Health Improvement Service – Drug and Alcohol Rehabilitation Services

Consultation report – 2019

Lancashire County Council

www.lancashire.gov.uk

Mick Edwardson, Mike Walker, Melissa Sherliker,
Lee Harrington, Gavin Turnbull and Stephanie Windross

May 2019

For further information on the work of Business Intelligence please contact us at
Business Intelligence
Lancashire County Council
County Hall
Preston
PR1 8XJ
Tel: 0808 1443536
www.lancashire.gov.uk/lancashire-insight

Contents

1. Executive summary 3

1.1 Key findings 3

2. Introduction 5

3. Methodology 5

3.1 Limitations 7

4. Main findings – public 7

4.1 Use of the drug and alcohol rehabilitation services 7
4.2 The proposal for the drug and alcohol rehabilitation services 8

5. Main findings – partner organisations 9

6. Main findings - consultation workshops 11

6.1 Key Themes 11
6.2 Impact of the proposal 12
6.3. The Proposal for Rehabilitation Services 16

7. Other responses 18

7.1 Lancaster City Council 18
7.2 Morecambe Bay Integrated Care Partnership 18

Appendix 1 - Demographic breakdown – service users/general public 19

1. Executive summary

This report summarises the response to Lancashire County Council's consultation on the drug and alcohol rehabilitation service.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total for the public/service user consultation 38 completed questionnaires were returned. For the organisation consultation 27 completed questionnaires were returned.

Consultation workshops with service users, service providers and partner organisations were held between 11 March 2019 and 4 April 2019.

During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council and Morecambe Bay Integrated Care Partnership.

1.1 Key findings

1.1.1 Public consultation

1.1.1.1 Use of the drug and alcohol rehabilitation service

- 17 respondents said that they are a user of substance misuse services and 15 respondents said that they are someone who has used residential rehabilitation services.
- 20 out of 35 respondents said that they are satisfied with the drug and alcohol rehabilitation service available to the people of Lancashire.

1.1.1.2 In the last two years, what were your reasons for using the service?

- 27 out of 37 respondents said that they disagree with the proposal.
- When respondents were asked why they agreed or disagreed with the proposal they most commonly said that everyone deserves access to the service (15 respondents) and there is not enough varied support for this vulnerable group (nine respondents).
- When respondents were asked how the proposal would affect them they most commonly said it will be detrimental to services users (13 respondents).
- When respondents were asked if there is anything else they think we need to consider or that we could do differently they most commonly said vulnerable people in society should be helped (seven respondents).

1.1.2 Partner organisation consultation

- 17 out of 27 respondents said that they disagree with the proposal.
- When respondents were asked why they agreed or disagreed with the proposal they most commonly said that we need to consider what is available for people

with 'lower' needs (10 respondents) and prevention is the key to identify problems before they escalate (8 respondents).

- When respondents were asked how the proposal would affect their service and the people they support they most commonly said that a harder to access service will see the problem getting worse (eight respondents) and it will have a positive impact on their services and/or service users (six respondents).
- When respondents were asked if there is anything else they think we need to consider or that we could do differently they most commonly said the service needs to be structure well for it to be effective (six respondents) and it may make people more vulnerable in the long run (six respondents).

1.1.3 Key themes from the consultation workshops

Key themes varied across different consultation groups:

- Both Service Users and staff raised questions/comments as to proposed 'targeting' of fewer rehabilitation places and criteria that would be used - how will people be prioritised & assessed particularly as people are already vulnerable?, complex and some conditions/traumas do not arise until they are in rehabilitation (*after assessment stage*).
- Service users reported the value of an intense period of person centred approaches/therapies/programs that rehabilitation offers. Rehabilitation allows services users to change by learning and developing coping skills and a greater understanding of their own behaviours away from negative influencing factors in their community.
- Stakeholders commented that the proposed budget reduction might negatively impact on family and communities. Service users and staff groups reported the benefits residential rehabilitation had to the family and wider community particularly the family intervention work, stopping intergenerational cycle of dependence and the impact on other lives and the wider community.
- For providers and service users there was an emphasis on how the potential impact of a reduction in Tier 4 services might impact on community substance misuse services and other public services such as social services (children and adults), criminal justice and health services. The concerns were around capacity, increased demands and costs that might be displaced.
- The majority of services users reported that Residential Rehabilitation prevented further harms such as drug/alcohol related deaths, tragedies, blood borne viruses, crime/victims of crime and hospitalisation.

1.1.4 Other responses to the consultation

- During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council and Morecambe Bay Integrated Care Partnership.

2. Introduction

Lancashire County Council, like many councils across the country, is going through financially challenging times. This is as a result of funding not keeping pace with the increasing demand and cost of services being delivered. We need to continue to look at ways of reducing costs to help balance the books for future years. This means that we have to consider changes to some of the services we currently provide, as we do not have the resources to continue to deliver what we have done in the past. These changes were considered by our county councillors and we are now looking to consult on what impact the proposals may have.

Our proposal

We are proposing to change how we provide public health lifestyle services in order to achieve savings yet continue to deliver positive outcomes for the people we support. In particular, we are proposing to change how we provide three types of service, which are drug and alcohol rehabilitation, stopping smoking and physical activity/healthy weight. We are proposing to increase digital support for behaviour change and health improvement through promotion of websites and apps. We are also suggesting delivering services based more on local needs.

Our drug and alcohol rehabilitation services are mainly residential based programmes, with a small number of day programmes. Rehabilitation ('rehab') is an abstinence-based set of interventions to address the underlying causes of addiction in order to establish new ways of coping in real-life situations following treatment.

We propose to reduce access to residential and non-residential drug and alcohol rehabilitation services. We propose to target only the most vulnerable individuals and those more likely to benefit, such as those people subject to chronic stress and trauma, those with insufficient support or social capital to cope without intensive assistance, to help build and increase resilience. As a consequence, for those with lower levels of need we are also proposing to increase the use of support services based in local communities.

3. Methodology

For this consultation, we asked the public, staff and partner organisations to give their views. An electronic version of the consultation questionnaire was available online at www.lancashire.gov.uk and a paper version by request.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total for the public/service user consultation 38 completed questionnaires were returned. For the organisation consultation 27 completed questionnaires were returned.

We promoted the consultation via social media, a press release and panels on relevant pages of the county council website. The consultation was promoted internally to staff via a link to the press release on the intranet and to county councillors via C-First (the councillors' portal). A stakeholder email from the Chief Executive was sent to Chief

Executives of district and unitary councils, health, Clinical Commissioning Groups and MPs.

The service users/general public questionnaire introduced the consultation by outlining what drug and alcohol rehabilitation services currently offer and then outlining how stop drug and alcohol rehabilitation services are proposed to work in future. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included six questions. It covered two main topics: satisfaction with drug and alcohol rehabilitation services and views on the proposal. The questions about the proposal asked respondents: how strongly they agree or disagree with the proposal; why they agree or disagree with the proposal; how the proposal will affect them; and if respondents think there is anything else that we need to consider or that we could do differently.

The remaining questions asked respondents for information about themselves. For example, if they are a deaf person or have a disability. This information is presented in Appendix D.

The service users/general public questionnaire introduced the consultation by outlining what drug and alcohol rehabilitation services currently offer and then outlining how stop drug and alcohol rehabilitation are proposed to work in future. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included four questions focused on eliciting respondents' views on the proposal. The questions were: how strongly do you agree or disagree with the proposal; why do you agree or disagree with the proposal; how would the proposal affect their organisation; and if they think there is anything else that we need to consider or that we could do differently. Respondents were also asked which organisation they were responding on behalf of and what their role is within their organisation.

In this report respondents' responses to the open questions have been classified against a coding frame to analyse the qualitative data. Coding is the process of combining the issues, themes and ideas in qualitative open responses into a set of codes. The codes are given meaningful names that relate to the issue, so that during close reading of responses it can be seen when similar issues relate to a similar code. As the analysis process continues the coding frame is added to and refined as new issues are raised by respondents. All responses to open questions are then coded against the coding frame, and can be subsequently analysed as quantitative or qualitative data.

Consultation workshops with service users, service providers and partner organisations were held between 11 March and 4 April 2019. In total, 95 people attended the workshops (50 service users, 14 staff and 31 service providers/partner organisations).

Responses are included from:

Service Users / Staff* (n=64)	Service Providers / Stakeholders (n=31)
Focus Groups n= 7 Tier 3 Provider staff n=5 (CGL) Tier 4 Provider staff n=6 (Littledale) Tier 4 Service User n= 19 (Littledale) Tier 4 Provider staff n=1 (Holgate) Tier 4 Services User n=2 (Holgate) Tier 4 Service User n=19 (Sharedale) Tier 4 Staff (combined SU) n=2 (Sharedale) Recovery Services – service users n=10 (Red Rose Recovery) * some staff have experience of using the substance misuse services	CCG Representatives, n=4 Health and Wellbeing Partnership Res, n=13 Health Leads, n=14

The sessions were recorded by dedicated note-takers, with responses collated and analysed using the 'Framework Method'[1] to identify proposal responses and emergent themes

During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council and Morecambe Bay Integrated Care Partnership.

3.1 Limitations

The findings presented in this report cannot be assumed to be fully representative of the views of people who use the drug and alcohol rehabilitation service. Neither can they be assumed to be fully representative of the population of Lancashire. They should only be taken to reflect the views of people who were made aware of the consultation, and had the opportunity and felt compelled to respond.

4 Main findings – public

4.1 Use of the drug and alcohol rehabilitation services

17 respondents said that they are a user of substance misuse services and 15 respondents said that they are someone who has used residential rehabilitation services.

Table 1 - Are you…?

	Count
A user of substance misuse services	17
Someone who has used residential rehabilitation services	15
Other	11
Family member/carer	8
A volunteer/recovery mentor	8

[1] Ritchie, J. and Spencer, L. (1994) Qualitative Data Analysis for Applied Policy Research. In: Bryman, A. and Burgess, B., Eds., Analyzing Qualitative Data, Routledge, London.

Base: all respondents (36)

20 out of 35 respondents said that they are satisfied with the drug and alcohol rehabilitation service available to the people of Lancashire.

Table 2 - How satisfied or dissatisfied are you with the drug and alcohol rehabilitation service available to the people of Lancashire?

	Count
Very satisfied	10
Fairly satisfied	10
Neither satisfied nor dissatisfied	7
Fairly dissatisfied	5
Very dissatisfied	3

Base: all respondents (35)

4.2 The proposal for the drug and alcohol rehabilitation services

27 out of 37 respondents said that they disagree with the proposal.

Table 3 - How strongly do you agree or disagree with this proposal?

	Count
Strongly agree	1
Tend to agree	7
Neither agree nor disagree	2
Tend to disagree	5
Strongly disagree	22

Base: all respondents (37)

When respondents were asked why they agreed or disagreed with the proposal they most commonly said that everyone deserves access to the service (15 respondents) and there is not enough varied support for this vulnerable group (9 respondents).

Table 4 - Why do you say this?

	Count
Everyone deserves access to the services	15
There is not enough varied support for this vulnerable group	9
Support at all levels, don't wait until crisis point	5
False economy	3
Have you made sure the new system is designed well to cope and be useful to all levels?	3
Cutbacks will increase terrible situations for families	3
Other	2
No point in rehab if people aren't committed enough	2
Substance abuse is an increasing problem	2
Rehab doesn't just benefit the user – but the people around them	2
Proposal's benefits unclear	1

Base: all respondents (30)

When respondents were asked how the proposal would affect them they most commonly said it will be detrimental to services users (13 respondents).

Table 5 - If this proposal happened, how would this affect you?

	Count
It will be detrimental to service users	13
Service should be available to all who need them	7
No direct impact	5
Service strain of other organisations	4
Increase risk of violence and community danger	3
NHS needs to deal with severe things like this	2

Base: all respondents (28)

When respondents were asked if there is anything else they think we need to consider or that we could do differently they most commonly said vulnerable people in society should be helped (seven respondents).

Table 6 - Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?

	Count
Vulnerable people in society should be helped	7
Will this lead to service strain on NHS and police?	4
Other	3
One size fits all isn't appropriate	3
More choices need to be on offer	3
Look at this issue more seriously	3
Service needs to continue	2
Is it cost effective?	2
More needs to be done to support people caring for addicts	1
NHS need to manage this as it is life threatening	1
Ask government to increase funding	1

Base: all respondents (24)

5. Main findings – partner organisations

Respondents responding to the consultation on behalf of organisations were first asked how strongly they agree or disagree with the proposal. 17 out of 27 respondents said that they disagree with the proposal.

Table 7 - How strongly do you agree or disagree with this proposal?

	Count
Strongly agree	4
Tend to agree	6
Neither agree nor disagree	0
Tend to disagree	2
Strongly disagree	15

Base: all respondents (27)

When respondents were asked why they agreed or disagreed with the proposal they most commonly said that we need to consider what is available for people with 'lower' needs (10 respondents) and prevention is the key to identify problems before they escalate (8 respondents).

Table 8 - Why do you say this?

	Count
Need to consider what is available for people with 'lower' needs	10
Prevention is key to identify problems before they escalate	8
Proposal is unclear and needs to be more detailed/transparent	7
False economy/service strain	6
Drug and alcohol misuse is a rising problem – more needs to be done	5
People are vulnerable and need the help	5
Agree – should be for the most complex cases	4
All addicted people are vulnerable – separation isn't helping	4
Funding is over stretched already	4
Service needs to carry on being supported	4
Huge negative impact to local community	3
Everyone should have access into recovery	3
Our service is effective as it is	3
Other	2
Staff redundancies	1
This looks similar to what is already in place	1
Young people will be left with no support/alternative	1

Base: all respondents (26)

When respondents were asked how the proposal would affect their service and the people they support they most commonly said that a harder to access service will see the problem getting worse (eight respondents) and it will have a positive impact on their services and/or service users (six respondents).

Table 9 - How would our proposal affect your services and the people you support?

	Count
A harder to access service will see problems with substance abuse getting worse	8
It will has a positive impact on our services and/or service users	6
This will cost more in the long run on other services/false economy	5
This will create additional demand on our services	4
Other	3
Huge potential for people to relapse	3
Local community would be seriously affected/vulnerable people	3
Prevention is key to not creating problems down the line	3
Unsure	2
Proposal not detailed enough to form an opinion	2
If resourced we may be able to cope with the strain this will cause	2
No impact	1
Less users would have a negative impact on our service	1
Reduced access to rehab or help	1
Our service can't be cut further than it already has been	1

Base: all respondents (27)

When respondents were asked if there is anything else they think we need to consider or that we could do differently they most commonly said the service needs to be structure well for it to be effective (six respondents) and it may make people more vulnerable in the long run (six respondents).

Table 10 - Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?

	Count
Needs to be structured well to be effective	6
This may make people more vulnerable in the long run	6
Provide more detail on what would change and how it would work	4
Communication with stakeholders and new services	3
Other	2
Consider knock on effect service strain	2
We need more added, not less	2
No	1
Time limit to being in rehab/housing may be useful	1
Please retain funding for people who have more complex needs	1
Don't cut anything	1

Base: all respondents (21)

6. Main findings - consultation workshops

"Role of rehabilitation is central to addressing underlying issues: 'People think you just need to stop drinking, stop sticking drugs in you, put the alcohol down, and this will sort problem. There's underlying problems – you need rehab to address"

6.1 Key Themes

Key themes varied across different consultation groups:

- Both service users and staff raised questions/comments as to proposed 'targeting' of fewer rehabilitation places and criteria that would be used - how will people be prioritised and assessed particularly as people are already vulnerable?, complex and some conditions/traumas do not arise until they are in rehabilitation (*after assessment stage*).
- Service users reported the value of an intense period of person centred approaches/therapies/programs that rehabilitation offers. Rehabilitation allows services users to change by learning and developing coping skills and a greater understanding of their own behaviours away from negative influencing factors in their community.
- With the proposed reduction the negative impact on the family and community was commented on by the stakeholders. Service users and staff groups reported the benefits residential rehabilitation had to the family and wider community particularly the family intervention work, stopping intergenerational cycle of dependence and the impact on other lives and the wider community.
- For providers and service users there was an emphasis on how the potential impact of a reduction in drug and alcohol rehabilitation services might impact on community substance misuse services and other public services such as social services (children & adults), criminal justice and health services. The concerns were around capacity, increased demands and costs that might be displaced.

- The majority of services users reported that residential rehabilitation prevented further harms such as drug/alcohol related deaths, tragedies, blood borne viruses, crime/victims of crime and hospitalisation.

6.2 Impact of the proposal

6.2.1. Benefits of Residential Rehabilitation – negative impact

The benefits that rehabilitation and particularly residential rehabilitation provided were cited across the focus groups. The proposal could potentially have a negative impact as there would be reduced provision and subsequently the numbers able to access reduced. Please see below comments:

- Residential rehabilitation allows time and space for individuals to address long-term behaviours associated with drug and alcohol use and other negative outcomes:
  - "Learnt tool — behaviour getting clean is the easy bit — but learning tool to change behaviour is hard."
  - '[Rehab] helps people deal — age 7 back and forth kids homes — I associated going shopping with crime. Dealing with trauma and systematic abuse... Its internal unconsciousness, you depress it down that much you don't know. [Rehab] helped to understand and deal. Talk, look at self and not other people, share, think before say. I try and think and have learnt over period time — through worksheets, groups — valuable.'

- Peer support and network elements were recognised by service users as important benefits of residential rehabilitation that also enabled continued support after the intervention:
  - "Good support network when left and because start to trust in here, helps to trust outside."
  - "Helps when you interact people, it works. Ex peers encouraged here. Learning the minute you wake up here. Peers support."
  - "Being able to talk to like-minded people. People talk to outside 'ok just have a drink' when I'm stressed. I can't go and just have 'a' drink. It's so invaluable what I've learnt about self and the support network".

- Residential rehabilitation provides professional intensive support and motivational change for people:
  - Practitioner: "Amount of contact time as practitioner, therapeutic relationship forms. Need to spend time with people to deal with their traumatic experiences – rehab allows that."
  - Service user: "When off head on drugs – only when standstill come into treatment things come to surface. Rehab given opportunity to understand childhood traumas, got treatment, therapy and coping strategies – child mother relations good now. If I'd not come into rehab, I would not have got rid of that underlying traumas – allowed to break cycle and equip me to deal with life."

- Residential rehab provides a unique safe environment / time away from environment that influences drug and alcohol use:
  - Family support / development: "I had to be taken out of environment where others were users (brothers & family users). There was family involved care in the residential rehab and I learnt how to accept and own up to my own behaviour, issues/impact and learn how to manage."

- For some, residential rehab is an essential part of a process, without which detox offers only a short-term fix:
  - "5 detoxes for me... it was a sticking plaster – needed to come here to change."

- Service users reported positive employment and wider outcomes following residential rehab:
  - " I've taken on what I've learn and now work at shelter now carrying on and passing on knowledge"
  - "Was in rehab, left and set up local charity... It is a golden opportunity to get rehab. It kicked me into touch and get myself to change. A lot of people are not given this opportunity and it is a life changing opportunity."
  - "11 weeks rehab – 18 months clean, started drinking alcohol and other substances. Could hardly walk when came in here. In a short time, I'm living life, helping on the allotments, best thing I've ever done."

- For some, the intervention was regard as life-saving:
  - "Drug addict, alcohol, prescription meds – saved my life, would recommend to anyone."

- Stakeholder: Residential rehab is an effective service providing good outcomes for cohort concerned.

6.2.2 Family

- Intensive family intervention work is undertaken in residential rehabilitation and this will be lost to some:
  - "Brings families together – doesn't just impact one life impacts other lives & wider society/community"
  - "Programme not only helped me but family – learning understanding family getting help click, wider impact on family. My children and my mum better outlook of life."

- Family support impacts on next generation / breaks cycle of substance use.
  - "It broke a family cycle, my family was users, my 22 year old was but now supported and both clean."

- Residential rehabilitation support enabled one service user to develop approaches that have resulted in the return of their child from social care:
  - "When I first had contact with social services I was fighting against them, I have now learnt to work with them and working now fully with social services. Social services was in process of getting son adopted, this has now been stopped and I'm getting him back."

- Residential rehabilitation can provide a respite for families.

- Rehabilitation and post-rehabilitation recovery was reported to tackle stigma relating to drug and alcohol use in the community.

- Rehabilitation was noted as having a positive benefit to the mental health of family members:
  - 'my mum has own peace of mind today' – 'massive benefit to families

6.2.3. Mental Health

- Residential rehabilitation offers tailored support around mental health issues as part of the individual's support package:
  - "I've been in/out psychiatric units, this place has done support way back, more than other units I have attended (they just give you drugs). This place makes you go back, therapeutic here, I feel I got head sorted here, know my triggers and behaviours."

6.2.4. Substance Misuse Community Services

- Community providers of Substance Misuse treatment noted the potential impact that changes to Rehabilitation may have on service capacity - increased caseloads and complex issues:
  - "If cut and resources streamlined, cuts to residential will impact on community services and we will have to absorb and there will be specialisms (probably complex). It will be negative it is not a question how it is managed, it is, can we manage? Capacity concerns."
  - "Community services will have to 'hold' people at tier 3 (community services), with delayed recovery and potential escalation of complexity and need".

- Potential increase in service churn / 'revolving doors' for and between both Substance misuse community services and Tier 4 provision (Residential Rehabilitation and Detox)

- Potential impact on substance misuse services Key performance Indicators and outcomes for individuals.

- Potential impact on other current initiatives (i.e. Alcohol bid targeting to support children of alcohol dependant parents/carers)

6.2.5. Wider public services

- The proposal could potentially increase demand on:
  - Health services: increased hospital presentations, increasing and / or missed -GP appointments, increased cost of medication / prescription drugs, cost to Ambulance and other services (e.g. diabetes, crisis team, mental health, community health)
  - Criminal justice: increased crime, demands on police / prisons
  - Social services (children and adults)
  - Housing/homeless

  An example of demand on other services is indicated in the following comment:
  - Service user: ' in/out prisons – lots addictions, was in Salvation Army at one point (bed). That drain on the system arrested week after week after week. Rushed to hospital for an emergency operation through injecting something I shouldn't have.'

6.2.6. Crime

Respondents suggested that reduced numbers in residential rehabilitation would lead to increased crime and numbers of victims:

- Servicer user - "Impact crime if carry on, habits feeding, chronic addiction needs to be fed."

6.2.7. Costs

Residential rehabilitation identified as a means of saving costs otherwise displaced to other areas of the public sector: health, criminal justice, social care, and housing benefit:

- "Funding someone in rehab – costing North West Ambulance Service, social services, criminal justice, public menace – so what funding (in a placement) you would save in the cost impact would be on all those services."
- "I get free prescription I was on 7 items and I'm now down to 1 item."

6.2.8. Prevention

It was reported by both Staff and service user group that Rehabilitation prevents further harms, including:

- Tragedies
- Hospitalisation
- Wasting money
- Death
- Blood borne viruses

Provider: "Lancashire and Blackpool have high drug related deaths. High homeless – addiction linked. Huge cut – it will be inevitable a lot of people in need won't get help."

6.3. The Proposal for Rehabilitation Services

6.3.1. Future Service Provision: Retain /Increase / Reduce

- Some responses suggested the need to retain or extend service provision. One partner organisation questioned whether there was any slack in budget to actually make a cut.
- Question raised as to whether, given low waiting lists, there was additional capacity in system.

6.3.2. Future Service Provision: Assessment/criteria/prioritisation

- Comments were made from both staff and service user groups about prioritisation criteria and mechanism for assessment.
  - With increasing levels of complex cases, how will assessment make distinctions and / or target vulnerable when many / all considered vulnerable...
  - Provider: 'There is an ever increasing complex needs of services users – how going to differentiate between who gets Tier 4 treatment – it's going to be really hard.'
  - Service User: "if rehab is only available for those dying or on deathbeds, or those perceived under the bridge [homeless etc.], then would not be available for anyone like me, who's worked all lives, become addictive and found rehab effective."

- Concerns about those not meeting assessment criteria:
  - "Who would get assessment/treatment – e.g. a veteran with trauma, homeless – against me who alcohol is issue, have a home but my alcoholic behaviour effecting people lives around me. - The knock on effective criteria – what about the people who don't meet the criteria – sorry you don't meet the criteria – she's doing ok, might not have kids/relationship anymore but has a home for now. I would question the assessment process around that."
  - Questions about what is classed as 'vulnerable' and what the inclusion criteria would be.

- Comments were made that underlying issues, both physical (e.g. chronic conditions) and psychological (e.g. trauma) are not always known or reported at point of assessment - they are uncovered during the rehab process:
  - Service User: 'Re 'Assessment' (when deciding re criteria) – unless details (the service users) are on assessment – may not get treatment if it's not on, because underlying trauma's/conditions don't come to light because people don't know their underlying issues at the time of assessment.'

- Concerns were raised as to potential delay in treatment
  - "Do people need to wait until they reach crisis?" - Potential for escalation to crisis / increased complexity if having to wait longer for Tier 4 service: 'if less complex may become more complex if not receiving treatment quicker"
  - Concerns that vulnerability threshold might be too high: "More people might be too late, more vulnerable, too far gone too late. How do you pick?"
  - Reported ways/issues from discussions on potential methods of criteria/assessment:
  - Discussion of matrix method Need/Capital recovery:
  - Do we go for those with most need and less capital - more complex, may not succeed as much, may need longer.
  - Do we go with those most need and most capital – urgent case and likely to succeed therefore numbers (Key Performance Indicators (KPI's)) better.
  - Do we go first come first served – what happens to those most in need, potential increase in alcohol/drug deaths?

6.3.3. Redesign- service development/ integrated partnership working/Co-commissioning / Locality Working

- Assessments need to be effective (e.g. independent social work team), with pre-rehab preparation.

- Suggestions / observations for service development / redesign included:
  - consider locality-based responses
  - greater involvement of community services (e.g. Leisure Services)
  - bring elements of residential rehab into community rehab settings
  - explore alternative types of provision (e.g. Hybrid models - day care / academy, recovery support, recovery houses)
  - utilise monies to get premises (for rehab)
  - explore options to develop good practice with wider Lancashire County Council and with other partners (e.g. Universities, Mental Health)
  - Need for after-care support / community infrastructure... "When coming out of rehab you are fragile – support groups, help volunteering work."
  - Ensure future approaches allow for time period required to deal with individual's issues (not overly restrictive timescale for stay)
  - Explore alternative funding sources (e.g. private sector sponsorship of places)
  - Ensure teaching therapies in community teams as well

- Challenge: Community services - providers reluctant to say no to people

- More integrated working and shared resources:
  - "More work around primary care network – our clients have multiple needs – how can we pool resources to meet the needs of those individuals? - Share resources and funding."
  - 'Mental Health & Substance Misuse / NHS and Lancashire County Council: Need to work together not responsibility of one or the other.'

  - 'Work to do at neighbourhood level. Prevention/early intervention around 'struggling to cope' - importance of agreed pathways with substance misuse and mental health.'

- Stigma is still an issue for people who use drugs and alcohol - needs consideration in future service development / integrated working.

- Need for people to access when they need it – fast access

- Rehabilitation services differ according to care and ethos, and meet different needs.

6.3.4. Exit Strategy / Risks / Transition

Questions were raised by staff in rehabilitation services around quality and governance of alternative provision (hybrid, recovery housing).

7. Other responses

7.1 Lancaster City Council

With regard to the: Wellbeing Service; Active Lives, Drug/Alcohol Rehabilitation Service and Stop Smoking Service, there is an overwhelming concern for residents in the District that would be affected. Member feel that if these services were cut, there would be an increase in demand on social care work/resources, consequently creating a false economy for the County Council. There would also likely be cost implications for other services in the District such as GPs and associated health services. Members have suggested that some of these services combine to avoid them being cut all together. By having the same management/programme, some of the health services could potentially save money and provide a better all-round service for users in the District.

7.2 Morecambe Bay Integrated Care Partnership

We understand that this consultation is to reduce the funding which is available for residential rehabilitation for drug and alcohol misuse from £1.67m to £1m. We understand that there has been an increase in services provided in the community to support people with rehabilitation, but there has not been a reduction in the numbers needing to access residential services.

The greatest concern for Clinical Commissioning Groups and patients is that as a result of this reduction there will be increased pressures on other parts of the system, in particular mental health beds, primary care and accident and emergency departments.

Appendix 1 - Demographic breakdown – service users/general public

Table 11 - Are you…?

	Count
A Lancashire resident	33
An employee of Lancashire County Council	2
An elected member of Lancashire County Council	0
An elected member of a Lancashire district council	0
An elected member of a parish or town council in Lancashire	0
A private sector company/organisation	0
A member of a voluntary or community organisation	8
Other	2

Base: all respondents (36)

Table 12 - Are you…?

	Count
Male	17
Female	18
Other	0
Prefer not to say	0

Base: all respondents (36)

Table 13 - Is your gender identity the same as the gender on your original birth certificate?

	Count
Yes	33
No	2
Prefer not to say	1

Base: all respondents (36)

Table 14 - What is your sexual orientation?

	Count
Straight (heterosexual)	32
Bisexual	1
Gay man	0
Lesbian/gay woman	0
Other	0
Prefer not to say	3

Base: all respondents (36)

Table 15 - What was your age on your last birthday?

	Count
Under 16	0
16-19	0
20-34	4
35-49	18
50-64	7
65-74	5
75+	0
Prefer not to say	2

Base: all respondents (36)

Table 16 - Are you a deaf person or do you have a disability?

	Count
Yes, learning disability	2
Yes, physical disability	4
Yes, sensory disability	1
Yes, mental health disability	6
Yes, other disability	0
No	22
Prefer not to say	4

Base: all respondents (35)

Table 17 - Which best describes your ethnic background?

	Count
White	32
Asian or Asian British	2
Black or black British	1
Mixed	0
Other	0
Prefer not to say	1

Base: all respondents (36)