

LEWISHAM FUTURE PROGRAMME – SAVINGS REPORT APPENDICES – SEPTEMBER 2015

APPENDIX 8 – SAVINGS PROPOSALS FOR SCRUTINY, SECTION K

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Section K: Drugs and Alcohol Service

K4: Public Health – Drug and Alcohol Services

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1. Savings proposal	
Proposal title:	Public Health – Drug and Alcohol Services
Reference:	K4
LFP work strand:	Crime reduction/ Drug and Alcohol Services
Directorate:	Community Services
Head of Service:	Danny Ruta / Geeta Subramaniam-Mooney
Service/Team area:	Public Health
Cabinet portfolio:	Community Safety and Equalities
Scrutiny Ctte(s):	Healthier Communities / Safer Stronger Communities

2. Decision Route			
Saving proposed:	Key Decision Yes/No	Public Consultation Yes/No	Staff Consultation Yes/No
a) reduction in budget across a range of services	Yes	No	No

3. Description of service area and proposal
Description of the service area (functions and activities) being reviewed:
<p>LB Lewisham currently delivers and commissions a range of services to meet the needs of those with a drug and/or alcohol problem and to reduce harm to society as a whole.</p> <p>The service works to align with the ambition of Public Health England (PHE) to reduce health inequalities and the Government's Drug and Alcohol Strategies to increase the number of individuals recovering from addiction. It works to reduce drug and alcohol related offending as it is well demonstrated that cessation of drug use reduces re-offending significantly. This in turn will have benefits to a range of wider services and will help reduce harm in local communities.</p> <p>The National Drug Strategy 2010 puts a key focus on recovery. Whilst recognising that recovering from dependent substance misuse is an individual person-centred journey, there are high aspirations for increasing recovery outcomes. Drug and alcohol recovery systems are increasingly being geared towards the achievement of the following outcomes:</p> <ul style="list-style-type: none"> • Freedom from dependence on drugs or alcohol • Prevention of drug related deaths and blood borne viruses • A reduction in crime and re-offending • Sustained employment • The ability to access and sustain suitable accommodation • Improvement in mental and physical health and wellbeing • Improved relationships with family members, partners and friends • The capacity to be an effective and caring parent
Saving proposal
<p>An overall saving of £390,000 will be delivered by 2017/18 through a combination of demand management and service reductions.</p> <p>In 2016/17 £50,000 saving will be delivered through reducing the contractual</p>

3. Description of service area and proposal

payments to pharmacies for the supervision of the consumption of methadone (Heroin substitute) and ensuring that no-one has their consumption supervised for longer than necessary and the reducing costs related to needle exchange provision.

Under a supervised consumption regime an individual will be physically supervised (watched) by the pharmacist while they take their methadone – this is to make sure that it has been taken and not stored up for a bigger hit or sold on the streets. This is a vital service for chaotic clients but is not always necessary for those who are relatively stable when they start treatment or move to stability relatively quickly.

The supervision of methadone consumption is designed to reduce risk of overdose and promote recovery but it is considered possible to reduce costs through contractual negotiations with pharmacies and ensuring they only supervise consumption where necessary rather than for 12 weeks as standard.

Overall, more effective risk assessments and targeted support to help people towards early recovery from opiate dependence may also reduce actual prescribing costs. The remaining £340,000 will be delivered by March 2017 through the re-procurement of the main drug and alcohol service (currently provided through CRI) and through greater use of community rehabilitation (rather than expensive residential services).

4. Impact and risks of proposal

Outline impact to service users, partners, other Council services and staff:

The overall reduction of investment may lead to the introduction waiting time for services. This is due to the cumulative effect of year on year funding reductions since 2012.

The reduction in capacity may also mean that drug and alcohol services are less able to respond to specific requests from the council and partners e.g. the provision of outreach services to drug/alcohol hotspots e.g. street drinking areas.

Outline risks associated with proposal and mitigating actions:

If people are unable to access treatment for their drug and/or alcohol problems it is likely to lead them to continue to engage in harmful and/or illegal activity.

This will impact on their health and may lead to increased levels of crime and anti-social behaviour.

These potential impacts will be mitigated through a focus on triaging patients to ensure those with most acute need have rapid access to services and through working with GP surgeries to focus on universally delivered preventative services.

5. Financial information			
Controllable budget:	Spend £'000	Income £'000	Net Budget £'000
	4,903	(511)	4,392
Saving proposed:	2016/17 £'000	2017/18 £'000	Total £'000
a)	50	340	390
Total	50	340	390
% of Net Budget	1%	8%	9%
Does proposal impact on: Yes / No	General Fund	DSG	HRA
	Yes	No	No
If impact on DSG or HRA describe:	n/a		

6. Impact on Corporate priorities		
Main priority	Second priority	Corporate priorities 1. Community leadership and empowerment 2. Young people's achievement and involvement 3. Clean, green and liveable 4. Safety, security and a visible presence 5. Strengthening the local economy 6. Decent homes for all 7. Protection of children 8. Caring for adults and the older people 9. Active, healthy citizens 10. Inspiring efficiency, effectiveness and equity
9	4	
Impact on main priority – Positive / Neutral / Negative	Impact on second priority – Positive / Neutral / Negative	
Negative	Negative	
Level of impact on main priority – High / Medium / Low	Level of impact on second priority – High / Medium / Low	
Medium	Medium	

7. Ward impact	
Geographical impact by ward:	No specific impact / Specific impact in one or more
	No Specific Impact
	If impacting one or more wards specifically – which?

8. Service equalities impact			
Expected impact on service equalities for users – High / Medium / Low or N/A			
Ethnicity:	H	Pregnancy / Maternity:	L
Gender:	H	Marriage & Civil Partnerships:	
Age:	H	Sexual orientation:	
Disability:	NA	Gender reassignment:	
Religion / Belief:	NA	Overall:	H
For any High impact service equality areas please explain why and what mitigations are proposed:			
<p>Men are over-represented within the Lewisham treatment system, as are those from a white background and those aged between 25 and 50 so these groups are likely to be disproportionately affected by any changes in the treatment system.</p>			

8. Service equalities impact

An EAA will be required as part of the procurement of the new services and a full report to Mayor and Cabinet will detail the actions undertaken to reduce these impacts as far as possible.

Is a full service equalities impact assessment required: Yes / No Yes

9. Human Resources impact

Will this saving proposal have an impact on employees: Yes / No No

10. Legal implications

State any specific legal implications relating to this proposal:

All services are delivered via contracts which will require decommissioning/ recommissioning, reductions, negotiations

11. Summary timetable

Outline timetable for main steps to be completed re decision and implementation of proposal – e.g. proposal, scrutiny, consultation (public/staff), decision, transition work (contracts, re-organisation etc..), implementation:

Month	Activity
August 2015	Proposals prepared (this template and supporting papers – e.g. draft public consultation)
September 2015	Proposals submitted to Scrutiny committees leading to M&C on 30 September
October 2015	Consultations ongoing
November 2015	Consultations ongoing and (full decision) reports returned to Scrutiny for review
December 2015	Consultations returned to Scrutiny for review leading to M&C for decision on 9 December
January 2016	Transition work ongoing
February 2016	Transition work ongoing and budget set 24 February
March 2016	£50,000 savings implemented
May 2016	Tender process for new services begin
October 2016	Mayor and Cabinet report seeking permission for letting of the new contracts
March 2017	£340,000 savings implemented