APPENDIX 1

Wolverhampton - Drug and Alcohol Services

Findings from Stakeholder Engagement and Consultation
August 2017

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1. Introduction

City of Wolverhampton Council is responsible for commissioning drug and alcohol treatment and recovery services for adults and young people, which forms part of a wider programme of activity to reduce drug and alcohol related harm.

Delivering effective substance misuse treatment has a wide range of positive outcomes for individuals, families and communities including reducing reoffending and antisocial behaviour, and reducing health harms and improving health.

Wolverhampton Public Health team, as part of the commissioning process engaged with key stakeholders regarding the future Drug and Alcohol service model.

A public consultation was held for 12 weeks, commencing in April 2017 comprising of an 8-week engagement process from April – May, followed by a 4-week consultation from June – July. This document details the findings from this engagement and consultation.

The consultation process sought to obtain the views of key stakeholders on current services and to identify the best future service model to include in outcomes for individuals and families. During this process, we consulted with over 400 adults, young people, professionals and parents to inform the development of our proposed service model.

2. Engagement Process

Our engagement activities were designed to give people the opportunity to voice views, experiences and requirements. This approach has enabled us to develop the proposals for future services in conjunction with stakeholders.

We have aimed to address concerns regarding services through open and meaningful engagement with all those affected. This section sets out how we have gone about this. It also sets out the key issues that have been raised by stakeholders and influenced our thinking on this matter.

By the end of this consultation process we hope that everyone – service users, service providers, professional stakeholders and members of the local community - will feel that their voices have been heard. Also, just as importantly, that those voices have helped us achieve our goal of providing a service that is accessible, appropriate and responsive to local needs.

3. How we engaged with stakeholders

We employed a variety of methods to obtain feedback from our key stakeholders. A number of engagement events were held, where providers, health and social care professionals, service users and members of the public attended. Three separate open service user workshops were held, alongside online surveys for stakeholders

and service users. Furthermore, to capture the views of those who are misusing substances but not currently accessing treatment services, insights were sought from vulnerable 'hard to reach' groups where a number of semi-structured interviews were undertaken.

We conducted online surveys for service users and stakeholders. With the assistance of the Councils Communications team - their Facebook and Twitter accounts were used to publicise the consultation process.

Two multi-agency events were held for professional stakeholders.
Information from a variety of sources was shared including data from the needs assessment, learning from evidence reviews and current best practice, service performance data and key challenges.

Early into the commissioning process we established a Drug and Alcohol steering group with responsibility for overseeing the development of the commissioning process including developing and supporting the consultation process. Probation services, Community Safety, Homelessness Services and the Clinical Commissioning Group are represented on the group along with representatives from several council departments.

A summary of the stakeholders we have engaged with is detailed in the table below. Approximately 400 stakeholders have expressed their views.

How we engaged with stakeholders	Who we engaged
Provider engagement event	52 professionals. Managers and staff in current services and key partners including young people's services, criminal justice, Hospital Liaison, GPs Shared Care, pharmacies, voluntary sector services.
Stakeholder engagement event	38 professionals from partner and support organisations including health, social care, criminal justice, education and voluntary sector services.
Online engagement survey	57 Stakeholders responded this survey was made available online as well as via social media platforms through council services, housing services, Youth Council, Service User Involvement Team and circulated widely to all stakeholders.
Service user engagement survey – drop ins	77 respondents. This involved engaging with services users including those from Needle Exchange, Youth Offenders those involved within the Criminal Justice sector, Alcohol and GP Shared

	Care services, Ex users, Young People, Parents Women and Carers.
Three focus groups at Thornhurst location One focus group with men from migrant communities	21 service users
Three service user workshops	54 service users
Vulnerable groups interviews	A number of semi-structured interviews were undertaken with 57 individuals across 8 organisations and included those who support, street homeless people, sex workers, LGBT groups, Women/Carers, Migrant Communities, Young People in supported accommodation and men's groups from mixed ethnic backgrounds.
Consultation survey	46 stakeholder responses

4. Current Services

Current drug and alcohol services in Wolverhampton include:

- Recovery Near You
  - Substance misuse services for adults, young people and families
  - Drug and Alcohol Hospital Liaison Team
  - Criminal Justice interventions
- Shared Care delivered by selected GPs and Recovery Near You
- Addictions Maternity Services
- Needle Exchange Service in community pharmacies (and needle waste disposal services)
- Supervised Consumption in community pharmacies
- Service User Involvement Team (SUIT)

These are currently offered in a range of settings including:

- Two locations in the city centre
- At GP Practices
- Outreach / community settings
- Probation offices
- Pharmacies
- Hospital

These services aim to build recovery and reduce harm through specialist help which includes information, advice and guidance, psychosocial support, and pharmacological (prescribing based) interventions.

5. Overview of key themes identified from all consultation activity

A wealth of information has been received throughout the various consultation activities we have conducted in terms of what respondents wanted from the system. We aimed to hear views from as many people as possible. This included service users, carers, family members, support organisations, professional stakeholders and members of the public in fact, anyone who had a view on drug and alcohol support services.

Responses can be grouped into several themes**:**

Criminal Justice Interventions

- Respondents were in agreement that there was a need to keep people using drugs out of the criminal justice system. There needs to be action in place to stop/address/reduce offending and re-offending. Alternatives to criminal sanctions should be explored.
- Treatment and support should be available for those newly released from Prison.
- Provide holistic support through probation and mental health services.
- Communication and joined up approach required from multiple agencies involved in criminal justice interventions.

Mental Health Support and Awareness

- Strengthened links and clearer pathways with mental health services to address stigma and root causes.
- Target mental health support to vulnerable groups through partnerships with specialist organisations.
- Improve strategies to tackle long and short term mental health in populations including individual and group counselling, workshops, training, mentoring support, telephone support and network ‘meet ups’.
- In house psychiatrist support seen as valuable.

Outreach, Prevention and Intervention

- Tailored and targeted outreach and assertive outreach were identified as something that should be undertaken, especially for “vulnerable groups”. The homeless were identified on a number of occasions as a group particularly in

need. There was also a sense that some people are unlikely to come to services as they do not recognise that they may have a problem.
- Although early identification was recognised to be important there was also a need to have preventative approaches, to stop substance misuse happening in the first place. Through for example education in schools or raising awareness for the public.
- Additionally, it was raised numerous times that there was a need to address the underlying causes of why individuals may be misusing drugs or alcohol.
- Emphasis on awareness, implications and response to New Psychoactive Substances, chemsex and education to LGBT (Lesbian, Gay, Bi-sexual & Transgender) groups.
- Training programmes delivered to professionals (including to wider organisations e.g. hostel staff, LGBT staff) to ensure they understand what advice and support is available, and how they can support those who need services to access them.
- School liaison – improve information sharing as schools often have concerns regarding children and parents at risk.
- Target health promotion with appropriate resources to pupils in vulnerable groups e.g. new arrival communities.
- Online educational support for specific groups.
- Brief intervention sessions available in the community.
- Target interventions to specifically intercept cycle of misuse/abuse in families.
- Enhance workforce capacity through use of a co-ordinated volunteer programme. Invest in well trained, professional dedicated staff e.g. therapeutic support, use of interpreters.

Family Support

- Support, advice and training for family, friends and carers of those who use drug and alcohol services about substance misuse and about how to live with and support service users.
- Explore opportunities for peer (other families) and mentor support.
- Increased opportunities for social outings and children's activities to build resilience and support networks.
- Increased awareness and emphasis on family involvement and family group sessions.

Access and Flexibility

- There was an identification that locality based services would prove beneficial to people. Shared care highlighted as a community based service.
- Requirements for out of hours' provision – evenings and specifically weekends for those who work with telephone support offering brief interventions as a minimum.

- Reduced waiting times to start treatment and prompt access to scripts to maximise service user engagement.
- Increased emphasis on detoxification provision and local availability.
- The use of an appointment reminder system.
- Challenge barriers to service access to improve service uptake from vulnerable groups.
- Visible service promotion in high risk areas, use of community advocates.
- Online advice and support, accessible 24 hours a day with self-referral option.

Recovery

- Understand and meet the wider needs of service users, such as housing, employment and training etc. and consider the needs and requirements of the whole person. Additionally, other services (statutory/voluntary and community/faith organisations) had a role in helping to identify issues/people, and refer/signpost onward; but also, to respond to and help meet needs across a range of issues.
- Facilitate access to positive social support networks – employment, SUIT, community groups, Changing Lives, Hope, housing related support, hobbies, mental health support, sport or recreational activity to support recovery.
- Aftercare support to individuals and families to build resilience and avoid relapse.
- Greater recovery links in GP surgeries.
- Advocacy and support for service users to enable them to access and engage with services including a peer mentoring and buddying system.

Building on achievements

- Current system offer valued particularly staff's ability to be responsive, non-judgemental and understanding.
- The hospital service and criminal justice service were highly valued.
- The role and value of SUIT was also identified because of its work in service user involvement, helping individuals' wider issues, housing, benefits, into volunteering etc. i.e. more holistic help. Seen to be making a practical difference. Valued by service users and stakeholders alike.
- Wolverhampton has a well-established local Shared Care GP prescribing network supported by experienced key workers.
- The current service model provides an extremely comprehensive package of care for families where children have parents or carers who misuse substances and for parents or carers of substance-misusing children. However, as demand for service increases this method of service delivery is likely to be unsustainable.

- All those who leave drug treatment have access to drug-related support and mutual aid groups. This includes easy access back to drug treatment in the case of relapse.
- The treatment system effectively supports recovery, including innovative programmes through a variety of groups including life skills and drop-in support.

Areas for development

- Concerns raised in relation to access to treatment and detox services and availability of key workers.
- Communication between services and interrelated functions such as shared care GP's and the number of dispensing chemists, timely prescriptions and the operation of supervised consumption (the use of consultation rooms and staff).
- Access and availability of needle exchange services (particularly in Bilston) and the disposal of needle equipment and waste.

6. Workforce - What professionals working in drug and alcohol services told us

At the workforce consultation held in March 2017, professionals informed us that in order to ensure we are working with the whole system opportunities can be explored to undertake alcohol screening and brief interventions including a possible alcohol Audit C screening campaign in Pharmacies together with signposting and better training for workers. A key challenge being 'better support' for the population who are consuming alcohol yet 'functioning'. They said there was another opportunity in Primary Care with new GP registrations together with promoting the normalisation of the Audit C screening tool within this setting.

A key gap in current whole system service provision was mental health and the need for greater integration, support and potential co-location of mental health service provision within substance misuse services. The workforce highlighted that currently there is no policy on managing Mental Health and alcohol-the dual diagnosis pathway. The setting up of this would provide greater joint working/management of these two areas. Other gaps identified included meeting the needs of homeless, Black and Minority Ethnic communities better.

In terms of supporting those who are affected by a person's substance use i.e. children and families (otherwise known as "hidden harm") workers suggested several ways to improve outcomes for these groups. They highlighted, there was a need for increased awareness for the whole treatment system (including pharmacies) about Social Service's access routes such as contact information and criteria for referral. The workforce would like to see improvements in multi-agency working, through the strengthening of pathways to family support services e.g. Think Family. In addition, they commented that thresholds for MASH/Safeguarding are unhelpful and more flexibility is required to reduce escalation of need. Having representation within the

MASH, information sharing early and in-house training on 'hidden harm' were suggestions that were highlighted on how drug and alcohol services can improve outcomes for children and families. They also commented that young people's services in Wolverhampton were viewed to be working well but require greater integration with adult services.

7. Stakeholders – What stakeholders told us online and during the stakeholder engagement event

A public consultation was developed for stakeholders which was made available online and circulated widely. 57 responses were received. In addition, a Stakeholder event was held on the 26th April 2017 were 38 attendees were present. We asked stakeholders to tell us how drug and alcohol services might be improved in the new service model. There were several key areas identified by respondents. These are summarised below.

What stakeholders liked about current services:

- The hospital Service and criminal justice service were highly valued and the way they are structured is identified as working well in the hospital and for the police. (As identified by a consultant gastroenterologist and a police officer.)
- 360 were valued because of staff's ability to be understanding, to engage and work and build therapeutic relationships with young people.
- Recovery Near You were praised for non- judgemental staff and an accessible and responsive service.
- The role and value of SUIT was also identified because of its work in service user involvement, helping individuals with wider holistic issues for example housing, benefits, volunteering roles etc. It is seen to be making a practical difference. Valued by service users and stakeholders alike.

Some service user comments about treatment services and their experience of services received:

"Really helpful, good treatment support has helped me to stay abstinent, but continually need after care."

"Staff are very open, understanding and welcoming, listen to problems well and help in any way they can. The support and encouragement you get. Opportunities to engage in new skills and ways of coping. Good advice on healthy lifestyles."

"They are brilliant, they have helped me a lot here. Key worker has helped me to be a good role model for my kids. It was myself who got into this and it's me that's got to get myself out of it."

We asked stakeholders to tell us how drug and alcohol services might be improved in the new service model. There were a number of key areas identified by respondents that could lead to improvements, these are detailed in the table below.

Key themes	Suggestions from stakeholder on how the drug and alcohol service could be improved in the future
The role of Primary Care	GPs could ask improved routine questions about substances in a non-stigmatising way. Questions about substances could form part of other general health assessments /questions.
Collaborative working with Drug and Alcohol Services and Primary Care	There is a need for better joint working between GPs and substance misuse services. Substance misuse services could be based in GP surgeries. Information leaflets could be made available in GP surgeries to raise awareness.
Better pathways from organisations in the community with Drug and alcohol services	Community groups and organisations have a role in sign posting people into services. There needs to be clear pathways between services (the police and A&E) and substance misuse services. Interventions/services could be targeted in locations where there are known problems as identified by housing and the police for example.
Target at risk groups	Interventions could be targeted to at risk groups, such as those who have mental health problems, experience domestic abuse, or are homeless (as they often have associated substance abuse problems) – as a way of identifying and engaging individuals earlier.
Preventative approaches to be adopted	Taking a preventative approach, by taking action in schools, job clubs and through community engagement would negate the need for early intervention.
Greater multi-agency support/collaboration for families	MASH and Strengthening Families were identified as having a role. Discussions about the family should be included in plans. There was a call for more help, support and guidance for parents/carers of substance misusers. Provision of support to parents of adults who misuse substances / better outcomes for children and families
Mental health support	Need for improvements in service delivery. There is a need to address the underlying causes of poor mental wellbeing; as often people are misusing substances as a way of trying to address their problems. Need for closer working (working together) between mental health and other services. Need for more awareness across the

	board for other/all services in their role in offering mental health and well-being support.
Explore opportunities to address substance misuse in the Criminal Justice Sector	Need to address the underlying causes of why people are misusing substances. Need to improve the effectiveness of Alcohol Treatment Requirement/Drug Rehabilitation Requirement Orders. It was identified that the opportunity to help/ support people at caution stage should be taken.
Greater support for vulnerable groups through assertive outreach	Need some form of community based work. "pop up" services in locations/places where there are known issues and concerns with vulnerable groups (such as the homeless). Interventions/services can target groups/sites such as schools, youth clubs/gyms. Voluntary/ community/faith and statutory services/agencies (such as housing) have a role in identifying people who have a problem. There is a need for multi-disciplinary working to support this. More community setting provision, greater assertive outreach.
Training and awareness to organisations to enhance capacity	More training for the general/wider workforce on substance misuse issues. Provision/help also needs to be available through universal services/wider services because of the stigma of substance misuse. Better publicity about services.

8. What service users told us in the service user engagement survey – drop ins

Characteristics of respondents

Drug and alcohol service users had wide age ranges, but predominately 35-54, more male than female, mainly of a white ethnic background, with some from Asian and white and black Caribbean heritage. Just under half said they had a mental or physical health issue.

There were a number of key areas identified by respondents that could be improved in the new service model. These are summarised in the table below.

Key themes	Suggestions from service users on how the drug and alcohol service could be improved in the future
Quicker/easier access to scripts	Currently it can take 4-5 weeks which is too slow to capture the motivation. It was cited as possible in the criminal system and prisons to get the script the same day. More pharmacies dispensing scripts. Option for weekly script not daily.

Mental health support	Mental health is widely recognised as an underlying issuing which needs addressing as well as a holistic approach, which might include counselling. Greater support for mental health issues/emotional support.
More detox/rehab closer to home	Locally accessible service
Current services that are working well	Thornhurst is a good service, staff being friendly, approachable and helpful is appreciated. Drop in and group sessions valued alongside peer support opportunities and breakfast club. Role of SUIT was seen as vital by service users as they provide occupation, direction and wider social support and appreciated as essential recovery support.
Family support	Families need to be included and supported more, both in prevention and treatment
Young people's and family drug and alcohol service to be expanded	Youth offending team, positively and strongly related to 360 service: would like more group sessions, including family. Involving family is cited as important to be addressed in new service.
Service awareness and readiness to change	Those not in services are aware of services and how to contact them: need to be ready to access. There was some vocalisation of wanting to go clean by "do it on your own".
Effective out reach into target populations	This might be achieved by people who previously misused and have been through the journey: empathy but blunt. Improve the offer to homeless services
Focus required to tackle New Psychoactive Substances (NPS) use and alcohol	Greater focus is required for Mamba and alcohol misuse
Greater support in the community	Such as meeting others, keeping busy, employment would enhance living positively in the community.
Improve service access and opening times	Open more hours, particularly evenings and week-ends Appointment reminder system
Location of services	More pharmacies to access scripts. Increased role of GP to aid access. Ensuring the roles of prescriber and keyworker are clear and differentiated

In order to elaborate on the themes collated, below are comments from service users to provide some context specifically around script waiting times;

"If you're offending and committing crimes you can receive treatment very soon, but I have been waiting 5 weeks for my script. When I was in prison, this was instantly in 24 hours as I was a PPO (Prolific, Priority Offender). People do not go to Horizon (RNY) because of the waiting times"

"The induction (re prescribing) when first accessing is a window of opportunity that is being refused (too long 4-5 weeks) for a script. By time they get script the addict loses motivation."

Other service user commented on the importance of education and valued opportunities for service user inclusion regarding service reviews;

"Every couple of months renew what's happening, new drugs coming in, education about these. More reviews in house make sure things are going ok 'on the ground' from service user's point of view, rather than what is planned from the top (managers/keyworkers)."

Other responses were very pragmatic and suggested security in funding of drug and alcohol services alongside extended provision, could lead to service improvement;

"I am not a service user any longer, but to improve an already good service it could be possible, with a reliable source of funding, to extend hours if possible, i.e. weekend."

A number of service users elaborated on the relationship between substance misuse and mental health. They also commented on the challenges of receiving mental health support and opportunities that may exist within the service to receive this help;

"Would like mental health support, have been referred to Healthy Minds but have not rang them. It would be good to have someone to talk to here."

"When people go through drugs, they have experienced an emotional issue. Which has lead them to use. No sensible person wants to destroy their lives. When there is no outlet for emotional problem. The body needs something to eradicate emotional pain 'numb it' "

9. What vulnerable groups who are using substances but not accessing treatment services told us

We interviewed vulnerable people to help us to gain a better understanding of their drug and alcohol use, explore barriers to service access and to identify any behaviour change opportunities. Feedback has been thematically collated below from a range of interviews undertaken at Hope Centre, LGBT services, Changing Lives, P3, 360 Family Event, Refugee and Migrant Centre, YMCA, Central & Eastern

European people focus group, Health Related Behaviour Surveys, New Migrant Young People, Older men's group and rough sleepers. There were several key areas identified by respondents that could be improved in the new service model. These are summarised in the table below.

Key themes	Suggestions from vulnerable groups on how the drug and alcohol service could be improved in the future
Mental health support and awareness and its association to drug and alcohol misuse	Improve strategies to tackle long and short term mental health in populations. Strategies identified include; challenging the stigma of speaking up about mental health issues, improve access to counselling - individual mainly and in groups (LGBT group suggestion), young person counselling (Base 25) workshops/training, mentoring support – to be motivational and reflective, telephone support, support network 'meet ups'. Improve awareness of the link between Drug and Alcohol combined with help seeking (find "the root causes"). Targeted mental health support to vulnerable groups through better partnerships with specialist organisations. addressing issues of isolation, lack of familial support, 'coming out' (LGBT) bullying, early intervention - suicide risk. Migrant communities - impact of shame related to alcohol problems e.g. in Lithuania presents a real barrier to seeking help
Criminal justice interventions to prepare for detox in the wider community and in custody	Early intervention and prevention initiatives to reduce offending rates. Alternatives to criminal sanctions for heroin addicts – specialist support centres to reduce crime. Greater support in prisons for preparation to stay clean following release. Support for vulnerable families – break cycle of generational damage of substance misuse and crime. Holistic support to be provided through probation and mental health services. Person centred, more intense supervision for those deemed to be highly vulnerable.
Enhance drug and alcohol outreach including education	Vulnerable groups, who are homeless, sex working, from migrant communities together with those from closed communities to provide 'proactive outreach' to overcome barriers to access. Education and awareness on the risk of specific substance misuse in those groups e.g. NPS, Mamba risk and consequences with homeless groups. Chemsex, legal issues, harm reduction education to LGBT groups. NPS is a growing issue, the future provider needs to better understand the implications and response to this issue.

	A potential outreach route, suggested by rough sleepers would be by people who have been through the same journey and come out the other side, providing information that is blunt about the impact but caring. Wider support, employment, housing and psychiatrist would enable users not in service to live more positively in the community.
Challenge barriers to service access with vulnerable groups	Challenging barriers to service access in promotional material to improve service uptake from vulnerable groups (confidentiality, shame, labelling, 'being fobbed off', embarrassment, fear, judgement). Many see "stigma" as a real barrier to accessing services, along with just not being ready (rough sleepers). Greater recovery clinics in GP surgeries and community outreach. Improve awareness of services specifically vulnerable groups and families e.g. through advertising in 'high risk' areas, use of community advocates. Visible promotion of support channels, including social media use. Publicity materials in different languages as low awareness of service from migrant communities apart from GP. Promoting these services within new communities. Making it clear that the service is free. Making use of Lithuanian and Polish social media in the West Midlands to get messages out. Explore option for online self-referral and support into alcohol services.
Enhance workforce capacity	Enhance workforce capacity: through the use of a co-ordinated volunteer programme; investment in well trained, professional dedicated staff e.g. trained to provide therapeutic family support, use of interpreters. Training to wider organisations on drug and alcohol issues to maximise resources and to provide holistic support e.g. hostel staff
Better out of hour's provision and aftercare	Telephone helpline offering brief interventions to combat triggers available in the evenings and Sundays. Evening appointment for those who are working. Aftercare service to support individuals and families: to 'stay clean' offering somewhere to go to continue to build resilience and to avoid relapse.
Enhance family support including raising awareness of the impact of drug and alcohol misuse on children and families	Work with the whole family to seek improvement and support change including resources to enable therapeutic family support. Raise awareness of the impact of drug and alcohol use on children and families – due to limited knowledge on long term impact (user perspective) and lack of understanding to support user (for families).

	Greater opportunities for outings and children's activities to build resilience and social support networks. Greater promotion of drug and alcohol services for families, as limited awareness of services that are available for families.
Focus on prevention and early intervention	School liaison: improve information sharing as schools often have concerns regarding children and parents who are at risk. More educational awareness of the impact of drugs and alcohol, especially in schools. Health promotion targeted at pupils from New Migrant communities – development of resources to tackle smoking and e-cigarettes although resources for alcohol, illegal substances would also be relevant. Offering smoking cessation services within secondary schools with a high proportion of pupils from new migrant communities. Early intervention through GPs, Family support, Social Services, SUIT, Hope Centre. Online platforms for education for specific groups e.g. LGBT chat rooms, grinder sites. For older men's group misuse is conceived as problematic when it's reached extremes, life taken over, no money and physical decline - opportunity for awareness raising by services to focus on earlier symptoms. Rough Sleepers described addiction as "a love-hate" relationship with some giving extreme scenarios of when it becomes problematic, there is some recognition of it becoming problematic as a gradual process - consumption slowly creeping up or where others 'tell you it's a problem'. These could be insight moments for raising awareness and indicates who Identification and Brief Advice (IBA) might impact.
Protective strategies and interventions to intercept cycle of substance misuse	Interventions specifically intercepting cycle of misuse/abuse in families. Support from services to implement protective strategies: facilitate access to positive social support networks, employment, SUIT, community groups – Changing Lives, Hope, housing related support, hobbies, more mental health support, sport or recreational activity to divert energy and attention into a positive route to support recovery and mental health. Older men's group, these respondents are all aware of services and have used them in the past. They see their lives as "lost" or unsalvageable and only an extreme event would galvanise them to seek help, some suggestions about living positively were more options to meet others and keep busy.

Greater use of behaviour change strategies	Self-help strategies: to be explored and promoted alongside treatment. Increase sense of control over drug and alcohol use. Rough sleepers were aware of services, which some were engaged with whereas others want to do it on their own. Support which can be given to aid self-attempt, would be useful. Detox programmes. Relapse prevention: Recovering addict's opportunities to access to gym facilities e.g. WV Active, sport as part of recovery. Recovering users to be used as mentors for others entering the system. The mentoring route to be formalised with training and recognition. Use of marketing campaigns: Highlight loss of time (LGBT groups) Loss of money, the effect of alcohol on your health, the effect of alcohol on your family or your ability to work acted as motivators to change (migrant communities and others). Making use of Lithuanian celebrity footage where they talk about giving up drinking and the benefits etc. Developing some life stories from within the Polish and other communities of people who have given up drinking. Polish alcoholics anonymous group.
Tackling environmental and social influences of drug and alcohol misuse	Address wide availability of drugs in Wolverhampton Drinking norms and social pressure to drink to be challenged and ease of availability. More activities for those who have little to do, unemployed or young people in some communities, who drink because they are bored. Environmental improvement, involving the Police, less tolerance in areas known to be a problem, such as the Avion Centre.

The semi-structured interviews with vulnerable groups provided a wealth of information, below are some comments from some of the most vulnerable individuals, who took part in our engagement. One individual shared his beliefs of substance using, providing some awareness into the challenges for services due to the perceived benefits to him;

"I did change my drug use with the crack, I will never stop weed, it calms me down (costs me a lot though). It's a natural herb, unlike some of the other stuff that's out there"

In regards to gaining insights from this group on how services could reach out to those who have not used drug or alcohol services before, a number of service users commented on how this might be achieved and who they would be receptive to;

"Go out be blatant with them about side effects of drugs and alcohol misuse as most don't know. Get ex users to give advice because they have more chance of listening to them."

Individuals were asked to consider where drug and alcohol services have not been accessed, what would help them to live more positively in the community, responses ranged from specialist support to meeting basic living and working needs;

"They need drugs and alcohol because they can help you cope. Talk to psychiatrist worker (not drug worker) who are fully trained to talk about/get to bottom of problems. Because without 'self-power' mental strength won't change"

"I would like somewhere to live and a purpose for living – housing, car, e.g. work"

10. What stakeholders including professionals and the public told us on the on-line consultation survey

The engagement activities and the feedback collated together with information received from a variety of methods, namely: data from the needs assessment, learning from evidence reviews, current best practice and guidelines and service performance data was used to set out a framework for a revised service model. The following consultation provided an opportunity to gain people's views and further develop the detail.

Taking into consideration the financial limitations the future Drug and Alcohol service will be subject to, there was a need to prioritise what the service's core offer should be. Therefore, we asked people to consider the aspects of the service which they value the most and feedback accordingly. The information received during the consultation process is highlighted below and will be used to prioritise service resources.

Characteristics of respondents

46 people from a variety of backgrounds responded to the consultation survey. 20% classified themselves as 'members of the general public', 16% were professionals who work in a Health or Social Care organisations who help people with drug or alcohol services, 18% were respondents from an organisation who provides drug or alcohol services. Most of the respondents to the survey approximately a third (33%) responded to the 'other' category and this group consisted of Shared Care GP's, West Midlands Police Criminal Justice Services, member of an organisation that works with people accessing drug & alcohol provision, Strengthening Families Worker, Housing provider workers, Pupil Referral Unit, Partner Agency, Ex addict working with vulnerable adults, A City of Wolverhampton Council employee, Provider Company for Community Pharmacies and a Youth offending team worker. Second

largest category was ‘general public’, closely followed by the third largest category of respondents ‘drug or alcohol services’.

Views regarding future Drug and Alcohol services

We asked stakeholders to consider and agree on the integral features of the future drug and alcohol system. Respondents to the survey ranked their preferences in order, acknowledging the challenges of this task as many components interconnect with others:

- Adults drug and alcohol recovery harm reduction, specialist treatment, criminal justice interventions, peer support, mentoring, mutual aid, improvements in mental and physical health, housing and employment stability. This category came out the highest with over half of respondents (58.06 %) ranking this as ‘1’ the most important element to be included.

- Young Persons Substance Misuse Harm reduction, targeted interventions, specialist treatment, transitional support, support for those in Youth Offending System scored the second highest category in the survey with 38.71% of respondents scoring this as ‘2’ an important feature of the drug and alcohol system.

- Prevention & Early Intervention Training, educational sessions, screening, signposting, making every contact count-MECC, community outreach, assertive engagement and Service User Involvement was the collective third choice.

- Advocacy Service User, Family and Carer Engagement and Involvement, holistic support - housing, finance and education/training/employment, building and supporting the recovery community was the fourth most important component of the drug and alcohol system.

- Family Support Think Family whole family approach, Adult safeguarding, Children and young people safeguarding, parenting support, school liaison, domestic abuse support was classified in the list as the fifth most important.

Summary of qualitative responses for this question:

Key themes	Further information provided by stakeholders
Difficulty in categorising due to interconnected nature of areas	A significant number of people commented on this theme. It was very hard to rank these as they are all viewed integral to an integrated treatment system. They are all integral to each other with a domino effect of one leading to the success of

	another. Consideration also into existing available provision and professional responsibility e.g. safeguarding. Recognition of need at a preventative level to reduce future demand on services as well as dealing with current level of need in the user population.
Early intervention / prevention in community	This theme was considered to be vital by a number of respondents. Especially for alcohol higher priority provided here, tailoring early interventions for alcohol provision and suitability for offenders. Utilisation of other services for early intervention messages through a staged strategy to improve awareness and create a multi-faceted approach.
Individualised/tailored approaches	Each case is individual and care should be tailored to different needs. Enforced abstinence should be replaced by harm reduction and a holistic approach to meeting the needs of those affected by addiction and their loved ones.
Current services that are working well	Hospital service is well used and provides continuity with community services, with one person commenting that it is vital that this continues
Stability in working environment	One person commented on the need for a stable working environment as essential to support drug and alcohol users.

We asked stakeholders to take into account what we know about people who misuse substances in the City and our current services and narrowing this further what we think the key components of a new system might include:

- The component that ranked highest with a score of ‘1’ (most important) was Prevention and Early Identification Education, Training, Screening, Identification and Brief Advice (IBA) with 36.67% of the responses.
- The second highest scoring component was, Harm Reduction Delivering a full range of harm reduction interventions aimed at reducing the physical risks associated with substance misuse with a score of ‘1’ (26.67%)
- Joint third highest ranking components were: Community Outreach/assertive engagement-to actively identify, engage and support people to enter recovery services and Pharmacological Interventions Delivery of a full range of pharmacological interventions including prescribing for withdrawal, stabilisation, reduction and detoxification.
- The fourth most important ranked area was Criminal Justice Interventions Ensuring the full range of community intervention is proactively offered to

criminal justice clients at each stage of the criminal justice pathway (i.e. point of arrest, court, probation, prison release)

- Finally, Access to Residential Services Assessment for residential treatment provision and subsequent care co-ordination both prior and post interventions was the component that scored the highest for least important component in the new Drug and Alcohol system.

Summary of qualitative responses for this question:

Key themes	Further information provided by stakeholders
Difficulty in categorising due to interconnected nature of areas	Again, really difficult as priorities would be different for young people. Almost impossible to rank these in importance as all link together - or should link together. All of these factors are interlinked and any well designed and delivered holistic service should address all of these domains in an equivalent and effective way.
Whole approach needs consideration	This is something that needs to be looked at as a whole approach, as many areas will overlap; therefore, priorities may naturally change. A risk indicator would need to be determined at project development stage.
Early intervention for alcohol issues	Please consider meaningful interventions for people who are just starting to get into trouble through alcohol

Taking into account what we know about service demand and feedback from the engagement process – support to families has been highlighted as a crucial intervention. We asked stakeholders whether there should be an emphasis on supporting the needs of the family.

The majority of respondents (89.66) agreed with this question. This would appear to contradict the lower ranking placing on this section in the earlier categories, demonstrating the complexity/difficulty in ranking. A summary of respondents reasons for agreeing with this statement is described below.

- **Family and their specific role in recovery:** Families are an integral part of recovery and an individual's support network. Particularly with Young People's service, families play a significant role in recovery. If family have support they will be able to support the individual when services are closed.

- **Support offered to family's better connection to services:** Family members (where feasible) should not only be involved in the treatment journeys of their loved ones, but should also have access to various support to meet their needs. It has such a wide impact - especially on children. Users

create a cycle of misuse and abuse. Partners and children should be supported to reduce the harm on the family. Links to family programmes within the city should be well defined - Stronger Families / Family Matters etc.

- **Families not always ready/available to support:** It must also be recognised that families are not always ready to support / available or a positive influence. Some people have no family support at all. For young people this was deemed to be particularly important, however vulnerabilities were also shared about older users who are more likely to be disconnected with their family. Therefore, the importance for them to create new support networks is vital.

- **Families role in relapse prevention:** As each client has individual needs, person-centred therapy and support is core to success. However, it was highlighted that families should be included in the process as much as possible, including therapy and support, to prevent relapse and raise awareness.

- **Damaging consequence on mental health and family life:** Respondents commented that substance misuse affects the whole family and can have an adverse psychological effect on those growing up in such an environment. This can be portrayed as "normal." The family are at risk of dangerous behaviour from the substance user, which can put them at risk.

  Financial challenges of supporting the family v's the user: One respondent agreed with supporting families but not at the cost of reducing existing elements of service and therefore, dealing with the client will have to take precedence from a funding perspective.

What stakeholders told us in terms of individual and family outcomes that the system needs to deliver.

All those who answered this question agreed with outcome 1- that successful completion of drug and alcohol treatment should be a key outcome that the new system would need to deliver. The majority (94.44%) agreed that Reducing Alcohol-related mortality rates and admissions to hospital (outcome 2), identifying people entering prison with substance dependence issues who are previously not known to community treatment and engaging them in treatment (outcome 3) and Reducing the number of drug related deaths (outcome 4) at 94.44% were all very important outcomes for the new system.

Summarised below:

Respondents ranking	Individual and Family Outcome Priorities

1.	Successful completion of drug and alcohol treatment
2.	Reducing Alcohol-related mortality rates and admissions to hospital
3.	Identifying people entering prison with substance dependence issues who are previously not known to community treatment and engaging them in treatment
4.	Reducing the number of drug related deaths
5.	Life expectancy and healthy life expectancy
6.	Premature death rates from disease considered preventable, including cardiovascular diseases, cancers, respiratory disease and liver disease
7.	Statutory homelessness
8.	Domestic abuse and violent crime
9.	Re-offending
10.	Self-reported wellbeing

Stakeholders identified several additional outcomes for consideration:

- **Reduce alcohol rates and alcohol-related death:** Reduce alcohol use rates. Increase alcohol numbers in treatment, alcohol successful completions, alcohol related mortality.
- **Mental Health and Wellbeing score:** Feeling that quality of life has improved, Self-reported wellbeing. Improved health (reduced hospital admissions). Feeling that relationships have improved. Overall satisfaction with service, mental health support
- **Prevention indicators:** Reduction of young people transitioning to adults as users, early intervention for relapse. BBV screening. Educating young people on addiction.
- **Child safety/ Decrease in safeguarding concerns:** Keeping children safe (safeguarding/hidden harm) Less children put into care due to parental misuse, but only if safe to do so.
- **Decreased drug/alcohol related crime:** (and criminal justice involvement) reductions in prison substance misusers, reduction in violent crime and domestic abuse, identifying people entering prison with substance dependence issues. Reduction in reoffending. Identifying people entering prison with substance dependence issues who are previously not known to community treatment and engaging them in treatment.
- **Engagement in work and accessing support services:** Engagement with support services. Getting people back into work and not reliant on benefits.
- **Family support:** Reduced involvement with social / children services
- **Service access and Aftercare:** Services to be accessible weekends and evenings. Supporting people after addiction, continuation of care post treatment, promoting reintegration and citizenship, supported access to wrap

around services to address additional needs, connecting people to their communities. Long term peer support to ensure sustained recovery.

- **Reducing homelessness:** Reducing homelessness and statutory homelessness, getting homeless people into accommodation. Sustained accommodation, Improved housing.

11. Next Steps

The new service model framework has been produced. Wherever possible the views from our stakeholders during this consultation period have been considered and taken into account. The next steps during this process are to:

- Develop service specification and model in line with findings from stakeholder consultation.
- Commence tendering process on 1 September 2017 in order for the new service to begin on 1 April 2018.

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GLOSSARY

Harm reduction

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Needle exchange

A service through which users of intravenous drugs can dispose of used needles and obtain clean ones in order to reduce the transmission of blood-borne infections.

Supervised consumption

Supervised consumption is the supervision of self-administration of prescribed methadone or buprenorphine (also known as 'diversional opioids') in daily instalment doses by a trusted professional, due to the risks associated with these drugs.

Recovery

Recovery is the act or process of becoming healthy after an illness or injury, or the act or process of returning to a normal state after a period of difficulty

Early intervention

Early intervention is about taking action as soon as possible to tackle problems before they become more difficult to reverse.

Prevention

The action of stopping something from happening or arising.

New Psychoactive substances (NPS)

New psychoactive substances – often incorrectly called legal highs – contain one or more chemical substances which were designed to replicate the effects of illegal substances like cannabis, cocaine and ecstasy. The main effects of almost all psychoactive drugs, can be described using four main categories: stimulants, ‘downers’ or sedatives, psychedelics or hallucinogens and synthetic cannabinoids.

LGBT

LGBT is an abbreviation for Lesbian, Gay, Bisexual, and Transgender. An umbrella term that is used to refer to the community as a whole.

Shared Care/Shared care GP

Shared Care is where specialist GPs pick up the prescribing and monitoring of medicines/treatments of regular long term prescriptions for stable patients on behalf of the treatment service.

Mutual Aid

Mutual aid is a voluntary reciprocal exchange of resources and services for mutual benefit

Self-help/Self-help groups

Self-help consists of doing things yourself to try and solve your own problems without depending on other people.

Self-help consists of people providing support and help for each other in an informal way, rather than relying on the government, authorities, or other official organisations.

Think Family Services

A whole family intervention. This means thinking about the child, the parent and the family, with adult and children's health and social care services working together to consider the needs of the individual in the context of their relationships and their environment.

Prime provider

A prime provider is the owner of the contract. They have the full responsibility for the completion of a contract, and have the direct contractual relationship with the commissioner. A prime provider may employ (and manage) one or more subcontractors to carry out specific parts of the contract.

Pharmacological interventions

These are substance misuse specific pharmacological interventions which include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing of medications to prevent relapse.

Psychosocial interventions

One-to-one and group sessions-based on counselling techniques to promote health behaviour change.

Criminal Justice interventions

A number of programmes and processes designed to engage offenders in relevant and effective treatment at every stage of the criminal justice system, including prisons.

Outreach

Outreach is an activity of providing services to any populations who might not otherwise have access to those services, meeting those in need of outreach services at the locations where those in need are.

Chemsex

Sexual activity engaged in while under the influence of stimulant drugs such as methamphetamine or mephedrone, typically involving several participants.

Brief Intervention

Either a short session of structured brief advice or a longer, more motivationally-based session (that is, an extended brief intervention). Both aim to help someone reduce their drug use and can be carried out by non-drug specialists.

Making every contact count (MECC)

MECC is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.