



# **LDAAT and NHS Central Lancashire Consultation Report**

**On**

**The Modernisation of Tier 2 and Tier  
3 Drug and Alcohol Services**

**October 2009**

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## **1.0 Executive Summary**

This report presents the rationale for the Modernisation of Drug and Alcohol services and provides an overview of the consultation process via the development of the joint needs assessment and the Central Forward Consultation and Communication Plan and summarises its findings and key themes.

The consultation has been undertaken in partnership between Lancashire Drug & Alcohol Action Team (LDAAT) and NHS Central Lancashire (NHSCL). Extensive consultation has been undertaken across Central Lancashire (West Lancs, Chorley, South Ribble and Preston) involving numerous stakeholders. Information has been collected from service users, service providers, specific population groups and related organisations. The consultation process began in April 2009 and finished in September 2009.

The findings and key themes of the consultation presented in this report will inform and develop the service specification for the modernisation of drug and alcohol services.

## **2.0 Introduction**

### **2.1**

The new National Drug Strategy (NDS) 2008-2018 emphasises the need to focus more on families, addressing the needs of parents and children as individuals, as well as working with whole families to prevent drug use, reduce risk and get people into treatment. The new NDS also clearly states that we need to deliver new approaches to drug treatment and social re-integration. The Alcohol Harm Reduction Strategy for England: Safe. Sensible. Social. (2007), outlines the next steps in the alcohol strategy. Priorities include engaging harmful and dependent drinkers with prevention and treatment services; tackle alcohol-fuelled crime and disorder; and promote sensible drinking.

### **2.2**

The current drug and alcohol system is not through design rather a culmination of historical services which have been added to over the years resulting in a complex system and in services which are inequitable and inconsistent. Services must be re-commissioned to reflect local needs, an evidence based approach and new national strategy.

### **2.3**

Lancashire Drug and Alcohol Action Team (LDAAT) are responsible for the commissioning of adult drugs treatment services and young people's substance misuse treatment services. NHS Central Lancashire (NHSCL) is responsible for commissioning adult alcohol prevention and treatment services. LDAAT and NHSCL are undertaking a re-commissioning (Modernisation) of their adult treatment service providers with the aim of improving access to and quality of service provision and to develop an integrated drug and alcohol treatment model.

## 2.4

A project team, called Central Forward, has been established which reports monthly to the Central Lancashire Joint Commissioning Group. The team includes staff from NHS Central Lancashire Commissioning and Public Health, LDAAT officers, Lancashire County Council, Lancashire Constabulary, Lancashire Probation Service, Job Centre Plus and other key partner organisations. A Gantt chart and project plan has been developed which divides the process into key milestones and functions including communications, finance, tendering and procurement.

## 3.0 Needs Assessment

### 3.1

A comprehensive Central Lancs Needs Assessment has been completed by Public Health and LDAAT which provides an evidence based overview and recommendations for the future provision of tier 2 and 3 substance misuse services in Central Lancashire.

### 3.2

As part of the Needs Assessment, current drug and alcohol service staff who are members of the Treatment Effectiveness Group (TEG) were invited to a half day event in April where they could share their views, experience and knowledge around the current treatment systems for drugs and alcohol. The consultation centred around key questions to draw upon the good practice, gaps and areas for improvement, key themes and ideas from experienced professionals already working within services in Central Lancashire's Treatment System. The ultimate goal was to attain 'Gold Standard' services. The detailed information gleaned from this event has been used to inform the modernisation agenda.

### 3.3

Independently a Needs Assessment was undertaken within the three prisons in Central Lancashire – HMP Preston; HMP Wymott and HMP Garth. The detailed findings of these needs assessments can be found in Appendix 1, under 8. Prisons and will also inform the modernisation agenda.

## 4.0 Consultation Process

### 4.1

The Central Forward Communication Group was formed to develop and oversee Communication of Modernisation and feeds directly into the Central Forward Project Group. The group mainly comprises of Public Health and Communication professionals from NHSCL and LDAAT. The consultation process has been developed and managed by the Communication Group. Several stakeholder, partner and public events were held during which the shape and focus of the proposed new system was discussed. A series of meetings to provide individual briefings for senior colleagues in partner organisations was also undertaken.

## 4.2

The Communication Group identified a number of stakeholder groups for consultation including specific vulnerable and 'at risk' populations to consult with based upon LDAAT and PCT Equality and Diversity and Needs Assessment documents. The population groups included:

1. Lancashire User Forum (LUF) – clients and ex-clients
2. Older people
3. Home drinkers
4. Mental Health/Dual Diagnosis
5. Diverse Communities
6. Hidden Harm
7. Disabilities – including learning difficulties
8. Prison (Needs Assessment based)
9. Treatment Effectiveness Group (TEG)
10. Staff in current drug/alcohol services
11. GPs
12. Pharmacists
13. General Public

## 4.3

The consultation process incorporated a range of communication techniques to engage with the groups to maximise on quantity and quality of response including group work, one to one interviews, questionnaires, surveys, presentations, email, use of local public media, and making use of existing information.

## 4.4

The general public were notified of the re-commissioning process through adverts in local newspapers across the locality (Lancashire Evening Post, Skelmersdale Advertiser, Skelmersdale Champion, Ormskirk Advertiser and Chorley Guardian) and given the opportunity to make comments/suggestions through email to [centralforward@centrallancashire.nhs.uk](mailto:centralforward@centrallancashire.nhs.uk). They will also be able to obtain information on the Modernisation process through the LDAAT website [www.ldaat.org](http://www.ldaat.org)

## 5.0 Findings

### 5.1

The members of the groups who were consulted varied from having no experience or knowledge of drug and alcohol services to those who were currently or had previously been in receipt of services or who worked in services and this was reflected in their responses.

### 5.2

Those who had less knowledge/experience were able to make valuable contributions for example by how poorly services are advertised and how to access them.

### 5.3

Those who have experience of drug and alcohol services or who are working in the field were able to provide a wealth of information on what works well and why it works well and where there are barriers to effective treatment or interventions.

The details of these findings are included in **Appendix 1**.

## 6.0 Summary of Findings and Key Themes

6.1 Findings and Key themes from the consultation are:

- Access to services – including weekend and evening and equality across locality
- Better advertising and promotion of services and how to access them
- More preventative and early intervention work
- More service user involvement in the running and development of services
- Diversity issues and priority groups need to be addressed in the development of the new service
- Building on existing partnership working across agencies/organisations
- Continuing to share and replicate Good Quality/Best Practice as a means of improving services
- Changing Culture – ensure services meet service user needs i.e. not one approach fits all but services able to be flexible to respond to current and changing need. Also, non-judgemental and supportive approach vital to service users accessing and engaging with services
- Improvement of systems – simplify / continuity / aftercare
- Resources – need to be able to provide more diverse services to reflect service user need and delivered in the most effective way i.e. eliminating duplication and filling gaps
- Family Support Services including counselling and family therapy
- Dedicated links to holistic/generic services and joint working – e.g. housing, employment

### 6.2

Information from the Needs Assessment and Consultation will be used to inform and develop the service specification for the new services in Central Lancashire.

## 7.0 References

National Drug Strategy (2008 – 2018) Drugs: protecting families and communities – Home Office, 2008

Safe. Sensible. Social. The next steps in the National Alcohol Strategy – Department of Health, 2007

## 8.0 Acknowledgements

LDAAT and NHSCCL would like to thank everyone who contributed to the Needs Assessment and Consultation.

Report compiled by Liz Jennings, LDAAT

## 9.0 Appendix

### Appendix 1

#### Details of responses from Consultation Groups

##### 1. Lancashire User Forum (LUF) – Service user group for current and ex-clients

Consultation Event held at LUF Meeting on 18<sup>th</sup> June 2009

#### **Main Points/Conclusions of the Consultation**

- Mixed responses from clients re appropriate level of support from services.
- Better communication and coordination between services re clients.
- Poor access to out of hours services.
- Lack of appropriate resources.

#### **Clear Gaps/Common Themes**

- Waiting times especially for rehab.
- Poor access out of hours.
- Lack of aftercare services post detox/rehab.
- Lack of “wraparound” services.
- Too little support for family and friends.
- Lack of continuity of care.

#### **Service Improvements**

- Need more service peer/ex user groups
- Better opening times
- More qualified people who are ex users providing services
- Want to be seen as a survivor in recovery not someone who’s cared for
- Better referral between drug services and into support services – often passed from one to another with little or no interaction
- More rehab to cut down on waiting lists
- Continuity of care – not passed around between different workers
- Better training for GPS
- Aftercare
- Certificate of achievement every few months to keep clients feeling positive
- Better referral from the hospital
- Feedback to user groups about how their views make service improvements
- Better access to needle exchange
- More drop in centres for parents who are coping with family that are using drugs
- Help staying off drugs/alcohol

## 2. Older People

Age Concern was contacted for consultation. Unfortunately due to time constraints it was not possible to attend an Age Concern meeting within the time frame available. A request was made for questionnaires to be completed and returned but unfortunately none were received.

## 3. Home Drinkers

Through a weekly electronic bulletin from the NHSCl Communications Team, 'Central Point' we asked all staff from NHSCl to complete a questionnaire on line with their views of drug and alcohol services. Unfortunately a response was not received from this aspect of the consultation.

## 4. Mental Health/Dual Diagnosis

People with a drug and/or alcohol problem and mental health problems were contacted via Lancashire Care NHS Foundation Trust. The respondents completed questionnaires and returned them by post.

### **Main Points/Conclusions of the Consultation**

- All respondents reported very positive experiences of receiving or being in contact with drug and alcohol services
- A supportive, non-judgemental attitude and approach is needed from services in order that people will engage with services
- Better access to services across the locality and more access in generic settings

### **Clear Gaps/Common Themes/Service Improvements**

- There was an awareness of where existing services are and basically what they provide
- Numerous suggestions made as to how to better promote/advertise services
- Outreach services are needed to engage with those who are not in services or who are contemplating accessing services

## 5. Diverse Communities

### **Main Points/Conclusions of the Needs Assessment and Consultation**

The Central Lancashire treatment system continues to engage white male heroin users. Across Lancashire there is growing evidence which suggests that a number of under represented groups, including women and older people exist and further work is required to understand barriers into treatment. Substantial progress has been made in evidencing the need within certain groups and the priority will now be to engage services and local community groups to provide appropriate substance

misuse awareness and training. There is also an increasing population i.e. Eastern European where English is not the first language, and there exists a need to provide better language and translation services, as often this can be the barrier into services. Service providers will also be required to work more closely together in order to promote and share good practice. Diversity issues and priority groups will be addressed in the development of the Service Specification in relation to the Modernisation of Central Lancashire.

The Lesbian, Gay, Bisexual and Transgender (LGBT) Group were consulted via the PCT and its members asked to complete the consultation questionnaire, unfortunately there were no responses received.

## **6. Hidden Harm (Young Carers)**

Drugline Lancashire Young Carers Project provided direct feedback from the children, young people and families they have worked with over many years. Information was gathered from group or 1:1 sessions with Young Carers

### **Main Points/Conclusions of the Consultation**

- All YP stated they are affected by parental drug/alcohol use
- Feel isolated and alone
- Angry – Young carers stated that they miss out on activities/opportunities/education, particularly when looking after younger siblings

### **Clear Gaps/Common Themes/Service Improvements**

- Peer support – desire to be with YP who are ‘same as’ rather than ‘different from’
- Better/more support for grandparents who are often struggling to cope

## **7. Disabilities – including learning difficulties**

Lancashire County Council Physical and Mental disabilities Services provided focus group sessions and completed questionnaires and returned to the LDAAT.

### **Main Points/Conclusions of the Consultation**

- Mixed responses on what exactly drug and alcohol services are and who provides them
- A great number of respondents did not know where or how to access drug and alcohol services
- Poor knowledge of who drug and alcohol services are for
- Few people had experiences either directly or indirectly of drug and alcohol services. Of those who had, their experiences were more often poor than positive

- Many varied suggestions given of how better to promote/provide information on drug and alcohol services

### **Clear Gaps/Common Themes/Service Improvements**

- Advice, support and understanding – main response
- Family/carer support
- Quick and easy access into services
- Aftercare support
- Better awareness/advertising campaigns
- More accessibility
- Better training for GPs
- The right attitude from services – non-judgemental/caring/understanding etc
- Support from Central Government to ensure the right services can be provided

### **8. Prisons (Needs Assessment based)**

A Needs Assessment was carried out on behalf of NHSCL within the three prisons in Central Lancashire as follows:

HMP Preston Integrated Drug Treatment Services Needs Assessment – April 2009

HMP Wymott Integrated Drug Treatment Services Needs Assessment – May 2009

HMP Garth Integrated Drug Treatment Services Needs Assessment – May 2009

### **Main Points/Conclusions of the Needs Assessment**

- A 'go-live' date needs to be finalised.
- The prison should develop one Integrated Drug Treatment Strategy (IDTS) delivery action plan, across all relevant departments. The action plan will form the basis for ensuring the quality of services delivered, will highlight risks to service delivery, and provide the basis for the effective performance management of the service
- In addition to the Key Performance Indicators in existence across each department, the prison should consider its local targets within the action plan. These targets should include:
  - Impacts upon prisoner health, specific to drug use but also wider uptake of other services and significant improvements in other health service areas
  - Impact upon the Mandatory Drug Testing and Voluntary Drug Testing targets
  - The extent to which IDTS has improved the culture within the prison, to be measured by the number of assaults and incidents
  - The reporting of serious, untoward incidents

- Numbers of ACCT (Assessment, Care in Custody, and Teamwork) documents where substance misuse is implicated
  - Other locally developed indicators
- The IDTS risk register should continue to be maintained, by the IDTS Project Manager in conjunction with Service Managers. It will need to be reviewed in advance of all quarterly performance-monitoring meetings.
- A quality system should be implemented which provides prison senior management with performance and quality-of-outcomes information, so that process improvements can be made, and good practice identified and disseminated. This should be developed with the commissioners and the National Treatment Agency.
- An impact assessment should be undertaken 12 months after 'go-live'. This should include an examination of the effects upon prisoner health, re-offending levels, prison security and incident levels.
- All Departments should adopt a case-management approach to their work with drug-using prisoners. Each prisoner should have one overarching key worker, and a system should be established which takes a holistic approach to their care plan. This should be planned as part of the overarching action plan, and implemented as soon as the prison 'goes live'.
- An IDTS Communications Strategy is required to ensure all relevant prison departments are fully informed of IDTS issues and progress on a regular basis.
- The draft treatment pathways need to be approved prior to the 'go-live' date. Prisoners should be made aware of the pathways with which they will be involved.
- A review of Information and Communications Systems should be undertaken as a priority for IDTS, in order to produce a detailed Information and Technology Strategy. This will provide all relevant departments with the appropriate technology, systems and support to provide timely and accurate information relating to all IDTS issues. It should also consider the reporting needs of IDTS to external bodies.
- The needs of families and carers should be examined, and a strategy developed to engage with these groups.
- Terms of reference for the interface between NHS Central Lancashire, the Prison, and Lancashire DAAT should be regularly reviewed, and a process for the commissioning of prison drug services through IDTS will need to be formalised.
- The commissioning and performance management of IDTS should be clear and linked into the commissioning arrangements within Lancashire DAAT as part of the arrangements for all other criminal justice based drug services.
- Transfer protocols will need to be developed to ensure that prisoners are transferred with the full and relevant information relating to their clinical needs into other establishments or back into the community.
- A review of the arrangements for the clinics run should be undertaken, to ensure prisoners are being offered the most appropriate level of medical support for their drug using needs.
- The range of treatment options available to prisoners should be regularly reviewed, to meet the ongoing demands of the prison population.

- A full prescribing review of hypnotics, benzodiazepines and codeine-based medication should be undertaken, to ensure that prescribing is within recommended guidelines, and follows Prison prescribing protocols.
- The involvement of service users to develop a feedback and quality loop for the provision of IDTS should be formally built in. Existing service user groups may be utilised if one can be identified which would be suitable.
- Areas of good practice should be identified and communicated throughout the prison departments.

## 9. Treatment Effectiveness Group

An Away Day Event held at the Hub on 7<sup>th</sup> April 2009. All Substance Misuse Service Managers and staff including PCT Health staff were invited to the full day event.

### Main Points/Conclusions of the Needs Assessment

- Examples of good quality service already in existence which need replicating.
- Current system is complex and confusing to service users and professionals.
- Gaps in provision as identified below.
- Current services don't meet service user need.

### Clear Gaps/Common Themes/Service Improvements

- Need to deliver increased levels of health promotion/early intervention information and advice across Central Lancs Footprint.
- Screening and brief interventions for substance misuse – gaps in settings.
- Increase Workforce Development programmes and training on holistic client related issues such as sexual health issues, CAF, Safeguarding etc.
- Lack of tier 2 liaison workers in high risk settings (criminal justice, hospital, etc)
- Multiple entry points into treatment system with unclear referral pathways across Central Lancs Footprint.
- The detox protocol in secondary care settings needs to be reviewed to ensure that patients are treated effectively, and care is continued in the community post discharge, irrespective of whether planned or unplanned. There is also no mechanism for management of alcohol and drug issues in the event of an unplanned discharge.
- Patients that have dual diagnosis (alcohol or drug problems alongside a mental health illness) have historically experienced difficulty accessing a service that will manage both their conditions at the same time.
- Evidence of a successful treatment outcome is focused on abstinence/reduced consumption and does not systematically across all current services include social outcomes, such as access to housing, employment or education or improved relationships with family and friends
- Access to needle exchange services is inequitable across different population groups and different areas.
- Lack of knowledge of services available and how to access them.
- Lack of support for carers/families
- Lack of support/training for other professionals.

- Inconsistent interpretation of guidelines between agencies.
- Disproportionate emphasis on certain drugs e.g. Opiates.
- Many instances of good practice through informal arrangements only.
- Many services operate 9-5, Monday-Friday which does not meet the needs of service users
- Despite some of the difficulties created through current and historical arrangements, how well our providers work together
- To develop a model which clearly addresses the main issues outlined within the Needs Assessment

## **10. Staff in current drug/alcohol services**

In July 2009 all TEG members were asked to forward to their staff, the modernisation questionnaire as part of the consultation process to be completed and returned to LDAAT by email. This part of the consultation was aimed at members of staff who were unable to attend the TEG event in April.

### **Main Points/Conclusions of the Consultation**

- Better/more access to services
- Improve collaborative/partnership working
- Best practice – good practice already in place but better systems to share across agencies
- Culture – changes in culture required
- Improvement of administration and systems
- Resources – Best use of; Gaps and duplication

### **Clear Gaps/Common Themes/Service Improvements**

- More service advertising e.g. taxi's and public transport
- Easier access to Tier 4 services
- Out of hour appointments and drop in facilities
- No waiting list
- Currently restricted access for working clients
- Information sharing and communication needs to be improved with generic services.
- Currently good communication and referral pathways between treatment services
- More Outreach Services
- Holistic approach needed to focus on all substance misuse and related issues.
- Ask clients what they define as success
- Strong multi-agency understanding and working
- More preparation needed with service user for Tier 4 to achieve better sustainable outcomes.
- More use of the recovery model
- Training for staff in tier 1 services on substance misuse services.
- Culturally sensitive and understanding – non judgemental attitude within all services and improve staff knowledge.

- Promote self belief and empowerment to supporting communities (giving something back)
- Ask clients what they need not what we can give them.
- Better care co-ordination to meet individual not organisation need.
- More understanding and promotion of services and how to refer.
- New generic assessment tools across all services.
- TOP's system – need clearer protocol and procedures
- Automatic reminder system for client appointments using texts, Bluetooth, email etc.
- More structured day care programmes
- Consistency of key workers
- Support for clients in rural areas
- Insufficient doctor time
- Lack of needle exchange and better BBV screening, counselling and treatment.
- Lack of family support, family therapy and group therapy
- Premises required across Central Lancashire particularly in Chorley and Leyland
- Dedicated Housing Worker,
- Dedicated support for cannabis users
- Mediation
- Counselling
- Community rehab
- Dual diagnosis worker
- Gym membership
- Community involvement

## 11. General Practitioners

Questionnaires were emailed to all Central Lancs GPs in July 2009 who emailed their responses.

### **Main Points/Conclusions of the Consultation/Clear Gaps/Common Themes/Service Improvements**

- Home detoxification like gold dust
- Speedy response required
- Should be engaging with service users in primary care that do not want to access secondary care
- Reduce waiting times
- Services to be offered at 'Walk-ins'
- Evening and weekends appointments
- Home visits

## 12. Pharmacists

Questionnaires were posted out to Pharmacists by the Local Pharmacy Committee and pharmacists returned them by post to LDAAT.

### Main Points/Conclusions of the Consultation

- A good understanding of the term Drug & Alcohol services in Central Lancs. Pharmacists identified appropriate support services as being counselling/advice etc not just prescribing
- Identified the need to have continued support for family/friends/carers as well as clients
- Mixed response of knowledge of what services are available, what they do and how to contact them
- Mixed response as to pharmacists' contact with D & A services varying between very good with the problem/issue being sorted straight away, to frustrations of being unable to locate anybody who can help
- Many suggestions on how to promote/provide info on D & A services:  
Just a few are:  
Leaflets and posters  
GP surgeries  
Pharmacies  
Post Office  
Telephone Directory  
Schools and Colleges
- What's needed from services:  
Clients need non-judgemental approach and to be treated with dignity  
Interventions other than medical  
Access to out of hours services, especially when in crisis  
Support to access other services needed to
- Services could be improved by:  
Better/More Preventative/Education work  
Better communication with services  
Better use of GP surgeries and pharmacies

## 13. General Public

Whilst we received no direct comments/feedback from the General Public through the email address available for this purpose, LDAAT are confident that their website, which was recently redesigned, is being used for accessing information on the Modernisation process in Central Lancashire and a search engine optimisation programme is underway which will facilitate this process. LDAAT is receiving anecdotal evidence to this effect already. The General Public will continue to be able to follow the process of Modernisation in Central Lancashire through the LDAAT website [www.ldaat.org](http://www.ldaat.org)