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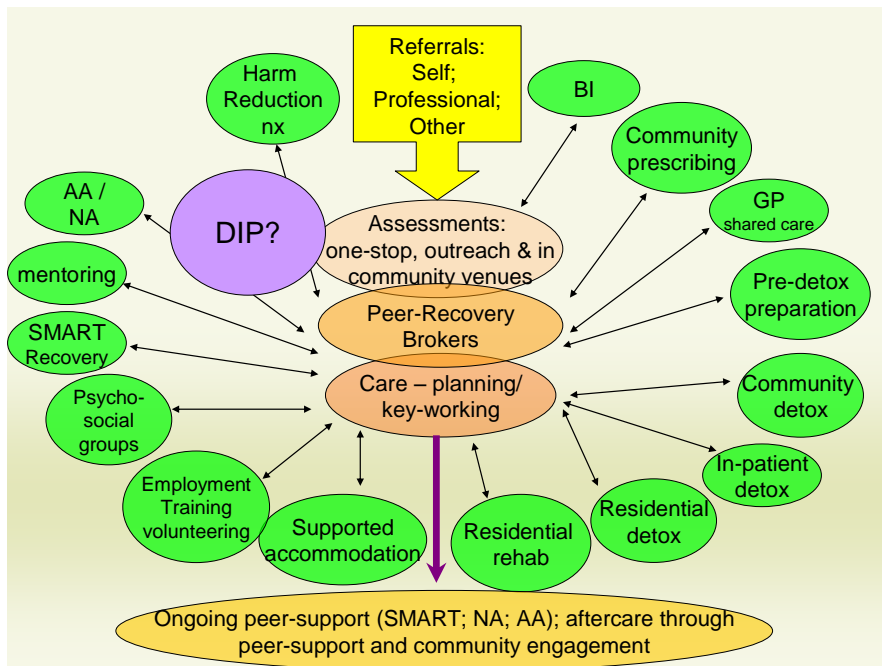
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1) Purpose of the Report

This report has been produced by the Integrated Commissioning Unit as part of the Stakeholder Engagement plan relating to the re-modelling of Substance Misuse services. There has been a wide range of consultation during 2011 and 2012 with various stakeholders including practitioners, partner agencies, current service users and those that previously accessed services.

2) Background & Context

The consultation mainly focused on seeking feedback from stakeholders on the proposed model as represented in the diagram below:



In this model the pathway runs from top to bottom, with a person-centred recovery plan held in the central "hub" engaging with specific interventions from the green "spoke" services as identified in their plan.

The model depicted aims to deliver a Recovery Oriented Integrated System (ROIS). The principle advantage being a consistent, person centred and recovery focused plan of care/treatment developed between the individual and their worker in the recovery hub. The hub would need to be independent of the specific interventions delivered but have very clear and open information and communication links

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with them. It is envisaged that the hub may operate from multiple access points, to maximise accessibility, despite being a single independent team.

Who we consulted with and where

We consulted at a variety of forums and settings which included:

- The Recovery Action Alliance (multi-agency stakeholder forum)

We consulted a number of times with stakeholders through these quarterly meetings over the previous 9 months with the main session being in April 2012. At this forum we dedicated the entire event to consulting with stakeholders about different elements of the hub and spoke model through a number of workshops. The event was very well attended with people in recovery, practitioners and service managers from a broad range of organisations.

- Focus groups with current service users.

We consulted with approximately 65 people who used substance misuse services at a range of different services across the city. We facilitated a series of focus groups as a way of seeking views and ideas and we started the sessions by giving people an overview of what the new proposed 'hub and spoke' model would be. We then asked a number of broad questions to the group about what works in the current system and what they would like to see in the new model.

The consultations took place at Cranstoun, the Drug Intervention Programme, Kingsway House community team, Alcohol Nurse Service at QA Hospital, Parent's Group at the Havelock Centre, Central Point, ANA Treatment Centre and an ACT consultation group consisting of people who attended various ACT groups across the city.

- Focus groups with Stakeholders

The focus groups were attended by service managers, commissioners and service user representatives and were facilitated by external facilitators. Stakeholders were asked to explore a proposed treatment system model for Portsmouth – the "hub and spoke" model – compared to more traditional treatment models.

We also regularly consulted through the monthly service manager's strategy groups and there was an opportunity for practitioners to feedback their views/opinions and suggestions on what should be part of the new system. In addition we received a number of individual responses from stakeholders expressing their views, opinions and suggestions.

3) Stakeholder Feedback

We have chosen to separate the stakeholder feedback into different themes based on the proposed model which are as follows:

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The Hub

The main recommendation relating to the location of the hub was that there should be a central base that has an administration function with multiple access points in the community where services are delivered. All stakeholders felt it was important that the Hub should have an outreach function that supports and engages people in the system. They thought services should be available 7 days a week with evening access and that a 24/7 free help line would help to support people access services. Services that are flexible to the needs of parents and families was seen as important and creche facilities was identified as being a strong need at the parents group. It was felt that within the current system having a worker that sits across children and family's social care and sub misuse was important and that this role should continue in the new system.

Throughout the consultation stakeholders were asked to consider whereabouts in the city the Hub function should be delivered from to enhance accessibility. The main suggestions were a central location near the Guildhall, GP surgeries, community centres, access in the north of the city ie Cosham Surgery, Mill House and Central Point.

It was identified a number of times that services should meet people 'where they are at' within reason. This was seen as a positive aspect of the current system especially relating to the service AIT and the ACT approach offer where the service is taken to the person rather than the person going to a specific service venue. Stakeholders generally felt that the locations should be 'non-treatment' or office based and should be anonymous. There was a strong suggestion from service users that accessing anonymous 'non treatment' services reduced the stigma they feel and have experienced previously.

Stakeholders felt that it's crucial there are clear pathways to access the services and that GP's in particular need to understand what's on offer and how to refer. They also thought that the system would only work if the planned shared IT system was in place to ensure clear channels of communication out from the hub and back in again. This would then provide the intelligence to enable decisions to be made as to whether clients are or are not progressing in their treatment. The benefits of having a shared IT system links into feedback that the system should be more joined up and that there should be better partnership working.

Criminal Justice

A crucial area we focused on throughout the consultation was how we work with substance misuse clients in the criminal justice system. Stakeholders at the RAA were presented with a couple of options and asked for their opinions.

The first option was for the DIP service to remain as it is and sit outside the hub. The advantages identified were that it's a small dedicated team that can focus in a targeted way with criminal justice clients. A concern raised was that if the service is placed within the Hub than workers could become 'generic', working with all people and not solely with criminal justice clients. Stakeholders also felt that if the service was outside of the Hub than criminal justice clients would be kept outside of the mainstream service that was on offer.

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The second option was that the DIP service would operate from within the Hub. The advantages put forward were that the service would be more integrated within the new system and that clients would have access to both specific crime reduction groups and other structured groups. The risks identified were that there could be a loss of focus on criminal justice clients and the wrap around support that clients receive at present which was echoed at the service user consultations might be lost or reduced.

An idea that was given by a number of stakeholders was to maintain and increase the intensive support function to all clients with complex needs e.g criminal activity and mental health.

Peer- Recovery Brokers

Throughout the service user consultation we received a great deal of positive feedback about the role of peers in the current treatment system and how that should be developed in the future. There was support for Peer Recovery Brokers in the new system and people identified that if there was a peer alongside them throughout their recovery journey this would be very positive. At the focus group with professionals a concern raised was that Recovery Brokers needed to receive ongoing appropriate training and that there was a need for robust governance and management structures to support the system.

Psycho-Social Interventions

We received a great deal of positive comments from service users about how Act is supporting them in their recovery. There was particularly good feedback from people who attended Act groups at Probation and QA Hospital that is a partnership approach between the AIT team and Act.

A number of people said that attending these groups led to them accessing ACT groups in the community which was seen as positive. There was a suggestion that the sessions should be extended and that there should be different levels of ACT groups based on peoples understanding of the model and their needs.

Counselling was seen as an important aspect of the system with their being a recommendation of quicker access and making more counselling available. There was also feedback that counselling for families might help to support people in their recovery.

A number of people said that SMART should be offered more widely in the new system and that this type of intervention worked well for them.

Structured Day Programme

At the RAA, stakeholders were presented with 3 different models of structured day programme and asked to feedback on what they perceived to be positive and negative. As would be expected of such a large diverse group of people there was a mixture of different opinions on the models. These differences were predominantly centred around stakeholders beliefs on the levels of structure that was needed within a programme. There were concerns raised that should we adopt a 12 week structured programme with fixed start dates than this might lead to waiting lists. A suggestion put forward that might overcome this issue was that the programme could be on a rolling basis with a flexibility to only commit to 4 or 8 weeks depending on individual needs. A concern also identified was that if a programme was overly

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'abstinence based' than this would exclude certain groups of people. The lapse programme that was put forward as an idea was well received.

We also proposed the idea of the drop in/open access element of the programme being delivered by peer supporters in recovery. This raised a lot of debate amongst stakeholders and a number of advantages and concerns were raised. In summary the key advantages raised were that if recovery is visible it could be contagious and this would foster a culture of hope and inspiration. The concerns raised were that if the services were solely delivered by peers this might be unmanageable due to issues around boundaries, confidentiality and conflict. There was a strong suggestion that should we adopt this idea, peer supporters should deliver services in conjunction with professionals.

There were various suggestions about where this type of service could be based which included locations such as Central Point or community centres. It was identified by some that a neutral venue would be preferred and that a recovery café model might work within this type of programme.

We received a number of positive comments from people who use the structured programme with Cranstoun. The freedom to pick and choose what groups they could access based on what they needed was seen as a positive aspect of the current model as was the flexibility to drop in for support.

Community Prescribing

There was a strong feeling within a particular focus group that those on methadone should be better supported by the system. It was felt that this group should have greater access to psycho social interventions and be given more information on what's available to support their recovery. Throughout the consultation there was a strong suggestion that rapid prescribing should be for all and not just criminal justice clients. More consultation is being planned in the future to gain a greater understanding how best we could address the needs of people on substitute prescriptions within the new system.

Aftercare

Aftercare that offers personal development, life skills and employment, training and education opportunities was seen as vital to the system at all the consultations. Throughout the service user consultation many people spoke about the need for more access to activities relevant to their interests. The activities that are provided in the current system were seen as very positive and supported people in their recovery.

A particular piece of feedback was that there should be a greater variety of options where people can volunteer. It was felt that some of the options were too narrow and that there should be opportunities in different sectors and industries.

Personal Health Budgets

Throughout the service user consultation we asked people whether they would be for or against the use of Personal Health Budgets in the new system. The vast majority of people supported the idea and thought it was positive.

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They thought that it gave people choice and control in their recovery and that the monies would help more people in a flexible and person centred way. People thought that there should be greater access to monies when people progressed in their recovery and that this was a way to incentivise and engage/motivate people in their recovery. There was a concern raised in the consultation that the responsibility could be overwhelming for people in early stages of recovery which should be considered by decision makers.

4) Recommendations & Conclusions

It was widely agreed throughout the consultations that the remodeling of substance misuse services is a real positive opportunity to design a Recovery Orientated Integrated System that meets the needs of the community. There was a great deal of excitement, energy and passion in the consultations and a real desire to improve what is currently on offer.

There was a feeling amongst service users that there were some good services being delivered in the current system but they should be more joined up and that there should be better partnership working. The shared IT system is seen as crucial by stakeholders in ensuring there is good communication within the system and the forums and meetings that we have in place already should also support this. The idea of Peer Recovery Brokers was well received by current service users. We recognise that the model of Peer Recovery Brokers is still in its infancy and more development work is needed in the near future to ensure future training plans and governance/management structures are in place to allay the concerns raised by some stakeholders. Although Peer Recovery Broker's are an important component within this model we are mindful not to place too much pressure on what is an intervention that's centred around volunteers.

A preliminary decision has been made recently to base the DIP function of the service within the hub as this will strengthen its integration into the new system therefore giving people more choice and opportunities towards their recovery.

The relationship between the service user and practitioner is crucial and a number of people spoke about the importance of this to their recovery. The work of the Advancing Practice Group (group consisting practitioners and service users) in creating a set of standards that services work towards and achieve is crucial in establishing a positive culture within services. The outcome of this work will be incorporated into the specifications and operating procedures of the re-modelled services.

With regards to Personal Health Budgets further consultation is needed with providers about how ready they are to move towards PHB and outcome funded contractual approaches in general.

Please note this report covers the consultation to date and we will be continuing to consult and involve stakeholders throughout this process.