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Haringey

Reshaping drug and alcohol services in Haringey

Consultation findings
March 2013

Contents

Background

Introduction

This report presents the findings from a consultation on changes to adult drug and alcohol treatment services in Haringey. The responsibility for commissioning local drug and alcohol services transfers from the NHS to the local authority (Public Health) from April 2013 as part of the changes in the Health and Social Care Act 2012. This means that all provision will be subject to the local authorities' procurement rules and involves the re-tendering of the majority of drug and alcohol services in the borough. The consultation on the future look of this provision took place between 12 October and 16 November 2012.

Purpose

The purpose of the consultation was to seek views on the proposed changes to inform the specifications for each contract. To that effect we sought views on:

- The best way for service users to access treatment
- The planned reduction in the number of treatment providers
- Satellite services - having alcohol workers in drug treatment and drug workers in alcohol services
- The availability and the range of recovery services
- Equal access to services.

The consultation was aimed at:

- Haringey residents who use local drug and alcohol treatment services, and their family, partners and friends as well as;
- Ex-service users or those who are considering accessing drug or alcohol services in Haringey;
- Professionals and members of the public with an interest in drug and alcohol services and issues in Haringey.

The consultation consisted of an online questionnaire, a paper based questionnaire which was distributed to all drug and alcohol services in Haringey and focus groups so we could hear the views of service users first hand.

Background

Process

1. First we identified what the key changes for service users in the new treatment system would be
2. A questionnaire was drafted and piloted with service users
3. We gathered views by a web and paper based questionnaire and focus groups
4. The findings were used to inform the re-tender specifications
5. The analysis presented in this document will be available on the web and at treatment services
6. Information about what happens next will also be published on the web and publicised at the relevant treatment services
7. The new service provision will be in place by January 2014.

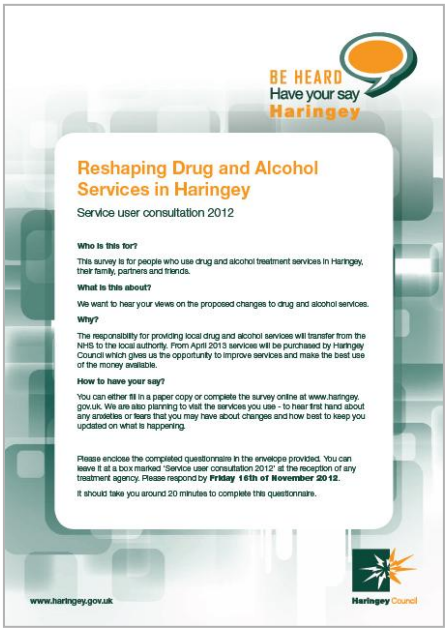
Responses

A total of 161 surveys were completed by:

- 65.8% of service users in drug treatment
- 18.6% in alcohol treatment
- 10.6% professionals, family members or members of the public (5% unknown).

Five focus groups with a total of 60 people were seen at:

- Haga (Haringey Advisory Group on Alcohol)
- DASH (Drug Advisory Service Haringey)
- RISE
- Bruce Grove services which includes BUBIC, CRI & Eban
- Every Woman group


BE HEARD
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Reshaping Drug and Alcohol Services in Haringey

Service user consultation 2012

Who is this for?

This survey is for people who use drug and alcohol treatment services in Haringey, their family, partners and friends.

What is this about?

We want to hear your views on the proposed changes to drug and alcohol services.

Why?

The responsibility for providing local drug and alcohol services will transfer from the NHS to the local authority. From April 2013 services will be purchased by Haringey Council which gives us the opportunity to improve services and make the best use of the money available.

How to have your say?

You can either fill in a paper copy or complete the survey online at www.haringey.gov.uk. We are also planning to visit the services you use - to hear first hand about any anxieties or fears that you may have about changes and how best to keep you updated on what is happening.

Please enclose the completed questionnaire in the envelope provided. You can leave it at a box marked 'Service user consultation 2012' at the reception of any treatment agency. Please respond by **Friday 16th of November 2012.**

It should take you around 20 minutes to complete this questionnaire.

www.haringey.gov.uk

Haringey Council

Key findings

Access

- The majority (70%) prefer several access points into treatment.

Reduction in the number of providers

- The majority (59%) support the reduction in the number of treatment providers
- There were, however, concerns over the location of the new service, changes in key workers and worries about which treatment will be available after the changes.

Satellites - alcohol workers in drug treatment services and drug workers in alcohol services

The majority (70%-76%) support drug and alcohol workers having satellites in respective services.

Recovery services

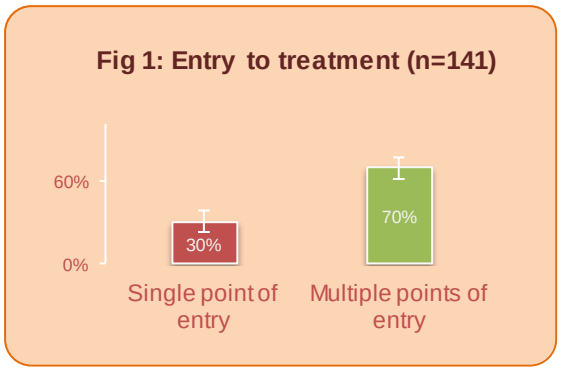
- Greater emphasis on recovery services was supported in focus groups.
- Counselling (81%), employment & training support (76%), relapse prevention groups (74%) and key working (74%) were the most popular form of recovery support.
- The majority (63%) think that recovery services should be available in the same building as other drug or alcohol services.
- Nearly half (49%) are in support of separate recovery services for abstinent clients. Less than third (30%) were against the proposal.

Equal access

- Age was indicated as a barrier by 6% of respondents – including young adults between18-24. Other protected characteristics (e.g. gender, sexual orientation, race, disability) were also ticked by 3-5 respondents but due to a relatively small sample from each group, and irregularities in the responses, it is difficult to establish the extent of the issues.
- Comments regarding equal access related to mainly physical distance to services, opening hours and single sex groups. Separate women's groups were appreciated by many, both in the questionnaire comments and in focus groups.
- Lack of childcare during treatment appointments was also raised as an issue.

This section presents detailed findings from the questionnaires and key points from focus groups together with general concerns, including concerns by those who did not support the changes. The charts show the percentage of responses with the associated confidence intervals, which are explained in the glossary of terms on page 12. The proportions are calculated out of completed responses (ie. not out of all 161 completed questionnaires), the number (or denominator) which is presented in the chart headings (eg. n=141).

1. Entry to treatment: multiple or single point of entry



We asked if service users preferred a single point of entry through an assessment team or multiple points of entry at any treatment service:

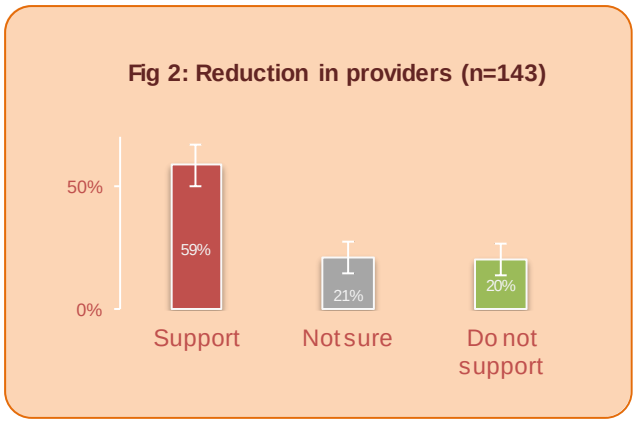
- The majority (70%) prefer several entry points to treatment.
- Multiple points of entry were largely supported by focus groups although it was emphasised that easy access is important and being bounced from one place to another should be avoided.

"…Multiple points of access would mean a greater amount of potential clients would be reached...."

"…many users don't have the funds to be travelling from A to Z...."

"I think the main base should be central but not the sole point of contact. Addiction is too complex and personal to be under one umbrella."

2. Reduction in the number of drug treatment service providers



There are currently four different drug treatment providers which we plan to reduce to one. This does not however mean that there will any less support or treatment available. We asked how the respondents felt about the plan:

- The majority support the reduction in services (59%) with one in five (18%) against.
- The change was generally supported in the focus groups but there were concerns over the impact to their current treatment progress, changes in key workers, location of services, and fears about having less treatment available.
- Having different group programme times for people who are at different stages of recovery was felt to be important.
- There was some scepticism about the reasons for the changes being only about saving money.

"I only support the fewer assessments...All treatment programmes in one service means that there is a risk of service being too narrowly targeted"

"Could say I'm worried about there being fewer services"

"Support reason: Redistributing monies to other areas of support and service that are more helpful and important to user/clients.."

"Hopefully which ever option is chosen that a person gets a key worker 2 which they can build a rapport instead of being passed from pillar 2 post."

3. Alcohol and drug treatment satellite services

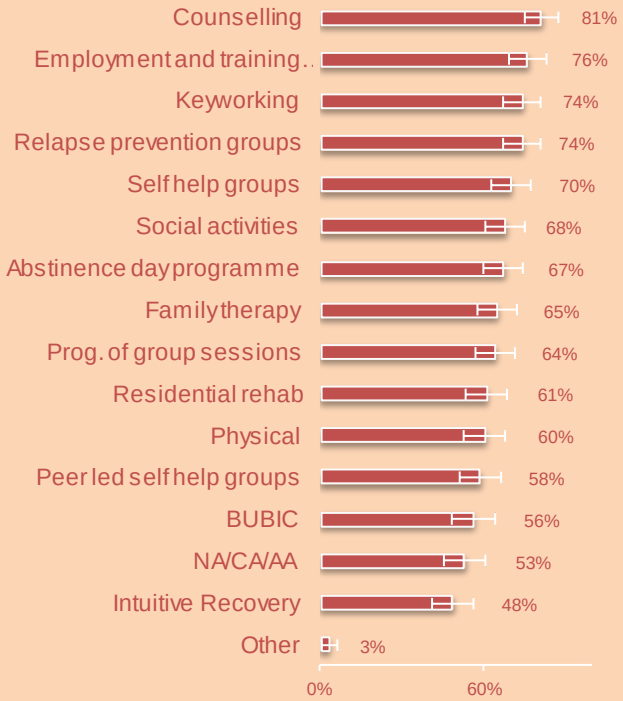
Fig 3: Satellites (n=139)

- The majority support drug and alcohol workers having satellites in respective services (70% and 76%).

"…it would encourage clients to access further help for their problems if it is all on site..."

4. Recovery services

Fig 5: Recovery services (n=161)



The term recovery is broadly about overcoming of problematic substance misuse and the achievement of social reintegration. This involves supporting service users with: relationships with family, partners, children, and friends; finances and safe accommodation; skills and employment; mental and physical health; values, beliefs and attitudes held by the individual.

- Of the recovery services options counselling (81%), employment & training support (76%), relapse prevention groups (74%), and key working (74%) were the most popular choices - the least popular options were still selected by around half of the respondents.

4. Recovery services (continued)

Fig 6: Recovery services in drug service building (n=158)

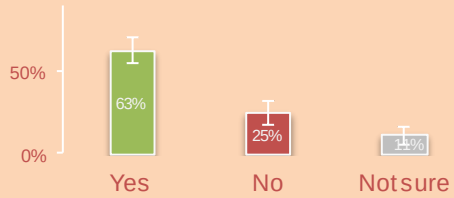
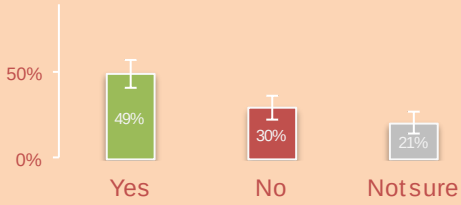


Fig 7: Separate groups for abstinent clients (n=158)



- The majority (63%) think that recovery services should be available in the same building as other drug and alcohol services
- Nearly half of survey respondents were in support of (49%) separate recovery services for abstinent clients. Less than a third (30%) were against.
- Greater emphasis on recovery services was supported in focus groups.
- There were strong views for separate recovery services for abstinent clients - not necessarily in a separate building or service but different opening hours and group sessions. However, it was also seen as important that new service users see examples set by those already in recovery. Benefits of peer support in general was mentioned in most focus groups.

- Flexible opening hours were suggested for those who work. For others it is also important to have support available at vulnerable moments when clients are at risk of relapse.
- Jobs and employment and volunteering opportunities were seen as key to recovery, including access to generally recognised and certified courses.
- It was acknowledged that different recovery options suit different people and therefore a wide range of options is important.

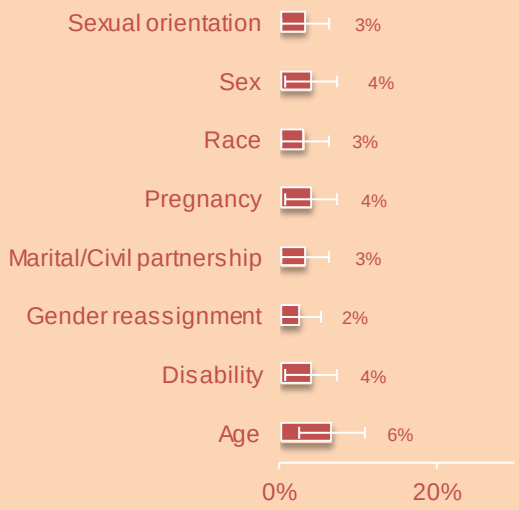
"Service user led activity is key to successful recovery. Treatment is only part 1. The hard bit starts with recovery, as that should be the rest of your life, building confidence and moving on"

"…People in recovery often need to be separate from people who are still using. However people who are sober/drug free are integral in the support of people trying to stop....."

"…People are always at different levels of recovery and having clients who are currently abstinent on close proximity to others who still use will always cause problems....."

5. Equal access

Fig 8: Problems accessing services relating to protected characteristics (n=139)



We asked respondents if they had experienced any problems accessing services in relation to any protected characteristic, namely: gender, ethnicity, age, disability, pregnancy, marital/civil partnership, sexual orientation or gender re-assignment.

- Age was indicated as a problem by 6% of respondents – including by young adults who may wish to be amongst their peers they can identify with.
- Other protected characteristics were ticked by 3-5 respondents – although two respondents had chosen all the options which suggest that the question was not understood. This together with the small sample from each group make it difficult to establish the extent of the problems.
- Focus group discussions and individual comments regarding equal access related mostly to physical distance to services, bus fares, opening hours and single sex groups. Every Women group expressed a wish for an entirely male free environment.
- Childcare was raised as an issue both in focus groups and in questionnaire comments
- The importance of culturally competent staff was also mentioned in one focus group.

"A lot of the users a lot older than me and too old for younger service. Need a young adult service."

" I think we should have single sex groups because there are issues within each sex that would be easier to share in a single sex group. And I think we should have LGBT groups as well"

"I think a women's only group is BRILLIANT and has helped me to build my confidence"

6. Other key issues

- Quicker access to substitute prescribing was raised in focus groups.
- Separation of services by abstinent clients and those still 'using' is not straightforward – for example, it may be appropriate that clients who use cannabis on occasion, but are free from dependency from their main drug of choice, can still attend abstinent groups.
- There needs to be a clear process to inform and re-assure clients throughout the re-tender as service users were worried about what the changes mean to them and their recovery.
- Concerns were raised over the coming benefit changes and potential risks to recovery.

"With integrated services monies that could be saved should be redistributed to speed up the process by say employing more nurses to do the initial assessment for addicts."

7. Profile of respondents

- Main substances used by the respondents were alcohol (39%), crack (29%), heroin (28%) and cannabis (24%).
- The time spent in treatment spanned from less than three months to over two years.
- One in three (34%) were women which represents the proportion accessing alcohol treatment but is higher than the proportion in drug services.
- The majority of respondents (60%) were from white ethnic groups followed by one in five (19%) black or black British, which is broadly representative of Haringey's treatment population.
- Nearly half (49%) were aged 30-44 and one in four (27%) aged between 45-59.
- A large minority had no disability (36%), one in five (20%) indicated ill mental health followed by a long term illness or condition (13.7%).
- Over one in ten (13%) were from LGBT groups which is double the proportion reported by treatment services (6%).

Glossary of terms

AA/CA/NA	Alcoholics Anonymous/Cocaine Anonymous/Narcotics Anonymous are all self help groups where people can share their experiences with each and solve their common problems and help others to recover from addiction.
Abstinence	Free from alcohol and illicit drugs.
BUBIC support groups	BUBIC is a local community group whose staff and volunteers (many of whom are ex-users) run support groups and other activities across Haringey to help people overcome problematic drug use, especially crack use.
Confidence intervals.	The percentages in this report are shown with 95% confidence intervals which is a statistical method to estimates the imprecision of results. It takes into account the sample size and estimates the probability of the proportion occurring in the general population based on the sample. This enables us to compare whether differences in estimates are statistically signficant or not.
Intuitive Recovery	Offers group sessions in drug and alcohol services. The programme is specifically designed to teach the key skills of self-recovery - making the decision to stop and staying drug free.
Key working/key worker	Key worker is someone who supports service users to plan their care, has regular appointments with them to discuss their treatment and reviews progress. Key working can include motivational interviewing, relapse prevention and addressing housing or employment issues.
Opiate	A category for sedative drugs such as heroin, opium or codeine.
Opiate prescribing services	A form of treatment where the aim is to stabilise and gradually end the use of opiates like heroin with substitute drugs. Methadone or bubrenorphine are often used as substitutes.
Residential rehabilitation	Intensive residential treatment programme for those who are trying to give up drug or alcohol use. Programmes last around 3 to 6 months.

Glossary of terms

Satellite service	Service that is provided in a different location from the main organisation or service building. For example, a drug treatment service can have a satellite service at a GP surgery.
SMART recovery	A programme for people to recover from addictive behaviour by using motivational, behavioural and cognitive methods through self help meetings. (Cognitive methods relates to thinking, perception, reasoning and judgement).
Substitute prescribing	See opiate prescribing services.