissioned services and intelligence from a wider source including both local and national performance targets, a refreshed needs assessment, best practise and successful comparator service areas. The findings will be used to inform future commissioning intentions.</td></tr>
<tr><td>20.</td><td>A period of engagement involving key stakeholders and those with lived experience is taking place between January and March 2018, enabling a draft service model to be developed during April, preparing for formal consultation (subject to Cabinet approval) from May – August 2018. A final proposal will be returned to Cabinet and Council in September or November with publication of new service expected no later than December 2018 to allow a new service to commence by 1 July 2019.
<table>
<tr><th>Activity</th><th>Estimated time period</th></tr>
<tr><td>Engagement period</td><td>January – March 2018</td></tr>
<tr><td>Seek approval to formally consult</td><td>March or April 2018</td></tr>
<tr><td>Collate feedback and develop draft service model</td><td>April – May 208</td></tr>
<tr><td>Formally consult on draft service model</td><td>May – August 2018</td></tr>
<tr><td>Collate feedback and refine the service model</td><td>Aug – September 2018</td></tr>
<tr><td>Seek approval to procure final service model design.</td><td>September or November 2018</td></tr>
<tr><td>Commence procurement</td><td>No later than December 2018</td></tr>
<tr><td>Mobilisation of new service</td><td>April – June 2019</td></tr>
<tr><td>New service commence</td><td>1st July 2019</td></tr>
</table></td></tr>
<tr><td>21.</td><td>Appendix 1 shows an overview of the review and redesign timescales and outlines the co-production and engagement elements through to the commencement of new services in July 2019.</td></tr>
<tr><td></td><td>Southampton Drug Strategy Update</td></tr>
<tr><td>22.</td><td>In October 2017 DCI Ben Chivers from Hampshire Constabulary was appointed to chair the Drugs Board. This is a small, multi-agency board with the mandate to secure the delivery of the Southampton Drugs Strategy 2017-2020 and sits quarterly, with the first meeting having taken place on November 1st 2017.</td></tr>
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23.	The Drug Strategy Board has developed a report dashboard and is developing work on the following priorities: • Engagement and Raising Awareness • Prevention and Treatment • Crime Disruption and anti-social behaviour A report on progress that was presented to the Health and Wellbeing Board recently, is attached as Appendix 2.
	Southampton Alcohol Strategy Update
24.	The Alcohol Strategy 2017-20 was developed in 2016 and approved by the Health and Wellbeing Board in March 2017. The strategy sets out the priorities for partners across the city to work on. The strategy supports the outcomes of the Health and Wellbeing Strategy 2017-2025, and the Safe City Strategy 2014-2017. It has been developed as an easy to read, high level document, which focuses on key priorities and actions.
25.	The strategy has three key priorities - Safe, Healthy and Vibrant: • Safe - reducing the impact on community and individual safety from antisocial behaviour, violence and crime. • Healthy - raising awareness of the risks of harmful drinking and helping people with alcohol problems. • Vibrant - alcohol consumption as part of the night-time economy and the regulated
26.	The strategy specifies a number of outcomes for monitoring. These have been compiled into a dashboard, which will be updated and reviewed annually by the steering group to inform action. A report on the progress of the Alcohol Strategy work is attached as Appendix 3. This update was presented to the last Health and Well-being Board.
RESOURCE IMPLICATIONS	
Capital/Revenue	
27.	None
Property/Other	
28.	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
29.	None
Other Legal Implications:	
30.	None
RISK MANAGEMENT IMPLICATIONS	
31.	None
POLICY FRAMEWORK IMPLICATIONS	
32.	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
1.	Substance Misuse timetable
2.	Southampton Drug Strategy Update
3.	Southampton Alcohol Strategy Update

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
Other Background Documents **Other Background documents available for inspection at:**	

Title of Background Paper(s)		**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**
1.	None	