Overview of survey results for future drugs and alcohol treatment services

1. Background

Hertfordshire County Council wants to support Hertfordshire residents to live healthy, long lives and to live safely in their communities.

Reducing substance misuse is an important way of doing this. We aim to prevent and reduce harm related to drugs and alcohol by commissioning (buying) evidence-based, cost effective services for drugs and alcohol prevention, control and treatment for all ages in Hertfordshire.

In March 2019, the contracts for both young people and adult substance misuse treatment services will end. This presents an opportunity to review and design how the service will work from this time.

The Council wants to inform stakeholders on this procurement and to involve them in shaping the new specifications. To do this we are engaging with people and organisations through a variety of methods. This continues to develop our thinking about what future service provision should include and how it will be delivered.

During September and October 2017, the Council published a public survey on its website. It was open for everyone living and working in Hertfordshire to give citizens and professionals space to share their thoughts and comments on future services.

2. Overview of current and future engagement

The survey was published as part of wider inclusion of stakeholders in the commissioning process.

Mar 17	Workshop with commissioners, providers and service user and carer representatives
May - Sept 17	One-to-one discussions following workshop with commissioners and statutory service providers
Oct 17	Focus group with carers
Oct 17	Focus group with service users
Sept – Oct 17	Public survey (**see Appendix A for details**)
Oct – Dec 17	Easy read survey aimed at people with learning disabilities
Nov 17	Commissioning exercise with commissioners
Nov – Dec 17	Pre-market procurement exercise (PPME) to seek provider views on potential specifications
Nov 17 – Jan 18	Focus groups with frontline staff

3. Next steps

Please note that the following timetable is an estimate and is subject to change.

Dec 17	Report to Drug and Alcohol Strategic Board (DASB) on engagement and the proposed approach to procurement. DASB has representatives from each of the key statutory organisations working on the issue of drugs and alcohol.
Mar 18	Issue invitation to tender
Sep 18	Contract(s) awarded
Oct 18 – Mar 18	Mobilisation period
Apr 19	New service(s) implemented

Appendix A: Results of drugs and alcohol treatment services survey

1. Overview

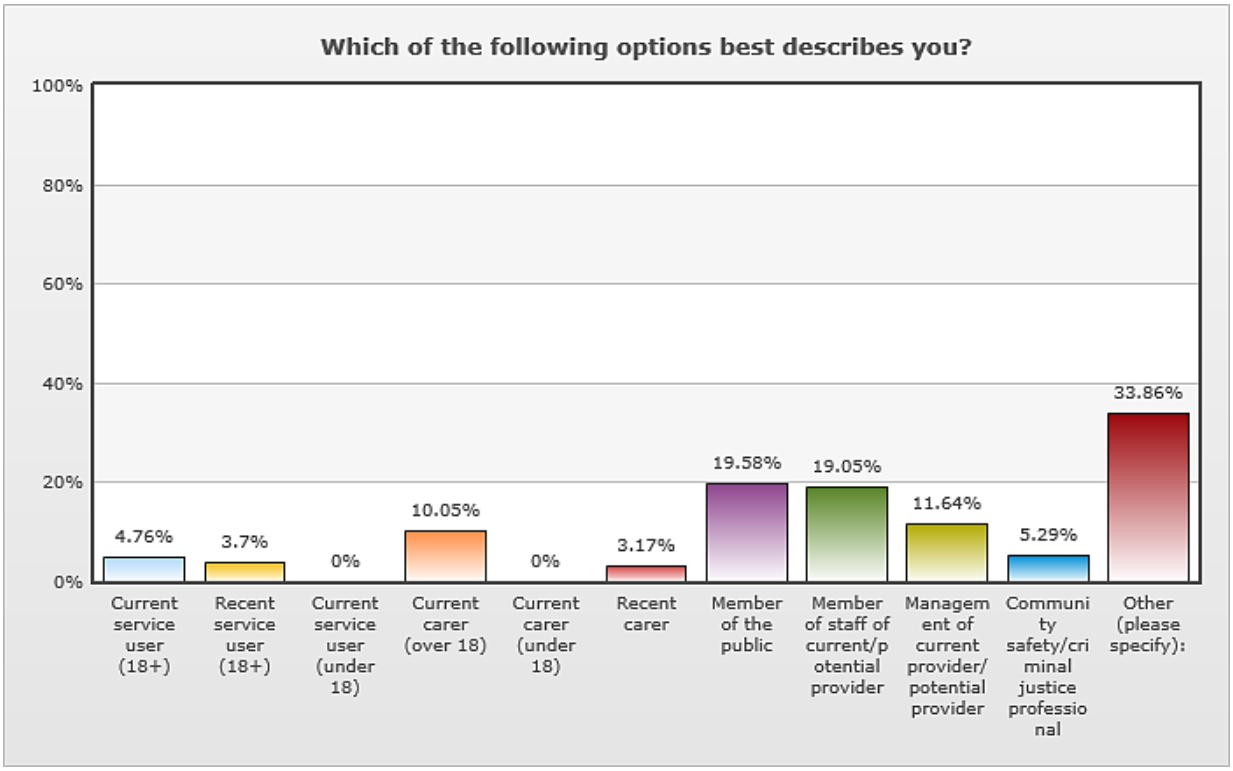
To complement wide-ranging engagement with commissioners, providers, service users, carers and the public, Hertfordshire County Council published a survey open to everyone living and/or working in Hertfordshire between September and October 2017.

The following results will be used along with the feedback and ideas received in wider engagement to guide the development of the service specifications.

2. Findings

2.1 Background

207 people completed the survey from a range of different backgrounds. Common backgrounds under 'Other' include those working in children's services, CAMHS and social care.



2.2 Demographics

- There were twice as many female respondents as male
- 10% of respondents were from a BME background
- 5.5% of respondents identified as LGBT
- 11% of respondents had a disability
- Just under half of respondents had a religious belief

Response to questions

2.3 We're proposing an all age provision of drug and alcohol services in Hertfordshire. This might mean one organisation takes overall responsibility for support across all ages, but young people and adults will still be seen by specialist staff and receive age-appropriate help.

			Response Percent	Response Total
1	Strongly Agree		26.98%	51
2	Agree		37.57%	71
3	Disagree		12.17%	23
4	Strongly Disagree		15.34%	29
5	Not Sure		7.94%	15

188 people answered this question, with 64% agreeing or strongly agreeing with the approach.

Key points raised:

- Integrate the services to create smoother transition between CYP and adult service and to provide consistency for all pan Hertfordshire
- Centralising admin/management in one organisation will lead to less overheads and more budget for treatment/prevention
- Separate venues for CYP /adult service is important
- Concerns that CYP service needs will not be met or prioritised if budget pressures and high demand for adult service occur
- There are many issues/risks joining up the service including safeguarding
- Care must be taken in ensuring choice is available and that commissioning gives smaller organisations a chance to be part of the treatment system

2.4 Would an all age provision help support young people to move into adult treatment? Would this present any challenges?

138 people answered this question, with the majority agreeing in principle that all age provision would help support young people move into adult treatment.

Key points raised:

- Address safeguarding issues
- Consider how this model would fit when other services are required e.g. mental health
- Requires specialist staff treating different age groups
- Even in a single organisation transition can be challenging handing over care from an adolescent specialist to an adult worker so the difficulties can remain

- Would require age appropriate interventions

2.5 We're proposing that provision will target the following groups and populations:

Hard to reach groups:

- Street drinkers and those with critical levels of alcohol dependence
- Drug users who sell sex
- People who are fleeing domestic or intimate partner abuse Individuals who have not previously accessed services
- Those at risk of radicalisation
- Carers
- Vulnerable young people
- Older people who are not accessing services

Specific populations:

- Parents or those with parental responsibilities, including substance misusing parents
- Carers and family members, particularly young carers and siblings
- People whose age suggests an increased risk of harm from substance use, particularly young people and students, and older people
- People with specific difficulties and/or disabilities, such as learning disabilities or who are deaf or hard of hearing
- People with complex needs and co-morbidities (more than one condition)
- Veterans
- People who have offended, including young offenders
- People who are homeless or roofless
- People who have been excluded from other services

These are the groups we are proposing to prioritise. Do you:

1	Strongly Agree	45.79%	87
2	Agree	40.00%	76
3	Disagree	3.68%	7
4	Strongly Disagree	2.63%	5
5	Not Sure	7.89%	15

190 people answered the question, with 88% of people agreeing or strongly agreeing with the outlined approach.

2.6 How can services work with groups that currently face difficulties accessing services?

131 people answered this question. Generally respondents agreed with the groups outlined but some felt that the approach taken should be evaluation of individual risk rather than targeting defined groups.

Key points raised:

- Focus on strong structured partnership working with CCGs, GPs, pharmacists, schools, mental health, police, CATTs, A&E, and third sector
- Provision of treatment in Community settings
- Strong marketing campaigns to reach wider communities including use of , digital and social media
- Outreach – and evening / weekend access
- Persistence with non-engagers/ those who miss appointments
- Develop workforce in generic services to deliver drug awareness, advise and information to reduce referral to specialist help when they hear 'drug'
- Quality relationships, making people feel like they matter

2.7 Please share any other comments you have on priority groups.

General consensus that everyone who needs help should be able to get some level of support, including:

- Ordinary people with 'hidden' problems
- Dual diagnosis – mental health and other issues
- The elderly
- Gangs
- Greater focus on relapse prevention
- CLA/ care leavers/ children who go missing from home
- Complex needs

2.8 We want to ensure help for carers of those with substance misuse issues (including young carers) forms part of treatment services, but we also want to ensure carers can access services not specifically related to substance misuse. Do you:

			Response Percent	Response Total
1	Strongly Agree		51.34%	96
2	Agree		41.18%	77
3	Disagree		1.07%	2
4	Strongly Disagree		1.60%	3
5	Not Sure		4.81%	9

186 people answered this question, with 93% of people agreeing or strongly agreeing.

Key points raised:

- Take a whole family approach. It is scary and lonely supporting a loved one through this which can impact on carers mental wellbeing
- Include carers of CLA and care leavers
- Workers should understand the Care Act and its statutory duties towards carers and help signpost or refer carers for assessment
- Carers are essential and often overlooked. Looking after carers saves money.

2.9 Some people have told us that they value digital support as well as face-to-face support. We would like to make more use of technology and social media to provide information, advice and guidance to these people. Which of the following do you think we should be using?

		Response Percent	Response Total
1	Facebook	51.61%	96
2	Twitter	39.78%	74
3	Instagram	27.42%	51
4	Skype	45.16%	84
5	Email	63.44%	118
6	Text messaging	73.12%	136
7	Online chat	65.05%	121
8	One website for the whole service	58.60%	109
9	Telephone support/counselling	86.56%	161
10	I don't use electronic communications	3.23%	6
11	Other (please specify): View	8.60%	16

186 people responded to this question.

Key points raised:

General consensus is that digital support can be useful but there was concern over tailoring to wide age range and access to technology for those most vulnerable.

- Many people felt there was no substitute for face-to-face engagement
- Digital contact was seen as most helpful to publicise service/arrange appointments but less useful in engaging with individuals
- Confidentiality for user and adherence to conduct and ethics for the service should be carefully considered
- Consider a single website with links to all above
- Some groups do not have access to technology and are digitally excluded

2.10 The National Drug Strategy supports building recovery in many areas of people's lives. This involves health, housing, employment, education, criminal justice, mental health services and others working together to support people involved in substance misuse. We think basing substance misuse services in communities (for example, workers holding appointments within probation services, JobCentre Pluses etc) will help to build recovery, rather than services being based in a few designated drugs and alcohol hubs. Do you:

			Response Percent	Response Total
1	Strongly Agree		36.56%	68
2	Agree		32.80%	61
3	Disagree		9.14%	17
4	Strongly Disagree		11.29%	21
5	Not Sure		10.22%	19

186 people responded to this question, with 73% of people agreeing or strongly agreeing with the proposed approach.

Key points raised:

- Although community sites are important, the service requires an identity for staff somewhere to liaise with colleagues, receive training and supervision, share ideas about best practice to maximise staff retention and resilience.
- Be aware that some see statutory services as a threat rather than support
- This would help people access services locally
- Co-location will help upskill other health and social care professionals
- Providers will be able to help each other reduce service user journeys and promote joint working

2.11 Peer mentoring and involving service users (including carer and young carers) is vital to the successful delivery of drugs and alcohol treatment services. How do you think this can be best achieved? Please give examples where possible.

105 people answered this question, and there was a consensus on the principle of peer mentoring being positive.

Key points raised:

- Consider how long people should be in recovery before becoming a peer mentor
- Explore a accredited training programme delivering real qualifications

- Peer experience is very powerful;
- Peer involvement crucial to shaping services

2.12 We want treatment services to work closely with sexual health services to help people who require support in both areas. How do you think this would work best?

92 respondents answered this question, the majority of whom viewed the proposal positively.

Key points raised:

- This is important for people using drugs for sex who wouldn't identify with drug service
- Partnership working with GUM is important
- Dual messages in schools sexual health and drugs and alcohol could be effective
- Reciprocal training is likely to have a positive impact

2.13 Chemsex is mentioned in the national drug strategy as an emerging issue. What risk, if any, do you think chemsex poses to people in Hertfordshire? If it does pose a risk, how should treatment services support people at risk?

90 people answered the question, of which many were previously unaware of this issue.

Key points raised:

- Awareness raising likely to be helpful
- Discreet pathway to treatment could help
- Consider education and health promotion at early stages and school
- Consider people from Hertfordshire involved in the clubbing scene in London who may be accessing London sexual health services