

Drug and Alcohol Service Redesign – Consultation Report

August 2017

Introduction

Warwickshire's existing Drug and Alcohol service was last commissioned in 2011. Over the past 6 years there has been a significant change in the prevalence and demand for drug and alcohol support services, with new and emerging substance misuse patterns and an increasing number of people with complex needs.

In order to address these changing needs, Warwickshire wants to work closely with service users, their families and key partners within health, social care, housing, employment and the criminal justice system to develop a new Drug and Alcohol service. The new service will focus on delivering outcomes that positively impact on an individual's health and well-being and on those of society as a whole.

The recovery focused drug and alcohol service will continue to support local ambitions to reduce health inequalities, support people to make positive choices to improve health, wellbeing and family functioning.

This approach also supports Warwickshire County Council, Public Health vision. 'Through effective partnerships Public Health will focus on preventing ill health and prolonging life through the promotion, protecting and achievement of good health and wellbeing.'

To inform the proposed service model, Warwickshire County Council, Public Health has already undertaken the following work:

- Completed an update of local health profiles.
- Completed a full service review of the existing service.
- A review and refresh of the Drug and Alcohol Needs Assessment that included engagement and consultation with service users, their families, providers, practitioners and partners.

Through the One Organisational Plan 2017-20, the County Council describes how it will rise to the challenge of making Warwickshire the best it can be. Over the last three years, the council has delivered £92 million pounds of savings and is now faced with making further savings of £67 million. This means shaping the future of a very different County Council and different public service provision that can be afforded both now and up to 2020.

Within Public Health, there has been a 40% reduction in funding. The impact of these reductions will be significant and a challenge to achieve. In order to meet this challenge, many services will need to be redesigned and Public Health will need to do things differently but continuing to offer high quality and value for money services. We must also ensure that vulnerable citizens are supported and that services are as efficient and effective as possible.

We cannot do this alone and we are continuing to work closely with the public and our key stakeholders in the public, private and voluntary communities to open up a new conversation with us to find solutions and different ways of working.

Consultation process

A 6 week consultation process was undertaken which started on Monday 12 June and finished on Friday 21st July 2017. The aim of this consultation activity was to effectively

engage with people with substance misuse problems, their families and other key stakeholders on the proposed service model and ensure there were opportunities to influence and shape the new service.

The consultation process was framed around a set of draft service principles underpinning the proposed new service model which were developed following previous stakeholder consultation responses and feedback that informed the refreshed Drug & Alcohol Needs Assessment. Respondents were asked to indicate their level of agreement for each of the service principles and provide a rationale for their selected response.

A range of engagement methods were employed to maximise opportunities for existing service users, families and other key stakeholders to put forward their views, these included:

- Survey (both on line and paper format)
- Focus groups with existing service users (including adults, children and young people), their families and staff.
- Provider engagement event held on 14 June
- Face to face engagement with seldom heard groups e.g. homeless population
- Engaging stakeholders at planned local events and forums e.g Youth Parliament, Making Space Mental Health Service User forums and Domestic Abuse Meet & Eat 2017 Networking Event

Survey

A survey was developed as an accessible and generic version to support the wide range of potential respondents and was available on the council's *Ask Warwickshire* webpage. Paper copies of the survey were also made available with prepaid envelopes and ballot boxes at each of the 7 providers sites located across the county for service users, their families and staff to complete.

An email was sent out to all stakeholder organisations and agencies on the first day of the consultation period which included a hyperlink to the on line version of the survey. A telephone line and consultation email address were created for queries and those needing more support.

In total: **170** individual questionnaires were returned, with the majority of respondents (54%) completing the paper version of the survey, the remaining 46% of respondents completing the survey online.

Focus Groups

In total 20 separate focus groups were facilitated during the consultation period, see Table 1: Focus Group Breakdown below for breakdown of group attendees.

Table 1: Focus Group Breakdown

Engagement method	Numbers of attendees
Service user & family focus groups x 6	52
Staff focus groups x 5	44
Provider engagement event x1	35
Homeless groups – Nightshelter and Salvation army x 2	9
Youth Parliament meeting x 1	18
Making Space Mental Health Service User Forums x 4	21
Domestic Abuse Meet and Greet networking event x1	80
TOTAL	259

The total number of people engaged with through the above focus groups was 259. This number consisted of service users and family, as well as current provider staff and other vulnerable groups such as the homeless population.

Face to face engagement through the focus groups gave rise to unique opportunities to speak with those affected by Drugs and Alcohol first hand. It was ensured that the focus groups gave rise to a safe place for service users, family, staff and others to express their honest thoughts and feelings around the current service provision for Drugs and Alcohol, and what they hoped to see delivered in the future.

Commissioners and supporting officers felt this form of engagement was particularly valuable, and all views were considered as part of creating the service specifications.

Where possible and appropriate, shared consultation activities were carried out in conjunction with other Public Health commissioners who were also conducting consultation activity with similar time frames. This approach helped to avoid over consulting and duplication of engagement with similar stakeholders as well as provide an opportunity for Public Health to promote and share information on a range of services to a wider audience. Other consultation activities were undertaken and information shared on the various consultation processes in mobile and static libraries, community forums, hospital settings and other local community interest groups.

Stakeholder Meetings

A number of meetings were also attended during the consultation period including, Warwickshire Safer Partnership Board and CCG Members Engagement Meeting which included local GPs/Practice managers and nurses to raise awareness of the consultation and respond to any specific questions from stakeholders.

This consultation report provides further detailed analysis of the responses received during the consultation period together with a set of emerging key themes.

Profile of Respondents

For a full detail of all respondent profiles, please see Table 2: Respondent Profiles on the page 6.

It is really encouraging to note that of the 170 survey respondents the highest proportion (31%) was received from existing service users equating to 50 questionnaires, followed by

17% from members of the public and 13% from a range of local agencies or organisations (including health professionals such as GPs and criminal justice agencies).

Over half the survey respondents were female, with 42% of respondents aged between 45 and 59 years. In terms of respondents' geographical location, there was a reasonably even response from across the five county districts and boroughs, with the highest number of respondents residing in Warwick district (23%) and the lowest from North Warwickshire at 10%.

Table 2: Respondent Profiles

		Count	%
Gender	Male (including trans man)	73	45%
	Female (including trans female)	87	53%
	Other (including non-binary)	4	2%
Age in years	Under 18	14	9%
	18-29	7	4%
	30-44	52	32%
	45-59	68	42%
	60-74	20	12%
	75+	2	1%
Long standing illness or disability	Yes	35	22%
	No	126	78%
Ethnicity	White – English/ Welsh/ Scottish/ Northern Irish / British	149	90%
	White - Irish	3	2%
	White - Any other background please specify	1	1%
	Mixed - White and Black Caribbean	1	1%
	Mixed - Any other mixed background	1	1%
	Asian or Asian British - Pakistani	1	1%
	Asian or Asian British - Indian	5	3%
	Asian or Asian British- Any other background	2	1%
	Black or Black British - African	2	1%
Religion	Buddhist	2	1%
	Christian	68	42%
	Muslim	2	1%
	Hindu	3	2%
	Sikh	3	2%
	Other - please specify	5	3%
	None	65	40%
	Prefer not to say	15	9%
Sexuality	Heterosexual or straight	140	85%
	Gay or lesbian	6	4%
	Bisexual	7	4%
	Other	2	1%
	Prefer not to say other	10	6%
Do you consider yourself to be...	A service user	50	31%
	A provider	20	12%
	A clinical healthcare professional	13	8%
	A member of the public	27	17%
	Another healthcare professional e.g. working in local government	6	4%
	A family/friend/carer of a service user	12	7%
	An agency/organisation - please state	21	13%
	Other	13	8%
District/ Borough	North Warwickshire	16	10%
	Nuneaton & Bedworth	28	18%
	Rugby	22	14%
	Stratford-on-Avon	33	21%
	Warwick	36	23%
	Other- please state	22	14%

Section 1:1 – Service principles underpinning the proposed new Drug and Alcohol service model.

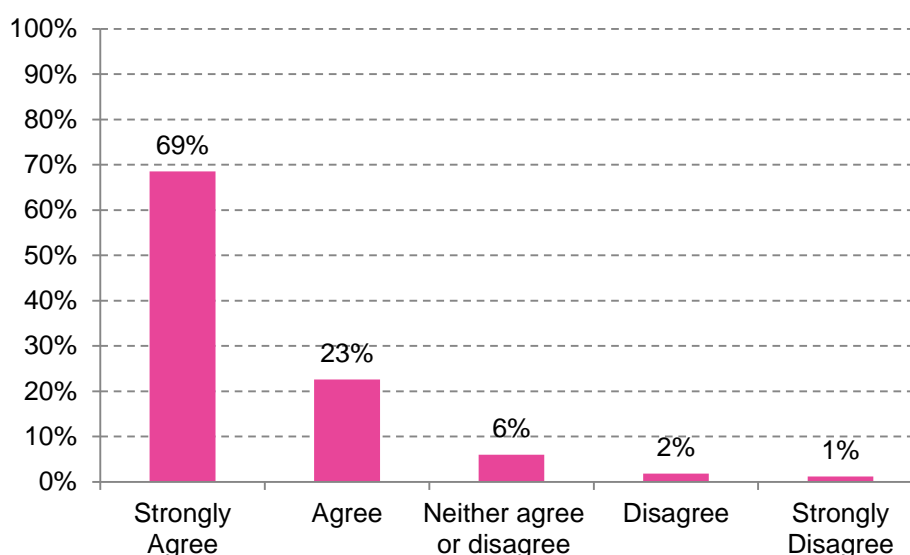
Service Principle 1:

We intend to develop community based, drug and alcohol recovery services for children, young people and adults, that includes support for families/carers.

We intend to develop a provider network where providers work together to support people across all ages to make positive choices to improve their health, wellbeing and family functioning.

Respondents were asked how strongly they agreed or disagreed with the service principle; 40% of respondents strongly agreed with the principle, followed by 23% who agreed.

Figure 1: Agreement level with Principle 1



Respondents were then asked the reasons for their chosen agreement level.

The following key themes emerged from the open-ended responses:

A number of respondents commented that it was important family services were provided as drug and alcohol addiction impacts not only on the addict but also on their families. It was felt such support should be given to people of all ages, including parents, siblings and children.

A number of respondents highlighted the need for more joined up working and supported the idea of a provider network.

Many respondents supported the notion of community based treatment.

What people in Warwickshire told us during the consultation:

“This will give children, young people and adults including families and carers support for addiction and recovery. This will be beneficial for families to encourage recovery. This will give children, young people and adults support to issue support to the person in recovery this will also help children to understand the illness/addiction rather than them feeling lost and suffering due to the addict's behaviour.” – A Service User

“I feel helping families as well as the addict is essential the addict is not the only one suffering and by educating the family members can only help the addict. Education from as early as possible is important.”- A family member/friend/carer of a service user

“The notion of a 'provider network' is particularly attractive as it is suggestive of the holistic approach which is essential for recovery.” – A Service User

“The service needs to be community based to enable appropriate access and success for the treatment services. A joined up partnership approach is the best way of achieving this principle.” – Another healthcare professional

Overarching themes were:

- There is a need for more early and ongoing help and support for families who play a key role in the service users recovery journey, and who also may need individual support themselves.
- A provider network would be hugely beneficial in allowing for more open communication, clear referral pathways and holistic approaches between providers.

What we will do:

- Provider(s) will develop and be connected through an all age collaborative operational network to support the development of and deliver:
 - more integrated partnership approaches and pathways,
 - prevention and early intervention offers across services
 - agreed behaviour change approaches that track and evaluate outcomes for individuals
- The new service will employ a whole family approach and not only support those with substance misuse problems but also provide a personal offer of support to families and carers.
- Assessment will take a whole family approach, addressing hidden harm and in particular the impact of drug and alcohol use on families and children, in line with national guidance and local safeguarding protocols

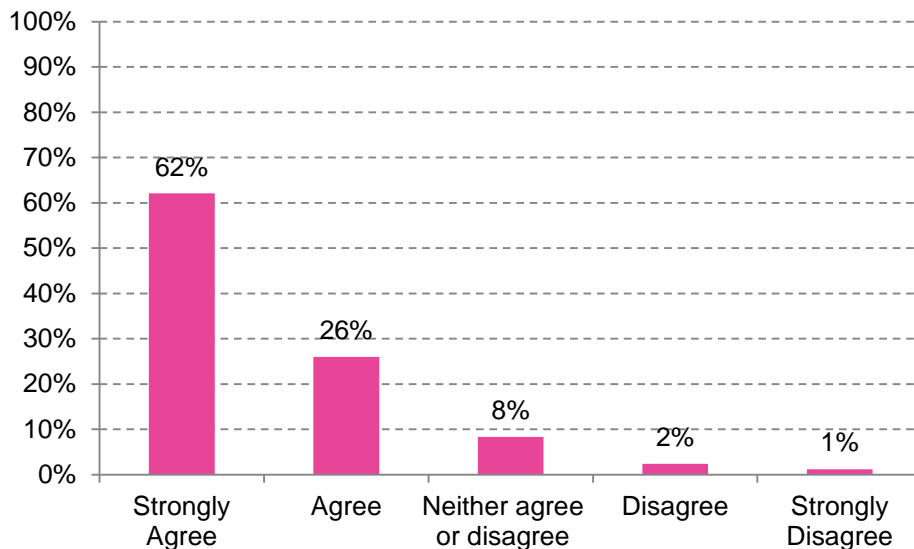
Section 1:2 – Service principles underpinning the proposed new Drug and Alcohol service model.

Service Principle 2:

We will seek to develop an effective countywide community partnership, with criminal justice, housing, employment, health and social care that will work together to support individuals using the service.

Respondents were asked how strongly they agreed or disagreed with the service principle; 62% strongly agreed followed by 26% who agreed. Only 3% of respondents strongly disagreed or disagreed with the service principle.

Figure 2: Agreement level with Principle 2



Respondents were then asked the reasons for their chosen agreement level.

The following key themes emerged from the open-ended responses:

Overall there were many responses outlining the perceived benefits of partnership working between the outlined services. Many respondents supported the need for effective partnership working and felt a holistic approach was vital in ensuring effective recovery. The need for partnership agencies to effectively communicate and to take responsibility for their role was also expressed.

A number of respondents expressed worries over partnership working with regard to effective communications and felt each organisation needed to take responsibility for their role in the service as a whole. Respondents also expressed reservations over funding.

Respondents highlighted that housing needs pose a big problem for individuals with a drug and/or alcohol problem, and that by helping addicts find suitable accommodation this will help aid recovery.

What people in Warwickshire told us during the consultation:

“It is vital that all areas communicate to offer a good overall backbone of support” – A Service User

*“A holistic approach is key to successful outcomes, particularly with diminishing resources.”
– A Local Authority Professional*

“I like the words 'effective'/ 'countywide'/ 'partnerships'. A national approach, in a partnership way, should result in another vital concept ... SHARING! Sharing experiences tried and tested useful interventions etc.”- A Service User

“For all the services to be linked would aid the person requiring help all round support instead of being passed from one to another to keep explaining their situation when they are in such a vulnerable place.” - A family/friend/carer of a service user

“Other areas are just as important to focus on such as housing because this could be the main reason for their substance misuse.”- A Provider

“There needs to be countywide agreements in place between districts regarding housing and the ability for one person with a drug or alcohol problem move to another district. Dedicated housing specifically for people in recovery is required.” – A Provider

Overarching themes were:

- Partnership working is important to incorporate a holistic and joined up approach to drug and alcohol treatment and recovery.
- Wraparound support after recovery should include the involvement of many partner organisations, including housing.

What we will do:

- Develop collaborative partnership working across all agencies and organisations including, health, social care, education, housing, employment, criminal justice and voluntary sector to provide wraparound support for people with drug and alcohol problems and their families.
- There will be a redesigned Drug and Alcohol Management Group led by the commissioners from partners closely involved in substance misuse to oversee joint progress across organisations, to the agreed integrated pathways. Currently, chaired

by the Director of Public Health, reporting to the Community Safety Partnership and the Overview and Scrutiny Committee.

- The new system will have robust local governance arrangements underpinning the strategic and operational delivery of the service to ensure that local priorities and service outcomes are being met.

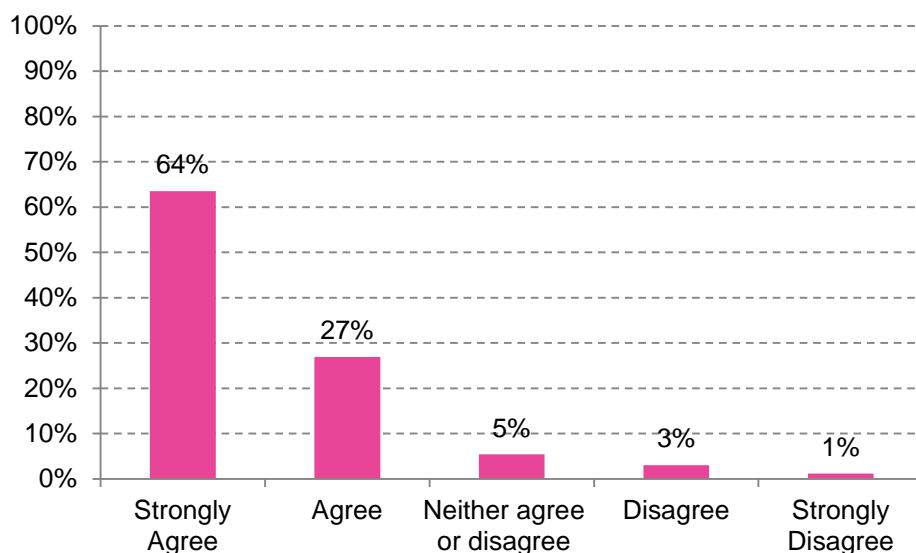
Section 1:3 – Service principles underpinning the proposed new Drug and Alcohol service model.

Service Principle 3:

We will offer a range of timely and accessible information and advice to support families and carers of people with drug and alcohol issues.

Respondents were asked how strongly they agreed or disagreed with the service principle; 64% strongly agreed followed by 27% who agreed. Only 4% of respondents strongly disagreed or disagreed.

Figure 3: Agreement level with principle 3



Respondents were then asked the reasons for their chosen agreement level.

The following key themes emerged from the open-ended responses:

Respondents identified a positive need to provide advice and information to families and carers of people with drug and alcohol issues, and suggested this was currently lacking.

Respondents suggested service users were not able to access services/ information at an appropriate time; often they felt this was provided too late or at an inaccessible time for both the service user and their families. Some respondents were supportive of online access provision.

What people in Warwickshire told us during the consultation:

“As stated in a previous answer, I think the support for families and carers is lacking. In my own situation as a family member I found it very difficult to find a support service for me.” –

A Family Member

“Families and covers need support and advice as soon as they need it. It is not easy to understand or support people with abuse addictions. They need help and support to try to understand.” – A Service User

“It is often difficult for families and carers to get the relevant support they need as it is very restrictive presently with a focus on the identified individual that accesses treatment.” – A

Provider

“On line help is always a good option when services are closed”. - A clinical healthcare professional

“The earlier families can access the information the better.” – An agency/organisation (WCC)

Overarching themes were:

- Appropriate and timely access to support for family/friends/carers and significant others is needed and would be hugely beneficial.
- Access to family services should be available throughout the treatment and recovery programs.

What we will do:

- The provider(s) will ensure that a range of options for access into the service and to advice exists, catering for all individuals.
- The service model will place family, carers and significant others in the centre of the recovery network model alongside the service user, raising awareness of addiction and how best to support recovery. This component will also include delivering services for the family who may also need their own personal support.
- Enable access to support from independent advisors (known as advocates) to help service users and family members express views and wishes, and to help ensure their voices are heard.

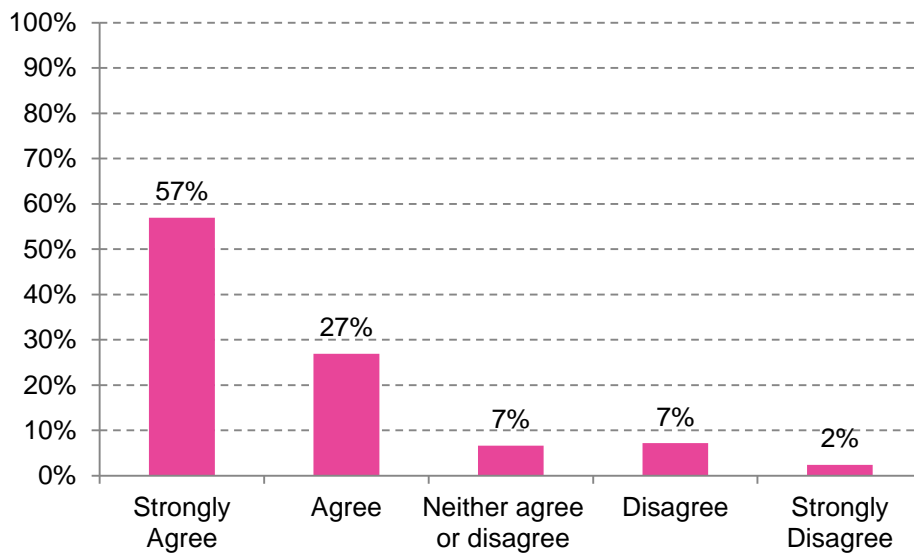
Section 1:4 – Service principles underpinning the proposed new Drug and Alcohol service model.

Service Principle 4:

We will support the people of Warwickshire to access a range of information and tools (including online) that will help to reduce drug and alcohol related dependencies and encourage people to seek help early.

Respondents were asked how strongly they agreed or disagreed with the service principle; 57% strongly agreed followed by 27% who agreed.

Figure 4: Agreement level with principle 4



Respondents were then asked the reasons for their chosen agreement level

The following key themes emerged from the open-ended responses:

Many respondents were supportive of Service Principle 4 being used to underpin the new model, and felt the use of online resources may encourage people to seek help earlier on and in some cases prevent the drug and/or issue from escalating.

Respondents felt that online services could have good reach and would encourage people to seek help, however limitations were also explored around IT literacy.

Though several respondents saw the benefits of adapting online services, many felt this would need to run alongside face-to-face therapy, as opposed to being an alternative.

What people in Warwickshire told us during the consultation:

“We would fully support any action that can be taken to assist in reduction in drug and alcohol use. In particular, any support that could be offered at early stages to identify problematic behaviour and use and action that can be taken to intervene at the earliest opportunity.” – An Agency/Organisation (WWM CRC)

“People tend to come to the service only when things get really bad. If it was easier and more discreet to access help and information, it may encourage them to make contact earlier in the process of addiction and avoid a lot of pain and heartache.” – A Councillor

“This needs to be there for those that want it and are afraid to speak to anyone straight away. It will hopefully make them realise they are not alone and speaking does help.” – A Family/friend/carer of a service user

“Online is modern and will be used by certain demographics. It should not be relied on totally. Some people (particularly the older generation) may not have the skills or internet access. Some people will not be able to read.” – A Service User

“This requires a mix of online and offline resources - some people will have access to the internet, some not.” – A Service User

“I do not believe an online (other than general information, contact details etc) tool will provide many benefits either to an 'early' or 'full-blown' addict. Physical contact/intervention is required.” – A Service User

Overarching themes were:

- A range of options for access to information and tools will be required to ensure all different needs are covered. This should include provision of online tools and information as part of the service provision.
- Consideration should be given at all times to those who may not have access to the internet or to those who may be illiterate.

What we will do:

- Provider(s) will provide a single point of access to include direct access, drop-in and telephone as well as making use of new technology to support referral access, assessment and self-management. This will include online availability of information and tools for self-help.
- The service will embed the PH lifestyles agenda and collaborate and co-operate with other providers and stakeholders to optimise the self-help and early intervention offers available directly to the public.

- The Provider will work with other Provider Network partners and WCC to:
 - Deliver a range of campaigns to raise awareness amongst the adult, children, young people and families services about substance misuse issues.
 - Explore, implement and evaluate different approaches and formats to raise awareness of the local Substance Misuse services.
 - Deliver a range of campaigns to raise awareness across the Children's workforce about substance misuse issues.
 - Build community confidence and engagement to tackle substance misuse

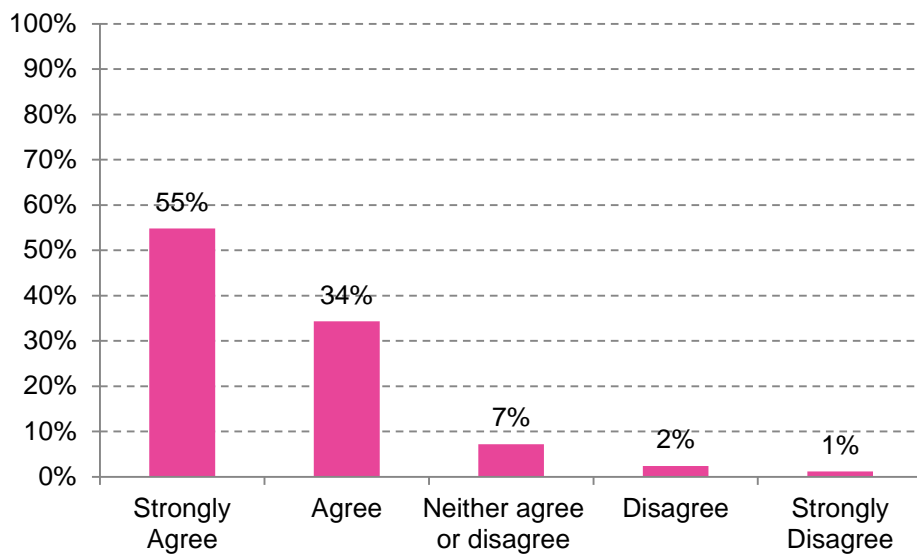
- The provider(s) will work with commissioners to agree an appropriate level of service throughout the year. This can be achieved, for example, by providing online, text or telephone support.

Section 1:5 – Service principles underpinning the proposed new Drug and Alcohol service model.

Service Principle 5:
Our community based treatment will focus on recovery, harm reduction and social integration.

Respondents were asked how strongly they agreed or disagreed with the service principle; 55% strongly agreed followed by 34% who agreed.

Figure 5: Agreement level with principle 5



Respondents were then asked the reasons for their chosen agreement level.

The following key themes emerged from the open-ended responses:

Many respondents felt that social re-integration was a challenging point following recovery, and one which can be a pivotal point in maintaining long term abstinence.

Some respondents expressed the difficulties faced when having to go back to the same circle of friends in which the initial addiction arose, and this is particularly daunting for those people.

Most respondents acknowledged the clear benefits of being able to fit back into society following their recovery.

What people in Warwickshire told us during the consultation:

“People need to be plugged back into society in order to make a full recovery and feel they are useful and valuable to the world.” – A Provider

“Aftercare is so important for people in early recovery.” – A Clinical Healthcare Professional

“Social integration is especially important, as this is where people struggle.” – A Service User

“This is huge as during recovery they will focus on harm reduction. Social Integration will be extremely scary as they tend to hide behind the drugs or alcohol so they need to learn how to re integrate back into society and feel happy and positive.”- A family member/friend/carer of a service user

Overarching themes were:

- A seamless, joined up approach from treatment through to recovery and aftercare is required to ensure that harm reduction is maximised alongside successful re-integration back into society.
- Social reintegration should be a primary focus for those who have been through recovery.

What we will do:

- Broaden development of the Peer Mentoring programme within the service providing wider opportunities for people in recovery to use their lived experiences to help others. This will start from point of service referral and throughout an individual's recovery journey. The provider will be expected to understand that peer support and 1:1 mentoring should be central as part of service user recovery and reintegration.
- Work with local communities to develop a local recovery community and aftercare provision promoting sustained recovery through access to local facilities providing support, treatment, learning, recreation, employment and volunteering opportunities.
- Encourage family support which can play a positive role in the engagement and successful completion of treatment, as well as reintegration and aftercare. Staff will promote the benefits of family involvement in the recovery plan and where appropriate encourage consent to be given.

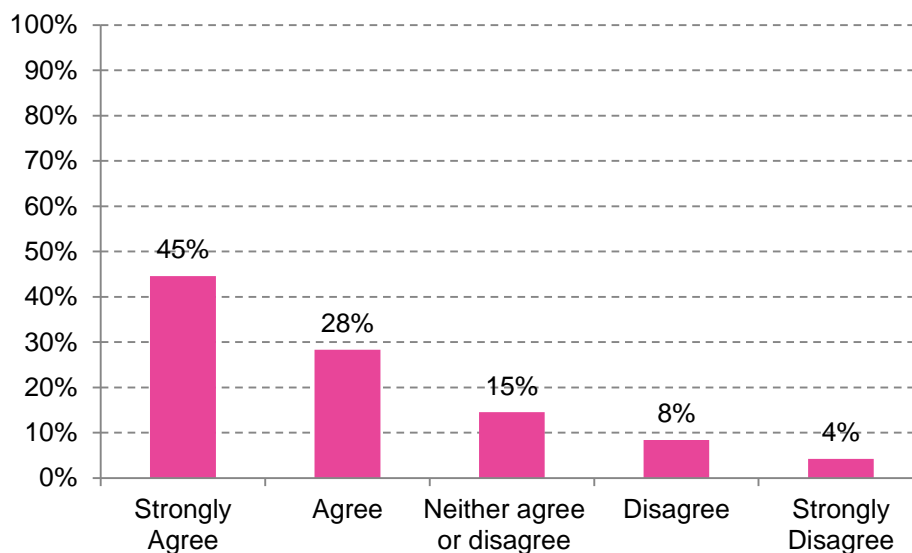
Section 1:6 – Service principles underpinning the proposed new Drug and Alcohol service model.

Service Principle 6:

The service will support individuals who are committed and motivated to successfully complete the programme(s) offered.

Respondents were asked how strongly they agreed or disagreed with the service principle; 45% strongly agreed followed by 28% who agreed. 12% either disagreed or strongly disagreed.

Figure 6: Agreement level with principle 6



Respondents were then asked the reasons for their chosen agreement level

The following key themes emerged from the open-ended responses:

This question raised a variety of views from respondents. Some respondents felt wholeheartedly that full commitment is a requirement for success and therefore these service users should be prioritised.

Many respondents expressed a balanced view around the service principle, showing support for the suggestion that people should be committed and motivated to enter treatment, but also stating that those who were less motivated should still receive encouragement.

Other respondents felt those who weren't showing motivation and commitment actually needed more support in the process.

What people in Warwickshire told us during the consultation:

“People must be absolutely committed to their treatment and recovery, if not this is a waste of funding and time. It also affects the recovery of others who want to gain the most from their treatment.” – A Service User

“I think that there should also be a degree of encouragement for those who are not as motivated.” – Respondent did not declare their category

“Commitment and motivation must be rewarded. Non-compliance and individuals forced into treatment must be managed more effectively.” – A Clinical Healthcare Professional

“Complete buy in is necessary for success.” – A family member/friend/carer of a service user

“They need to support all as sometimes total motivation isn't always there but we can't give up on people.” – A family member/friend carer of a service user

Overarching themes were:

- Those that are motivated should be nurtured and encouraged along their recovery journey, and need to begin a treatment programme at the first signs of self-motivation.
- Those that are not motivated still require appropriate encouragement around considering treatment programmes and should not be excluded from the service.
- Drug and alcohol addiction gives rise to many complex needs that are individual in nature and must be treated as such. Some people may become motivated at different times, and may have different triggers for doing so.

What we will do:

- On entry to the service, people will be appropriately assessed using a stepped approach to determine the appropriate level of intervention required.
- The provider will complete evidenced based:
 - Screening
 - Triage including case history and
 - Comprehensive assessment (tier applicable)
- The provider will use validated assessment tools that include assessing the physical and mental health and well being needs of service users and use behaviour change approaches supported and offered through the commissioner.

- Assessment must take a whole family approach, addressing hidden harm and in particular the impact of drug and alcohol use on families and children, in line with national guidance and local safeguarding protocols.
- The approach will be a shared or joint collaboration with the service user and owned by them and where appropriate involve the full range of treatment services as well as The Recovery Network.
- The provider will complete a detailed and personalised plan assessing resources (internal and external), goals, strategies, options, benefits and risks.
- The provider(s) will recognise the importance of lived experience in addiction recovery and will maximise the utilisation of volunteers and recovery champions to provide a motivating and dedicated support service to service users, family and significant others.

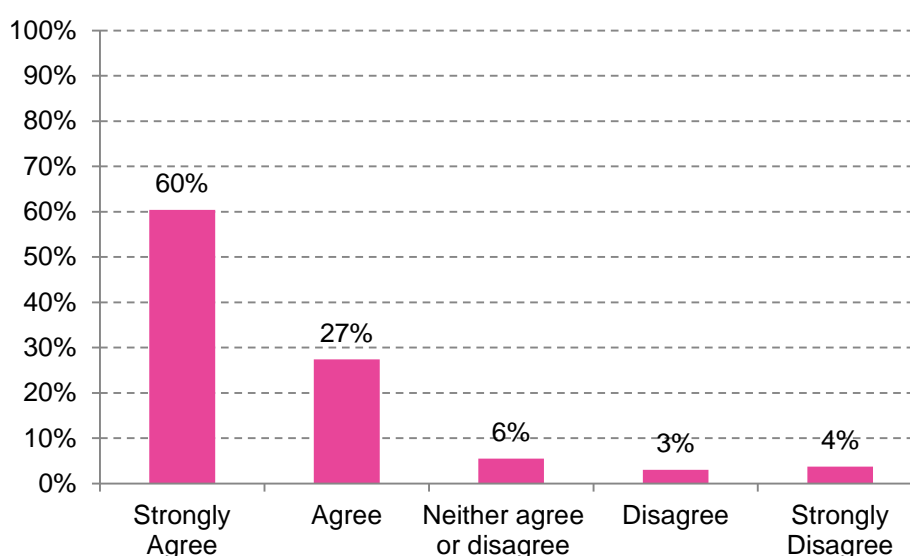
Section 1:7 – Service principles underpinning the proposed new Drug and Alcohol service model.

Service Principle 7:

The Children and Young Person's drug and alcohol service will deliver a joined up pathway of support for those between 18-25 years. The service will work jointly with the adult service through the provider network to ensure young adults receive appropriate access, support and treatment services to meet their need as they move through and into full adulthood.

Respondents were asked how strongly they agreed or disagreed with the service principle; 60% strongly agreed followed by 27% who agreed.

Figure 7: Agreement level with principle 7



Respondents were then asked the reasons for their chosen agreement level

The following key themes emerged from the open-ended responses:

Some respondents did not interpret the question in the way it was intended, with some people believing the Children and Young People's Service was only planning to deliver a service to those over the age of 18.

For some respondents, there was a feeling that early intervention at a younger age would be hugely beneficial in preventing problems with drugs and alcohol from escalating into adulthood. Some respondents suggested education in schools would be a key opportunity to access the correct audience.

What people in Warwickshire told us during the consultation:

“Very important having been here for many years I wish I received help at a younger age and the many social and adolescent issues at a younger age.” – A Service User

Why not commission a service where people who have reached recovery go into schools/work with young people to prevent them going down the same path. – A Provider

“Addressing substance/alcohol use at an early stage could provide long term support in the future.” – An agency/organisation (CRC)

“Totally in agreement. I don't think there is enough support for young addicts.” – A Service User

“It now seems that drugs and alcohol has become a common lifestyle for so many young adults that it is almost the norm. Giving them support and treatment early in life could prevent so many later issues.” – A Family member/friend/carer of a service user

Overarching themes were:

- There is a need for transitional support as part of a preventative approach working to reduce long term substance misuse.
- Education in schools around substance misuse would also be beneficial as part of the prevention and early intervention agenda.

What we will do:

- The young person's drug and alcohol service will deliver an integrated transition pathway for young people aged from 18-25 years and work jointly with the adult service to ensure young adults receive appropriate access, support and treatment services to meet their needs.
- The support to an individual in these transition years will provide flexibility to enable young people for whom transition to adult services is unsuitable, to continue to be treated as a young person following their 18th birthday.
- The provider network chaired by the commissioner will provide a forum to ensure appropriate and assured transition for the young people concerned. The provider will assure the appropriate involvement of social care and other services they are in contact with, supported by the commissioner and comply with the appropriate safeguarding protocols and policies.

- The provider will partner with the specialist Warwickshire young person's services to ensure that anyone under the age of 18 is referred appropriately to the adult service. An effective transition pathway and protocol will be developed and agreed as part of the provider network for those moving across from young people's to adult's service, including joint care management if required. Increased and effective liaison between the adult and young person's service will include full involvement of the young person.

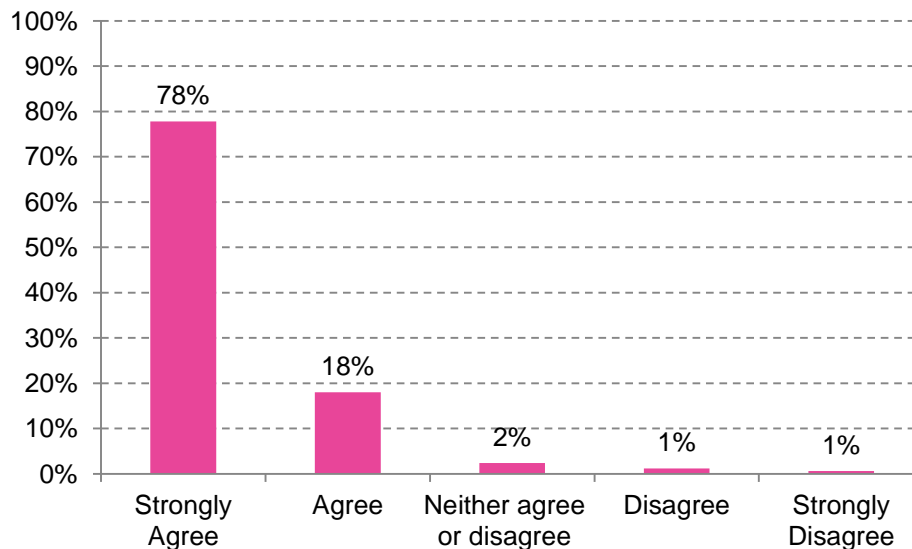
Section 1:8 – Service principles underpinning the proposed new Drug and Alcohol service model.

Service Principle 8:

We will offer specific joined up support for those who face both Mental Health and drug and alcohol problems.

Respondents were asked how strongly they agreed or disagreed with the service principle; 78% strongly agreed followed by 18% who agreed (96% in total). Only 2% of respondents strongly disagreed or disagreed.

Figure 8: Agreement level for principle 8



Respondents were then asked the reasons for their chosen agreement level

The following key themes emerged from the open-ended responses:

The vast majority of respondents either agreed or strongly agreed with this service principle, expressing the large scale co-occurrence of both mental health and drug and alcohol addictions. Some service user respondents acknowledged their own battles with both mental health and drug and alcohol addiction, and how these two conditions affected each other.

Some respondents reported difficulties in being able to access mental health services due to drug and alcohol issues, and concerns were expressed around the services struggling to work together for co-occurring cases (Dual Diagnosis).

What people in Warwickshire told us during the consultation:

“This is a huge issue as we regularly hear that either drug/alcohol services or Mental Health cannot work with an individual due to them having dual diagnosis. Holistic approach required.” – An agency/organisation (Probation)

“Joined up support is so important for two things that are very often linked.” – A Service User

“Lot of my drug problems are due to my mental health.” – A Service User

“Fantastic - and absolutely needed. Too many people have been bouncing around the system or falling through the gaps for too long.” – An agency/organisation (SWCCG)

“Mental Health should be a must in all support as it seems people with mental health issues are more likely to use drugs and alcohol as an escape mechanism. Drugs and alcohol can cause mental health problems.” – A family member/friend/carer of a service user

Overarching themes were:

- Co-occurring cases are common, and those living with drug and alcohol addictions often have co-occurring mental health issues (Dual Diagnosis).
- There are often difficulties in service users accessing joint care for both drug and alcohol addiction and mental health issues at the same time.
- Joined up care and partnership working between drug and alcohol and mental health services is needed in co-occurring cases to ensure the correct treatment for the individual, therefore increasing chances of recovery from drug and alcohol addiction.

What we will do:

- The provider will in conjunction with the commissioner strive to consistently implement the existing Coventry and Warwickshire Dual Diagnosis Protocol across all locations in Warwickshire in partnership with Coventry and Warwickshire Partnership Trust Community Mental Health Teams and in accordance with NICE guidelines November 2016: *Coexisting severe mental illness and substance misuse: community health and social care services*.
- Responding to dual diagnosis within the service user groups will be regarded as core business for the provider and be recognised and acted upon by the workforce.

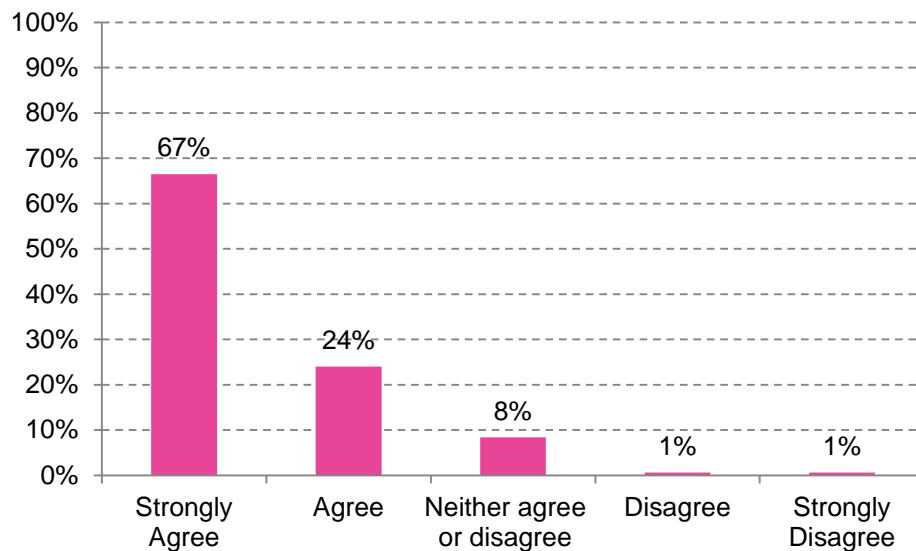
Section 1:9 – Service principles underpinning the proposed new Drug and Alcohol service model.

Service Principle 9:

We are aiming to improve our Public Health outcomes by reducing the number of local Drug and Alcohol Related Deaths.

Respondents were asked how strongly they agreed or disagreed with the service principle; 67% strongly agreed followed by 24% who agreed, with only 2% strongly disagreeing or disagreeing.

Figure 9: Agreement level for principle 9



Respondents were then asked the reasons for their chosen agreement level

The following key themes emerged from the open-ended responses:

Some respondents chose not to answer this question, and some stated that the question would be impossible for anyone to disagree with. Others suggested the question was too outcome focused and that there should be a larger focus around individual lives.

Some respondents began to extend upon the question further in their answers, forming suggestions around things that may help towards delivering the service principle in a wider sense.

What people in Warwickshire told us during the consultation:

“Bring back drug related death panels to aid learning, systematic problems and blockages. Suicide prevention panel. Older age group - chronic ill health (increased in DRDs) as a result of long standing drug misuse.” – A Provider

“I agree that this should be a goal and is necessary for outcome measures, but at the end of the day lives are more important than measures.” – A Clinical Healthcare Professional

“I think the general public awareness in relation to drug and alcohol harm is very good, however the drip feeding of information would be helpful to keep awareness higher” – Other (retired professional working for SMS within NHS)

“Reduction in any deaths has to be a positive.” – A family member/friend/carer of a service user

“The fewer deaths the better.” – A Service User

Overarching themes were:

- The service principle speaks for itself and it is obviously a high end aim of the drug and alcohol service delivery.
- Awareness of drug and alcohol harm needs to be maintained within the community across Warwickshire to help reduce harm and drug related deaths.

What we will do:

- The new provider will have to mitigate the risks associated with custody releases, discharge from residential rehabilitation and medically assisted withdrawal, ensuring all service users are aware of the risks.
- Naloxone or subsequently approved medication should form part of any response to reduce drug related deaths. The provider will continue to train service users and their carers/family members in use of naloxone and that prescribed medications will be made appropriately.
- A local Drug Related Death (DRD) Inquiry and Review group will be formed by the local Drug and Alcohol commissioner to investigate in detail any local DRDs in order to:
 - Develop a local DRD policy.
 - Discuss DRD cases and decide whether to set up a serious drug incident review group to further investigate the case.
 - Gather intelligence on local practice.

- Reflect on commissioning and clinical practice to ensure that the risk of death is properly assessed and understood, and that there is no poor practice that could increase risk.

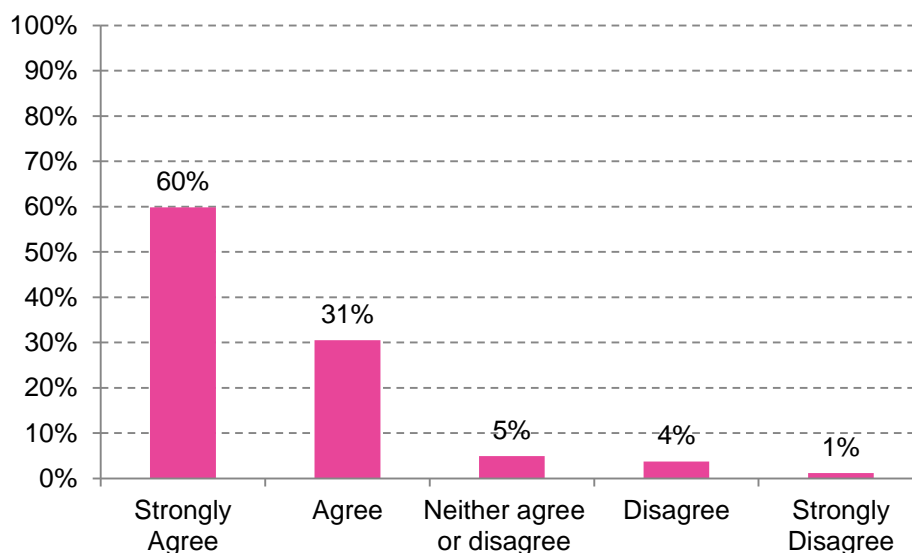
Section 1:10 – Service principles underpinning the proposed new Drug and Alcohol service model.

Service Principle 10:

We will ensure there are an ongoing range of opportunities to actively involve service users and their families in influencing, shaping and developing the service.

Respondents were asked how strongly they agreed or disagreed with the service principle; 60% strongly agreed followed by 31% who agreed (91% in total). 5% either strongly disagreed or disagreed.

Figure 10: Agreement level for principle 10



Respondents were then asked the reasons for their chosen agreement level

The following key themes emerged from the open-ended responses:

The majority of respondents either agreed or strongly agreed with this service principle, with many people showing enthusiasm for how favourable this approach to service design would be.

Many respondents expressed how service users and family members lived experience in recovery can in turn support others to make the changes they need within their lives. Therefore they are well placed to know what needs to be shaped and influenced within the service, as they are the ones who have used the service first hand.

What people in Warwickshire told us during the consultation:

“People using the service are usually the best ones to say what works best for them.” – A Service User

“Service users and their families have a unique insight into service delivery and it's important to capture their views.” – A provider

“This is vital to ensure effective, targeted service provision.” – A member of the public

“Again this needs to be ongoing and not if and when. People who want help need stability and need support groups.” – A Service User

“Opportunities for family involvement, I believe, are important and would have really helped me.” – Respondent did not declare category

“The service users and families are the ones directly affected by the service so therefore they should have good insight to what is needed.” – A Family member/friend/carer of a service user

Overarching themes were:

- Service users and family members lived experience in recovery can offer a unique and true perspective on how the service should be shaped and delivered, due to their own first-hand experience of the service.
- Many family members and service users are motivated to be part of shaping and influencing the service, and want the chance for their voices to be heard.

What we will do:

- Service users, family members and significant others will play an important role in developing and delivering services and the provider will need to foster the principles of co-production with service users to improve outcomes.
- Service users, family and significant other forums will be developed primarily by the recovery network provider to promote an active voice, and to enable a culture of open communication and support.
- Service users and families will need to be involved in the planning, developing and evaluation of services and use the Provider Network to endorse and agree key changes.

Section 1:11 – Service principles underpinning the proposed new Drug and Alcohol service model.

Question 11

Is there anything else you want to tell us about the proposed drug and alcohol service?

Have we missed anything that you feel is important to include?

We received a range of responses around different service areas from this question, some of which included topics outside of the stated service principles.

The following key themes emerged from the open-ended responses:

Some respondents suggested effective recovery would require more than prescribing medication, such as methadone, and that this should be used in line with other therapeutic approaches.

A number of respondents felt much more work is needed to be done with young adults and children, and generally around raising awareness of the harmful effects of drug and alcohol misuse. Suggestions for how this could be done included more work in schools and utilising youth workers.

Some respondents took this as an opportunity to advocate the need for more targeted work with offenders.

Many respondents were fearful that cuts in funding would result in an ineffective service. Respondents highlighted the need for greater financial investment and well trained staff.

What people in Warwickshire told us during the consultation:

"I am very grateful for the service I have received from Addaction. As a result I have made a happy, constructive life. I would like to see the message of recovery linked to doctor's surgeries, hospitals, online and in schools. Prevention is also important. Parents should be aware of the signs/dangers of substance misuse - teachers also. I would like to see NO STIGMA attached to addicts in recovery. People in recovery should be made to feel proud and positive. Peer mentor programmes - good for service and clients. Use recovery champions as volunteers. Representation in hospitals. Continue Groups. Outings to shows, ice skating etc." – A Service User

"The recovery partnership should have more resources like ESH groups. Children a part of drugs i.e. drugs in families siblings - parents should be more aware of drugs and the way it affects your life. People should be able to learn about the ways drugs effect and addict's life. People should learn why they become addicts, how they become addicts, and who around them are also addicts - this prevents relapse and helps recovery." – A Service User

"We need to address drug and alcohol dependency services for those in professions that have confidentiality sensitivities e.g teachers, medical professionals, police officers and social workers." – A family member/friend/carer of a service user

"I believe that the options of heroin detox and support towards recovery post detox are not utilised enough. Too many clients are prescribed methadone and buprenorphine and these are equally if not more difficult to recover from. More use of non-prescribed treatment I believe is necessary" – A Provider

"Scripting - I'm not sure what to suggest about this but the current service isn't working well. Scripting does not always serve the purpose of reducing drug use, as some clients will use on top, maintaining level of drug use, at the service's expense, albeit in a safer way." – An agency/organisation (Probation)

"As with many worthwhile projects, it is consistency of resources that seems to be one of the more important issues. People to provide the services and funding to pay for the services are key to the success of the services. If there are not sufficient people to help the users, or if the funding is cut, successful outcomes will not be so readily or effectively obtained." – A Service User

"You also need to reach out to current serving offenders so that when they are released they are not left in mid-air. A lot of offenders being released don't have access to signing on to job seekers allowance and this can be the root cause of reoffending and getting back into a spiral of a abuse as they go back to the old life style instead of finding and working towards a new one." – Other (Justice System)

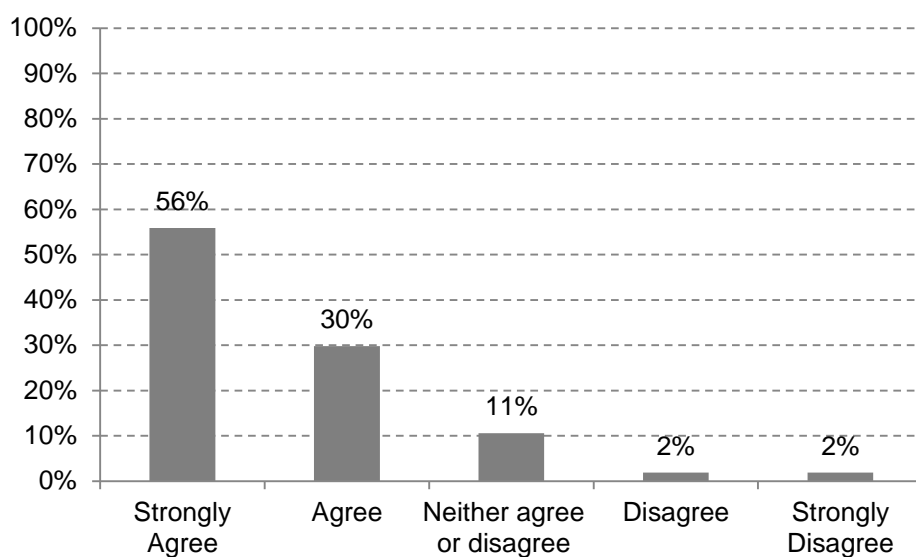
Section 2:1 – Service principles underpinning the proposed new Criminal Justice Drug and Alcohol service model.

Service Principle CJ1:

We are aiming to address crime and disorder in Warwickshire by reducing the number of local drug and alcohol related offences.

Respondents were asked how strongly they agreed or disagreed with the service principle; 56% strongly agreed followed by 30% who agreed.

Figure 11: Agreement level for principle CJ1



Respondents were then asked the reasons for their chosen agreement level.

The following key themes emerged from the open-ended responses:

Many respondents documented the links between substance misuse and individuals offending behaviour. Substance misuse was cited as a prime factor in a variety of crime categories.

Respondents acknowledged that professional and proactive support was key to ensuring offenders have the opportunity to manage their substance misuse which in turn will reduce their reoffending.

Most respondents acknowledged the principle was correct, but are concerned that substance misuse is complex and reducing budgets and resources provide significant challenges to implement effective treatment which can in turn reduce offending.

What people in Warwickshire told us during the consultation:

“Substance abuse costs the police and NHS millions every day, crime would be reduced massively without it.”- A service user

“Having more resources for early intervention will be key.”- A service user

“We want to be able to offer a range of support around inter agency working, harm reduction, education around substance misuse. We will need funding to do this and will struggle to do this with the current cuts being made to our service.” – A clinical healthcare professional

“Drug and alcohol are prime factors in a variety of crime categories. A Proactive approach essential to reduce requirement for reactive responses”- A member of the public.

“Obvious from statistics dependency is a major driver for criminal and antisocial behaviour but unless the underlying reasons for dependency are recognised and addressed this statement is meaningless”- A member of the public.

Overarching themes were:

- To address service users substance misuse at the earliest opportunity, reducing the likelihood of them offending to support their substance misuse habit. This will result in reducing the service users' risk of being criminalised and entering the Criminal Justice system and reducing the associated harm to society of them offending.
- The need to target services to ensure the limited resources are used effectively.

What we will do:

- Provide offenders who misuse substances/ are dependent on substances with the opportunity to be identified and engaged in drug and alcohol services at the first point of contact.
- Provide drug and alcohol services to the most prolific offenders, to reduce their offending which funds their substance dependency.

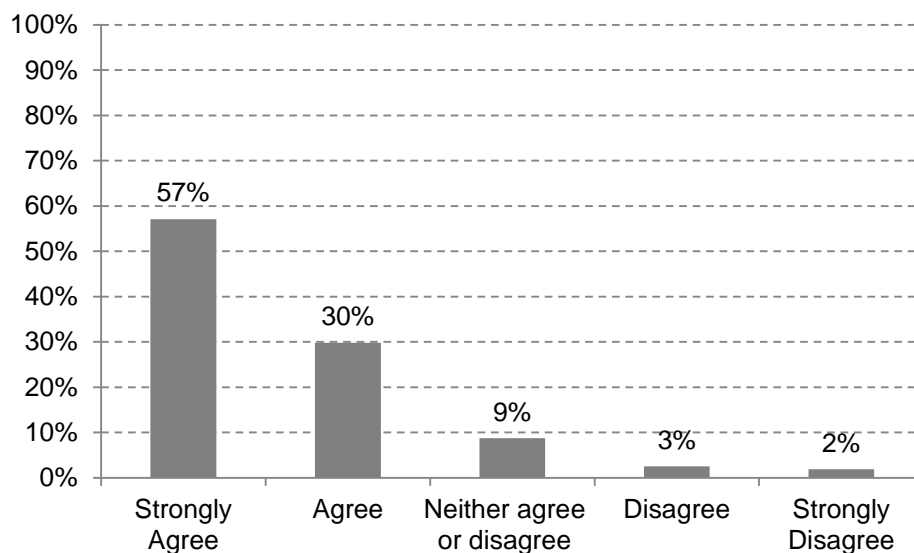
Section 2:2 – Service principles underpinning the proposed new Criminal Justice Drug and Alcohol service model.

Service Principle CJ2:

We will seek to reduce re-offending by providing Criminal Justice services that identify, engage and treat offenders who have committed drug and alcohol related offences.

Respondents were asked how strongly they agreed or disagreed with the service principle; 56% strongly agreed followed by 30% who agreed.

Figure 12: Agreement level with Principle CJ2



Respondents were then asked the reasons for their chosen agreement level.

The following key themes emerged from the open-ended responses:

The majority of respondents agree that identifying, engaging and treating offenders' substance misuse is more effective than offenders receiving custodial or community sentences. Addressing the underlying issues of substance misuse reduces their offending behaviour by reducing or removing the need to fund their habit.

Respondents also commented that the service user must show a desire to engage in treatment/ support services to increase their potential of successful completion and thus increasing the likelihood of long-term positive outcomes.

A few respondents believed that prison sentences for offenders with substance misuse issues were not beneficial and resulted in more harm than good. If prison is deemed the most appropriate punishment for an offender, the risks they face when leaving the prison was mentioned by several respondents highlighting a need for wrap around support for

substance misuse users throughout their Criminal Justice pathway to enable and increased chance of positive reintegration with society.

Again as with principle CJ1 respondents raised concerns around adequate funding being made available to enable the support services to be successful.

What people in Warwickshire told us during the consultation:

“Prolific offenders need to sort out their issues/concerns regarding their use or they will continue to use. Need for rehabilitation must WANT it.” – A Service User

“Previous offenders are more likely to commit another offence so support for offenders should be provided.”- A Member of the public.

“This will only work if an addict really wants to break the habit. There are limited windows of opportunities when an addict desires to stop using. Success is about offering the right support at the right time. Forcing an addict even as an incentive to avoid prison could result in an attitude of ticking boxes. However an alternative to mainstream prison would offer a better chance of success. Those entering prison often come out with a habit of a much huger scale.”- A family/friend/carer of a service user.

“It is appropriate to deal with the issue immediately so it can be reflected and support given as soon as possible to reduce the risk to the user.” - A member of the public.

Overarching themes were:

- Support and treatment services for offenders as an alternative to custodial sentences should be available.
- Engagement by offenders in support and treatment services should be voluntary.
- Adequate funding and partner engagement is required to enable services to be joined up and effective.

What we will do:

- Work with partner agencies to develop, deliver and fund effective pathways, enabling offenders access to support and treatment services addressing their substance misuse.
- Ensure Warwickshire’s courts can access appropriate sentencing options. This will ensure offenders who misuse substances who are suitable to access treatment services are assessed, enabling them to access treatment services rather than receiving custodial prison sentence.

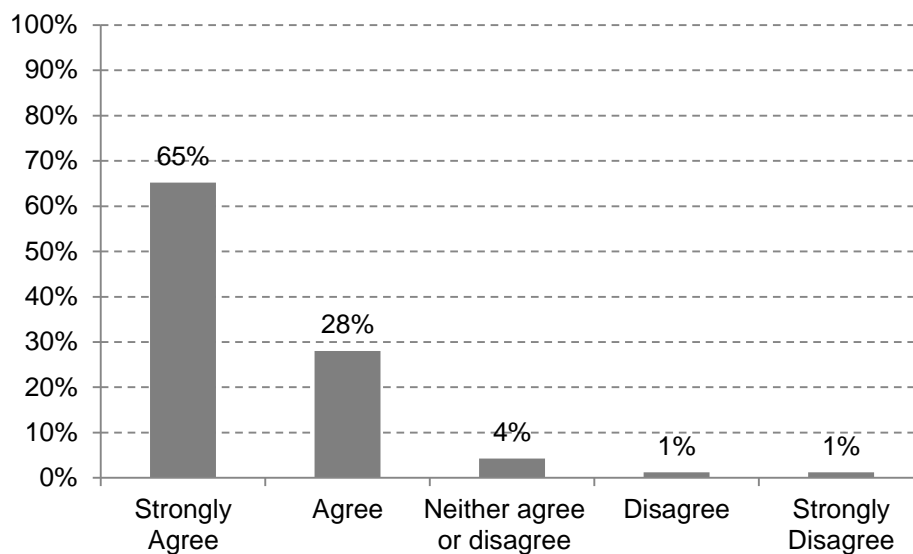
Section 2:3 – Service principles underpinning the proposed new Criminal Justice Drug and Alcohol service model.

Service Principle CJ3:

We will aim to increase young people’s awareness of drug and alcohol misuse and the consequences of using them by empowering them to make informed decisions.

Respondents were asked how strongly they agreed or disagreed with the service principle; 65% strongly agreed followed by 28% who agreed

Figure 13: Agreement level with Principle CJ3



Respondents were then asked the reasons for their chosen agreement level.

The following key themes emerged from the open-ended responses:

The majority of respondents were in agreement that providing information about drugs and alcohol to young people was essential to allow them to make informed decisions.

Respondents stated that early education through schools when younger people are more receptive to facts was a key time to engage them. They also commented that engagement and information should be provided throughout their education and into colleges. One respondent highlighted the need that those who do not attend formal education also need this engagement and awareness to enable them to make informed decisions.

A range of delivery mechanisms were suggested including: youth workers, youth clubs, third sector support services, ex- service users, teachers, health professionals and peer education.

What people in Warwickshire told us during the consultation:

“Information to advise clients of the impact of drugs and alcohol on their lives helps people to make the right decision for them.” – A Provider

“This is a positive idea, we need to ensure we catch the young people that do not engage.”- An agency/organisation

“It is imperative to keep young people out of the prison system Resource and money must be spent up front to save waste of resource later.”- A Member of the Public.

“By aiming to increase young people’s awareness of drug and alcohol misuse this will educate young people of the consequences of using drugs. This will also help to empower young persons to help them make informed decisions. This way people won’t get hurt suffer pain or put themselves in situations they don’t want to be in”- A Service user.

“Definitely think informed decisions are better for young people than just being told what they should and shouldn’t do, and they will have a better understanding of consequences and actions.”- A Service User.

“Information is priceless”- A Service User.

Overarching themes were:

- Young people should be engaged and informed about drugs and alcohol and the consequences of using them at an early age, to empower them to make informed decisions.
- A range of delivery mechanisms should be considered to ensure age appropriate information is received by all young people, both in formal education or in alternative provision, throughout their educational career.

What we will do:

- Work with partner agencies, including schools, to ensure drugs and alcohol awareness is delivered throughout the young person’s educational career.

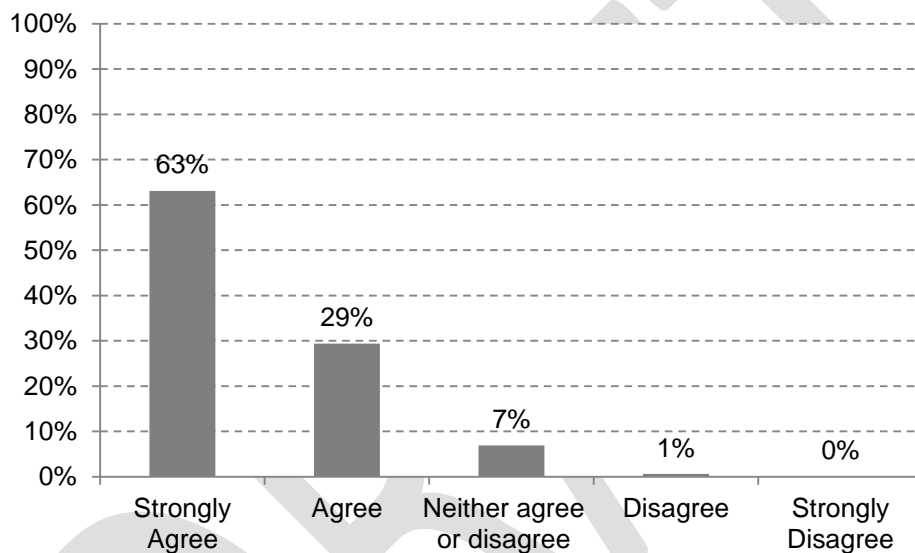
Section 2:4 – Service principles underpinning the proposed new Criminal Justice Drug and Alcohol service model.

Service Principle CJ4:

We will aim to support, advise and guide young offenders who have substance misuse issues or are affected by others substance misuse.

Respondents were asked how strongly they agreed or disagreed with the service principle; 63% strongly agreed followed by 29% who agreed

Figure 14: Agreement level with Principle CJ4



Respondents were then asked the reasons for their chosen agreement level.

The following key themes emerged from the open-ended responses:

Respondents agreed that young offenders with substance misuse should receive appropriate support and services to help break the cycle of offending and address the underlying issues. Many of the respondents felt the earlier in life this support is available the more likely service users will be to stop misusing substances.

Several responses documented the need for substance misuse information, advice and support for young offenders but also commented on the complexity of relationships between substance misuse, offending and the environment where they live. The underlying issues of why young people misuse substances and offend, need to be addressed.

What people in Warwickshire told us during the consultation:

"We would welcome any changes to current practice to ensure that services are designed and delivered differentially to young people to reflect their 'ages and stages' of life." - An agency/organisation (WWM CRC)

"Catch offenders whilst they're young and encourage them to make more positive decisions can give them a different view on life and allow them not to make the same mistakes they made previously." - A Provider

"Substance misuse can be very isolating and difficult to get out of alone, if appropriate help, advice support is given in a timely fashion it could help break the cycle of crime and use." - Other

"Key is staff - they need to be well trained, well resourced, and well paid to attract the best people to commit to what is a very difficult job." - An agency/organisation - Probation

"By offering support, advice and guiding young offenders who have substance misuse issues or are affected by others substance misuse. This will offer more knowledge to young offenders to prevent them from offending again. This will offer advice to prevent substance misuse to help them avoid crime. This will give young offenders the opportunity avoid crime and enhance their knowledge to prevent prison institutions and hospitals." - A Service User.

"Young offenders should be prioritised for treatment to prevent the continuous cycle of crime and drug use". - A clinical healthcare professional.

"Support is required to anyone with substance abuse." - A family/friend/carer of a service user.

Overarching themes were:

- Young offenders with substance misuse issues or those affected by other substances misuse should have access to professional support, advice and guidance.
- The early identification of a young persons need for support, advice and guidance is important to increase success rates of service provision.

What we will do:

- Work with partners to deliver professional support, advice and guidance services for young offenders with substance misuse issues or those affected by other's substance misuse.
- Work with partners to ensure those young offenders with substance misuse issues, access timely treatment services through a joined up referral pathway.

Conclusion

Through analysing both the questionnaire responses and the feedback received through the face to face engagement mechanisms there were a number of common overarching themes which emerged during the course of the consultation. These included:

- **Raising awareness of the service** across agencies, organisations and key partners to encourage people with drug and alcohol problems and their families to seek early help and support.
- **Developing a range of flexible access routes to the service** which include use of on line self-help support and advice.
- **Improving the content and delivery of education about Drug & Alcohol misuse in school settings** as an early intervention/prevention measure to support young people to make better lifestyle choices.
- **Early help and support for families of people with drug and alcohol issues** to support their understanding of addiction support a whole family approach to recovery and meet any personal support needs of the family.
- **For those people who have co-occurring mental health problems and substance misuse issues** there is a need to improve early identification, diagnosis, referral pathway, resulting in better joined up support and treatment.
- **Developing more collaborative partnership working** across all agencies and organisations including, health, social care, education, housing, employment, criminal justice and voluntary sector to provide wraparound support for people with drug and alcohol problems and their families.
- **Broadening development of the Peer Mentoring programme** within the service providing wider opportunities for people in recovery to use their lived experiences to help others. Starting from point of service referral and throughout an individual's recovery journey.
- **Working with local communities to develop a local recovery community and aftercare provision** promoting sustained recovery through access to local facilities providing support, treatment, learning, recreation, employment and volunteering opportunities.

Following collation and analysis of all responses received there was an overall general consensus from respondents who strongly agreed with the majority of the service principles. This consensus was then further reinforced through respondents' comments providing qualitative insight which has been used to further shape and influence the proposed service model.

Next Steps

This Consultation Report will be used to support the report which the council's cabinet members will consider when approving the proposed new service model. The report will also be made available via the Ask Warwickshire webpage providing feedback to all those who participated in the consultation process.

Warwickshire County Council, Public Health would like to thank all those who participated in the Consultation process, whether it was through attending one of our face to face events, or through completing the questionnaire.

DRAFT