Review and redesign of adult substance misuse treatment pathway for Nottingham City 2015/16

Consultation Report

NOTTINGHAM CRIME AND DRUGS PARTNERSHIP

July 21, 2016
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Introduction

The Crime & Drugs Partnership’s (CDP) commissioning and finance service area is responsible for commissioning the city’s drug and alcohol treatment services and community safety provision, including domestic and sexual violence and ending gang and youth violence services. We work closely with partners to provide needs based services that promote recovery.

Our focus for 2015/16 was to review the existing model of substance misuse treatment in the city to bring expenditure in line with the Council’s cost requirements while continuing to meet local need and deliver quality, safe and effective services for Nottingham. Subsequently, we redesigned and recommissioned community-based substance misuse treatment services to streamline provision, integrate drugs and alcohol treatment and deliver high quality services with excellent outcomes while delivering better value for money for citizens. This report outlines the whole consultation process that was undertaken. The CDP undertakes its own consultation activity as part of the commissioning process. The Involvement Officer leads on the process but all of the commissioning team play an active role in the consultations.

“Nottingham City Council and Nottingham Crime and Drugs Partnership are looking to redesign and recommission the local substance misuse treatment system. The vision for the new model is a treatment system that delivers the best possible quality and standards of care, maximising numbers achieving a substance free lifestyle and recovery from substance misuse. We are looking to consult with a wide range of service users, professionals and the public to inform the design of a new model for the substance misuse treatment system. There will be two stages of consultation via questionnaire, both aiming to reach as wide an audience as possible:

Stage One: 1 June to 26 June 2015 (To gain feedback on six potential models)
Stage Two: September 2015 (To gain feedback on the final model)”

Message to the market statement
Consultation requirements

The CDP has an ‘Involvement and Consultation Statement’ (appendix 1), which sets out the partnership commitment to involve current clients in service level and strategic issues and to consult publicly where commissioning will involve significant changes to provision of services.

“When undertaking system reviews and tendering processes the partnership will endeavour to undertake widespread consultation in line with consultation best practice. This will include service users, providers, stakeholders and the general public:

When proposals are still at a formative stage, with sufficient information to give intelligent consideration, with adequate time for consideration and response, and demonstrate that feedback has been conscientiously taken into account.
(The Gunning Principles)

Consideration will also be given to local Compact agreements, Best Value Guidance and Equalities Act 2010”

The Health and Social Care Act 2012 dictates the NHS has a duty to involve people in decisions about their health care and to consult and involve people when planning or changing commissioned health services.
Pre-consultation

Prior to the public process starting the partnership undertook a number of activities in preparation.

1) Message to the Market (May 2015). This document gave providers early information on the work and aims of the Substance Misuse Treatment System Commissioning in Nottingham City.

2) Market development followed on from here, as interested providers had been asked to express an interest and have informal discussions with commissioners.

3) Alcohol Panel. This strategic service user panel was consulted by members of the commissioning team about some preliminary ideas. These were presented in the form of hypothetical discussions on a number of issues. E.g. “what challenges and advantages would you see if drug and alcohol services were combined?”

4) Discussions with other areas. This type of recommissioning activity has been going on across the country over the past two years so commissioners contacted many of them to ascertain what approach they had taken, which models that had been decided on and what they had learnt from the process.

5) Clinical advice was sought from a range of experts and a ‘clinical expert panel’ was established.

Consultation stage one

From June 1st we ran a public consultation, consisting of an online survey with a range of general questions about substance misuse treatment and support. This also included more specific questions about six proposed models. These documents are available on the CDP website http://www.nottinghamcdp.com/commissioning-and-tendering-2015/

We informed stakeholders, current providers and their staff, partner agencies, the voluntary and community sector and the public about this process. We presented a briefing at the Vulnerable Adults Provider Network meeting and a range of other strategic meetings that were attended by staff during this period.

We were aware that online surveys can be quite limiting in terms of people’s ability to access and complete them. This is particularly true for the target group that we were working with. People, who may have no access to the internet, may have limited literacy skills or who need support to engage. For this reason we printed 600 packs containing background information, the models and the surveys. We offered to provide packs in other languages where appropriate or to set up facilitated sessions with interpreters for people whose first language is not English. The packs were distributed to existing services and other support services that may be in touch with our client group (including potential clients). We set up a Freepost address and included a pre addressed envelope to return the surveys.
We also recruited and trained nine volunteers to act as facilitators. These included current and former service users, peer mentors, admin and commissioning staff from the CDP and workers from our existing services. We planned facilitated consultation sessions and advertised these in services. Some were held in services, some were open public events and some were specially set up meetings:

Alcohol Panel

Women’s Group

All Day Open Event, Voluntary Action Centre

Recovery in Nottingham/Health Shop

Open Day at Broad Street Recovery Centre (all areas)

Nottingham City Drug and ex drug Users Forum – Group consultation

St Peters Church Rough Sleepers Breakfast

Emmanuel House

All Day Open Event, CDP Board Room, Galleries of Justice

Studio House

TEXT Group (Recovery in Nottingham)

Last Orders - NEMS, Parliament Street

Last Orders Recovery Centre, Kent Street

Lifeline Explore (Family Support Service) – Facilitated by staff

Lifeline Journey (Substance Misuse Service for Young People). – Facilitated by staff

BAC-IN (Culturally specific BME service) – Facilitated by staff

We also asked ‘Services for Empowerment and Advocacy’ to distribute packs and offer facilitated sessions during hostel sessions that they run regularly:

40 Forest Rd West

London Road Project

Elizabeth House

32 Bentinck Road

38 Bentinck Road

Waterloo Crescent

34 Bentinck Road
We received a total of 215 responses before the deadline and a further 30 responses that were also considered after the deadline. Our analyst produced a full report of the stage one consultation which was published on the CDP website on 14th August 2015 [http://www.nottinghamcdp.com/wp-content/uploads/2015/08/Substance-misuse-stage-1-consultation-Report-Final.pdf](http://www.nottinghamcdp.com/wp-content/uploads/2015/08/Substance-misuse-stage-1-consultation-Report-Final.pdf)

The issues raised and the responses from the commissioners are summarised in the table:

“Facilitated consultation sessions

We want to ensure that as many people are able to take part in the process as possible. We will be running a series of events in the community where individuals can be assisted to complete the questionnaire with a trained volunteer or staff member who will be able to explain the questions and write down responses. If you run a service or group who would be interested in having a facilitated session please contact Glen Jarvis at the CDP”
## Stage One – Issues and responses

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<tr>
<th>Issue</th>
<th>Response</th>
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<td>It appears to be fairly easy to find out about substance misuse services in Nottingham. Although there is room for improvement – awareness raising and service information could be more widely distributed and visible. More information could be available in all GP Practices and all GPs need to be knowledgeable about the range of services available.</td>
<td>Service specifications state that providers must make information about treatment and support widely available, including in all GP practices. The provider is required to deliver training for professionals, including GP’s so that they can identify drug and alcohol issues, provide brief advice and refer into services.</td>
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<td>There are many barriers that can prevent people from accessing and engaging in substance misuse services. Some of the most commonly experienced barriers appear to be issues related to ‘fear’, ‘stigma’ and ‘mental health’.</td>
<td>These are highlighted within the service specification. The provider is required to proactively increase access to drug and alcohol treatment, particularly groups currently under-represented in treatment. Relevant targets are financially incentivised. Mental health is addressed within service specifications. The CDP and Clinical Commissioning Group have worked together to develop a guide to support referrals into mental health services which is included within service specifications. Providers are expected to take on board and implement any new policies, guidelines or changes to local mental health provision throughout the period of the contract. Bidders were asked to demonstrate how they would address these issues within tenders.</td>
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<td>Improving equality of access might be supported by; providing services within communities of need through outreach; ensuring services are culturally competent or providing an element of culturally specific support; providing support and information in appropriate languages; and reducing stigma.</td>
<td>The integrated drug and alcohol service includes requirements to deliver outreach, equitable access to services and to remove barriers. Four key groups are identified as currently under represented. Outreach is a requirement within the specification with particular reference to engaging those currently under-represented in treatment. There is a financially incentivised target to increase access, particularly across under-represented groups. The provider is required to demonstrate how it will deliver culturally competent services and respond to the barriers and challenges faced by some individuals and local communities in accessing treatment and support. Demographic monitoring requirements are also a requirement to enable commissioners to monitor uptake across different groups.</td>
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<td>Services should be available in ‘neighbourhoods’ and also the City centre. There should also be provision for home visits and outreach.</td>
<td>Bidders were able to propose a model of service delivery. Outreach and provision of home visits is a requirement within the service specifications.</td>
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<td>Consideration could be given to increasing the age limit of young people’s substance misuse services.</td>
<td>Age limit for transition in young people’s services will be increased to 19. So for those service users who start in Young Peoples services before age 18, they can stay in up to age 19 should they have ongoing treatment needs.</td>
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<td>Some substance misuse services should be available within Primary Care. A range of interventions could be provided within Primary Care. Substance users with complex needs were felt to be least suited to receiving treatment within Primary Care.</td>
<td>Shared care will continue. The provider is required to work with local shared care GP’s and commissioners to develop shared care further. All those in shared care must be given access to wider recovery interventions and this is a requirement within the service specification.</td>
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<td>The majority of respondents felt that family support should be provided by a separate standalone service.</td>
<td>A separate, stand-alone family support service is being tendered to provide support to people affected by someone else’s substance use, in their own right, regardless of whether the person they are affected by is in treatment or not. Family involvement and support will also be available within treatment services where appropriate and is a requirement within the service specification.</td>
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<td>Model 5 had the highest level of approval (61%) of all the models presented for consultation. There was a positive response to the integration of aftercare within core services. However, the co-location of abstinent and non-abstinent service users would need to be carefully managed.</td>
<td>Aftercare has been integrated within the main drug and alcohol service, to be available at all stages of the treatment journey (throughcare). The potential for issues of perceived/real stigma between abstinent and non-abstinent service users is acknowledged within the service specification. The provider is required to explain how the service model will address this and there was a tender question relating to this issue.</td>
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Model 2 had the second highest level of approval (55%). There was a positive response to the alignment of drug and alcohol services. However, there may be a risk to disengagement of alcohol users in particular and this might present an additional barrier to engagement. Any alignment would need to carefully manage access to address such a risk.

Drug and alcohol services have been aligned into one service. The potential for issues of perceived/real stigma between drug and alcohol users impacting negatively on engagement are acknowledged within the service specification. The provider is required to explain how the service model will address this and there was a tender question relating to this issue. Outcomes for drug and alcohol users can be monitored separately to enable identification of negative impact on either cohort.

Model 4 had the highest level of disapproval (65%) indicating a strong level of disagreement with the alignment of adults and young people’s services. There was a very high level of disagreement with the alignment of adult’s criminal justice and young people’s services.

Adult and young people’s treatment has been kept separate.

Model 3 had the second highest level of disapproval (47%) demonstrating disagreement for the alignment of criminal justice and non-criminal justice treatment services.

Criminal justice and non-criminal justice treatment has been kept separate.

While 39% of responders agree with having a separate ‘single point of contact service’ this might benefit from being considered alongside the responses that indicate a current ease of access.

Further review of the option for a separate, single point of contact service identified that such a service had the potential to create an artificial step in the service user journey. This had a potential to increase real waiting times, increase risk of drop-out and increase duplication for service users (eg assessments). The added value was limited. This option was not pursued. The service spec requires that services are easy to access with a single point of access to the system. This was evaluated through the tender process.

(These have subsequently been updated to include further responses after the award of contract for clarity)
Focus Groups

Feedback from Focus Groups held as part of consultation with current, former and potential services users.

As part of the consultation undertaken to inform the model and service development for substance misuse services in Nottingham, 13 focus groups were held over the summer of 2015 with service users, professionals and representatives of specific groups. Focus groups were themed around equality groups and issues of identified importance relating to substance misuse in Nottingham (e.g. Shared Care and service users aged over 45 years).

Focus groups were informal and unstructured to clarify some of the specific issues highlighted through the Stage 1 consultation questionnaire and to inform the development of the Stage 2 questionnaire.

Some key themes emerged through focus groups which have been taken into consideration when developing and delivering substance misuse services in Nottingham. These are summarised here and have been appended to the service specification for the main drug and alcohol service.

Some of the points have specific responses added here for information and clarity: (These have subsequently been updated to include further responses after the award of contract).
## Focus Groups – Issues and responses

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<tr>
<th>Issue</th>
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<tr>
<td>The following are important in getting support and treatment to those who need it and increasing engagement in treatment:</td>
<td>Outreach is a requirement within the drug and alcohol service specification. The proposal for outreach was evaluated through the tender and included a case study question.</td>
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<td>Providing a welcoming ‘front door’ to services. This ‘front door’ might need to be/look different for different groups of service users.</td>
<td>Welcoming, widely accessible services is a requirement of the service specification and was evaluated through the tender process.</td>
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<td>Taking services out to communities in order to engage those not presenting to services, particularly those who are currently underrepresented.</td>
<td>Providers have been given this information within the service specification. Peer support is a requirement within the specifications and is mentioned in relation to culturally specific support twice.</td>
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<td>Outreach workers that have some credibility across different communities.</td>
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<td>Having a choice of worker. Some service users want a worker who reflects their own background, whereas some service users would prefer to have a worker who is not from their own community. Some service users noted that peer support might have a role to play in this.</td>
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<td>Recognising that homelessness can be a barrier to engaging in drug and alcohol treatment and ensuring pathways and outreach proactively reach out to homeless substance users.</td>
<td>There are requirements for services to work with service users who are homeless. Access will be monitored. Commissioners will continue to engage in strategic partnership work around homelessness and housing issues for our service user group.</td>
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<td>Having a workforce that is competent to work with service users from all communities and that has a good understanding of the needs of those communities and is knowledgeable about the barriers some individuals face in relation to engaging with treatment services.</td>
<td>This is addressed within the service specification and was assessed through the tender evaluation process.</td>
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<td>A welcoming environment, ethos and workforce.</td>
<td>This was evaluated through the tender evaluation process.</td>
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<td>Services should be available in neighbourhoods and also the city centre.</td>
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| Focus groups confirmed the findings from the Stage 1 consultation questionnaire and confirmed that a range of barriers exists that can prevent drug and alcohol users from accessing services for the first time and the Provider must consider how they will address these. The most commonly cited barriers include:  
  - Stigma  
  - Fear  
  - Mental ill health | This is included within requirements of the service specifications. Commissioners continue to work with partner agencies/commissioners around mental health. The provider is required to train and offer advice for other professionals so they can identify and respond to substance misuse (includes social workers). Commissioners plan to engage with workforce development colleagues around appropriate training for relevant Nottingham City Council front line staff. |
- Physical health
- Fear of having Social Services involvement and of having a child removed from their care and also childcare
- Overly complex and repetitive assessment processes
- Location of services

Focus groups highlighted the importance of recovery support and indicated that the following recovery support and reintegration/throughcare interventions might be beneficial to the service user group:

- Day programmes
- Visible recovery throughout the service
- A recovery community
- A range of groups
- Self-help
- Alcoholics Anonymous & Narcotics Anonymous
- Some abstinent specific support/access
- Careful management of service users access where they have achieved abstinence (e.g. ensuring ‘safe’ space away from those in active drug use)

This is included within requirements for shared care within the service specifications.
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<tr>
<th>The Shared Care focus group highlighted that service users accessing treatment in Shared Care need to have parity of service with those accessing the main treatment service. Suggestions included:</th>
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<td>• Increasing appointment time length &amp; frequency</td>
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<td>• Access to broader recovery interventions</td>
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<tr>
<td>• Being fully informed of all treatment and recovery options, including those provided by the main treatment service</td>
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| This is included within requirements for shared care within the service specifications. Bidders were asked how they would improve outcomes for service users within shared care in line with the specification and this was evaluated through the tender. Service specifications for shared care GPs are also being reviewed in line with consultation findings and the core specification. Shared care GPSWSI meeting was briefed on the consultation findings. There is a requirement to have shared care development meetings established to look at improvements to shared care treatment. |

| A common theme from focus groups suggested that services which have at their core, empathy and understanding for the service user group will support engagement and enhance recovery. |
**Consultation stage two**

The results of the consultation process up to this point informed the creation of a final model and decisions about which services would be in scope for tendering.

Stage two consultation started on 14th September and was scheduled to run till 3rd October. This deadline was extended to the 9th October to ensure that as many people could take part as possible.

The Stage Two consultation was focused on confirming some of the responses from Stage One, the focus groups and obtaining some more detail on specific elements of treatment delivery and pathways including:

- Smoking & smoking cessation
- Sexual health & needle exchange provision
- Services within Primary Care
- Pathways into mental health services
- Provision for those addicted to medicines
- New/novel psychoactive substances

As with stage 1, stage 2 questionnaires were sent to a wide range of stakeholders and to anyone who had engaged in consultation previously. Facilitated sessions were run again in services and community venues. There were 137 individual responses this time. This was less than stage one but 83% of responses were from service users and staff. There were also a number of group responses. This seemed to indicate that the finer details of the provision were of more relevance to people using the services than the wider public.


Issues and responses are listed in the table below:
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<tbody>
<tr>
<td>The response to bringing young people’s substance misuse treatment and family support together into a single service was mixed. Equal proportions of respondents agreed (37%) and disagreed (38%).</td>
<td>A decision was taken not to combine family support and young people’s substance misuse as the potential benefits were minimal beyond cost saving. Potential risks included young people in need of treatment being reluctant to access services. ADFAM recommend retaining family support and keeping it separate to treatment services.</td>
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<td>88% of service users responding identified themselves as smokers with 89% indicating they would consider stopping smoking. The majority of responses felt stop smoking support within a drug and alcohol service would be the best way for drug and alcohol users to stop smoking.</td>
<td>Due to commissioning arrangements for smoking cessation services it was not possible to jointly commission substance misuse and smoking cessation. The provider of the integrated drug and alcohol service is required to access and make referral into smoking cessation and it is suggested they may wish to joint work. Outcomes for reducing smoking will be required and monitored. Commissioners will continue to link with Public Health colleagues responsible for commissioning smoking cessation services.</td>
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<td>The decision to combine a sexual health service (open access to all citizens) and specialist needle exchange service was met with reinforcing and constructive comments given by respondents.</td>
<td>Sexual Health and Specialist Needle Exchange will be combined.</td>
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<tr>
<td>That there was no consensus to change the pathway into Shared Care to require service users to attend the main treatment service first.</td>
<td>There was no change to the pathway into shared care as it was felt this could limit access for some service users. There is an opportunity to develop the shared care pathway and model moving forward. Bidders were asked to demonstrate how they would improve outcomes within shared care as part of the tender process. There is an opportunity to develop the shared care pathway and model moving forward and a shared care development meeting will be established.</td>
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<td>The majority of responses (72%) supported making structured alcohol treatment available within Shared Care.</td>
<td>Options appraisal identified that this is not a viable option financially at this time. There are still options for brief interventions in Primary Care and some outreach is run in GP surgeries anyway.</td>
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<td>Substance misusers appear to experience difficulties in accessing services for common mental health problems (73%) and more serious mental health problems (72%). Respondents felt that training across substance misuse and mental health services, clear care pathways and closer joint working would improve accessibility.</td>
<td>Strong joint working with the Clinical Commissioning Group (commissioners of mental health) to develop a pathway between substance misuse and mental health services referral information included within the specification. Joint meetings between mental health and substance misuse providers to improve access to IAPT (talking therapies) for substance misuse service users. New monitoring requirements will ensure better information on the pathway between mental health and substance misuse services will be available. In relation to substance misuse CDP commissioners inputted into the service specifications for some new mental health services.</td>
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<td>A preference for those addicted to medicines to be seen in substance misuse services (51%).</td>
<td>A pathway for those addicted to medicines is being scoped across the local partner agencies. There is a requirement for the new provider to deliver elements of this pathway and was evaluated through the tender evaluation process.</td>
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<tr>
<td>That advice and information on New/Novel Psychoactive Substances (NPS) should be readily available and that NPS users would benefit from brief advice and information, psychosocial interventions and online support primarily.</td>
<td>This has been included in the service specification. The provider will determine the model.</td>
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Parallel tender panel process

A lot of work went into the possibilities of involving services users in a meaningful way in the tender evaluation process. In the previous procurement round three years ago a panel of service users marked two questions. One question covered the proposed model and one on service user involvement. Both garnered model answers. This had been useful but did not really define clearly what the differences were between the bids and the score did not account for a significant proportion of the outcome weighting. It was felt that the involvement had been useful but that it didn’t feel like service users had been given sufficient influence on the actual outcome. There was also a concern that the process had not been very inclusive of people with lower levels of literacy as it required a lot of reading and comprehension.

For this process we investigated various ways of addressing these issues in order to offer meaningful involvement for people of any ability. We wanted a means of addressing the real concerns of service users in a way that would be accessible for anyone and that would really test bid writers; challenging them to involve front line staff and clients in actually answering the questions, rather than crafting a model answer. We also wanted to ensure that the input of service users would have a significant effect on the outcome of the tender process.

After consulting with colleagues in procurement and legal services we agreed on case studies as the most useful approach. These had been used in several recent procurement exercises in the City Council and were seen as both inclusive and informative.

The following guidance was given in the tender question:

The following questions present case scenarios of potential clients, based on a range of issues that were raised during consultation and by focus groups. You are asked to describe your approach to each scenario, giving consideration to the requirements in the service specification.

Please consider:

- How you would engage the service user(s)
- Which treatment model would you employ (tools, interventions, signposting to other services, prescribing regimes etc.?)
- How you would use local knowledge
- Which other services you would link in with
- Any other issues.
For the Lot 1 combined drug and alcohol service we consulted with the service user forums for suggested themes to include in case studies. Some specific examples were submitted which were then reworded to include a range of issues that service users wanted to cover and other issues that the commissioners felt were important as they had been raised in consultation. The following case studies were used:

a. John is 52. He has been referred by the Emergency Department after visiting them 20 times in a year, usually under the influence of alcohol. He presents as confused with symptoms of hyper-tension. He has been referred previously but did not engage. He says he is housed but is known to the Street Outreach team and mentions that he sometimes stays with his elderly mother.

b. The Commissioner has passed on information received from members of the public about a group of young adults in Sneinton who are described as “Asian”. They are drinking, smoking and causing problems. Several of them have collapsed in the street recently after smoking drugs that they have bought from a local shop.

c. Sarah is 27 and is presenting for the first time. She has two children aged 2 and 7 years old. She is using heroin and crack and says she has been involved in sex work to fund her and her partner’s use.

For the Lot 2 Specialist Needle Exchange and Sexual health Service the case studies were based on specific current issues that were highlighted by service users (specifically ChemSex), some issues that commissioners had picked up in consultation and wider strategic discussions, and finally, some issues that had been highlighted by the Public Health commissioners of the existing sexual health service.

The following case studies were used:

a) A man in his 30’s worried about STI’s (sexually transmitted infection) presents for testing. He discloses his involvement in parties where he has engaged in some kind of unknown drug use. He fears he may have been infected with an STI as he thinks he had sex with multiple partners without protection.

b) A 22 year old woman presents at the needle exchange looking for clean needles. She was told by people at her gym that she can get them free and that she has to inject the “stuff” that they have sold her.

c) A 16 year old female discloses that over the last few months she has had a number of sexual partners. On further dialogue it becomes evident that her boyfriend has introduced her to a number of males and she has had sex with them.
For the Lot 3 Family and Carer Support Service we contacted ADFAM, the National organisation working with and for families affected by drugs and alcohol, to utilise their expertise in this area. They kindly provided the following, very challenging case studies:

a) Stacey’s mum Helen has had a problem with alcohol for as long as she can remember. All through Stacey’s childhood, Helen was able to manage her drinking, starting only in the evenings after work. Stacey’s 32 now and Helen retired last year, following the death of her husband. Since then, Helen has started drinking in the mornings, and regularly calls Stacey when she’s drunk, needing help. Stacey knows her mum isn’t looking after herself; she recently hurt herself badly in an alcohol-related fall, and has been found by members of the public, intoxicated and in a state of confusion. Stacey has children of her own, and a full time job, and the stress and strain as a result of coping with her mother’s worsening alcohol problem has caused her depression and anxiety. Last week she spoke about it with her GP, who referred her to the local authority-commissioned family substance misuse support service…

b) Jerome is 42 and has been injecting heroin on and off for many years. He is prescribed methadone, which has helped stabilise his previously chaotic lifestyle, but he sometimes uses heroin ‘on top’, as well as benzodiazepines and alcohol. His physical health is poor and his partner Lorraine is afraid of him overdosing. Jerome and Lorraine have three children together, aged 8-16, who live with Lorraine’s parents. They have lived with their grandparents for several years, as it was judged unsafe for them to live with Jerome. Lorraine is keen to live with her children again; her parents are finding it difficult to care for them. Lorraine feels her home will be safe for her children, but worries that social services will still regard Jerome’s behaviour as presenting a safeguarding concern. She is desperate for support to help her encourage Jerome further in his recovery journey and do the best for her kids.

We asked for service users to express an interest in taking part in the parallel panels and then selected a group of 11 people who covered a wide range of backgrounds and experience to take part. Brief biographies for each were submitted to the procurement team (anonymised) to ensure that they were aware of any potential conflicts of interest. For example some of them were volunteer mentors in the current service. Some were current clients, some ex clients and some were family members who had used services outside the City. The sessions were held on three separate days. A few people took part in more than one panel, but nobody did all three. Each session was chaired by a different member of the commissioning team and administered by the Involvement Officer, who had briefed all of the members and offered support before, during and after the sessions. All of the members were asked to sign a confidentiality agreement and asked not to discuss the content of the sessions with anyone. All of the responses to the case studies were anonymised and the chairs explained that they should mark them all on their merits, without consideration to the current system or providers. All of the case studies and responses were read out to the
group then discussions were noted by the administrator. The group then agreed a score and comments for each response (or an average if there was no agreement). These scores (averaged out with the main panel) accounted for 15% of the total quality mark.

**Outcome, follow up and implementation phase involvement**

The result of the process was announced on April 26th. The following providers were successful and new services were operational from 1st July 2016:

- **Integrated Adult Drug & Alcohol Treatment & Support Service** – Framework Housing Association with Nottinghamshire Healthcare Foundation Trust and Double Impact
- **Specialist Needle Exchange & Sexual Health Service** – Framework Housing Association with Nottinghamshire Healthcare Foundation Trust and Double Impact
- **Family Support Service** – Lifeline Project with The Children’s Society

This was the end of the formal consultation process by the commissioners but also the start of ongoing consultation and involvement by the services. Service specifications require meaningful involvement and a co-production approach in the development of services throughout the length of the contracts, which will be monitored through service reviews. The existing continuous involvement structures of the CDP will also serve their role in monitoring services and holding them to account.

The new substance misuse service started this approach straight away. On the day of the announcement of award a letter was sent to all current clients by the provider, explaining what had happened, reassuring them that their care would continue and inviting them to an open event to talk about the development of the service. This event was attended by commissioners, staff and service users and the notes of the event were widely distributed. The clinical lead for Framework also attended the City Drugs Forum and Alcohol Panel at their next respective meetings to explain what was happening during the implementation phase. Commitments were made to build a strong involvement and consultation system within the service which will feed into the strategic structures in the city.

**What next?**

Commissioners will work collaboratively with the providers to deliver on our joint expectations and commitments through developmental work and service reviews. Commissioners will work with other local partner commissioners on partnership developments e.g. mental health. They will closely monitor the impact through performance and monitoring.
Dear Service User

26th April 2016

Re: Introducing the Nottingham Recovery Network and changes to your service

I am writing to let you know about an exciting new development aimed to improve the support you currently receive from Last Orders and/or Recovery in Nottingham.

A new combined drug and alcohol support service called the Nottingham Recovery Network will be launched in the city on July 1st. This will build on the excellent care currently provided by both existing services and increase the range of choices available to everyone accessing us for treatment and support.

The Nottingham Recovery Network, delivered by Framework, in partnership with Nottinghamshire Healthcare NHS Foundation Trust and Double Impact, will provide a single point of access to advice, support and recovery to anyone in the city who would like to change their relationship with alcohol or drugs. It will replace the service that you currently receive and will also bring considerable benefits:

- You will be able to choose from more support options to ensure all of your needs are met
- If you have issues with both substance and alcohol misuse you will no longer have to decide which the primary issue is, as both can be looked at together
- You will also be able to access support closer to where you live via your local GP surgery or in Nottingham city centre
- You will be able to keep the same care plan and the same key worker when the Recovery Network launches.

Your opinion is very important to us and you will have plenty of opportunities to tell us how you want your new service to be run. We will also be consulting on the name for the new service. As somebody with first-hand experience of these services, we're asking you to put forward a name that best represents the service to you. Further details of how and when to do this will follow.

We would like to invite you to an open evening at Sobar, Friar Lane, Nottingham on Monday 23rd May from 5.30pm to 7.30pm to meet staff, learn more about the Nottingham Recovery Network and ask questions about how you will be affected.

If you would prefer to talk to someone about the changes to the service you receive or any concerns you may have, please talk to your key worker, email: nottinghamrecoverynetwork@frameworkha.org or call 0800 060 5262 and we'll answer any questions you may have.

Many Thanks and Best Wishes

Michael Leng
Operations Director, Framework

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Appendix 1 - CDP Involvement and consultation statement

Background

The CDP has a long standing commitment to involvement and consultation going back over 10 years. At that time the partnership commissioned mostly treatment services, with NHS funding, so our involvement and consultation structures were built upon guidance and duties around health related legislation. E.g. the Health and Social Care Act 2001, NHS Act 2006. Health and Social Care Act 2012 and the NHS Constitution.

More recently the partnership has broadened its commissioning portfolio, which now includes joint commissioning with various NHS and non NHS bodies like CCG’s, the PCC and the local authority, all of which have their own responsibilities and duties.

The CDP continues to apply the same principles of involvement and consultation across its wider commissioning work, whilst working to the Nottingham City Council's Early Intervention Directorate programme of Strategic Commissioning Reviews for adult, children and family social care services, which will be undertaken in accordance with the Commissioning Pathway

Service User and Carer Involvement

Service user and carer involvement is embedded within treatment and support services. We will ensure that service users are listened to, involved and consulted on decisions about their treatment and support. We will ensure that service users and carers are involved in the planning, development and delivery of services. We will ensure service users are involved in decisions regarding their own journey.

‘You have a right to be involved, directly or through representatives, in the planning of healthcare services, in the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.’ NHS Constitution, March 2013
This commitment is to give opportunities for our service users and carers to be involved at all levels.

This falls into four main areas.

- **At the individual level**, for service users to be actively involved in their own treatment and support, specifically through their relationship with workers in devising care/support plans.

- **At a service level**, where users of our services should be consulted and involved in the running of those services. Involvement is a contractual obligation and services should be able to evidence what measures they have employed to obtain the views of the patients/clients in their care with regard to the experience of that client’s treatment and care, the running of the service and any proposed changes to how that service is delivered.

- **At a strategic level**, the CDP is committed to involving people in the planning, evaluation and development of future provision. We run long standing service user forums for adults who have issues around drug and alcohol use and mental health, which provides a continuous consultation function. Details are in the Service User and Carer Involvement section of the CDP website [www.nottinghamcdp.com](http://www.nottinghamcdp.com)

- **At a policy level**, we work with Public Health England to promote good practice through Regional Forums for service users and carers. Some of our service users attend national conferences and events and get involved in national strategy and policy.

For other areas of commissioning, including criminal justice substance misuse treatment, young people’s services, family support and domestic & sexual violence, involvement and consultation is expected to be undertaken by providers at a service level. The CDP undertakes consultation on specific themes and issues with these groups as and when it is required.

The CDP employs an Involvement Officer to undertake some of these activities and to support commissioners to also undertake involvement and consultation in their specific areas of work.

**Consultation for system reviews and tendering**

When undertaking system reviews and tendering processes the partnership will endeavour to undertake widespread consultation in line with consultation best practice. This will include service users, providers, stakeholders and the general public.
When proposals are still at a formative stage, with sufficient information to give intelligent consideration, with adequate time for consideration and response, and demonstrate that feedback has been conscientiously taken into account.

(The Gunning Principles)

Consideration will also be given to local Compact agreements, Best Value Guidance and The Equalities Act 2010

The Health and Social Care Act 2012 dictates the NHS has a duty to involve people in decisions about their health care and to consult and involve people when planning or changing commissioned health services.

The arrangements for consultations will be set out on the CDP and Nottingham City Council Websites along with relevant information and details of how to get involved.

Nottingham City Council Consultations website
http://www.nottinghamcity.gov.uk/consultation

Nottingham CDP website www.nottinghamcdp.com

Appendix 2 Stakeholders involved in consultation

Questionnaires were distributed to the following:

Health and Wellbeing Board Members

The Portfolio Holders for Adults, Commissioning and Health; Children’s Services; and Community Services (City Councillors)

Representatives from NHS Nottingham City Clinical Commissioning Group

Statutory Director(s) of Children’s Services and Adult Social Services

Director of Public Health

Representative of Healthwatch Nottingham

Representative of NHS England

Nottingham University Hospitals NHS Trust

Nottinghamshire Healthcare NHS Trust
Nottingham CityCare Partnership
Nottingham City Homes
JobCentre Plus
Nottingham Third Sector Health and Wellbeing Provider Forum
Nottinghamshire Police (Nottingham City Division)
Nottingham Crime and Drugs Partnership

**Substance Misuse Stakeholder Group –**

- Nottingham City Council - Consultant in Public Health
- Community Protection - Chief Licensing, Trading Standards and ASB Officer
- Nottinghamshire Police - Night Time Economy Lead
- Nottinghamshire Police - City Division Superintendent
- Nottinghamshire Police - DIP Programme Lead
- Office of the PCC - Alcohol Strategy Officer
- Nottinghamshire Fire Service - Group Manager (City)
- Public Health England - Representative
- Framework Housing Assoc. - Director with Treatment Service Lead
- Clinical Commissioning Group - Senior Commissioning Lead
- Recovery in Nottingham - Notts Healthcare Trust Director
- EMAS - Representative
- HMP Nottingham - SM Treatment Lead
- Youth Offending Team - Head of Service
- Lifeline - Service Director
- National Probation Service - Nottinghamshire HoS
- DLNR CRC - Nottinghamshire HoS
- Clinical Advisor(s)
Shared Care GP’s
Pharmacies
Universities
County PH Commissioners- Tristen Poole
HEALTHWATCH – Donna Clarke - Distribute to members
National Providers

**Clinical Commissioning Group**
Distribute to members - Tracie Baker, Consultation Lead

**Nottingham City Council consultation and engagement**
Consultation document on City Council Website
‘Stay Connected’ Consultation News. This goes out to over 1,000 citizens.
Public Health networks
All information on CDP website
DIGITS Database
Equality & Diversity networks
Citizen Panel Members
Twitter - Engage Nottingham
Area Facebook pages
CDP Twitter account
NDO’s
CDP Board Members
Police and Crime Commissioner
Vulnerable Adults Provider Network – 50+ VSC organisations, plus presented to their meeting
Public Health Forum 12\textsuperscript{th} August 2015