

Health Improvement Service - Drug and Alcohol Rehabilitation Summary

(Appendices E and F refer)

Context

Lancashire has the second largest substance misuse (drug and alcohol) treatment system in England (based on numbers accessing) and has been classified in the most complex cohort by Public Health England.

Drug and alcohol rehabilitation services are mainly residential based programmes, with a small number of day programmes. Rehabilitation is an abstinence-based set of interventions to address the underlying causes of addiction in order to establish new ways of coping in real-life situations following community based treatment and possibly inpatient detoxification.

Rehabilitation services, often residential (though can be community based) form a critical part of the adult substance (drug and alcohol) misuse treatment system in Lancashire. Such services usually follow on from community treatment services and provide an intensive support package for individuals who struggle to achieve and sustain abstinence from community services only.

Lancashire County Council commission a range of rehabilitation providers against a standard service specification to ensure choice, accessibility and value.

Services were last commissioned in 2015-16.

The Lancashire and South Cumbria Integrated Care System is reporting significant pressures on mental health and A&E services due to drug and alcohol misuse demand, and are requesting that the commissioned drug and alcohol system to be more flexible and access to inpatient detoxification and rehabilitation services. This proposal will impact on the ability of the system to respond.

Alcohol specific mortality (2015-17) in Lancashire is higher than the England average (12.8 per 100,000/10.6 per 100,000).

Drug related deaths in Lancashire are significantly higher than the England average and have been rising since 2001; 2015-17 data showing 200 deaths at a rate of 6.0 per 100,000 compared to the England average of 4.3 per 100,000 (2001-03 rate was 4.4).

The proposal is to remodel drug and alcohol rehabilitation services through the service re-procurement including policy/threshold changes and to promote the uptake of community based drug and alcohol services. This is likely to lead to a minimum of 100 fewer placements per year.

Consultation

Lancashire County Council has undertaken a comprehensive consultation with a range of stakeholders to ensure views were sought on the proposal, to allow due consideration of the implications. The public, staff and partner organisations were

invited to give their views on the proposal to remodel drug and alcohol rehabilitation and save £675,000 from the budget. The consultation was promoted across Lancashire via partner organisations, community bodies and service providers. Electronic versions of the consultation questionnaire were available online through the LCC website, with paper versions by request.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019.

In total 38 public/service user consultation questionnaires and 27 organisation consultation questionnaires were returned.

Consultation workshops with service users, service providers and partner organisations were held between 4 March and 22 March 2019. In total, 95 people attended the workshops (50 service users, 14 staff and 31 service providers/stakeholders).

During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council and Morecambe Bay Integrated Care Partnership.

The detailed Drug and Alcohol Rehabilitation Consultation Report (Appendix E) has been developed from the consultation responses received.

Findings – Consultation Questionnaires

Key themes – Public/Service Users:

- 27 out of 37 respondents said that they disagree with the proposal.
- When respondents were asked how the proposal would affect them they most commonly said it will be detrimental to services users (13 respondents).
- When respondents were asked if there is anything else they think we need to consider or that we could do differently they most commonly said vulnerable people in society should be helped (seven respondents).

Key themes – Partner Organisations:

- 17 out of 27 respondents said that they disagree with the proposal.
- When respondents were asked why they agreed or disagreed with the proposal they most commonly said that we need to consider what is available for people with 'lower' needs (10 respondents) and prevention is the key to identify problems before they escalate (8 respondents).
- When respondents were asked how the proposal would affect their service and the people they support they most commonly said that a harder to access service will see the problem getting worse (eight respondents) and it will have a positive impact on their services and/or service users (six respondents).
- When respondents were asked if there is anything else they think we need to consider or that we could do differently they most commonly said the service needs to be structured well for it to be effective (six respondents) and it may make people more vulnerable in the long run (six respondents).

Findings – Consultation Workshops

- Both service users and staff raised questions/comments as to proposed 'targeting' of fewer rehabilitation places and criteria that would be used.
- Service users reported the value of an intense period of person centred approaches, therapies and programmes that rehabilitation offers. Rehabilitation allows services users to change by learning and developing coping skills and a greater understanding of their own behaviours away from negative influencing factors in their community.
- Stakeholders commented that the proposed budget reduction might negatively impact on family and communities. Service users and staff groups reported the benefits residential rehabilitation had to the family and wider community particularly the family intervention work, stopping intergenerational cycle of dependence and the impact on other lives and the wider community.
- For providers and service users there was an emphasis on how the potential impact of a reduction in rehabilitation services might impact on community drug and alcohol services and other public services such as social services (children & adults), criminal justice and health services. The concerns were around capacity, increased demands and costs that might be displaced.
- The majority of services users reported that residential rehabilitation prevented further harms such as drug/alcohol related deaths, tragedies, blood borne viruses, crime/victims of crime and hospitalisation.
 - There were concerns around capacity, increased demands and costs that might be displaced for community services as a result of the proposal.

Written submissions

Lancaster City Council and Morecambe Bay Integrated Care Partnership both submitted written statements expressing concern for the treatment of vulnerable individuals and the likely impact on wider services.

Summary

Although the consultation demonstrated a high degree of concern, in order to contribute to Lancashire County Council's commitment to achieving a balanced budget, the proposal is recommended, bearing in mind the following mitigation:

- Residential and non-residential rehabilitation services will be redesigned and recommissioned, recognising the opportunity to promote the uptake of community based drug and alcohol services and maximise utilisation of wider community assets.