

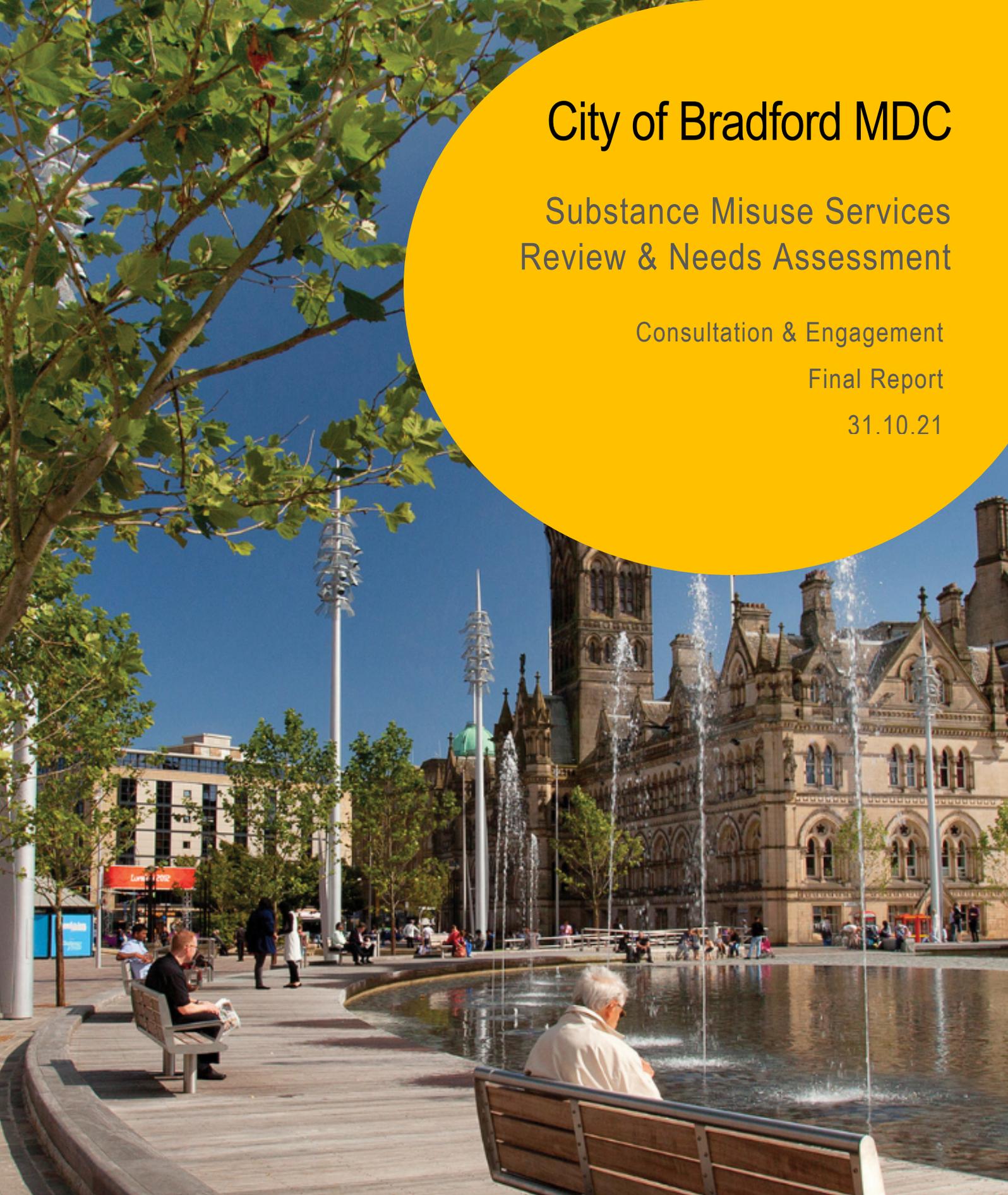
# City of Bradford MDC

## Substance Misuse Services Review & Needs Assessment

Consultation & Engagement

Final Report

31.10.21



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# Executive Summary

Public Health Services in Bradford are currently undertaking a review of services for interventions for Substance Misuse Services (SMS). The purpose of the review is to understand the effectiveness of the current service provision through a needs gap assessment review. The review will help inform the decision-making process and business case regarding current services and next steps.

Bradford Council has engaged Lime to conduct consultation and engagement with service users, the general public and key stakeholders as part of the needs gap assessment review.

The **key objectives** of the consultation and engagement process are:

- To understand to what degree the consultee is 'invested' in the services; functionally and emotionally
- To ensure that services are designed to meet the needs of communities, now and in the future
- To provide evidence to inform a potential retender process
- To provide learnings that will help inform a future model for service delivery, to meet the needs of Bradford's communities

The focus within the Bradford Council Public Health team is to identify and understand:

- What is working well within the service
- How effective the services are for service users
- Where improvements can be made to the service

## Consultation activities

In order to maximise the opportunity to have dialogue with as wide an audience as possible, giving voice to the general public, service user and stakeholders, including GPs a total of 3 online surveys, 2 focus groups and an online event were delivered. For the purposes of the consultation, stakeholders also include individuals and organisations directly or indirectly involved in the delivery of SMS.

## Consultation reach

There were more than 290 individual participations across the five consultation and communication activities.

General public online survey:	76
Service user online survey:	113
Service user focus group:	22-24 (numbers varied as service users dropped in and out of the focus groups)
GP online survey:	27
Stakeholder online event:	53

## Key learnings from the process

- There is a positive response to the individuals delivering the services
- There is a general lack of awareness among members of the general public of what drug and alcohol services are available
- Users are committed to the course of treatment provided
- There is a lack of communication between the various agencies, involved in service users' treatment and support
- Accessing services is seen as a problem, not just when starting out or seeking treatment but at any stage in the treatment
- Regular contact, daily routine and being with other people in similar situations are essential parts of recovery
- Service delivery needs to be service user-led and not service-led
- Clinical interventions cannot be at the expense of other evidence based practice
- Well trained staff and volunteers offering the voice of lived experience are integral to the service

## Key areas of recommendation

**The service user needs to be at the heart of all that we do** – they need to help inform treatment and service models.

**Working to a common goal** – efficient and effective partnership working and information sharing.

**People are at the centre of success** – staff workloads need to be considered and the voice of lived experience valued.

**Effective and efficient processes** – technology to support communication and clear and consistent timelines.

# Introduction

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# Needs gap assessment in context

## National perspective

Two key pieces of work have been undertaken at national level, which have expedited the need for a review of current Substance Misuse Services (SMS) commissioned by Bradford Council - the reform of the Public Health System and the review of the misuse of illegal drugs by Dame Carol Black. Current performance in respect of key performance indicators shows that successful completions are below regional and national averages. A key element of the consultation is to help understand why and what could make a difference in any future SMS model.

### Public Health System Reform

From April 2021, integrated care systems (ICSs) were introduced to all parts of England. ICSs are partnerships between the NHS, local councils and the voluntary, community and social enterprise sector tasked with co-ordinating services that improve population health and reduce inequalities between different groups. Clinical commissioning group (CCG) functions and duties are being absorbed into the ICSs.

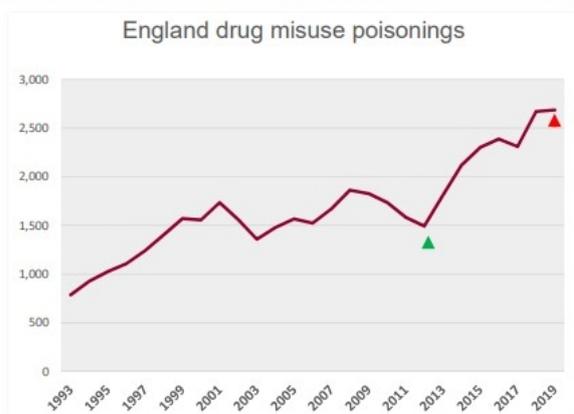
On 1st October 2021, the Office for Health Improvement and Disparities (OHID) came into effect, and Public Health England was formally closed. Substance Misuse now sits within OHID.

### Dame Carol Black Review

Dame Carol Black was commissioned by the Home Office and the Department of Health and Social Care to undertake a two-part, independent review of drugs to inform the government's thinking on what more can be done to tackle the harm that drugs cause.

Part 1 identified why the review was needed; the capacity and quality of treatment have declined, and the prevalence of use and harm have increased.

- Since 2013 a significant increase in the number of opiate and crack users
- Since 2005 in London a sharp decline in estimated opiate and crack users, but prevalence in the North East has steadily risen
- Use of other drugs by adults has increased since 2012 after nearly ten years of decline
- Drug use among school-aged children has increased significantly
- Numbers in treatment are falling and prevalence is increasing, so the level of unmet treatment need among opiate users has increased
- The proportion of people completing treatment each year has decreased and the rate of people dying during treatment has increased significantly
- Only one in three of those needing treatment after release from prison go on to receive it



The second part of the report published on 8<sup>th</sup> July puts the spotlight on treatment and recovery and makes policy recommendations to Government with reference to funding, the commissioning of services and the accountability for the effective prevention, treatment, and support for recovering from substance misuse issues.

The main conclusion of the report is that the public provision currently in place for prevention, treatment and recovery is not fit for purpose, and is in urgent need of reform.

*“Government faces an unavoidable choice: invest in tackling the problem or keep paying for the consequences. A whole-system approach is needed...”*

### **Dame Carol Black Review Recommendations**

The Dame Carol Black Review includes 32 recommendations falling to Government departments, local government, and other organisations to implement, with a clear intention that; *“these should be seen as a package of reforms that are interdependent and mutually reinforcing.”* These include:

- Improved systems of accountability of local areas to national Government
- Greater local partnership working
- Increase in size and professionalism of the workforce
- Holistic treatment and recovery package, including mental healthcare, housing and employment support
- All underpinned by additional investment

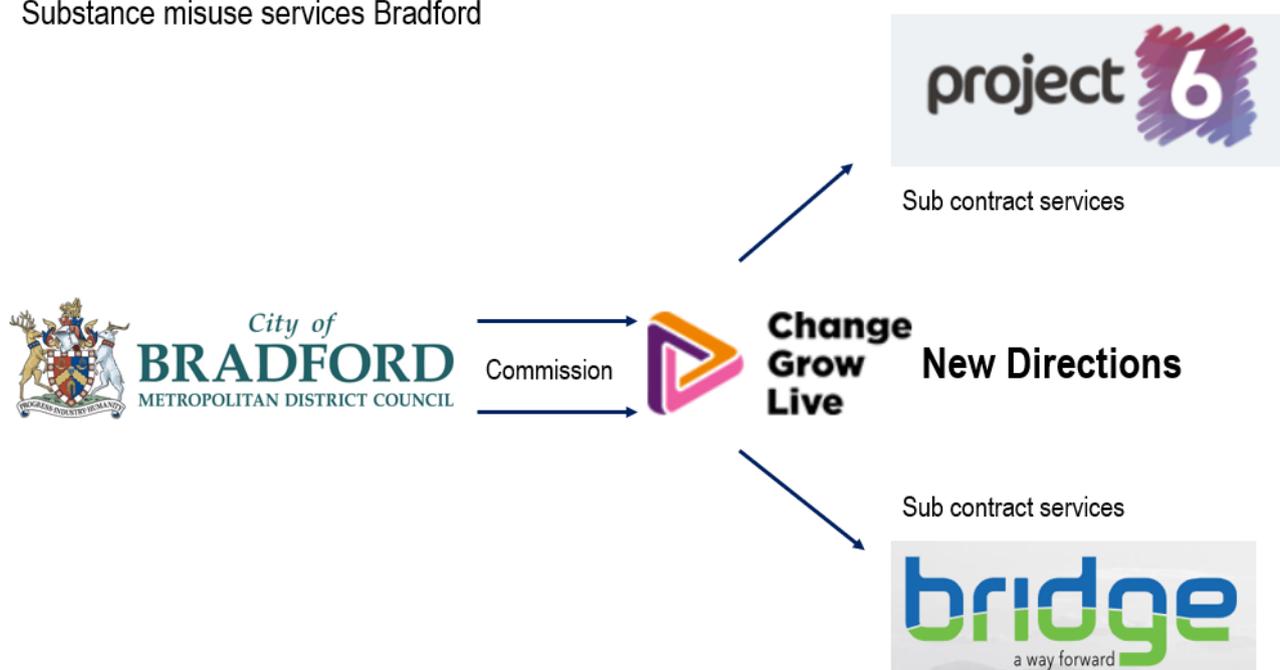
# Needs gap assessment in context

## Local perspective, where are we now?

Since 2018, the contract for substance misuse services (SMS) in the Metropolitan Borough of Bradford has been held by Change, Grow, Live (CGL), a national charity. CGL subcontract part of the service delivery to The Bridge (Bradford) and Project 6 (Keighley). In addition, prescribing services are delivered by community pharmacies and a further 30 pharmacies deliver needle exchange services.

It is useful to note that when considering services, stakeholders, the general public and service users regard the service provision as separate and distinct from each other eg CGL/New Directions; Project 6 and the Bridge, rather than seeing it as a single service.

### Substance misuse services Bradford



## Performance data

Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months.

(n) = number successfully completed and did not re-present / all in treatment

Baseline period: Completion period: 01/10/2018 to 30/09/2019, Re-presentations up to: 31/03/2020

Latest Period: Completion period: 01/10/2019 to 30/09/2020, Re-presentations up to: 31/03/2021

Comparison to England Red = Lower, Amber = similar, Green = Higher

	Baseline Period		Latest Period		Top Quartile range for Comparator LAs
	%	n	%	n	
<b>Local opiate clients</b>	4.2%	100/2363	3.5%	81/2303	5.35%-6.91%
<b>National opiate clients</b>	5.7%		4.9%		
<b>Local non-opiate clients</b>	25.4%	179/705	30.2%	195/646	37.96% - 53.03%
<b>National non-opiate clients</b>	34.2%		32.5%		
<b>Local Alcohol Clients</b>	20.4%	164/803	23.6%	174/738	N/A
<b>National Alcohol Clients</b>	37.9%		35.3%		

Successful completions as a proportion of all in treatment.

(n) = number of successful completions / all in treatment

Baseline period: Completion period: 01/04/2019 to 31/03/2020

Latest Period: Completion period: 01/04/2020 to 31/03/2021

	Baseline Period		Latest Period		Top Quartile range for Comparator LAs
	%	n	%	N	
					*National average
Opiate clients	4.1%	94/2308	3.1%	72/2291	4.96% - 8.66%
Non-opiate clients	28.8%	119/413	38.7%	146/377	41.30% - 54.55%
Alcohol	22.3%	168/753	23.1%	162/702	44.21% - 55.36%
Alcohol and non-opiate clients	22.2%	52/234	21.0%	57/271	37.32% - 54.92%

Time in treatment for opiate and non-opiate clients in treatment at the end of the reporting period.

(n) = number of clients in treatment for stated time period / all clients in treatment at the end of the reporting period

	Latest Period		National average
	%	n	
Opiate clients, under 2 years	37.1%	702/1893	39.4%
Opiate clients, 6 or more years	33.0%	624/1893	31.2%
Non opiate only clients, 2 or more years	14.9%	17/114	5.4%

Clients who were referred from custody to community SMS services on discharge.

	Latest period 01/01/20 to31/12/2020		National Average
	%	n	
Adults with substance misuse treatment need who successfully engage in community based treatment following release from prison	34.5%	96/278	37.4%

Spend on SMS has reduced by over 50% since its peak in 2012 and many of the specialist elements of the service offer have been lost eg housing and employment support.

### Effects of Covid on the local SMS provision

In the year before the outbreak of COVID there were over 2000 opiate related deaths from poisoning in the UK.

The Covid pandemic has proven difficult and complex for those in treatment for alcohol and drug misuse. Many experienced:

- The suspension of support through face-to-face groups
- A lack of contact with keyworkers
- Isolation from family and friends

During Covid lockdowns, many pharmacies changed their prescribing schedules to reduce contact with those in substitute treatment, often providing two weeks or more supply of Methadone or other opiate substitute. This placed greater responsibility on the user to administer and manage their dosage.

An early and small scale evaluation of this change, undertaken by Bristol University and looking at a largely rural sample of users, has indicated positive results; showing that users have changed the time of day when they take their medication or split the dosage to suit their lifestyle and preferences. Under normal, non-Covid circumstances, the risks of undertaking such an experiment would have been too great but the Bristol findings may provide a guide to more self-management and involvement of those in treatment, in their own prescribing timetable.

## Consultation approach

To contribute to the needs assessment, a layered consultation approach has been undertaken in order to maximise the opportunity for dialogue with as wide an audience as possible, giving voice to the general public, service users and stakeholders, including GPs. For the purposes of the consultation, stakeholders also includes individuals and organisations directly or indirectly involved in the delivery of SMS.

Audience	Consultation Approach
Stakeholders in Bradford & Keighley – directly and indirectly involved in delivery of SMS	1 x virtual consultation event 1 x virtual event follow up survey 1 x GP survey
Service Users – Bradford & Keighley	2 x focus groups – 1 in Bradford and 1 in Keighley 1 x service user online survey
General Public – Bradford & Keighley	1 x online survey

# General public

## Online survey

(See Appendix 1 for full survey results.)

Audience: Residents in the Bradford Council area

Aims - to understand:

- Current levels of awareness for the services
- Current perceptions of the services
- If the general public know how to access services or where to go to find out?

Distribution: The survey link was shared via the Council's website, a press release, Council social media and the Council's weekly newsletter

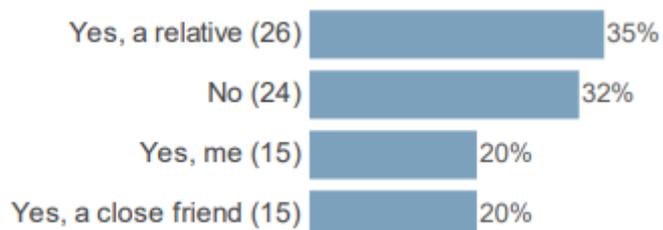
Number of respondents: 76

- 71% of respondents were female, 25% male and 4% preferred not to say
- The largest age category for respondents was between 45-54 years – 38%
- 79% of respondents were white

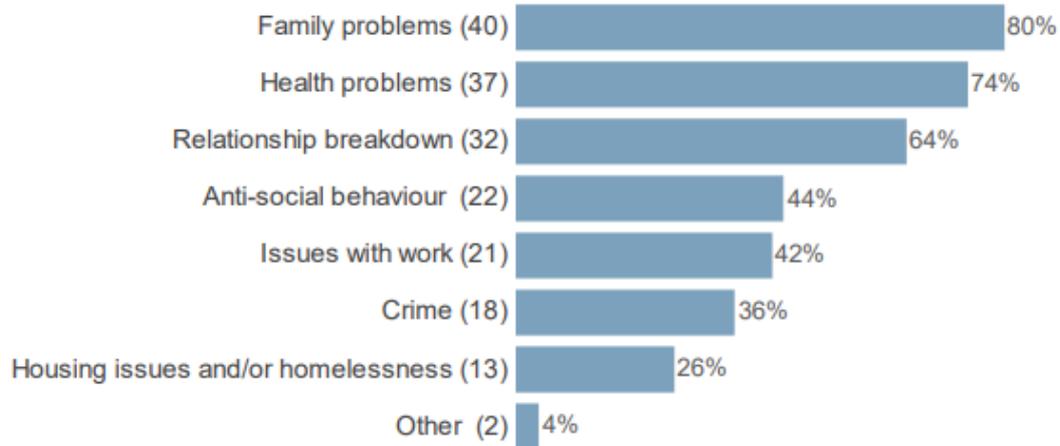
### Headline Take Outs:

#### Q. Have you or someone you know ever had problems with drug and/or alcohol use?

75% of respondents responded yes

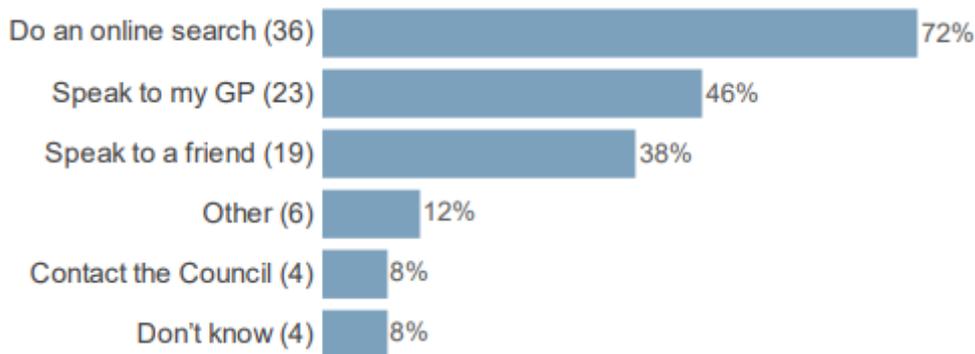


**Q. Which of the following issues have you experienced because of your own or someone else's drug and/or alcohol use?**



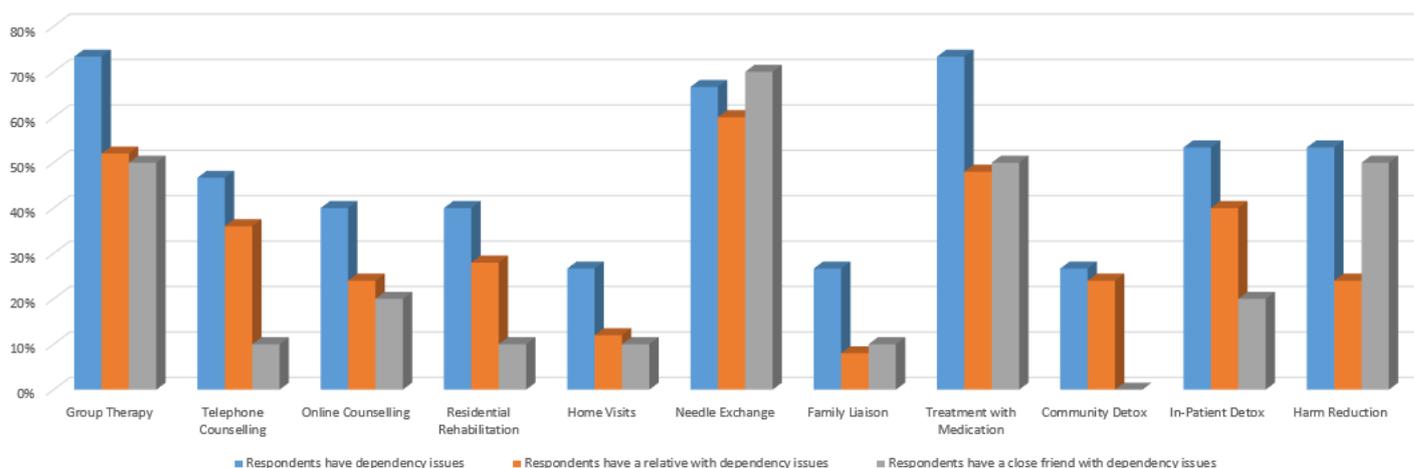
These figures illustrate that individuals often experience more than one issue caused by substance misuse and that relationships are the most affected.

72% of general public respondents would do an online search if they or someone they knew needed help with their drug and/or alcohol use, and 46% would speak to their GP. (It is worth noting here that 56% of GPs either agreed or strongly agreed with the statement 'Bradford's substance misuse services are easy to find online')



## Awareness of services

Those who responded 'Yes' to awareness questions - by their relationship to dependency



Of Those Who Responded Yes to Awareness	Respondents have dependency issues	Respondents have a relative with dependency issues	Respondents have a close friend with dependency issues
Group Therapy	73%	52%	50%
Telephone Counselling	47%	36%	10%
Online Counselling	40%	24%	20%
Residential Rehabilitation	40%	28%	10%
Home Visits	27%	12%	10%
Needle Exchange	67%	60%	70%
Family Liaison	27%	8%	10%
Treatment with Medication	73%	48%	50%
Community Detox	27%	24%	0%
In-Patient Detox	53%	40%	20%
Harm Reduction	53%	24%	50%

In comparing awareness levels across respondents with a connection to dependency (have had dependency issues themselves, have a relative with dependency issues or a close friend with dependency issues), the services with the highest awareness were:

- Needle exchange (70% of respondents with a close friend with dependency issues were aware of the availability of needle exchange)
- Group therapy (counselling, AA, Mutual Aid, other group therapy)
- Clinical interventions/treatment with medication (73% of respondents with dependency issues were aware of group therapy and treatment with medication)

Those services with the lowest awareness levels across all three groups were:

- Family liaison (8% of respondents with a relative with dependency issues were aware of family liaison)
- Home visits
- Community detox (0% of respondents with a close friend with dependency issues were aware of the availability of community detox)

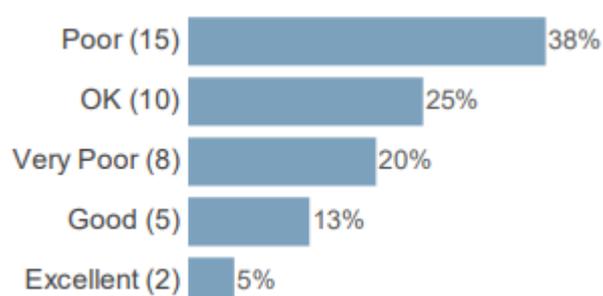
As you might anticipate, an average of awareness levels across the services drops the more distant the respondent's relationship with dependency:

- Respondents who have experienced dependency issues themselves are on average 44% aware of services
- Respondents with a relative who has experienced dependency issues are on average 32% aware of services
- Respondents with a close friend who has experienced dependency issues are on average 27% aware of services

## Quality of services

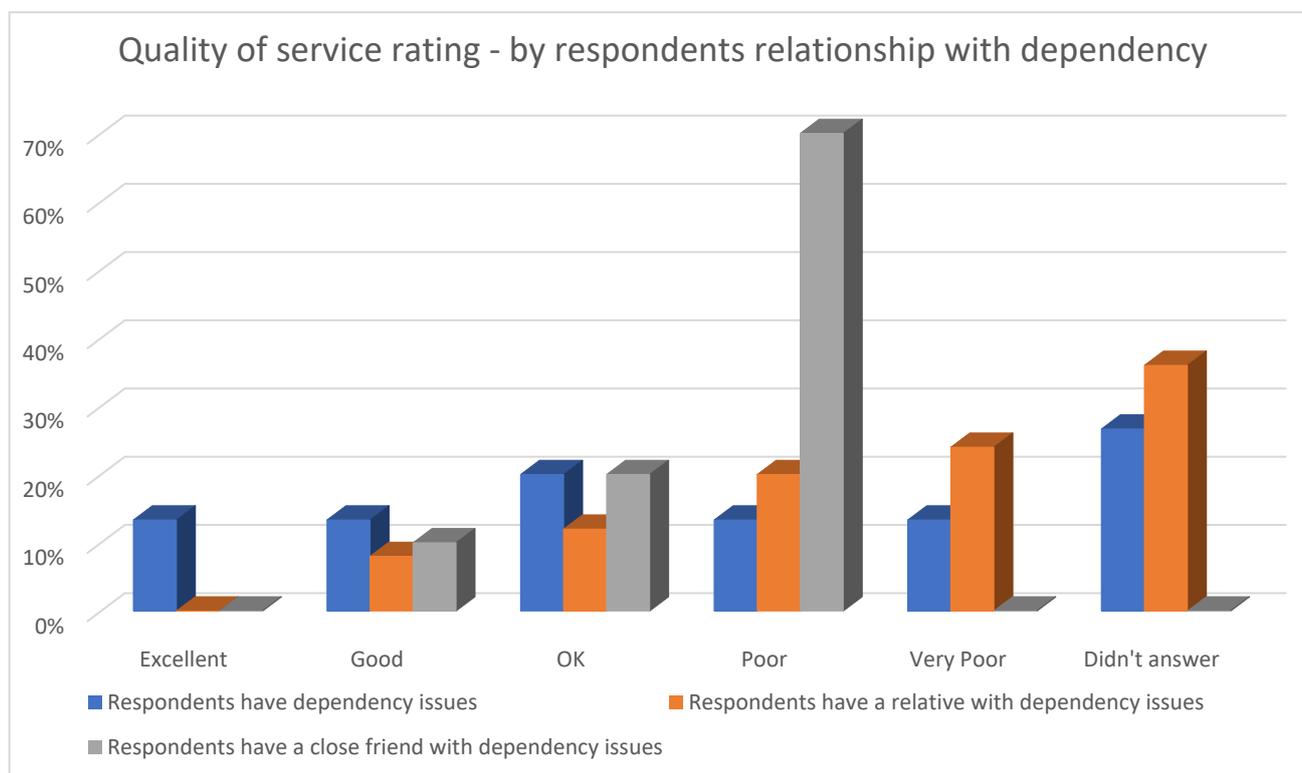
### Q. Please rate your experience of using the drug and/or alcohol misuse services in Bradford (quality of service)

- Quality of service – 58% of all respondents rated services as either poor or very poor



- When broken down by relationship to dependency, 26% of respondents with dependency issues who responded to this question assessed the service to be good or excellent, and 26% assessed it as poor or very poor
- Of those respondents with relatives with a dependency issue, 8% said the service was good and 44% thought it was poor or very poor
- 10% of respondents with close friends said the service was good but 70% thought it was poor

Please rate your experience of using the drug and/or alcohol misuse services in Bradford. (Quality of service)	Excellent	Good	OK	Poor	Very Poor	Didn't answer
Respondents have dependency issues	13%	13%	20%	13%	13%	27%
Respondents have a relative with dependency issues	0%	8%	12%	20%	24%	36%
Respondents have a close friend with dependency issues	0%	10%	20%	70%	0%	0%



This suggests the respondents' likely need for support / relationship with the services influences their perceptions of quality. Those who were most positive being those who had dependency issues themselves, followed by family members. This echoes the sense of gratitude from service users and family, witnessed in the service user focus groups.

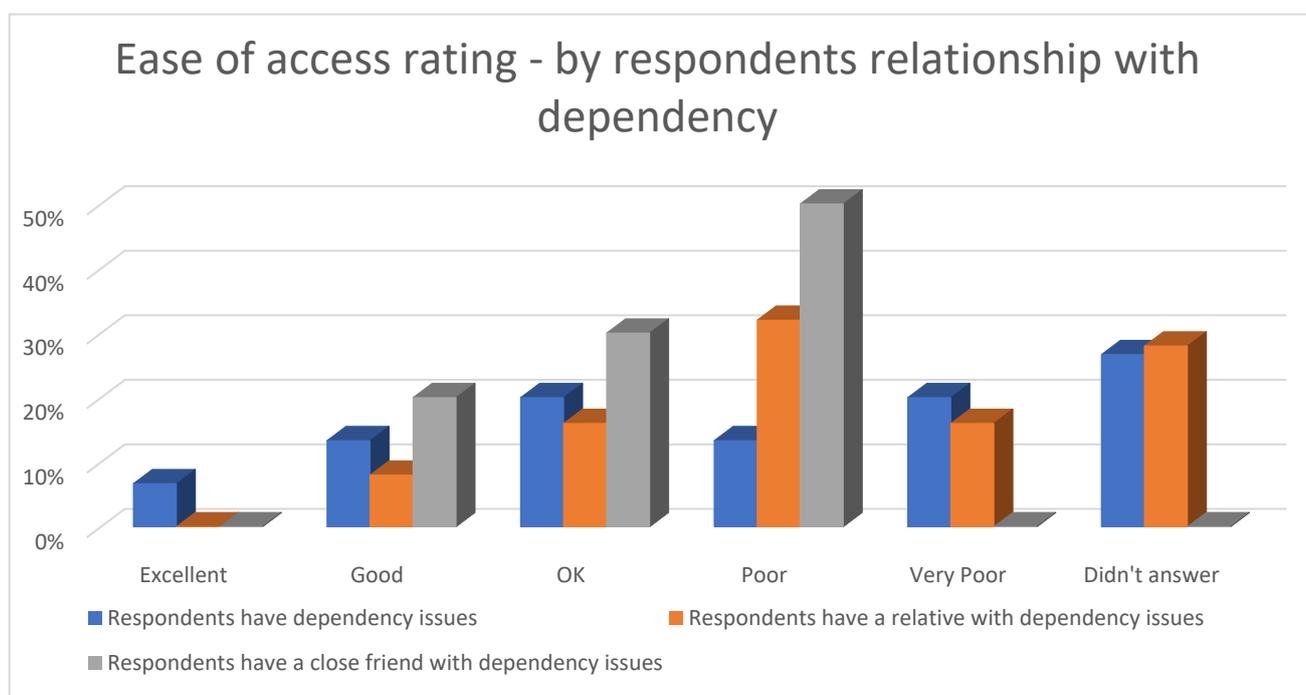
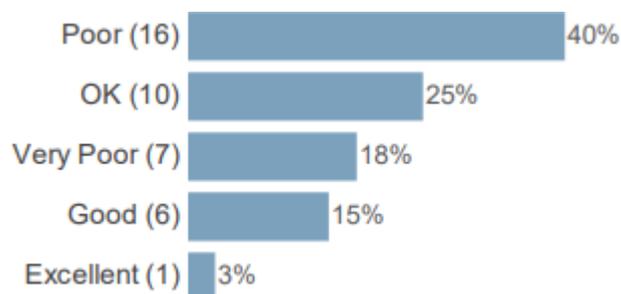
Sample comments on quality of service:

Positive	Negative
[As a carer of someone] all good advice and help, useful information	It was difficult to find the exact help we needed
Group counselling run by volunteers, excellent peer support	Too long to wait to get into treatment and a methadone script
[My son's] support worker was very good understanding	Services offered for a short term basis
Good sessions with service years ago	Poor consistency of support
	Workers not having time to listen
	Told not bad enough for support
	Took more than one attempt to receive the correct support

### Ease of access

**Q. Please rate your experience of using the drug and/or alcohol misuse services in Bradford (ease of access)**

- Ease of access - overall 58% rated either poor or very poor



Please rate your experience of using the drug and/or alcohol misuse services in Bradford. (Ease of access)	Please rate your experience of using the drug and/or alcohol misuse services in Bradford. (Ease of access)					
	Excellent	Good	OK	Poor	Very Poor	Didn't answer
Respondents have dependency issues	7%	13%	20%	13%	20%	27%
Respondents have a relative with dependency issues	0%	8%	16%	32%	16%	28%
Respondents have a close friend with dependency issues	0%	20%	30%	50%	0%	0%

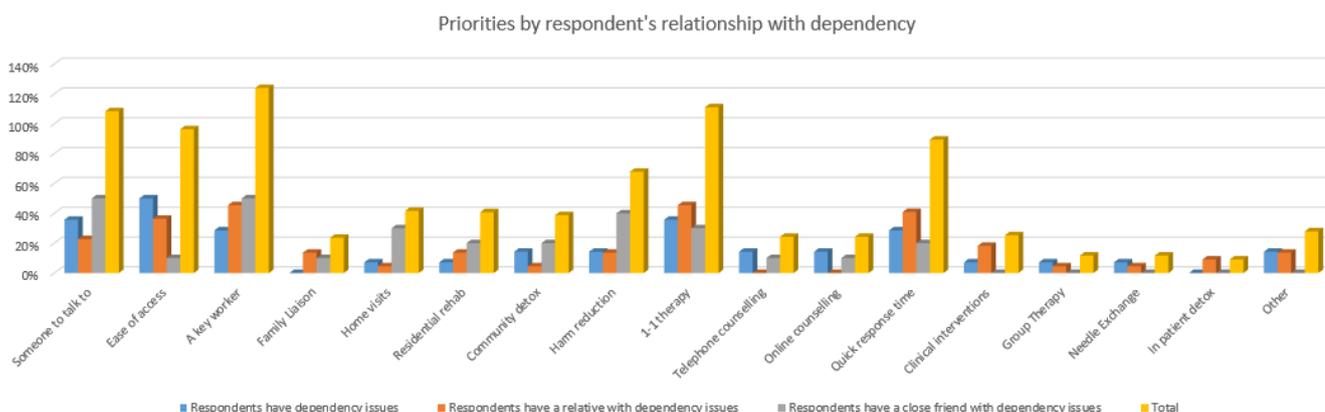
- When viewed by relationship to dependency, 20% of respondents with dependency issues rated ease of access as good or excellent and 33% assessed it as poor or very poor
- Of those with relatives with a dependency issue, 8% rated ease of access as good and 48% thought it was poor or very poor
- 20% of respondents with close friends with a dependency issue said ease of access was good, whilst 50% rated it as poor

As with Quality of Service, this suggests the respondents' likely need for support / relationship with services influences their rating of ease of access. Those respondents who were most positive and least negative were those who had dependency issues themselves.

Sample comments on ease of access of service:

Positive	Negative
Phoned and then got a referral form v good service	Had to wait a long time and should be tied in more with mental health services
Easy to access via online search	There appear to be insufficient services to meet the demand and knowledge of services and their location is patchy
Was warned about the potential lengthy waiting times but appointment offered sooner than expected	Difficult to access. Was easier when CGL had welcome groups. Covid has made it difficult to access. Workers always change at CGL. Not very consistent. Few face-to-face appointments
	Need much quicker access, maybe there are a lack of staff, but it takes far too long to get help when really needed

**Q. If you, a close friend, or family member needed help for the effect of drug and/or alcohol misuse, what would be your top three priorities for service?**



If you, a close friend or family member needed help for the effects of drug and/or alcohol misuse, what would be your top 3 priorities for services?	Someone to talk to	Ease of access	A key worker	Family Liaison	Home visits rehab	Residential	Community Harm	reduction	1-1 therapy	Telephone counselling	Online counselling	Quick response time	Clinical interventions	Group Therapy	Needle Exchange	In patient detox	Other
Respondents have dependency issues	36%	50%	29%	0%	7%	7%	14%	14%	36%	14%	14%	29%	7%	7%	7%	0%	14%
Respondents have a relative with dependency issues	23%	36%	45%	14%	5%	14%	5%	14%	45%	0%	0%	41%	18%	5%	5%	9%	14%
Respondents have a close friend with dependency issues	50%	10%	50%	10%	30%	20%	20%	40%	30%	10%	10%	20%	0%	0%	0%	0%	0%
<b>Total</b>	<b>108%</b>	<b>96%</b>	<b>124%</b>	<b>24%</b>	<b>42%</b>	<b>41%</b>	<b>39%</b>	<b>68%</b>	<b>111%</b>	<b>24%</b>	<b>24%</b>	<b>89%</b>	<b>25%</b>	<b>12%</b>	<b>12%</b>	<b>9%</b>	<b>28%</b>

### Top three priorities by relationship to dependency:

#### Respondents with dependency issues

- Someone to talk to 36%
- Ease of access 50%
- 1-1 therapy 36%

#### Respondents with a relative with dependency issues

- A key worker 45%
- 1-1 therapy 45%
- Quick response time 41%

#### Respondents with a close friend with dependency issues

- Someone to talk to 50%
- A keyworker 50%
- Harm reduction 40%

## Key learnings from the general public survey

It is interesting to note that of the 76 respondents, three quarters had either direct (themselves) or indirect (friend/family member) experience of using the services.

Regular appointments with the same support worker and a quick referral process is a constant throughout the consultation. The positive comments referencing quality and ease of access to the service are all 'people' related, whereas the negative comments relate to the service; speed of, accessibility to and availability.

- There is a positive response to the individuals delivering the services
- There is a general lack of awareness among members of the general public of what drug and alcohol services are available
- There is a lack of awareness that there is alternative / additional support, eg home detox, online counselling, family liaison
- There is a lack of awareness of advice and support that could prevent problems with drug and alcohol
- There is a poor perception overall of the quality of services delivered, in terms of ease of access (eg referral process and thresholds), consistency and regularity and physical access
- There is a positive response to the individuals delivering the services

# Service users

## Introduction

Engagement with substance misuse service users took place on two levels:

1. A bespoke service user survey
2. 2 x focus groups

## Service user survey

(See appendix 2 for full survey results)

Audience: Service users in Bradford and Keighley

Aims - to understand:

- Their experiences of the services provided
- How they have found access to the services

Distribution: The survey link was shared with service users via services such as the Bridge and Project 6 and a number were completed by services providers working with services users to answer the questions.

Number of respondents: 113

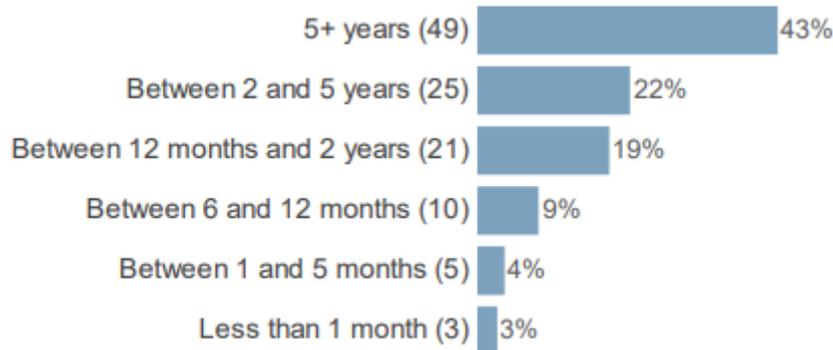
- 53% of respondents were male and 45% female
- The largest age category for respondents was 45-54 years – 38%; 32% were between 35-44 years of age
- 61% of respondents responded 'Yes' to having a disability or health condition (either a little or a lot); of which 75% selected mental ill health and 45% a physical disability
- 69% described themselves as single
- 81% of respondents were white

### Headline Take Outs:

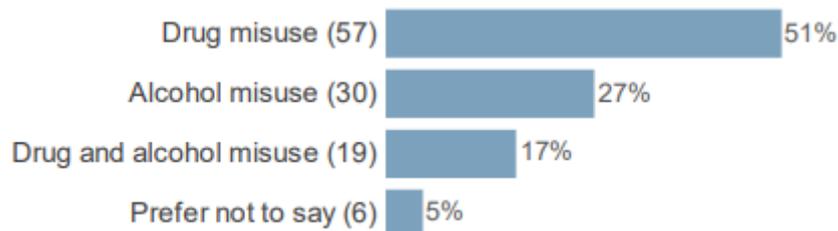
*NB: the following are percentages of respondents who answered the question (this is not necessarily all of the 113 survey respondents, as some did not answer all questions).*

**Q. How long have you been using substance misuse services?**

- 43% of respondents have been using SM services for more than 5 years



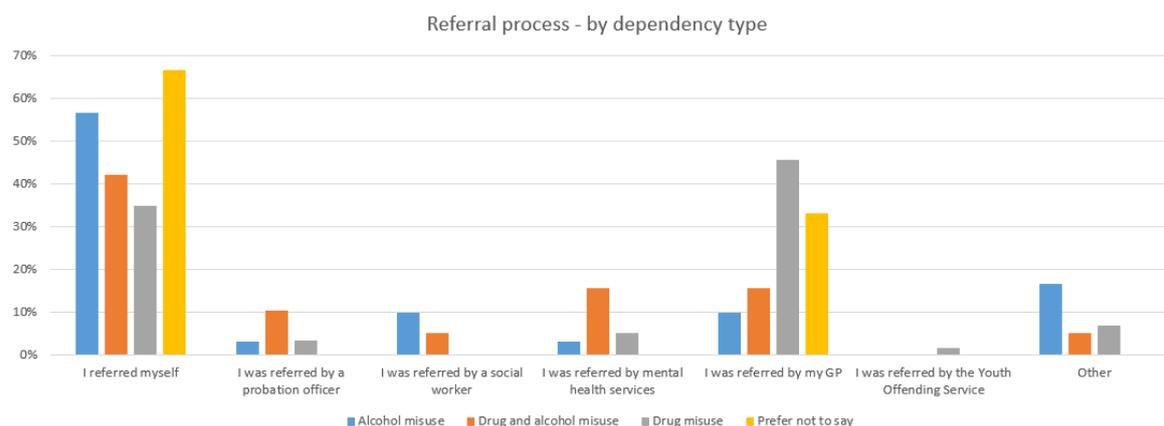
**Q. Which of the following best describes why you accessed the service?**



**Q. How did you become involved with the service?**

- The highest percentage of respondents referred themselves to the service – 45%. This is evidenced in the focus groups where GP referral is shown to be difficult



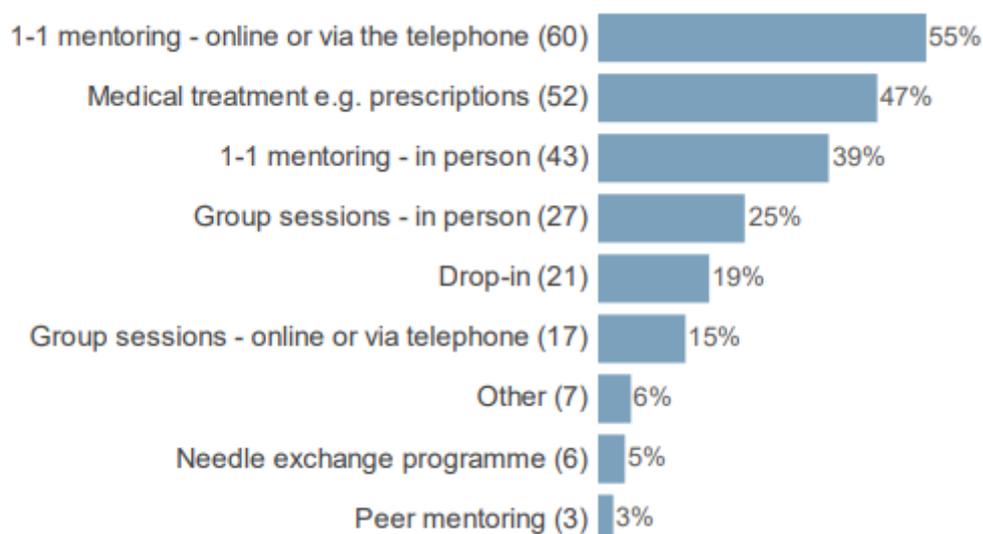


How did you become involved with the service?								
	I referred myself	I was referred by a probation officer	I was referred by a social worker	I was referred by mental health services	I was referred by my GP	I was referred by the Youth Offending Service	Other	
Alcohol misuse	57%	3%	10%	3%	10%	0%	17%	
Drug and alcohol misuse	42%	11%	5%	16%	16%	0%	5%	
Drug misuse	35%	4%	0%	5%	46%	2%	7%	
Prefer not to say	67%	0%	0%	0%	33%	0%	0%	

When considering the data by the service users' type of dependency, self-referral is the most selected route of access. GP referral is most evident amongst those struggling with drug misuse, and least evident for those with alcohol misuse.

### Q. Which of the available services do you use?

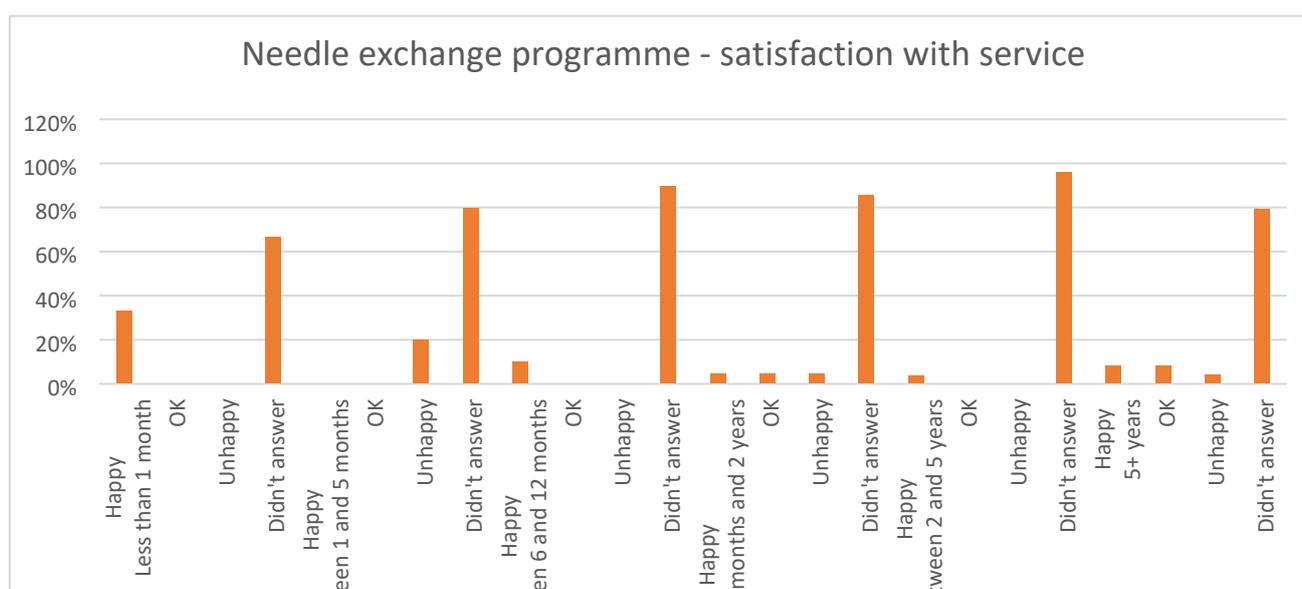
Respondents were able to select as many options as were applicable to them.



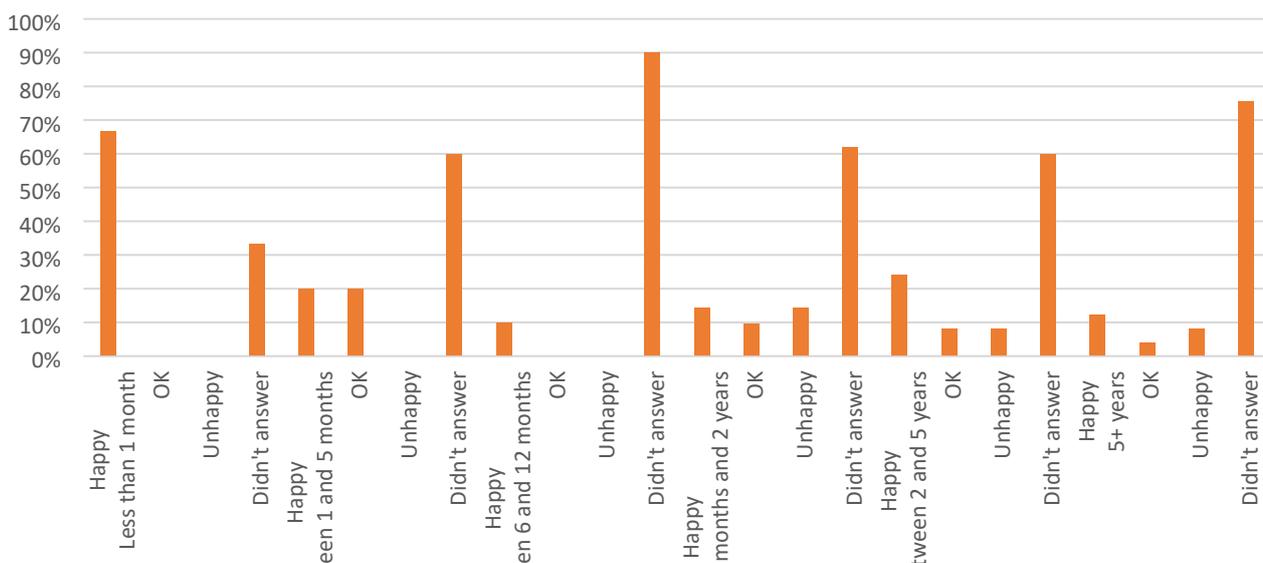
## Q. How happy are you with the services used?

- Mentoring in person- 68% happy / 16% unhappy / 16% OK
- Mentoring online / telephone – 66% happy / 10% unhappy / 24% OK
- Group sessions in person – 57% happy / 20% unhappy / 23% OK
- Group sessions online or via telephone – 54% happy / 26% unhappy / 20% OK
- Drop in – 63% happy / 20% unhappy, 18% OK
- Needle exchange programme – 47% happy / 24% unhappy / 29% OK
- Peer mentoring – 40% happy / 45% unhappy
- Medical treatment – 57% happy / 26% unhappy / 17% OK

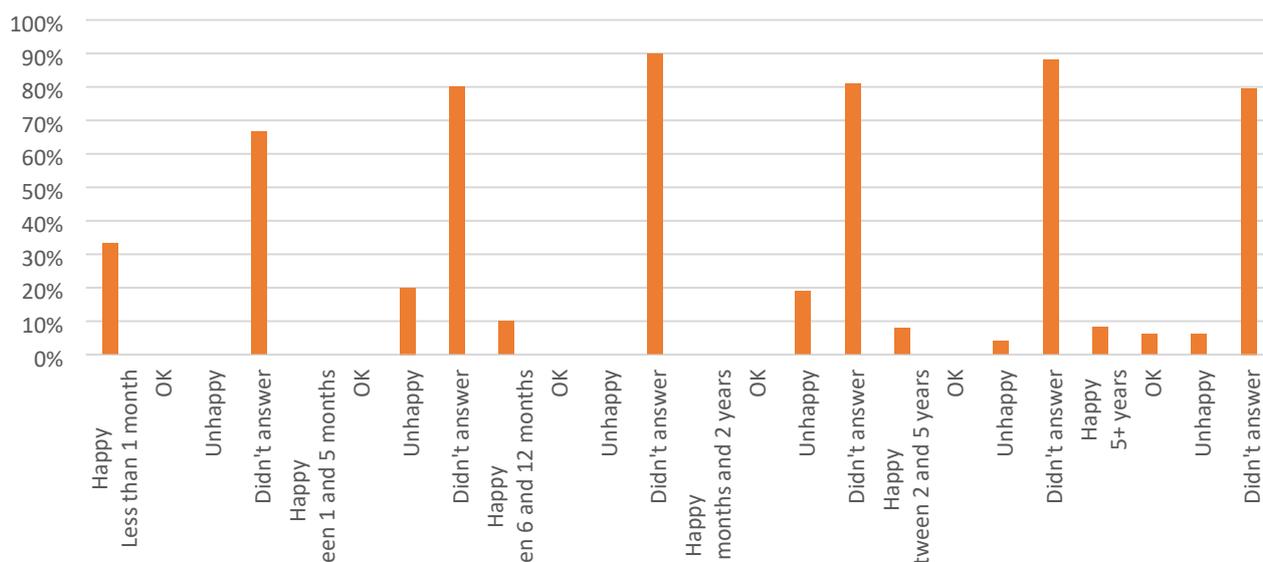
When viewing this data through the lens of 'length of time in services', data suggests that satisfaction with some services reduces over time, particularly after the first 5 months; in particular for the Needle Exchange Programme, Group Sessions (online or telephone) and Peer Mentoring. Further investigation would be needed to evidence the reasons for this.



### Group sessions - online or via telephone - satisfaction with service



### Peer mentoring - satisfaction with service



Sample comments about the services used and ways to improve the services:

Positive	Negative
Services I have used have been exceptional	I need more help with my mental health issues
Everything, staff, building, new timetable is all fantastic	I would prefer to have face-to-face than over the phone appointment
The service is great and has really changed my life been clean for 2 years	I have to collect my prescription weekly, but I asked if I could fortnightly due to commitments but was told absolutely not... This reminds me or makes me feel that I'm still an addict as you're not trusted to manage on your own
The 1-1 and group sessions have been excellent so far. They've given me hope when I'd got to such a point where things felt utterly hopeless	Why is NOTHING available once the prescription stops? that is THE MOST VUNERABLE time for relapse

**Q. Do you agree with the following statements?**

Statement	Agree %	Neither%	Disagree%
Getting access to/referred to the services was easy and straightforward.	78	9	13
I didn't have to wait long to be seen by the service.	70	12	18
It is easy for me to attend my clinical appointments e.g. prescriptions.	55	25	20
It is easy for me to attend my non-clinical sessions and appointments e.g. group or one-to-one talking sessions.	68	19	13
I can always speak to someone about my clinical (prescription) needs when I need help and support.	66	16	18
I can always speak to someone about my non-clinical (talking therapy) needs when I need help and support.	72	11	17
I am happy with the quality of support and treatment I have received.	75	8	18
I know who to contact in case of emergency.	86	6	8
The different services (e.g. social workers, mental health team etc.) talk to each other and work well together on my behalf, making my recovery as smooth as possible.	53	26	21

The services support members of my family that have been affected by my drug/alcohol misuse.	34	41	25
The service gives me the help and support I need and shares my recovery ambitions.	70	8	22
By working with my recovery worker, I have set clear goals for my recovery, which inspire me and help me on difficult days.	72	16	13
I feel committed to my treatment programme.	81	17	2
I have access to all the services I need as part of my recovery.	73	6	21
I would recommend the service to someone struggling with drug or alcohol issues.	83	8	9

Sample comments about the statements:

Positive	Negative
I enjoy drop in to mingle with peers in the same boat as me who I can relate to, and we support each other.	Because of Covid I really can't say much but I referred myself took 10 months to get into detox ... came out in November last year but coz of Covid no face-to-face no groups ended up relapsing and self-harmed ...
I'm happy with the service one-to-one support from recovery coordinator on phone and face-to-face.	I would like to hear from my drug worker at least once a fortnight or sometimes once a week at the moment I only hear from my worker once a month.
I think they are really good at what they do and very understanding.	Keyworkers were changed too often so there was little chance to build rapport.
Services I have used have been exceptional.	I would need and like group meeting or anything at this point. I Feel alone with my recovery.

**Q. Do you think there are any gaps in the services provided?**

- 33% Yes ; 33% No; 34% Don't know/unsure

Sample comments about gaps/improvements to the service:

More public awareness.	Dual diagnosis.	More therapists and services.
More groups to assist with triggers and handling relapses.	Prescription length.	More frequent appointments.
Help with travel costs.	Face-to-face appointments.	Would not have known where to turn if had not been referred by the court!
No aftercare.	Stopping drugs is easy, it's the maintenance that's hard.	Not enough groups or drop in sessions.

## Key learnings from the service user survey

It is worth highlighting that the satisfaction levels for a number of statements for service users do not tally with anecdotal feedback taken from the focus groups and the virtual event, and seem to be at odds with each other. Further work (one-to-one interviews and/or focus groups) could be undertaken to gain further clarity around quality and satisfaction levels.

- Users are generally positive about the services provided
- Users are committed to the course of treatment provided
- The survey chimes with the face-to-face and virtual consultations with regards to access to mental health support as an ongoing issue

## Service user focus groups

To add greater depth to our understanding of service user experiences, two face-to-face focus groups were held; one in Bradford and one in Keighley. Service users were invited to participate via the Bridge and Project 6.

Each focus group was between 1 to 1.5 hours long and followed an outline format of questions/prompts whilst still giving space for service users to share their experiences.

Both groups were well-attended with approximately 10-12 attendees in Bradford and 15-17 attendees in Keighley.

Attendees included service users who:

- Were dependent on different types of substances including opiates, legal highs and prescription drugs
- Were dependent on alcohol
- Had co-dependency
- Experienced mental health issues as well as dependency
- Were family members – partners and parents

Aims - to understand:

- Their experiences of the services provided
- How they have found access to the services

Headline take outs have been identified from the focus groups and then key issues and messages have been drawn out. In order to show the flow of the discussion and give voice to the service user experience, the two face-to-face consultations are grouped together.

### Headline take outs:

- It takes a lot of courage to ask for help, at a point where service users have hit absolute rock bottom. That first experience is extremely important

*“We can’t do this on our own, so from that first point of contact if we’re not getting that togetherness, we’re not getting nothing at all... you can’t do it on your own.”*

*“Hardest thing in life is to stop taking what you’re taking...it was my best mate, my soul mate, it was everything. I couldn’t function without my drugs it was everything and I didn’t know how to leave it alone, until I came into services.”*

- The referral process to services does not always work; GPs need educating on substance misuse and the services available.

*“It can be really hard though...my addiction was to prescription medication, so wherever you went it was ‘oh we don’t deal with that, we don’t deal with that’. My GP used to say ‘I just don’t know what to do with you.’”*

*“[not referred, handed A4 piece of paper with contact numbers on] ...but when your head is such a mess anyway to have the courage to put a call that was just straight to an answerphone anyway...”*

- Getting a referral for support from a GP seems to be harder for service users who have an addiction to prescription drugs or alcohol, rather than opioid dependency

*“I had to manage for ten years on a pretty much daily script from my GP. I was a nurse...I ended up in trouble with the police and it was the police and kind of the severity of where I was at that I got any help, so it’s pretty sad in a way because all they ever used to say was ‘oh there’s one person who deals with prescription medication and he’s really busy, he’s really full’...it’s like I had to get so bad before [I got help].”*

*“I waited two months for a doctor to call me back. I just wanted the prescription changing so I weren’t going up every day because Sunday chemist opens at 1pm...”*

- The time from initial referral to being seen by CGL and getting a prescription is too long – anywhere from 6 weeks up to 3 months

A recovering addict who is now a volunteer shared that he sees new service users come in and they have to wait 6/7 weeks for a script. *“It’s a long time for someone who has come in and wants to get clean.”*

- Prior to referral and being ‘in the system’, it seems impossible for those with dependency to know where to start or how to find out what support is available

*“I wanted help and I went into the doctors, and I asked for help I ended up going through the services to get my methadone but when I got my methadone, I didn’t get any direction. They just had me on my methadone, on my script and that was it...no direction. What is it I need to do to keep clean? That’s what everybody wants. We didn’t go for the medication; we want to know what it is that’s going to keep me off the drugs.”*

*“I got into recovery through the job centre, there’s a group of people there that kind of give a bridge between the job centre and recovery...and he mentioned the Cannabis, Spice and Legal Highs group...from there I found out about the Vault...once I got into one group I kind of found out about another one.”*

- Although some services have good relationships and connections with the different organisations such as mental health, benefits etc, service users with comorbidity of alcohol and drug addiction often only receive support for their drug dependency
- Similarly, service users and keyworkers reported a lack of connectivity with mental health teams – commenting that mental health teams will not see them unless they have been in recovery for a specific amount of time. This is despite their issues being interlinked

*“For mental Health services thumbs down, it’s a proper show. From housing point of view, we get a lot of referrals from Mental Health services, and they sort of say ‘well if they were moved or if this property were adapted for them, if they were in a better place...they’ll be fine. So, we move them, and we get them in there and we pull out because the housing need is met, but the mental health need is not met and then the housing fails, and it comes back round and it’s like that all the time.”*

*“...I begged for a mental health worker for her, and she got one allocated, but I think was discharged after 3 weeks.”*

- A more joined up approach is needed – service users find retelling their story to different staff and organisations frustrating and difficult.

*“If you called it by one name it would be a lot easier.”*

- From the service user’s perspective, the biggest influence on their recovery journey is their regular connection with individuals – keyworkers, staff, volunteers and family. This includes the support given by fellow service users and peer mentors

*“There was such a belief in me...I’m buzzing because I’ve never had that before...straightaway I was given that sort of trust.”*

*“My own personal journey, the people I’ve met, the support I’ve had I just feel utterly blessed because I would have been dead otherwise.”*

- Consistent relationships that build trust and self-belief are important; being able to see the same members of staff, who know you and understand your needs

*“If you miss a group for whatever reason, the two weeks seems such a long time if your keyworker is on annual leave, you do notice that gap. Building that trust and rapport with someone and being able to share your most horrible thoughts and feelings that led you to addiction in the first place...”*

*“I get it’s hard for them and it’s stressful dealing with people like me day in day out, so I get that but surely I should be more monitored surely. Not just left to my own devices.”*

- It is important that support is given to family members as well as education/guidance to help them provide support
- It is important that the support provided gives service users a routine and structured day - classes, therapy sessions, educational sessions, a place to meet. This helps to give them to focus at the most difficult times in their recovery

*“Joining like-minded people...something to get up for...”*

*“Needed somewhere to go...needed to be around people because left to my own devices I just wanted to use...”*

- Dependency impacts on every aspect of a service user’s life. Services work best when they help the service user to rebuild ALL aspects of their life e.g. + housing, court, benefits, mental health, jobs
- Once in recovery, service users are ‘signed out’ of the services. This leaves them left with no support, although they feel that their need for support has not come to an end and that they still need to have access to services

## Key learnings from the service user focus groups

Through the service user focus groups and the stakeholder virtual event, those who have successfully 'completed' identified group meetings as very important to the recovery process. These groups do not have to be substance misuse related as long as they enable the service user to be with like-minded people, facing similar issues and building daily routines.

- Accessing services is seen as a problem, not just when starting out or seeking treatment but at any stage in the treatment
- There is a lack of communication between the various agencies, involved in service users' treatment and support
- There is not always a clear path or direction given for recovery

## Key learnings from service user consultations

The service user survey and focus groups identified clear gaps and areas for improvement within the existing service provision, including gaps that existed both pre-Covid and currently. However, these consultations also highlighted aspects of the services that worked well pre-Covid and which service users feel are vital to the success of an individual's recovery.

### Identifying gaps and improving services

1. Accessing services is seen as a problem, not just when starting out or seeking treatment, but at any stage in the treatment.
  - Starting out on the journey to recovery through treatment and support is a major step
  - Prior to referral and being 'in the system', it seems impossible for those with dependency to know where to start or how to find out what support is available
  - Service users talk of delays, no one phoning back and long timescales
  - Getting an appointment to take the first steps on the journey can take up to six weeks
  - The referral process to services does not always work; service users are often left to self-refer and GPs need educating on substance misuse and the services available
  - Access to treatment/detox is also raised as an issue
2. Lack of communication between the various agencies, involved in the service users' treatment and support
  - Access to mental health services is raised as a continuing issue
  - GPs require training to understand the emotional and mental health issues of treatment and support

- Different services are not joined up. This can leave service users undergoing treatment, i.e. methadone, to relapse into use
3. There is a feeling of lack of direction in their recovery
- Service users express that their treatment lacked a plan
  - Service providers have not devised a journey that service users can identify with
  - There is a problem accessing mental health support simultaneously to treatment
  - There is a lack of access to aftercare services
  - The prescribing system does not provide for flexibility to enable service users to take more responsibility
4. Regular contact, daily routine and being with other people in similar situations are essential parts of recovery. Covid restrictions have limited these opportunities.
- Service users expressed the value and importance of having a safe place to go
  - Group activities give focus and routine to the day
  - Whilst some service users were happy to speak to their key workers over the phone and others preferred face-to-face contact, what they wanted was regular, frequent contact

# Stakeholders

Stakeholders were consulted via an online event, and there was also extended dialogue, together with service users, in the two focus groups. Local GPs were specifically consulted via a bespoke online survey.

## General practitioner survey

(See Appendix 3 for full survey results)

Audience: GPs in the Bradford Council area

Aims - to understand:

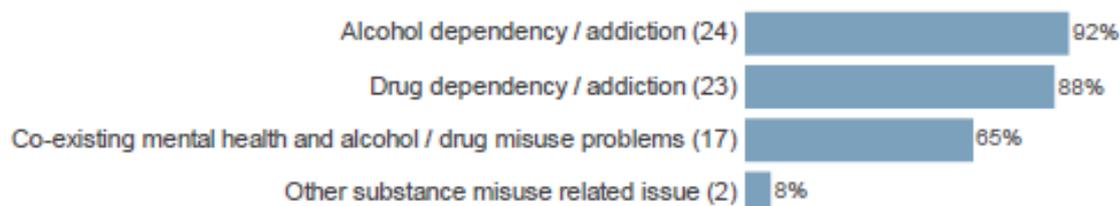
- Current perceptions of the services
- Whether the current service structure matches what they see as the current need in Bradford
- If there are any gaps, for example supporting earlier interventions
- If the services work for them when they make a referral
- If the thresholds for access to the service are set at the right level or are too high

Distribution: A link to the survey was circulated to GPs via inclusion in a weekly newsletter shared by the CCG

Number of GP respondents: 27

Where would you refer a patient for substance misuse services?	%
New Directions	96
Bridge Project	36
Project 6	32
BDCFT	24
Other	4

- 92% had referred patients for support and 92% for treatment. 8% selected 'Other' as their reason for the referral, identifying these as psychotherapeutic support/therapy, and family support
- 92% of referrals were for alcohol dependency/addiction, 88% for drug dependency/addiction, and 65% for co-existing mental health and alcohol/drug misuse problems



- If the respondent assessed that a patient was regularly drinking and/or using drugs too much but did not appear to have an addiction:
  - 70.4% would refer them to a specialist drug and/or alcohol agency
  - 63% would support them themselves as their GP
  - 59.3% would refer them to a voluntary sector organisation
  - 29.6% would refer them to online services
  - 22.2% would refer them to a healthcare professional in their practice or PCN
  - 3.7% selected 'Other'
- 56% either agreed or strongly agreed with the statement 'Bradford's substance misuse services are easy to find online'

#### Sample comments:

*I don't think there is an easy web portal with information about all the services available*

*Services are difficult to find online due to everchanging names, reorganisation and referral criteria*

- 42% neither agreed nor disagreed with the statement 'Information about the services available to patients is helpful and informative'; with 39% either agreeing or strongly agreeing
- 37% neither agreed nor disagreed with the statement 'The services available match the needs of my patients' 41% either disagreed or strongly disagreed compared to 25% who either agreed or strongly agreed

#### Sample comments:

*The support is extremely rigid and does not reflect the often chaotic lives of these people*

*Services and pathways are confusing and often unclear of their offer / other services that might be more appropriate*

- Respondents are divided with regards to thresholds for access to services. 19% neither agree nor disagree with the statement 'I think the thresholds for access to services are at the right level'; 35% either agreed or strongly agreed; and 46% either disagreed or strongly disagreed

Sample comments:

*Support workers and recovery co-ordinators are wonderful and are an essential part of the service for our very chaotic patients, and more of this would be fantastic*

*When referring patients they are rejected, and some arbitrary threshold is held as the reason*

- 48% either agreed or strongly agreed with the statement 'The referral process is simple and efficient'; compared to 34% who either disagreed or strongly disagreed

Sample comments:

*Often the referral phone number for New Directions is not answered*

*I have had very positive experiences of referral to New Directions*

*The referral process for GPs seems to be just signposting for self-referral - it would be helpful if there was a form that could be filled in on GP Assist*

- Only 20% either agreed or strongly agreed with the statement that 'Patient waiting times are short/timely', with 54% neither agreeing nor disagreeing
- 74% either disagreed or strongly disagreed with the statement 'I receive regular informative feedback about patient progress and treatment for referred patients' compared to 14% or either agreed or strongly agreed

Sample comments:

*I have a close working relationship with Project 6 and refer to them regularly, with ease and get good reports from patients using their service*

*Should be on SystmOne. It's a risk that they are not and causes us work*

*It can be difficult to obtain information about our patients from CGL*

*The service was much better when they used system1. It allowed immediate sharing of information*

**Q. What aspects of the substance misuse services provided by New Directions, The Bridge Project, Project 6 and/or BDCFT (Bradford District Community Foundation Trust) do you feel work particularly well?**

Sample comments:

*Self-referral system for New Directions is very much valued from primary care.*

*Once someone is under the care of New directions/p6, they seem to get good support. The difficulty is the access in the first place - there seems to be fewer counsellors/support workers than there have been previously*

*Responsiveness - good at picking up referrals promptly when patient still motivated to change. Long term working with clients*

*Local services provide good levels of support for their registered clients. It's good that patients do not expect their GP to be involved in the treatment of their addiction.*

*Detoxification under New Direction has been more successful recently*

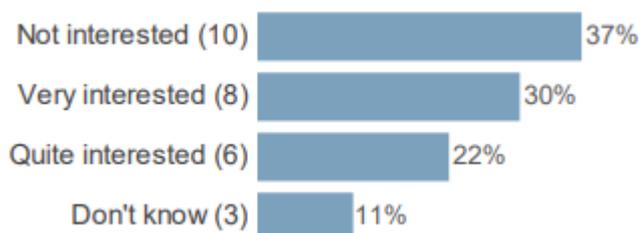
**Q. Do you feel that there are any gaps in the current service provision?**

- New Directions – 85% Yes / 15% No
  - The Bridge Project – 48% Yes / 52% No
  - Project 6 – 44% Yes / 56% No
  - Bradford District Community Foundation Trust – 67% Yes / 33% No
- When combined, an average of 41.75% of respondents felt that there are gaps in the current service provision compared to 39% who felt that there are no gaps

Sample comments:

<i>I think there is still a lack of support for patients with mental health AND substance misuse</i>
<i>The previous integration of Bridge project into SystemOne GP records was really useful: for example, it increased safety for prescribing. It is a real loss that we no longer have this, and I feel patient care has suffered</i>
<i>Better/regular communication with GP practice</i>

**Q. How interested would you be in having additional training and increased involvement in a shared care model for substance misuse service users (for example, supporting low risk patients established in treatment with prescription needs and regular check-ups)?**



Sample comments:

<i>A shared care model would require additional funding, resources and staffing into primary care. We could not deliver this on top of what we are already trying to deliver</i>
<i>Shared care approach would only work on a significant scale if supported by funding from CCG, for instance via the current funding for DMARD shared care (via local enhanced services funding)</i>
<i>There is absolutely no capacity for GPs to take on more work to take on regular checks ups and more prescribing to bolster a failing service</i>

## Key learnings from the GP survey

- There is generally not sufficient communication and feedback, by providers on service user progress or problems once the GP has referred them
- GPs say that pathways to treatment are unclear and confusing
- There is an issue about the non-use of SystmOne as an online communication tool between GPs and providers
- 63% of GPs report that they would support a service user at their GP. This may restrict the service user's access to other services

## Stakeholder event

(See Appendix 4 for full details)

A total of 53 individuals attended the online event on 5<sup>th</sup> October 2021, representing associated service providers within Bradford Council, CGL, Bradford College, The Bridge, In Communities (social housing provider), Project 6, Bradford NHS, West Yorkshire Police, Beacon Recovery, Victim Support, Horton Housing, Bradford District Care Trust, Centre Point, Justice.gov.uk and Inspired Neighbourhoods.

Following presentations outlining the national and local context, delegates went into break out rooms to discuss and share their views on four key discussion areas. The conversations were recorded, and the key points captured on Jamboards.

## Key learnings

Reduced funding has put significant pressure on the services available to service users and the individuals who provide them. The need for safe and ethical medical prescribing services was recognised to be vital service provision, but all were clear that to increase the number of completions, the wraparound services and psycho-social interventions were equally as vital.

## Key Topic 1 - Service Effectiveness

In Bradford, over a third (33%) of opiate service users have been in treatment for 6 years or more at the end of 2020/2021. Of 2308 opiate service users in treatment, only 81 (3.5%) successfully completed during the period October 2019 to September 2020, without re-presenting within 6 months (compared to national average of 5%).

**Q. What do you see as the key issues preventing people from exiting treatment services earlier and successfully?**

- Interventions need to match and meet the needs of the individual not the other way round
- Need to prioritise wraparound AND medical – not prioritise one over the other
- Groups are key to recovery
- We have to get it right from the start
- It is important to build trust in an individual and helping them to take responsibility and be accountable
- We need to enable individuals to have a vision for a different life
- Impact of reduced workforce and funding cannot be ignored

## Key Topic 2 - Support Services

Review data indicates that access to housing by those in treatment would appear not to present a significant barrier but consultations with service users identified the quality of accommodation as a major concern. Some of the key findings from the Dame Carol Black report also identify that good quality accommodation is essential if someone is to succeed in treatment.

**Q. How can partners across treatment and supporting services work to improve co-ordination and accountability for wider recovery outcomes?**

- Need to focus on staff and volunteers and hold on to as many as possible
- If housing is not right, people end up back on the streets
- Mental health issues are high amongst service users
- Communication between services and working together as services is critical for successful outcomes

## Key Topic 3 - Criminal Justice

The partnership's performance in terms of continuity of care between custody and community is below average; currently 34% of those referred from custody services to community treatment services make that transition, compared to national average of 38%.

**Q. Why is this system not currently working? Where should we target efforts and support to improve treatment take up?**

- Simple changes to current systems and process could be highly effective
- Communication between prison SMS and services once the individual has been released
- Longer scripts when released instead of bridging scripts

## Key Topic 4 - Integration of Healthcare

Major change is happening in health care service delivery with new integrated care systems (ICS) and the Dame Carol Black review recommendations, such as protected budgets and greater local accountability.

**Q. With this in mind, how can we influence change across the wider health and care system at this point? What should be the priority areas to focus on?**

- Technology should be used to improve efficiency and share information between services
- Provide a holistic offer of care
- The service needs to be developed for the future and have a clear vision

## Key learnings from the stakeholder consultations

- Efficient and effective communication across all services involved with users of substance misuse services is vital to successful outcomes
- Service delivery needs to be service user-led and not service-led
- Clinical interventions cannot be at the expense of other evidence based practice
- Access into the service needs to be easier and more timely
- Well trained staff and volunteers offering the voice of lived experience are integral to the service

## Overall findings

There is evidence from service users that the substance misuse services have worked for them, once they have made contact with the provider and are being supported. This includes receiving treatment and regular contact with the provider. This has worked despite the impact of Covid and lockdowns.

*“Project 6 – call in, speak to reception and you can see someone – they will refer you to whatever member of staff you need to go under.”*

*“I cannot fault Bridge, they helped me straight away.”*

*“CGL completely saved my life.”*

Overwhelmingly it is the ‘people’ (support staff, mentors, volunteers) who have inspired the positive responses and feedback throughout the consultation, whilst it is the service (processes, timescales, access) where the focus of any negativity often lies.

What is working well:

- The interaction between provider keyworkers, practitioners and staff and service users
- The structure and routine that providers create for service users
- The trust between providers and service users
- The accessibility of provider staff, at the end of the telephone, or drop in – the surveys strongly assert this, but the focus groups and virtual event contradict this, suggesting that when the process works, it works well but lacks consistency. It also does not identify whether this is at the beginning of the relationship and with which element of the service provision
- The non-judgemental approach of provider organisations and staff
- Long term management for those in treatment to stay in treatment rather than relapse into addiction
- It is clear that once users are able to access and are interacting with the current substance misuse model at the Bridge or Project 6, they feel they are well supported by provider organisations, voluntary organisations and general practice/primary care

Where improvements could be made:

- It was reported in the virtual stakeholder consultation, that support workers have caseloads of 100 – 120 service users currently in treatment in Bradford, with staff saying that they feel they have become administrators and sign-posters. This is because their increased workload no longer allows them to deliver the meaningful work that makes the difference to the service users’ recovery’
- In the virtual event, it was flagged that the current model is a one size fits all approach, rather than one designed by and for people in Bradford and the local area

## Areas of focus

The following points are a summary of the areas highlighted by all those participating in the communication and consultation process.

### Putting the service user at the heart of all that we do

- Services need to meet the needs of the service user, rather than working to a one size fits all model
- Service user voice needs to inform future service model
- Services need to be accessible – hubs, satellite centres, outreach work
- Support groups and sessions are very important to the recovery process as they provide routine. They do not need to be substance misuse/therapy groups, they can be outdoor activities, local community clubs, café meet ups (eg the Vault) which give service users a daily routine and give them purposeful activities to occupy their day
- Service users would benefit from a clear recovery pathway and vision

### Working to a common goal

- Services need to be holistic and treat the whole person; an integrated offering to include mental health, housing, jobs etc - providing skilled assessment/treatment without people having to navigate several services
- Service offer needs to be clear, transparent and accountable
- Communication and co-ordination between services needs to be prioritised
- The role of the GP needs to be given more focus– referral, support and information sharing
- Joined-up working between criminal justice partners and substance misuse services in advance of release – through the gate workers meeting clients on day of release, longer scripts instead of bridging scripts and peer support to help access support services on release
- Having a shared purpose for all stakeholders across the system and an understanding of where everyone is working to either support or achieve that purpose

### People are at the centre of success

- Staff workload needs to be reviewed
- The value of volunteers with lived experience for service users should not be underestimated and they need to be supported
- Support for families impacted by addiction
- More work with hard to reach groups – south Asian communities, those who find it hard to engage with mainstream provision

## Effective and efficient processes

- The referral process and access to the service is inconsistent in terms of thresholds, timescales and administration
- Covid evidenced positive changes eg extended scripts and online groups
- Separate funding streams for clinical and non-clinical to ensure one service is not prioritised over the other

## Overall priorities

### 1. Accessibility

#### Getting into the system

*“You have to be at rock bottom before they find you”*

Being able to access services and to make first contact is an issue for service users. According to the service user survey, 45% referred themselves, ahead of referrals from GP's. In the GP survey only 39% believe that information about the services available is helpful.

The general public survey shows that they are unaware of some of the options, particularly harm reduction services, which could be preventative. The general public would also look online for help in the first instance, ahead of contacting a GP. Service users have also pointed to the need to publicise the service more effectively.

Service users say that when they make contact, they expect something to happen and often for weeks, nothing does. Service users also stated that there is no clear direction or pathway given for recovery. Subsequently there is no shared vision between those seeking treatment, the service providers, primary care, NHS and other voluntary and statutory agencies.

#### How access to services could be improved:

- Digital and social media presence to promote substance misuse services
- Promote the full range of services, home detox, telephone mentoring etc
- Tell the stories of successful users, who have benefitted from treatment, recovery and completion
- Improve communication between GPs and providers about new service users
- Ensure that providers give feedback to GPs on the progress or problems that referrals are having

## 2. Treatment

### Understanding the process

*“Getting clean, giving up the drugs that’s the good bit, it’s keeping off it.”*

Once service users are through the referral process, many report delays in treatment sometimes waiting up to six weeks for an appointment. At a point when service users need it most, they are left without clear or managed expectations. This interface needs better management but even if timescales cannot be improved, users should be kept informed of progress. This could be done by text message or telephone for those with access.

In the virtual consultation, the input of the service user in the design and delivery of services was raised. Consistent with their ability to contribute, there is value in the involvement of service users in treatment plans.

Service users also report that when they have begun treatment, they cannot get an understanding of next steps from either their GPs or service providers. The journey they are on is not articulated to them and again they are left without clear or managed expectations. The journey needs to show the steps that need to be taken towards recovery and completion, including housing, volunteering, education and employment.

### How treatment can be improved?

- Digital and mobile communication with those who have recently applied for treatment to keep them informed of progress
- Communication between agencies in prioritising new service users
- Training for GPs and other professionals to improve management of the emotional issues involved with undergoing treatment
- Better direction for those in treatment relating to next steps and ultimate goals

## 3. Services

### Shared vision

*“What we have at the moment is a service that people have to go to and that when people need support, it’s like a signpost. So, it feels like we have lost the whole system.”*

Firstly, improvement in awareness of harm reduction and preventative services, and promotion of wellbeing and health lifestyles, could possibly reduce intake to the system. Service users in the survey register high levels of disability and/or mental health problems alongside their substance abuse. Working collaboratively with disability organisations, charities and social enterprises to raise awareness of substance misuse and early signs and symptoms, could also reduce entrants to the system.

Access to mental health services was also flagged as crucial by service users and GPs. A way to improve joint working would be dual diagnosis between GP and mental health services.

Improving service users' input into the design of their treatments, was also raised in the virtual consultation. This would increase trust and ownership between the service user and the provider as well as creating a more individual approach to treatment and a clear journey to recovery and completion for the service user.

### **How can services be improved?**

- Digital and social media campaign to raise awareness of preventative services
- Joint working between providers and disability charities to raise awareness
- Increased role for the service user in the design and management of their treatment
- Improved access to mental health services for service users (including joint diagnosis)

## Areas for further development and consideration

As we have worked through the key messages, learnings and findings of the substance misuse services consultation, we have identified a number of areas that we feel merit further development and consideration. We see these areas as equally valid to improve existing services or to inform a retender of services.

### Communication

Effective and timely communication in order to improve the sharing of information across services and partnership working is a thread woven throughout the consultation process. A communication strategy and implementation plan to maximise and retain the engagement, investment and support of all those who have taken part in the assessment programme to date we feel would be an effective way forward.

### Feedback

- All those who attended the service user focus groups in Bradford and Keighley have been given feedback from the sessions and delegates from the online event have been sent a post event round up together with the opportunity to provide additional feedback. There has however been no further communication with any of the survey respondents (general public, service users or GPs). There is a need and an opportunity to keep these individuals 'warm' to the work that is being done by sharing feedback or next steps

### Obtaining additional insight

- The range of activities employed throughout the consultation process have all provided invaluable insights into the current service effectiveness, gaps and areas for improvement. They are however all limited in terms of the level of depth they can provide. For example we know that the majority of service users self-referred into the service, but we do not know how they came to follow that process, how easy the process was to follow and how they think it could be improved. We have an opportunity to further extend questions and explore key areas further through additional surveys (eg one directed to members of the public without experience of the service), focus groups or one to one interviews

### SMS forum/panel

- The involvement with and response to the consultation process has shown significant investment from service users, general public and stakeholders alike. 35% of the 76 general public respondents; 56% of the 113 service user respondents and 44% of the 27 GP respondents have agreed to participate in future consultation. There is an opportunity to develop a substance misuse services panel to continue to have extended dialogue and have invested individuals be part of the modelling of future services. The equality and diversity sections of the surveys, show that a targeted approach to diverse groups is needed to create a balanced panel and the voice

of lived experience would also be integral to the group, but we now have a strong foundation from which to start to build.

## Support services

Once a service user has accessed one service, it often follows they find out about other services either at a centre or through other service users. This is however an inconsistent and often frustrating system.

- A simple, 'single point of contact' website directory of services available to anyone with substance misuse issues living in the Bradford area, that can be accessed by the service user, friends and family, support workers and all partners
- Awareness building of services available for those with substance misuse issues and their families/friends

## Service branding

Within the consultation process all respondents identified the service provision as three distinct organisations, despite the fact they all come under the remit and management of CGL/New Directions. Within the surveys the provision was also split into the separate organisation. In order for a more accurate assessment of services as a whole to be carried out and in order to present a united and less disjointed service, the provider needs to have a single identity eg New Directions, New Directions at the Bridge, New Directions at Project 6.

## Community ownership

Funding issues and budget cuts are always going to be a challenge and so a change of approach needs to be considered whereby it is objective- and not solution-led and consequently not always constrained by local authority funding and straight lines.

- Investigate and understand the whole support landscape in Bradford and Keighley (not just BMDC commissioned services) in order to think outside the 'commissioned service box' to identify the range of support services out there and how they can be linked together. The voluntary sector in Bradford is very strong and perhaps creative, co-produced work would be possible. There are also a number of very small groups/charities (often incorporating volunteers) working in the Bradford area and they might form an aspect of a bigger matrix of support / mutual aid
- Consider how to build community capacity and ownership and upskilling

## The Bradford Way

- The development of the “Bradford Way” a road map for the journey out of substance misuse to recovery and beyond
- The development of a Bradford model of treatment and recovery
- The inclusion of service users, primary care professionals and third sector providers in developing the Bradford Way model of treatment and recovery

## Current provision

- Whilst staff from all parts of CGL have taken part in different aspects of the needs gap assessment and given invaluable input to the process, to provide greater context there would be value in understanding the issues and barriers they are facing, the learnings they have from Covid and the plans they have in place for post Covid
- A review of the current referral to service system to gain greater understanding of the process and identify what works well and where improvements can be made
- Further dialogue with GPs and CGL about the use of SystmOne or alternative information sharing software

## Knowledge is power

- Understanding what current awareness and education programmes are in place for prevention and early intervention across schools, colleges and other organisations in the area. How can the service feed into existing programmes and where are the gaps?
- Harnessing the powerful voice of the lived experience and giving individuals with addictions something to aspire to – hope needs to be built
- Doing so would both acknowledge and build understanding that recovery can be a lifelong effort requiring the strength to break established life patterns and mind-sets, such as moving away from close networks of friends/family when these are not helpful, or the criminal behaviour, which can result from addiction. All of which takes courage and perseverance. In short - acknowledging that individuals who are committed to recovery are often courageous people struggling with multiple issues in their lives in order to be successful in living without drugs
- Some form of mentoring support for people transitioning between various levels of support (hopefully moving on from the intensive support of specialist services to less specialist and finally into regular community support networks so that people are reintegrated into “normal” activities/life)
- Development opportunities for volunteers with lived experience – identify alternative funding streams and/or services eg Princes Trust

# Overall consultation reach

## General public engagement

76 members of the public have participated in the consultation process via the public survey.

The vast majority of whom were female, and respondents ranged in age from the 25-34 years bracket to the 75-84 years bracket, but with 53% spanning 35-55 years. 40% described themselves as married and 31% single.

46% of respondents have a disability or health condition, which limits their ability to do things (either a little or a lot). Of those with a health condition, 59% reported a physical disability, 41% a mental health issue and 36% another substantial or long-term condition.

The demographic mix of respondents was limited: 79% described themselves as White (English, Welsh, Scottish, Northern Irish, British) and 83% described themselves as Heterosexual or Straight. From the perspective of the survey, this is likely to restrict our ability to identify any trends or learnings aligned to ethnicity or sexual orientation.

Of the 76 who responded, 15 (20%) had experienced problems related to drug or alcohol use themselves, 30 (55%) had a close friend or relative who had experienced problems, and 24 (32%) did not know anyone with drug or alcohol problems.

35% of respondents would be willing to participate further in the service review.

## Service users

There were 113 respondents overall to the service user survey.

Unlike the general public survey, there was a greater balance between male and female respondents – 53% male and 45% female. 70% of respondents span the ages of 35-54 years, with 69% describing themselves as single and only 10% as married.

61% reported that they have a disability or health condition that prevents them from doing things (compared to 46% of respondents in the general public survey). Of those who reported a disability, 75% identified this as mental health (41% in the general public survey); 45% a physical disability (59% in the general public survey); and 27% another substantial and long-term condition (36% in the general public survey).

As with the general public survey, the majority of respondents (81%) classed themselves as White (English, Welsh, Scottish, Northern Irish, British), and the majority (85%) described themselves as Heterosexual or Straight. Again, this is likely to restrict our ability to identify any trends or learnings aligned to ethnicity or sexual orientation.

In addition to the survey, the focus groups were well supported by service users at varying stages of their journey, giving us the opportunity to learn from approximately 30 individuals across the 2 sessions. Focus group participants were not asked to provide any demographic profile information, keeping the situation more informal and to support discussion.

56% of service user survey respondents would be willing to participate further in the service review.

## Stakeholders

The GP survey was completed by 27 respondents from across the 73 practices in the Bradford District & Craven CCG; all of whom reported having referred a patient to the SM services.

52% of respondents were either quite or very interested in having additional training and increased involvement in a shared care model for SMS; and 44% would be willing to participate further in the service review.

The virtual event held on the 5<sup>th</sup> October also reached out to stakeholder groups, with over 50 registrants who provide support for/to:

- Drug & alcohol dependency
- Domestic abuse and sexual violence
- Inclusion health groups
- Housing
- Homelessness
- Education
- Multiple needs and vulnerability
- South Asian women
- Mental health
- Young people
- Vulnerable groups
- Probation

It is important to acknowledge that whilst engagement has been strong particularly amongst service users, we have been unsuccessful in engaging hard to reach groups (specifically those from South Asian communities) and those not in services, who perhaps need to be.

Whilst the general public survey was open to all, the wealth of information garnered in the survey came from those who had a relationship to dependency.