

**Healthwatch Staffordshire response to proposal for review  
of Staffordshire drug and alcohol service.**

- i) Does the information provided clearly outline the issues to be resolved for 2017/18 and beyond? (If not, what further information is required?)

**The information does clearly outline the issues to be resolved and the scale of the reduction to be made.**

- ii) Is the general principle of taking a harm/risk based approach to formulating recommendations the most appropriate method?

**Given the scale of the proposed funding cuts, priority necessarily has to be given to addressing and managing risk and harm, but this does pose significant cause for concern**

- **Reduction to prevention and early intervention services will lead to more problematic drug and alcohol use in the future with the impact on the next generation potentially being significant and harmful.**
- **Is there a robust process in place for identifying hidden harm and hidden risk? More experienced service users are often knowledgeable about what criteria are assessed with regard to risk and priority for treatment. This does not necessarily mean that others who do not know the criteria, or are not skilled at expressing themselves or identifying their own risk status are less in need of priority for treatment.**
- **Is there a system for identifying hidden risk in the way of parental substance misuse and unidentified young carers as this is unlikely to be declared on assessment by parents.**
- **Treatment for those with a higher risk status often means that treatment in the community which is substantially cheaper than hospital based treatment is not an option, therefore person by person more money will be spent to promote safe treatment.**
- **What consideration is to be given to positive outcomes as often the more priority need and at risk a client is the more difficult it is to complete treatment successfully, especially if other essential support with regard to aftercare and recovery services are also reduced.**
- **With regard to long-term recovery, and reducing the risk of relapse or fatal overdose upon completion of treatment, holistic aftercare services are crucial to positive outcomes, harm/risk based approach and removal of the added value workers (housing, parenting, mental health, ETE, therapies, etc) will necessarily reduce the chances of successful recovery for many clients.**
- **If chance of achieving long term recovery is reduced, and prevention and early intervention services are also reduced, then the number of clients in need of treatment will continue to increase.**

- iii) Is focussing investment on treatment/recovery (at the expense of prevention/ early intervention) the most appropriate use of limited funds?

**Please see response and concerns to point ii), given the scale of the proposed reductions to funding priority always has to be given to risk and harm but appears to be a short term solution to a long-term problem. Reduction or withdrawal of essential holistic prevention and aftercare services will only transfer the cost to other agencies and**

services e.g. criminal justice, health, voluntary sector, in the long run and increase the need for adequate funding for holistic treatment services across the county as the number of people requiring these services will increase over time.

iv) Are there ways of creating efficiencies within the current treatment pathway?

Peer support, existing recovery communities and recovery capital could be more effectively utilised with support from the voluntary sector or statutory services.

Concerns include:

- Voluntary sector services are also subject to significant funding cuts or total loss of funding and are already stretched to capacity.
- Due to the size, geography and diversity of the county, recovery communities will be isolated from each other, and there will be significant gaps in recovery capital or peer support in certain localities.
- If holistic aspects of treatment and aftercare that are currently included in treatment services, e.g. ETE, support for mental health, housing advice etc are to be delivered externally there is a significant risk that many service users will not engage, thus reducing chances of successful long-term recovery. This also creates the issue of equity as if these services are delivered by different external providers across the county there will necessarily be a difference in suitability, accessibility and quality of support received.

v) What are the most important aspects of current services/ which things that are currently provided are the least important?

- Each aspect of current services – prevention and early intervention, treatment, and aftercare services are equally important to overall service quality and efficacy, and long-term intention to reduce number of people in need of treatment and engaging in harmful and risky behaviours.
- Reduction to funding and withdrawal of some aspects of current services will have a detrimental impact on all round quality of service provision, and addressing the level and severity of substance misuse in the county over the long-term.

vi) Can mainstream services/ community-led approaches be realistically used to support reduced levels of specialist services in future?

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- **Voluntary sector services are also subject to significant funding cuts or total loss of funding and are already stretched to capacity.**  
(above repeated from point iv)
- **Positive point is that agencies and services are now better than ever at partnership working and supporting each other.**

vii) Capacity/ intensity (levels and choice of interventions) – is it preferable to have services that can treat large numbers of people but with reduced intensity or is it better to keep intensity high but restrict capacity/ access?

- **Quality of service and treatment received should always be maintained even if this is at the cost of capacity and at the risk of creating waiting lists.**
- **Low intensity support for people with multiple and complex needs, and who require support to reduce risk and harm is not an option.**

viii) If capacity/access is restricted which clients should be prioritised?

- **Pregnant drug users**
- **Parents of children where there is a safeguarding concern**
- **Is there a system for identifying hidden risk in the way of parental substance misuse and unidentified young carers as this is unlikely to be declared on assessment by parents.** (repeated from point ii).
- **Vulnerable people e.g. at risk of exploitation or harm**
- **Those with serious physical or mental health issues where their substance misuse has an impact on their health**
- **Is there a robust process in place for identifying hidden harm and hidden risk? More experienced service users are often knowledgeable about what criteria are assessed with regard to risk and priority for treatment. This does not necessarily mean that others who do not know the criteria, or are not skilled at expressing themselves or identifying their own risk status are less in need of priority for treatment.** (Repeated from point ii).

ix) What risks/ other consequences do the proposals suggest?

- **Withdrawal of prevention and early intervention suggests a significant risk for the young people in the county as a lack of these interventions will dictate an increase in problematic substance misuse in the future, and an increase in the need for support and treatment services once substance misuse has met a problematic/crisis level.**
- **Creation of waiting lists and not being able to access support and treatment quickly suggests that there may be an increase in drug-related deaths, prevalence of Blood Borne Virus, offending, homelessness, harm and exploitation.**
- **The number of people using substances problematically and requiring services will increase year on year meaning that future funding needs will be far greater than they are now.**

- **Impact on Health, social care voluntary sector and criminal justice system will be significant and costly.**

x) Are there alternative/ better proposals for maximising the benefits of the likely future budget?

- **More joint working with voluntary sector and statutory services in a way that does not create gaps, barriers or a lack of equity for service users.**
- **Better utilisation and co-ordination of volunteers, peer mentors and recovery communities and capital.**