Commissioning Future Drug and Alcohol Services in Somerset

Appendix A
## Contents

1. Introduction ........................................................................................................................................4

2. The Picture of Drug and Alcohol Misuse in Somerset .................................................................5
   2.1 Adults – Drug Misuse Overview .................................................................................................5
   2.2 Adults – Alcohol Misuse Overview ...........................................................................................6
   2.3 Young People’s – Substance Misuse Overview ........................................................................7
   2.4 Adults – Criminal Justice ...........................................................................................................8
   2.5 Adults – Detox and Residential Rehab .......................................................................................8
   2.6 Adults – Dual Diagnosis ............................................................................................................9
   2.7 Young People’s – Treatment Services ......................................................................................9
   2.8 16-25 Year Olds ........................................................................................................................10

3. Current Services ................................................................................................................................11

4. Proposed Model ................................................................................................................................13
   4.1 Overarching Principles for a New Model .................................................................................13
   4.2 Outcomes of Proposed Model ..................................................................................................14

5. What Do You Think? Consultation Questionnaire ........................................................................16

6. Consultation Findings .....................................................................................................................25

7. SDAP Strategic Position Statement for Commissioning ................................................................30
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 booklet has been produced using various documents which were written separately as part of the work to re-commission drug and alcohol services in Somerset. We have compiled them so you can see the phases SDAP have been through so far.

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. It also includes the first consultation questions and a summary of responses.

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
2. **The Picture of Drug and Alcohol Misuse in Somerset**

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.

**Adult (aged 18 and over) Structured Drug Treatment 2010-11/12**

<table>
<thead>
<tr>
<th></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>

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.²

<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>

¹ 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.

² 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 144 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.

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3 ASPIRE network
4 Internal Analysis Report on Alcohol Misuse in Somerset
5 Internal Analysis Report on Alcohol Misuse in Somerset
6 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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7 JSNA Support Pack for Strategic Partners Somerset (2010/11)
8 ‘Time in a Bottle’ and ‘Spyral’ are the titles of plays used in the Theatre in Education programme.
9 Somerset Audit of Hidden Harm Report (2010)
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. 11

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 the acute psychiatric inpatient unit.

11 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.\textsuperscript{12}

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\textsuperscript{13} 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.\textsuperscript{14} 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.\textsuperscript{15}

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 compared with statistical neighbours.\textsuperscript{16} This may be linked to the use of legal highs and re-

\begin{footnotesize}
\textsuperscript{12} Adult Drug and Alcohol Needs Assessment: Dual Diagnosis: (2011/12)
\textsuperscript{13} 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.
\textsuperscript{14} Young People’s Substance Misuse Needs Assessment: part 2 (May 2012)
\textsuperscript{15} Young People’s Substance Misuse Needs Assessment: part 2(May 2012)
\textsuperscript{16} Young People’s Substance Misuse Needs Assessment part (May 2012)
\end{footnotesize}
classification 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.17

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.18

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 2011/12.19 However under 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.

17 Young People’s Substance Misuse Needs Assessment: part 2 (May 2012)
18 Internal Analysis Report on Alcohol Misuse in Somerset.
19 ASPIRE network.
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>
<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>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
- 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 a single system to potentially be 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 are 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. What Do You Think? Consultation Questionnaire

This section sets out a series of questions that we wanted views on – this is the consultation. It asks questions about the way drug and alcohol services could work in the future. You can answer one, some, or all the questions.

You can respond to the consultation questions in two ways:

- Online via: [www.somersetconsults.org.uk/consult.ti/SDAPCommissioning](http://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 to send back your responses.

You do not have to give your name if you reply using the paper form. We only ask for you to tell us if you are answering as yourself or a group.

If you use the website to respond you will be asked to register, which means giving your name and an email address. This will not be seen by anyone except the Somerset County Council staff member dealing with the responses.

Closing date for all responses is: Friday 2nd November 2012

Consultation Questions

5.1 About you

Are you answering as: (Tick one only)

An individual (just yourself)
An organisation (for example a company, a group of people)

If you are answering this just for yourself 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

Recovery can mean different things to different people. It might mean not using drugs or drinking any more. We believe that recovery from drug and alcohol problems can happen and that people can go on to lead a constructive, 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 a settled home
  They have good relationships with family, friends, children and/or a partner
  They have people to help them when things are hard
  Other: (please specify) ____________________________________________

- **What could help people to achieve the things you have ticked above?**

5.3 Information and Education

We believe it is important that people have access to information about drugs and alcohol.

This could mean information on the effects drugs and alcohol can have on your health, ability to work, travel and have good relationships with friends and family. It could also mean having information on the choices of support and treatment that are available.

- **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) ____________________________________________
• Where would someone like to have information about drug and alcohol support and treatment? Who would they like to have it from?
  (e.g. through their GP, in a Pharmacy, by a specialist drugs worker)

We believe when someone needs help for a drug or alcohol problem it should start with the first person they talk to. We believe that whoever they speak to should know about drugs and alcohol and tell them the things they could do to get help.

Brief interventions are a type of help that can help people to think about their alcohol or drug use and make changes.

• How can we support people working in 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 alcohol and drug 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 people should be asked the same questions wherever they go, which means they get the right type of help and support.

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

- How can we do this?
  (e.g. get them to use a common assessment tool, with training)

5.5 Care Co-ordination

Care Co-ordination is helping a person work out what treatment or support they need to make changes. Care Co-ordination is making sure they get this treatment or support.

A Care Co-ordinator is a person that does the care co-ordination. They will stay in touch with a person whether they drop out of services, change their mind, go back to drinking or using drugs or change in some other way.

We know that some people would benefit from having the same person assisting them in co-ordinating their care no matter which treatment or support they are getting.

- Do you agree? *(Tick your response)*
  Yes
  No
5.6 Specialist Treatment

Specialist treatment is drug and alcohol treatment that comes from drug or alcohol treatment agencies. In Somerset at the moment these are Turning Point (for adults) and Somerset Partnership (for young people). This is specialist as it is different to treatment from a GP, nurse in a hospital, Probation officer etc.

We believe that the specialist treatment a person has should depend on things like how old they are, what drugs they are taking and if their do things that could hurt themselves or other people. These things are seen as risks.

People might then get into treatment faster if they have children, if they are pregnant, if they commit crime or if they have health problems. This includes mental health problems.

Some people might do well if they could decide themselves how the money for their treatment is spent.

- Are there any other risks that should also be looked at?
● **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 other 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):________________________________________

---

**Detoxification** (also just called “detox”) is the process of physically coming off drugs or alcohol. This can need a lot of medical support as it can be dangerous.

---

● **If more people detox from drugs or alcohol, where should this take place?**

*(Tick all that apply)*

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

● **What do we need to do to make sure people with drug and alcohol AND mental health problems get the treatment they need?**

Joint working between agencies  
Something else

● **If “something else” please tell us what this could be?**

---
People being able to decide how the money for their drug or alcohol treatment is spent is a new idea in Somerset. This is called a personal budget. A personal budget is a sum of money allocated to a person as a result of an assessment of their needs. The amount of money you are allocated is based on the 'eligible needs' you have at that time.

We would like to hear your views on whether or not you agree this is a good idea and how it might work in Somerset

- **Do you think people should be able to decide how the money for their drug or alcohol treatment is spent?** *(Tick your response)*
  
  Yes
  
  No

- **If yes when should they be able to decide?** *(Tick your response)*
  
  When they are in treatment
  
  During their aftercare (once they have completed their first stage of treatment)
  
  Other: (please specify):__________________________________________

- **Do you have any idea how this could work?**


---

**5.7 Aftercare**

Aftercare is the support that people receive after they have finished their first stage drug or alcohol treatment. This might be when they have stopped using drugs or alcohol to help them not start again.

Mutual aid is people in the same situation helping each other. Examples of mutual aid in Somerset are Alcoholics Anonymous or SMART recovery. These are groups of people helping each other and are not paid for by SDAP.

We believe that mutual aid is really important to aftercare for people who use drugs and alcohol.

Commissioning is the word used to describe how SDAP works out what is needed, what it costs and who should deliver those services.
Should the aftercare service that Somerset Drug & Alcohol Partnership pays for have a smaller number of people coming to it, the same number of people coming to it or a larger number of people coming to it than the treatment service?

Choose one only of the following: Smaller
The same size
Larger

How can we get more people in the same situation supporting each other to stay off drugs or alcohol?

5.8 System wide

We believe that there should be one system that holds the notes on people getting help with their drug and alcohol problems. If people agree this could be seen by anyone who works in an organisation that provides the help, support and treatment to people in Somerset with drug or alcohol problems.

Will a combined system used by everyone involved in someone’s treatment make life easier for those receiving treatment? (Tick your response)

Yes
No
• Will a combined 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?

Thank you for taking the time to respond to this consultation.
Please use the pre-paid envelope to return your response to SDAP
6. Consultation Findings
This section gives a summary of responses submitted to the ‘Consultation Paper on Commissioning Adults’ and Young people’s Drug & Alcohol Services in Somerset’

Introduction
The consultation on the document ‘Consultation Paper on Commissioning Adults’ and Young people’s Drug & Alcohol Services in Somerset’ ran for a 12 week period, with responses submitted online; via Somerset County Council’s Somerset Consults website and hard copy postal returns in prepaid envelopes.

Section 5 of this document details the consultation questions posed. The responses summarised below are broken down using this as the framework.

6.1. About You
There were a total of 80 responses to the consultation of which: 33 were completed on behalf of an organisation with the remaining 47 representing individuals’ own views.

6.2. Recovery
How would you know someone is in recovery?
Responses that identified each option as a sign of recovery.

<table>
<thead>
<tr>
<th>Response</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good relationships with family, friends, children and/or a partner</td>
<td>58</td>
<td>73%</td>
</tr>
<tr>
<td>Have their own support network</td>
<td>56</td>
<td>70%</td>
</tr>
<tr>
<td>Is in education or in training</td>
<td>50</td>
<td>63%</td>
</tr>
<tr>
<td>Is living in a settled home</td>
<td>50</td>
<td>63%</td>
</tr>
<tr>
<td>Is in work</td>
<td>41</td>
<td>51%</td>
</tr>
</tbody>
</table>

What could help people to achieve these recovery outcomes?
- 7 responses said service users and affected others (such as family) needed constant and instant access to services
- 5 said by treating service users as individuals

6.3 Information and Education
Where should someone be able to find this information?
The consultation asked which of the locations listed below should provide information on the effects drugs and alcohol.
Responses that identified each location as somewhere where someone should be able to find information on drugs and alcohol.

<table>
<thead>
<tr>
<th>Location</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look on the internet</td>
<td>68</td>
<td>85%</td>
</tr>
<tr>
<td>Go to a GP</td>
<td>68</td>
<td>85%</td>
</tr>
<tr>
<td>Find a drug and alcohol service</td>
<td>66</td>
<td>83%</td>
</tr>
<tr>
<td>Talk to a friend or a family member</td>
<td>48</td>
<td>60%</td>
</tr>
<tr>
<td>Ask at the council office</td>
<td>40</td>
<td>50%</td>
</tr>
</tbody>
</table>

Additionally 13 respondents suggested schools, 6 said libraries, 5 said hospitals and 4 said citizens advice bureaus should have this information.

**How would people like choices about drug and alcohol services presented to them?**
Three examples were given for this question - through their GP; in a pharmacy and by a specialist drug worker. These were the most popular suggestions with 33 suggesting specialist workers, 29 GP surgeries and 17 pharmacies.
- 20 respondents recommended multiple agencies should deliver this information
- 12 said in schools and/or colleges
- 8 thought community/voluntary groups should perform this function, perhaps through information days in public places
- 7 put council offices
- 7 suggested people would like to get it by going online

**How can we support the wider workforce (any organisation or community group) to deliver brief interventions around drugs and alcohol?**
The consultation requested any ideas about how SDAP could support the wider workforce to deliver brief interventions around drugs and alcohol. The question gave three examples - staff training, tools and resources. These were the most popular choices: 55 respondents felt staff training would be effective; 32 suggested that one or more from information, resources and tools should be available in different formats (for example, online).
- 5 respondents said the services and interventions need to be consistent and accurate to avoid misleading and conflicting advice
- 5 felt only specialist workers should deliver interventions and the wider workforce should only signpost people towards treatment services

**In which places do you think specialist workers should support this?**
Responses that identified each location as somewhere a specialist worker should support the wider workforce in delivering brief interventions.

<table>
<thead>
<tr>
<th>Location</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP surgeries</td>
<td>69</td>
<td>86%</td>
</tr>
<tr>
<td>Homeless hostels</td>
<td>68</td>
<td>85%</td>
</tr>
<tr>
<td>Probation</td>
<td>67</td>
<td>84%</td>
</tr>
<tr>
<td>Hospital accident and emergency (A&amp;E) departments</td>
<td>64</td>
<td>80%</td>
</tr>
<tr>
<td>Police custody</td>
<td>63</td>
<td>79%</td>
</tr>
</tbody>
</table>
6.4. Access to Help and Support

**Common Assessment Framework**
The consultation asked if respondents agreed 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. 64 (80%) respondents agreed with this, 10 (13%) disagreed and 6 (8%) did not reply.

**How can we do this?**
The consultation requested any ideas about how this common assessment framework could be implemented. Two examples were given - a common assessment tool, and training.
- 47 people agreed that a common assessment framework would work and 5 felt this should be a web-based tool to avoid repetition for the service user
- 17 people felt that training would be needed
- 6 said that the response to clients needs to be individualised
- 5 put that non-specialist professionals would not be able to help at point of contact

6.5 Care Co-ordination

**Separate from Treatment Provision**
The consultation asked if respondents agreed that the Care Co-ordinator should be separate from treatment provision. 50 (63%) respondents agreed with this; 15 (19%) disagreed and 18 (23%) did not respond.

**How could this Care Co-ordinator be identified?**
- 19 respondents felt that the role should lie with the specialist treatment provider or key worker. The reasons were to avoid fragmentation and ensure they are sufficiently trained
- 13 said that the care coordinator should be selected by the individual so they have someone they trust
- 5 suggested it should be a peer or voluntary mentor who could receive training

6.6 Specialist Treatment

**Are there any other risks that should also be considered?**
The consultation asked if there were any other risks which should be considered in addition to those listed:
- 12 suggested that the home life/situation should be considered
- 7 indicated that service users should be given access to all treatment in the same timely fashion if they are willing to change
- 6 felt social isolation, loneliness, or a lack of family contact
Are there age groups that need a different type of support or targeted work?
Responses that identified each age group as needing a different type of support or targeted work.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-25 year olds</td>
<td>57</td>
<td>71%</td>
</tr>
<tr>
<td>over 65 yrs</td>
<td>42</td>
<td>53%</td>
</tr>
<tr>
<td>12 years and under</td>
<td>36</td>
<td>45%</td>
</tr>
</tbody>
</table>

In addition 7 respondents said that everyone should be treated individually and have access to the same services, and 5 identified people aged between 10 and 16.

Are there particular groups of people that need specific support or targeted work?
Responses that identified each group as needing a different type of support or targeted work.

<table>
<thead>
<tr>
<th>Group</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with mental health and substance misuse issues</td>
<td>62</td>
<td>78%</td>
</tr>
<tr>
<td>Offenders</td>
<td>54</td>
<td>68%</td>
</tr>
<tr>
<td>Looked After Children</td>
<td>53</td>
<td>66%</td>
</tr>
<tr>
<td>Parents</td>
<td>49</td>
<td>61%</td>
</tr>
<tr>
<td>Care leavers</td>
<td>47</td>
<td>59%</td>
</tr>
</tbody>
</table>

If more people detox from drugs or alcohol, where should this take place?
Responses that identified each location as a good place for detoxes to take place.

<table>
<thead>
<tr>
<th>Location</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist treatment centre</td>
<td>61</td>
<td>76%</td>
</tr>
<tr>
<td>Home (including hostel accommodation)</td>
<td>52</td>
<td>65%</td>
</tr>
<tr>
<td>Community Hospital</td>
<td>39</td>
<td>49%</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>36</td>
<td>45%</td>
</tr>
</tbody>
</table>

What is needed to provide an effective service to individuals with mental health and substance misuse needs who require treatment from both (mental health and drug and alcohol) services?
● 59 agreed that joint working was needed and 39 made comments
● 18 said the system should support multi-discipline specialists, a specialist dual diagnosis team, or joint assessments potentially at shared locations
● 6 identified a care coordinator as a beneficial option

Personalised Budgets
The consultation asked if people should be able to decide how the money for their drug or alcohol treatment is spent. 43 (54%) agreed, 20 (25%) were opposed and 17 (21%) did not comment.
If yes when should this be available?
Two options were suggested and these were in treatment or in aftercare. 21 (26%) said in aftercare, 11 (14%) said in treatment. 12 (15%) specified that they should be available throughout the treatment journey.

Do you have any idea how this could be managed?
6 suggested that it could be via a Care Co-ordinator supporting the service user.

6.7 Aftercare

How many people should a commissioned aftercare service be able to see in relation to the size of the specialist treatment service?
34 (43%) said aftercare should be larger, 26 (33%) said the same size, 7 (9%) said smaller and 13 (16%) did not reply.

How can peer support be best developed?
- 15 thought a comprehensive buddy or peer mentoring scheme could do this, by creating access to successfully recovered people in a safe environment
- 10 said group work should be supported more
- 5 said training for peer mentors
- 5 organisations advised working with existing groups, charities or faith groups

6.8 System Wide

The consultation suggested that a single drug and alcohol case management system should be developed.

Will a combined system used by everyone involved in someone’s treatment make life easier for those receiving treatment?
60 (75%) people agreed, 6 (8%) disagreed and 14 (18%) did not respond.

Will a combined system used by everyone involved in someone’s treatment make life easier for those providing treatment?
61 (76%) said it would, 5 (6%) disagreed and 14 (18%) did not respond.

SDAP received a large number of additional comments that are too extensive to list here. These comments are available on request from the SDAP office.
7. SDAP Strategic Position Statement for Commissioning

This strategic statement commits Somerset Drug and Alcohol Partnership (SDAP) and all of its partners and stakeholders to improving the outcomes for individuals and communities affected by the misuse of alcohol and drugs in Somerset.

It recognises that alcohol and drug misuse affects everyone in one way or another and that for the harm caused by alcohol/drugs to be minimised, tackling misuse is everyone’s business.

The strategic statement for commissioning drug and alcohol services is part of the realisation of the wider health and wellbeing strategy for Somerset for ‘people to live healthy and independent lives, supported by thriving and connected communities, with timely and easy access to high-quality and efficient public services when they need them’.

The commissioning framework for drug and alcohol services relates to the health and wellbeing strategy key priorities, namely:

Priority 1: People, families and communities take responsibility for their own health and wellbeing.

Priority 2: Families and communities are thriving and resilient.

Priority 3: Somerset people are able to live independently for as long as possible.

It recognises that drug/alcohol misuse is a cross cutting theme which links to both:

- other themes such as domestic violence, safeguarding children and adults, community safety, troubled families etc

- other commissioning strategies such as Pathway for Socially Excluded – Accommodation and Support Services for Vulnerable People, Pathway to Independence - Accommodation and Support Services for Vulnerable Young People aged 16 – 24 years, Somerset Reducing Re-offending Strategy etc

- other agency specific work areas such as Police, Probation, Children’s Social Care, School Nursing, Mental Health Services etc

It is the intention of the strategic statement to map these areas to show the inter-relationship of the drug and alcohol services to other key areas of delivery locally.
In order to meet these objectives, SDAP has identified the following outcomes for its work:

1. Intervene early to prevent problems with drugs and alcohol developing
2. Reduce the chances of drug and alcohol related deaths
3. Reduce drug and alcohol related offending
4. Improve the mental and physical health of drug and alcohol users
5. Increase the numbers of people achieving abstinence from drug and alcohol use
6. Support drug and alcohol users to access safe and stable accommodation
7. Promote positive social and family relationships for drug and alcohol users
8. Promote access to education, training and employment for drug and alcohol users
9. Promote independence, and the development of independent support networks, for people recovering from drug and alcohol problems

From this a commissioning framework will detail the outcomes sought from commissioned provision specifying under each outcome:

- Measurable outputs
- Success characteristics (proxy outcomes)
- Proxy outputs
- Governance/best practice/other requirements (must have’s)
- Design elements of a system to be tendered for
- How the consultation responses relate to the tender