1. Consultation summary report

**Summary and Background**

* 1. An 8-week consultation focusing mainly on how services might be configured across commissioning and local authority boundaries, but without specific proposals was carried out over November to December 2014.The background to this includes the current spending review, possible change to commissioning intentions from partners in Leicestershire/Rutland and NHS England.
  2. Individual questionnaire and focus groups/briefings were used to elicit views. In total 115 individual responses were received and 14 briefing/focus meetings were held. Participants were asked to rate responses on a spectrum from Strongly Agree to Strongly Disagree which included a more neutral stance of Neither Agree nor Disagree.
  3. The organisational issue which received most support was the continued provision of specialist substance misuse services in H.M.P Leicester as part of community based substance misuse provision: 72% of respondents either agreed or strongly agreed.
  4. Support for 2 other organisational issues areas-one contract for all services and an LLR-wide service received more equivocal responses. Although more respondents were in favour of an LLR service than not (49% to 37%) there was no majority in agreement. This was more so the case for the one contract question where 52% either disagreed or strongly disagreed, yet there was a sizeable minority in favour-42%.
  5. There are some differences in the responses for the LLR question where a majority of provider responses signalled disagreement compared to users and other professionals for whom a majority were in favour.
  6. Overall there was agreement for a specialised service for 18-24 year olds.
  7. A range of reasons were given for and against an LLR and ‘One contracts’ approach. These include:
  8. Improved communication, a more coherent approach and cost savings. These were set against concerns relating to the loss of specialised pathways such as criminal justice and young people, and the loss to the local market of smaller providers and innovation.
  9. Agreement with the question around Prison services related to better continuity of care-both medical and psychosocial and better outcomes for users.
  10. The questions around LLR, the Prison and young adults all received ‘neutral’ neither agree/disagree responses of around 13-14%, whereas less people had a ‘neutral’ view about the one contract question 6%.
  11. Concerns were raised through the consultation about the possibility of a reduction in funding to substance misuse services and the likely re-tendering over the next 12 months and it’s impact on staff and delivery.
  12. There were questions relating to diversity and Novel psychoactive substances where signalling agreement/disagreement was not required and ideas were asked for. A number of themes were identified within these responses such as the need to tailor services, to increase our understanding need, to promote services and to provide information and education.
  13. Further engagement work will take place over February to April 2015 as part of the preparation for the next stage of consultation which is likely to begin in May/June.

1. **Further detail of responses**
   1. **Question relating to Leicester, Leicestershire and Rutland.**

2.2 Just under a half of respondents (49%) were in favour of organising services over LLR, but this was more than indicated disagreement (37%).

* 1. Other Professionals and users had clear majorities in favour of this option, whilst a clear majority of provider respondents were not in favour.
  2. Reasons in favour included better information sharing and communication, less confusion, cost saving and historical precedents that services had previously worked on an LLR basis.
  3. Reasons against included concerns that this would result in the break up of the Criminal Justice Pathway that with a bigger contract, it would be more likely that a large nationally operating organization would come into Leicester, reducing chances for smaller locally based organisations and innovation.
  4. One alternative option put forward was to have 3 LLR contracts-for young people, criminal justice and non-CJ adult. It was thought that this may provide some economies of scale and LLR cooperation; whilst ensuring pathways remained specialised and contract sizes were less likely to make it harder for local agencies to compete.

1. **Question relating to One contract**
   1. Overall a majority of respondents (52%) were not in favour of one contract and neither, users, providers nor other professionals indicated overall support. Providers and users had the lowest proportion in agreement-25% compared to other professionals (46%).This question produced the highest proportion of respondents who ‘strongly disagreed’-36%; and the lowest proportion who neither agreed nor disagreed-6%.
   2. Reasons for and against were similar to the replies to the LLR question including better communication, cost savings and the loss of smaller providers. However there appeared to be more concern expressed here about the loss of the criminal justice pathway which was seen by some to function effectively only across an LLR boundary.
2. **Question relating to Prison services**
   1. This area produced overall the clearest level of support-72% compared to just 14% who disagreed. Across the user, provider and other professional groups the lowest level of support (providers at 68%) was still comparatively high compared to support for the other questions. It also had the highest proportion of people who ‘strongly agreed’-45%.
   2. Reasons for agreement included better continuity of care-both psychosocial and medical, better communication, improved outcomes for users, the risks to users from a dislocated service, and the possible watering down of a specialist substance misuse service if it became part of integrated healthcare. There was also a questioning around why this would need to change since it appears to be working well at the moment, and an acknowledgement of how much work had been done to develop the current model.
   3. Very few reasons against were articulated in the responses although the need for separate service to work well together was noted.
3. **Young Adult Services.**
   1. A clear majority (61%) were in agreement with the need for a separate service, providers had the largest group in favour (73%).
   2. Reasons for agreement included the different needs of young adults, better engagement and improved outcomes. From some who agreed there was a call for a specialised service rather than separate contract.
   3. Reasons against included concern about services being defined by age, and additional cost.
4. **Other comments**
   1. A range of other comments were made and these are summarised below; some of these points have already been highlighted above. Additional points include:
   2. The need to develop mutual aid further locally.
   3. The need for dual diagnosis workers
   4. The need to work collaboratively with colleagues in health and the criminal justice system, including the CCG.
   5. Hope that the user’s voice and concerns will be listened to.
   6. A request for members of the Executive to visit local services to help them in their considerations.

**7.1 Participants**

7.1 Of the completed surveys 60(52%) were done on online.

7.2 The largest groups of survey participants were users (34%) followed by providers (32%) and other professionals (22%).Carers/Parents and Residents featured with just 3% and 6% respectively.

7.3 Criminal justice respondents feature prominently-for example 71% of provider staff (where declared n=28) were from criminal justice substance misuse services and the majority of user respondents (30 out of 41 completed user surveys) were from Criminal Justice Services including H.M.P. Leicester(73%).Of the ‘Other Professional’ group, where known(n=20) 50% were from the Criminal Justice sector( the rest were, in descending order, Housing/Homeless, Health, Voluntary sector and the Fire and Rescue Service.)

7.4 2 focus groups were carried out in H.M.P. Leicester and surveys were made available and completed by users in prison.

7.4 Briefings and/or focus groups were carried out with staff and users from non-criminal justice and criminal justice providers, and staff from Cornerstone. In addition a briefing was provided to staff from Y-POD (YMCA).

7.5 The majority of participants were from the 25-44 age groups. There was just one response from the 20-24 age group (the needs of which were the subject of one of the questions) and no responses from the under 20’’s nor over 55-64 age bracket.

7.6 Of those who shared demographic details (n=48) 70% were White British; the next largest groups were White European (6%) and Other (6%).All other groups (Asian British: Pakistani; Asian British: Other; Black British Caribbean; Dual: White/Asian; and White Irish) were at 2%. Responding to Leicester’s diversity was one of the questions relating to need.

**8 Charts showing responses to agree/disagree questions**

**Figure 1 Overall responses to Questions 1-4**

**Figure 2 Service User responses**

**Figure 3 Provider responses**

**Figure 4 Other Professional respondents (n=26)**

**Figure 5-Participants by group**

**Figure 6 Provider response by service where known**

**Figure 7 Other professional response by sector where known (n=20)**

**9. Substance Misuse consultation-Questionnaire responses on NPS and diversity**

* 1. **Response rate:**

There was a high response rate to these two open ended questions-90% provided a response to the question on Novel Psychoactive Services and 76% for diversity. This perhaps shows that they are matters of significant interest to stakeholders.

* 1. **Response detail:**

The analysis of responses for both questions identified similar and overlapping themes including learning more, promoting services and designing bespoke services. The themes are outlined in the table below. The most frequently recurring theme appeared to be around the need to design services specifically to meet this area of need. The themes identified overlap and respondent’s comments have been given an approximate allocation to a theme in order to aid discussion:

| Novel Psychoactive services-Loosely identified theme | % responding with this theme[[1]](#footnote-1) | Example feedback | Diversity-Loosely identified theme. | % responding with this theme | Example feedback |
| --- | --- | --- | --- | --- | --- |
| **Designing specific services-**tune services to respond to this area of need**.** | 42% | -Club drug clinic  -Use of Social media  -Not like traditional services  -Open, friendly flexible services  -Part of young adult service  -Tailor depending on type of drug  -Provide specialist staff training  -Current services can deal with them already. | **Designing specific services-**need to design (mainly culturally appropriate) specific services. | 45% | -Need culturally relevant services  -Provide treatment in first language  -Resources in range of languages  -Use interpreters  -Representative staff group  -Make sure staff are aware of cultural differences  -Web based service in different language  -Specialist workers  -Respond to different areas of need and adapt  -Provide approaches that suit different communities  -Some communities may not want to access services that are mainly prescribing  -Staff could be single point of contact at community events  -Need to retain City-based focus |
| **Education**-providing information to people about the effects of NPS | 24% | -Provide info to users and other professionals  -People need the facts  -Increase knowledge and understanding  -Educate on dangers  -Develop factsheets  -Educate through media  -Provide training | **Promote-**promote services to different groups | 28% | -Get the word out to different communities  -Make services more visible  -Have a presence in communities  -Have open days on drug issues  -Advertise in community centres, libraries, places of worship  -Check communities know what is available |
| **Research**-gaining information about local use and substance | 24% | -Gain understanding from users  -Research user experience and harm reduction  -Use focus groups  -Research and testing in Prison  -Keep up to date-it’s ever changing  -Research what treatments needed  -Review trends via internet  -Research long term | **Research**-need to find out more about what different communities need | 21% | -Services need to understand community needs and expectations  -Involve service users in design  -Find out about needs and preferences  -Learn from those accessing services  -Understanding local knowledge and perspective is essential  -Have local surgeries to understand need |
| **Action –**local and/or national government action to stop the supply of NPS. | 15.5% | -Lobby local/national government to highlight dangers.  -Close shops  -Change legal status  -Ban them  - Take off the shelves  -Public Health campaign  -Advertise that they could lead to other drug use. |  |  |  |
| **Partnership**-work in partnership with other organisations to address NPS | 13% | -Work with Police and Prisons  -Projects in schools, colleges, festivals  -Working together  -Collaborate with other agencies  -Consult with shopkeepers | **Partnership-**work in partnership with community based organisations | 17% | -Work with community groups to de-stigmatise substance misuse  -Peer mentors to work with different communities.  -Engage with local leaders and workers  -Open and friendly services in dialogue with communities  -Strong links with faith groups and community centres |
| **Little or nothing can be done-**for various reasons it’s not clear that specialist services can do anything. | 8% | -Nothing can be done  -Not a lot can be done  -Hard as its endemic  -What can you do  -Difficult as drugs keep changing | **Nothing needed-**for various reasonsnothing needed in addition to what is currently available. | 17% | -Services provide service now  -Cater for individual need  -Treat everyone the same  -Do everything needed already |

**10. Briefing and Focus groups**

A total of 14 briefing/focus groups were held including sessions with users and staff from the adult specialist substance misuse services; service users from H.M.P. Leicester were part of this, staff from Cornerstone the young person’s service; and staff from the YMCA’s Y-POD project which works with particularly vulnerable young people. A range of comments and views were expressed. These included:

-Concern that if there was just one contract then there was a risk that the needs of a prescribing service may take priority over other services.

-We need an informal, drop-in type service that was similar to that which used to be provided at Baseline.

-If there was an LLR wide contract then multi-skilled teams with a range of ‘one-stop’ shops may work best rather than a series of separate specialist teams.

- Concern that the criminal justice pathway could be broken up –this needs to be LLR and include the Prison.

-Services change disrupts recovery for those in Recovery.

- Young adult’s need a dedicated service and this should be part of a young person’s service and not separate.

-Services for parents and carers should be extended; the carers group helps with prevention of health and well-being problems

- Concerns expressed about changes to the system following on quickly from recent changes; would be better for the service be left to consolidate

- We need to explore disadvantages of larger organisations holding one overall contract as well as possible economies of scale.

- Where will the savings be going; what will they be spent on; more funding needed rather than less; should explore private funding; funding reductions will impact on services run by volunteers and peers.

-Concern about transition and services for 18-21 year olds. Young adults don’t want to meet Crack/Heroin users in adult drug services.

- Like the idea of LLR configuration as greater opportunity for sharing and promoting recovery on a bigger scale-as recovery is contagious that would be beneficial.

- Need to keep services as they are-‘firewalled and protected’

- If all services were under the same provider you only have to tell your story once

- There are gaps in services. It is all focussed on methadone, things need to be different. Drug use has changed and services need to keep up.

- It’s hard to believe how quickly trends in drugs have changed recently. Lots of people are using different drugs.

- The model that is CJDT in prison and in the community should just be kept as it is now

-It would be a big step back if services in prison changed to be in with healthcare

- If the current model was changed at HMP Leicester services would be affected as dedicated services offer something different

**11. Next Steps**

No decision has yet been made about the future shape of substance misuse services in Leicester. It is expected that a decision will be made some time over this summer. Between now and then further work will be undertaken on the development of commissioning plans and options. This will include:

-Engagement and discussion with key stakeholders such as users, carers and staff around the findings of the consultation and needs analysis.

-Further analysis of local need and trends around drug and alcohol use

-Analysis of what the market has to offer both locally and nationally.

-Further consultation over May/June on specific proposals.

1. For this and Diversity themes analysis identified that many respondent’s comments fitted more than one theme so overall will not add up to 100% [↑](#footnote-ref-1)