Consultation Paper on Commissioning Adults’ and Young People’s Drug and Alcohol Services in Somerset

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Authors: SDAP Staff Team
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Friday 2\textsuperscript{nd} November 2012

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t: 01823 357111

e:sdap@somerset.nhs.uk
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1. Introduction

In Somerset the work to tackle the harm associated with drugs and alcohol is co-ordinated through Somerset Drug and Alcohol Partnership (SDAP). This is a strategic group of public sector organisations who work together to implement the national drugs and alcohol strategies.

It is made up of representatives from:
- Somerset Primary Care Trust
- Somerset County Council
- Avon and Somerset Constabulary
- Avon and Somerset Probation Trust

It aims to ensure that effective partnership responses are developed and delivered to tackle drugs and alcohol issues for people resident in Somerset.

This paper has been produced to structure the consultation process for a new model of drug and alcohol service delivery, to be established through re-commissioning of contracts for young people’s and adults drug and alcohol services.¹

It is set out in a number of sections including background data, summary of what services exist already, principles behind the new model of services and the outcomes we are seeking to achieve locally.

The background data and information comes from a variety of sources which have been selected as the key items to inform discussion. This, with previous consultations and local and national discussions and information, have lead to the development of the body of this document. Further information is available through the SDAP website www.somersetdap.org.uk or from the publicly available data on the National Drugs Treatment Monitoring System www.ndtms.net.

Of most importance is the section with the consultation questions. SDAP is seeking views on these questions from a wide range of people – both service users and carers, the general public, stakeholders in the Somerset community, commissioned drug and alcohol services and partners organisations.

The consultation undertaken will inform the development of a model for services alongside other factors influencing the design, such as national and local policies, safeguarding requirements and legislation with which drug and alcohol services are required to comply.

¹ This consultation does NOT cover drug and alcohol services delivered in HMP Shepton Mallet which are commissioned by SDAP through separate arrangements.
2. The picture of drug and alcohol misuse in Somerset ²

This section describes our current understanding of drug and alcohol issues in Somerset. It draws on a range of data and information sources that together identify the key areas that any drug and alcohol services need to respond to.

2.1 Adults – Drug Misuse Overview

The latest prevalence estimates from National Drug Treatment Monitoring System (NDTMS) suggest there are 1,934 opiate and/or crack users and 918 people injecting in Somerset.

<table>
<thead>
<tr>
<th>Adult (aged 18 and over) Structured Drug Treatment</th>
<th>2010-11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals starting new treatment journeys</td>
<td>248</td>
<td>294</td>
</tr>
<tr>
<td>Individuals in treatment</td>
<td>1,249</td>
<td>1,254</td>
</tr>
<tr>
<td>Treatment exits</td>
<td>265</td>
<td>367</td>
</tr>
<tr>
<td>Successful Completions</td>
<td>89 (34%)</td>
<td>192 (52%)</td>
</tr>
</tbody>
</table>

Source: NDTMS

192 adults successfully completed drug treatment in 2011/12 almost double the 89 in 2010/11. As a proportion of all exits they increased from 34% to 52%.

TOPs (Treatment Outcome Profiles) have been reporting an unexplained deterioration in clients’ use of substances at 6 month review which is against the national trend. Abstinence rates at completion for opiate and other drugs are as expected. However 25% of clients who successfully completed structured drug treatment had increased their alcohol use at exit.³

<table>
<thead>
<tr>
<th>The most common problem drugs for adults in structured drug treatment</th>
<th>Heroin</th>
<th>Cannabis</th>
<th>Alcohol (as 2nd or 3rd drug)</th>
<th>Amphetamines</th>
<th>Crack</th>
<th>Benzodiazepines</th>
<th>Methadone</th>
<th>Other opiates</th>
<th>Cocaine</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>1,095</td>
<td>317</td>
<td>303</td>
<td>144</td>
<td>211</td>
<td>160</td>
<td>91</td>
<td>68</td>
<td>65</td>
</tr>
<tr>
<td>Change from 2010/11</td>
<td>-14</td>
<td>+56</td>
<td>+63</td>
<td>+22</td>
<td>+16</td>
<td>+7</td>
<td>0</td>
<td>+11</td>
<td>+8</td>
</tr>
</tbody>
</table>

Source: NDTMS

² The National Drug Treatment Monitoring System (NDTMS) provides a wide range of data both on adult and young people’s services for dealing with substance misuse. All services providing specialist substance misuse treatment are required to submit data into this national system. The NDTMS database has therefore provided the vast majority of data.

³ Internal Analysis Report on Alcohol Misuse in Somerset (SDAP 2010-11)
There were 927 specific drug arrests in 2011/12. The majority (88.7%) were related to cannabis but 2.5% were related to heroin, 2.3% to amphetamines, 1.6% to cocaine, 1.2% to mephedrone, 0.4% to crack and 2.9% to all other drugs. 87% of arrestees were male. South Western Ambulance Service NHS Foundation Trust reported that there were 2,155 overdose incidents in Somerset in 2011: deliberate opiate overdoses accounted for 6% (74), 29% (622) were deliberate non-opiate and 29% (616) were alcohol.

2.2 Adults – Alcohol Misuse Overview

Applying a range of national and regional prevalence estimates to Somerset’s 16-64 population, there are approximately: 60-83,000 increasing-risk drinkers, 13-17,000 higher-risk drinkers, 50-60,000 binge drinkers and 13-19,000 dependent drinkers. The ANARP (Alcohol Needs Assessment Research Project) and the Adult Psychiatric Morbidity in England report estimated that 7% of dependent drinkers would be expected to access treatment each year, which is the equivalent of 870 to 1309 people in Somerset.

<table>
<thead>
<tr>
<th>Adults (Aged 18 and over) Structured Alcohol Treatment</th>
<th>2010-11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals starting new treatment journeys</td>
<td>146</td>
<td>155</td>
</tr>
<tr>
<td>Individuals in treatment alcohol is primary drug</td>
<td>293</td>
<td>285</td>
</tr>
<tr>
<td>Individuals with an alcohol intervention but not as their primary drug</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Treatment exits</td>
<td>179</td>
<td>200</td>
</tr>
<tr>
<td>Successful Completions</td>
<td>136 (76%)</td>
<td>144 (72%)</td>
</tr>
</tbody>
</table>

Source: NDTMS

There were 204 successful completions for adults misusing alcohol in 2011/12, up from 136 in 2010/11. However, as a percentage of all exits they fell slightly from 76% to 72%.

In 2011/12 Turning Point recorded 148 clients being in “unstructured” alcohol treatment: 137 of these individuals exited treatment and 54% (74) were successful completions.

In 2010 330 people in Somerset claimed Incapacity Benefit, Severe Disability Allowance and/or Employment Support Allowance for alcoholism.

Avon and Somerset Probation Trust’s OASys data shows that, in 2010/11, alcohol was linked to 58% of assessed cases and 85% of offenders at very high risk of violent offending.

The Musgrove Park and Yeovil District Hospital Alcohol Pilots both appear to be having a positive effect on the patients that have been screened for alcohol; reducing the number of A&E attendances and emergency admissions made by people in the six months after their screening compared with the six months previous.

^ ASPIRE network
^ Internal Analysis Report on Alcohol Misuse in Somerset
^ Internal Analysis Report on Alcohol Misuse in Somerset
^ Internal Analysis Report on Alcohol Misuse in Somerset
^ Internal Analysis Report on Alcohol Misuse in Somerset
2.3 Young People’s – Substance Misuse Overview

<table>
<thead>
<tr>
<th>Young People’s (aged 17 and under) Structured Treatment</th>
<th>2010-11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals starting new treatment journeys</td>
<td>43</td>
<td>101</td>
</tr>
<tr>
<td>Individuals in treatment</td>
<td>74</td>
<td>110</td>
</tr>
<tr>
<td>Treatment exits</td>
<td>41</td>
<td>60</td>
</tr>
<tr>
<td>Successful Completions</td>
<td>(64%) 26</td>
<td>(57%) 34</td>
</tr>
</tbody>
</table>

Source: NDTMS

The number of young people accessing treatment in 2010/11 was very low in comparison with statistical neighbours (the local authorities assessed as most like Somerset) but there has been a slight increase in 2011/12 from 74 to 110.

Nationally the proportion of young people who successfully complete their treatment for substance misuse has risen over the past few years. However between 2010/11 and 2011/12 the proportion of successful completions in Somerset fell from 64% to 57%; this was despite a numerical increase from 26 to 34. A large proportion (65%) of young people successfully completing treatment did not have an onward referral recorded.

Department for Education estimates that parental drug use is a factor for around a third of the 120,000 most troubled families in England. In 2010/11, 369 (30%) adults in structured drug treatment lived with children and 263 (21%) were parents but did not live with any children: the number in structured alcohol treatment was 32 (20%) and 60 (39%).

The ‘Time in a Bottle’ student survey indicated that nine out ten drinkers obtained their alcohol from their family. The ‘Spyral’ student survey similarly indicated that half of all cannabis users had a family member who used the drug.

The Somerset Audit of Hidden Harm (2010) identified 433 children living with an adult that either currently or had previously misused substances. This equated to 242 households and 271 children living in a household where all the adults were misusing substances.

Turning Point data suggested that 40% (276) of their clients had at least one child living with them; 77% lived with all their children. This meant that 355 children lived with a parent who was a Turning Point client; 97 of these children were in contact with social services and 47 were on the child protection register.

By the very nature of the issue of hidden harm being hidden there are likely to be more children living parents misusing substances in Somerset.

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8 JSNA Support Pack for Strategic Partners Somerset (2010/11)
9 ‘Time in a Bottle’ and ‘Spyral’ are the titles of plays used in the Theatre in Education programme.
The national Tell Us 4 survey suggests school children in Somerset are more likely to have drunk alcohol than the national average but are in line with self reporting the use of drugs.

The Local Alcohol Profiles for England also show that Somerset had a much higher rate of alcohol specific hospital admissions by under 18s than nationally or regionally between 2007/08 and 2009/10: Taunton Deane has a particularly high rate.

2.4 Adults – Criminal Justice

There is a known gap in information regarding numbers accessing treatment through criminal justice in Somerset. This includes releases from prison and has also affected the reported uptake of criminal justice referrals.

There were 238 people known to criminal justice workers on 31 May 2012 (as reported by the national DIRweb system) and 75% of cases had been active for over 28 weeks.

146 individuals were on the caseload of criminal justice workers in 2010/11 but were not in contact with treatment services. 140 of these individuals were opiate and/or crack users and 116 of these were known through prison. 12

49 offenders had Drug Rehabilitation Requirements at the end of March 2012 similar to the previous year.

2.5 Adults – Detox and Residential Rehab

NTA national benchmarking suggests 10% of drug users in treatment need inpatient detox and 5% need residential rehab. Based on 2011/12 data that is 125 and 63 drug users in Somerset.

In 2010/11 there were 38 people in treatment and 16 exits from detox and rehab for drug misuse. 6 exits were successful completions from treatment. There were 16 residents in detox and 25 in rehab in 2011/12 reported to NDTMS.

The number of clients in treatment having had rehab in their treatment journey has declined year-on-year from 70 (6% of all clients) in 2005/06 to 39 (3%) in 2010/11.

There is a block contract for 20 admissions to inpatient detox for alcohol misuse per year in acute psychiatric inpatient unit.

12 Adult Drug and Alcohol Needs Assessment: Criminal Justice Pathways (2011/12)
2.6 Adults – Dual Diagnosis

Potentially up to 70,000 people in Somerset have mental health issues. The majority of these won’t need treatment for substance misuse. Of the substance misuse segment of the population the majority will not need specialist treatment for mental health issues.\(^\text{13}\)

However, the National Consortium of Consultant Nurses in Dual Diagnosis, indicate that the prevalence of dual diagnosis may affect between 30% and 70% of those people presenting to health and social care settings.

14% (41) of clients in treatment for drug misuse had a dual diagnosis\(^\text{14}\) recorded on NDTMS in 2011/12, up from 11% (28) in the previous year. 16% (25) of people in treatment for alcohol misuse had a dual diagnosis recorded in 2011/12.

Somerset DAP commission a specific dual diagnosis psychiatrist; the caseload was 245 in 2009/10, 170 were new referrals and a further 172 new referrals were made in 2010/11.

Information held by Turning Point showed 122 drug users had contact with mental health services outside treatment for substance misuse. There were probably more as a further 542 records were “not set”.

2.7 Young People’s – Treatment Services

Up until March 2011 Somerset had seen more young people in treatment who were female than male.\(^\text{15}\) However, in 2011/12 there has been a shift with more males (60%) in treatment than females (40%).

Similarly there has been an ongoing issue with a very high proportion of young people in treatment aged 17. In 2011/12 the percentage of 17 year olds has dropped from 58% to 47% but is still higher than expectations set by statistical neighbours in 2010/11.\(^\text{16}\)

The most common referrers to young people’s substance misuse services in 2011/12 were children’s mental health services 40% (41), GPs 14% (14), Youth Offending Team 13% (13), Targeted Youth Support 13% (13) and self referrals 9% (9).

In Somerset there were previously higher proportions of cannabis and alcohol use by young people in treatment than any other drug. In 2010/11 there was a growing prevalence of other stimulants (amphetamines, cocaine and ecstasy), especially when

\(^{13}\) Adult Drug and Alcohol Needs Assessment: Dual Diagnosis: (2011/12)

\(^{14}\) This is only recorded on NDTMS if a client is accessing mental health services and Community Mental Health Teams (CMHT) are responsible for ensuring clients TOPs forms are completed within NTA guidelines.

\(^{15}\) Young People’s Substance Misuse Needs Assessment: part 2 (May 2012)

\(^{16}\) Young People’s Substance Misuse Needs Assessment: part 2(May 2012)
compared with statistical neighbours.\textsuperscript{17} This may be linked to the use of legal highs and reclassification of mephedrone. NDTMS data suggests that the number of young people accessing treatment and misusing other stimulants in Somerset has remained high in 2011/12.

NDTMS data suggests that Somerset does not have a large number of young people injecting.

Interventions for young people in Somerset have been predominantly psychosocial in 2010/11 and 2011/12.

The risk/harm profile of young people entering treatment was introduced by the NTA in 2011. This has allowed Somerset to explore young people in treatment more closely and to get a better understanding of their needs and of the requirement for a multi-agency approach to young people’s care and recovery.

In 2010/11 the most common risk/harms in Somerset were people using two or more drugs (not including tobacco) and using their primary substance for the first time under the age of 15. However, compared with statistical neighbours Somerset had relatively few individuals with these and fewer higher risk drinkers and offenders. There was a relatively higher proportion of opiate and crack users, young person is pregnant and/or a parent, Looked After Child (LAC), self-harm and NFA/unsettled.\textsuperscript{18}

\textbf{2.8 16-25 year olds}

There were 249 people aged 16-24 in treatment services in 2011/12, 85 of them were in young people’s services.

Turning Point data for 2010 suggested that the younger a client misusing alcohol is, the more likely they are to have exited in an unplanned way.

The number of these individuals recorded as being in structured treatment for alcohol misuse has also fallen from 35 to 15 between 2010/11 and 2011/12. However, there may be a data gap between NDTMS and the actual number of people in treatment.\textsuperscript{19}

33\% (21) of people aged 18-24 who were known to criminal justice workers were not in treatment in 2010/11 and just 7\% (71) were at the end of the year.

More males aged 20-24 were arrested in 2010/11 than any other group and 54\% (497) of all drug specific arrests (927) were aged between 16 and 25 in 2011/12.\textsuperscript{20} However under

\begin{itemize}
  \item \textsuperscript{17} Young People’s Substance Misuse Needs Assessment part (May 2012)
  \item \textsuperscript{18} Young People’s Substance Misuse Needs Assessment: part 2 (May 2012)
  \item \textsuperscript{19} Internal Analysis Report on Alcohol Misuse in Somerset.
  \item \textsuperscript{20} ASPIRE network.
\end{itemize}
25s are the smallest treatment group (compared with 25-34 and 35-64). The cohort reduced from 140 to 125, between 2010/11 and 2011/12.
3. **Current Services**

This section summarises the current “non-specialist” and “specialist” services tackling drug and alcohol misuse in Somerset. Using this broad distinction, current services commissioned by SDAP as of July 2012 are shown below:

### Non Specialist

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Service</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young People and Adults</td>
<td>Drug and Alcohol Workforce Development Training</td>
<td>The Training Exchange delivers a range of training and development training programmes for staff (paid and unpaid) working in Somerset</td>
</tr>
<tr>
<td>Young People</td>
<td>Targeted Youth Support Service</td>
<td>Somerset County Council</td>
</tr>
<tr>
<td>Young People (aged 16 years up) and Adults</td>
<td>Alcohol Brief Interventions in specific locations</td>
<td>A number of providers are currently delivering pilot projects in a range of specific locations including: Police Custody, Supported Housing, Primary Care, Community Pharmacy, Community Health Services and General Hospital (Primarily Accident and Emergency)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Service</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>Pharmacy Needle Exchange</td>
<td>Pharmacies</td>
</tr>
</tbody>
</table>

### Specialist

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Service</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young People</td>
<td>Integrated Specialist Substance Misuse Service</td>
<td>Somerset Partnership NHS Foundation Trust</td>
</tr>
<tr>
<td>Adults</td>
<td>Open Access Community Based Drug and Alcohol Treatment Service</td>
<td>Turning Point</td>
</tr>
<tr>
<td>Adults</td>
<td>Inpatient detoxification</td>
<td>Somerset Partnership NHS Foundation Trust</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Adults</td>
<td>Supervised Administration of Medication</td>
<td>Pharmacies</td>
</tr>
<tr>
<td>Adults</td>
<td>GP “Shared Care” for opiate substitute prescribing</td>
<td>GPs</td>
</tr>
<tr>
<td>Adults</td>
<td>Community Access Programme (Aftercare)</td>
<td>Turning Point</td>
</tr>
</tbody>
</table>

The “Open Access Community Based Drug and Alcohol Treatment Service” contract held by Turning Point incorporates all aspects of community drug and alcohol treatment, including:

- Specialist Needle Exchange provision
- Blood Borne Virus testing and vaccination
- Criminal Justice Referral and Treatment (incorporating Drugs Intervention programme and Drug Rehabilitation Requirement work)
- Specialist Substitute prescribing
- Structured Psychosocial Interventions
- Structured Day Programmes
- Counselling, Carers Support
- Community Detoxification and
- Access to Inpatient Detoxification and Residential Rehabilitation. The latter treatment modalities are provided by other agencies but placement, co-ordination and administration is undertaken by Turning Point.

The Integrated Substance Misuse Service for Young People contract held by Somerset Partnership NHS Foundation Trust incorporates all aspects of community based drug and alcohol treatment working within a wider team of Child and Adolescent Mental Health Services (CAMHS).

It is important to note that a range of services, interventions and support is provided to those with drug and alcohol problems in Somerset which are not commissioned by SDAP. This includes the McGarvey Fellowship and In-Touch Project, two voluntary organisations, as well as mutual aid (Alcoholics Anonymous, Narcotics Anonymous and SMART recovery), Church and Faith groups and other organisations.
4. Proposed Model

This section provides a brief overview of the proposed new model, the principles that we would see underpinning it and the outcomes to be achieved locally. It uses the information collated over past years and from discussion with service users, carers, SDAP partners and other stakeholders, to set out the principles that should underpin a new model of service delivery.

4.1 Overarching Principles for a New Model
The principles that should underpin a new model of service delivery are:

1. The system is recovery focussed
2. There is a single system and pathway for all people seeking help and support to deal with drug and/or alcohol misuse.
3. Protected characteristics such as age, gender etc form part of assessment of need that will determine what, if any additional support a person may need
4. All interventions commissioned within the system will be evidenced based either through national reports and research or local pilots which have been robustly evaluated.
5. The new model will recognise this and operate with a specific care co-ordination function that will be with the person throughout their journey.
6. There are some people that need additional support for a range of reasons to successfully engage in services to achieve a positive outcome.
7. A common theme from service users is that they would prefer a consistent worker in their journey and for minimal re-assessment when accessing different interventions.
8. The specific care co-ordination function sits outside the provision of treatment interventions. This function could be performed by any number of agencies that form part of a person’s recovery.
9. Treatment is menus of interventions that are all recovery focussed and are evidenced based.
10. SDAP are commissioning a whole system approach that covers education & prevention, brief interventions, harm reduction and treatment. It recognises that issues like housing, ETE and peer led support are critical to successful outcomes. There is a clear specification for every part of the system – so rather than a single specification it is made up of a number of detailed specifications for each intervention – this allows for single system potentially delivered by multiple providers who may ‘specialise’ in one or more interventions.
11. As SDAP has implemented its strategic alcohol statement, our mantra has been that it is ‘everyone’s business’. The new commissioning approach reinforces that – both drugs and alcohol are ‘everyone’s business’.
12. SDAP approach is based therefore, on developing the wider workforce to deliver drug and alcohol interventions as early as possible to prevent escalation in use and associated harms to the individual, family and wider community.
13. SDAP could commission a central IT system for data. This would be a bespoke model based on the learning from other systems and our experience of data sharing with commissioned providers.

4.2 Outcomes of Proposed Model

As stated under the principles for the new model, a system is proposed that responds to the needs of young people and adults, alcohol and drug users. This does not mean that all services would be delivered by one agency or one contract, but that a whole systems approach is taken which responds to all presenting need in an integrated way.

The following diagram represents the proposed system model:
In the proposed model:

- Education (including providing information), and Recovery form the largest components; with Brief Interventions and Aftercare support also designed to deliver to larger numbers of people than currently.

- Harm Reduction and Treatment interventions are specific and concentrated on those people whose needs have not been met through briefer, earlier interventions, and delivered with a focus on through-care, aftercare and recovery.

- Assessment and Care co-ordination play a crucial role in accessing the right treatment intervention at the right time and support the treatment journey towards recovery.

In terms of capacity and wider Somerset workforce SDAP aspires to support more people delivering drug and alcohol interventions as early as possible. The following diagram shows the intentions behind the new model:
5. Consultation Questions

This section sets out a series of questions under broad sub-headings. The questions reflect the data, principles and ideas for the new model set out in sections 2 and 3. SDAP are inviting a wide range of stakeholders to take part in the consultation as the answers will influence the final shape of the service to be commissioned. SDAP will only be able to incorporate answers to the following questions into the formal consultation outcome.

Any stakeholder – whether an individual or an organisation - can respond to the consultation answering as many or as few of the questions that are asked.

Closing Date for Consultation Submissions:
Friday 2nd November 2012

Submissions can be made in two ways:

Online via: www.somersetconsults.org.uk/consult.ti/SDAPCommissioning

Or by post - a hard copy of the consultation questions response form can be obtained by phoning the SDAP office on 01823 357111 or email sdap@somerset.nhs.uk. You will then be sent a copy with a pre-paid reply envelope.

5.1 About you

Are you answering this consultation as: (Tick one only)

An individual
An organisation

If you are answering this as an individual are you: (Tick one only)

A drug or alcohol/service user
In recovery
A carer/family member affected by someone else’s drug/alcohol use
Drug/alcohol worker
Allied professional
Other: (please specify) ____________________________________________

If you are answering this as an organisation (please specify the name of the organisation)
__________________________________________

5.2 Recovery

We believe recovery from drug and alcohol misuse is achievable and that people go on to lead a productive, healthy and happy life.

- How would you know someone is in recovery?
  (Tick all that apply)
Someone is in education or in training
Someone is in work
Someone is living in settled accommodation
They have positive relationships with family, friends, children and/or a partner
They have their own support network
Other: (please specify) ________________________________________________

- What could help people to achieve these recovery outcomes?

5.3 Information and Education
We believe it is important that people have access to information about drugs and alcohol and their effects on health, ability to work, travel, maintaining positive relationships with friends and family, and choices about the types of support that may be available to them.

- Where should someone be able to find this information?
  (Tick all that apply)

Look on the internet
Go to a GP
Ask at the council office
Find a drug and alcohol service
Talk to a friend or a family member
Other: (please specify) ________________________________________________

- How would people like choices about drug and alcohol services presented to them?
  (e.g. through their GP, in a Pharmacy, by a specialist drugs worker)

We believe when someone needs an intervention for a drug or alcohol problem it should start with the first person they talk to. We believe that whoever they speak to should be
able to start identifying what help is needed and what options there are. If people have access to services as early as possible it will help them recover.

- **How can we support the wider workforce (any organisation or community group) to deliver brief interventions around drugs and alcohol?** (e.g. staff training, tools, resources)

- **In which places do you think specialist workers should support this?**
  *(Tick all that apply)*
  
  GP Surgeries  
  Police custody  
  Hospital A&E departments  
  Homeless hostels  
  Probation  
  Other: (please specify) ___________________________________________

5.4 **Access to help and support**

We believe that the assessment process should be designed so that wherever someone presents they receive an initial assessment that creates access to the right part of the system with a range of support options.

- **Do you agree?** *(Tick your response)*
  
  Yes / No

- **How can we do this?**
  *(e.g. common assessment tool, training)*
5.5 Care Co-ordination
We know that some people would benefit from having the same person co-ordinating their care throughout their treatment journey. It allows for a person to have consistency over a period of time and improves communication.

We believe that this care co-ordinator role should be separate to providing treatment

- **Do you agree?** *(Tick your response)*
  Yes / No

- **How could this Care Co-ordinator be identified?**

5.6 Specialist Treatment
We believe that specialist treatment options need flexibility to allow for people’s age, maturity, the risks they take and the substances used all to be taken into account. People could benefit from being given control of their own recovery by individual or personalised budgets which mean they buy the services they need to recover. People will be prioritised according to their children’s needs (including pregnancy), their offending and their health needs (including mental health).

- **Are there any other risks that should also be considered?**
• Are there age groups that need a different type of support or targeted work?  
  *(Tick all that apply)*

  16-25 year olds  
  over 65yrs  
  12 years and under  
  Other: (please specify):_____________________________________

• Are there particular groups of people that need specific support or targeted work?  
  *(Tick all that apply)*

  Looked after children  
  Care leavers  
  Offenders  
  People with mental health and substance misuse issues  
  Parents  
  Other: (please specify):_____________________________________

• More emphasis should be put upon detoxification in the treatment service.  In which locations should this take place?  
  *(Tick all that apply)*

  Home (including hostel accommodation)  
  Psychiatric hospital  
  Community Hospital  
  Specialist treatment centre  
  Other: (please specify):_____________________________________

• What is needed to provide an effective service to individuals with mental health and substance misuse needs that require treatment from both (mental health and drug and alcohol) services?

  Joint working between agencies  
  Something additional

  If “something additional” please tell us what this could be?
Personalised budgets have not been used in Somerset before for those in drug and alcohol treatment. We would like to hear your views on this issue.

- **Do you think this should be available for people?** *(Tick your response)*
  Yes / No

- **If yes when should this be available?** *(Tick your response)*
  In treatment
  During their aftercare
  Other: (please specify):__________________________________________

- **Do you have any idea how this could be managed?**

5.7 Aftercare

We believe that mutual aid and peer support is vital to aftercare for people who use drugs and alcohol.

- **How many people should a commissioned aftercare service be able to see in relation to the size of the specialist treatment service?**
  *Choose one only of the following:*
  Smaller
  The same size
  Larger

- **How can peer support be best developed?**
5.8 System wide
We believe that a single drug and alcohol case management system would help the co-ordination of different agencies work with the same person.

- Will a combined case management system used by everyone involved in someone’s treatment make life easier for those receiving treatment? *(Tick your response)*
  
  Yes / No

- Will a combined case management system used by everyone involved in someone’s treatment make life easier for those providing treatment? *(Tick your response)*
  
  Yes / No

And finally ... Are there any other comments you would like to make about the design of future services for Somerset?