

Appendix 4 substance misuse focus group summary

Report Title	Prevention, Inclusion & Public Health Commissioning Team - Adult Partnership Substance Misuse Performance
Author	Commissioning Team (Addictions)
Date of meeting	October 2018

1.0 Purpose of Report

- 1.1 To update the commissioning team and partners on service user views regarding the proposed cuts to the public health budgets.
- 1.2 No formal demographic data collection took place but from observation: 2 x SU groups 1 x 5 and 1x 6 plus 3 from Lewisham SUIT. Good participation; although more representation from women and BAME services users would have been beneficial to reflect community. Overall the age range was diverse and reflective and included family members/carers of service users engaging with commissioned services.

2.0 Questions Used

- 2.1 To remain consistent with the online consultation, the commissioning team (addictions) used open ended questions similar to those online.
- 2.2 The questions used can be found below:
- What are the positive aspects of the drug and alcohol services that you, family members or those you care for access?
 - How do you think the proposed cuts will impact service delivery and service users?
 - Do you feel that this proposal will affect particular individuals more than others, and if so, how do you think we might help with this?
 - Do you have any suggestions as to how this service might be delivered in a different way, but still achieve the same level of cuts?
 - Will the proposals affect how you and others that will use the services?
 - Any further comments?

3.0 Responses

- 3.1 Responses for question 1 are as follows:
- Services are fantastic and they support families through tough times
 - Indispensable especially during out of hours i.e. weekends and follow-up appointments
 - Key workers are dedicated and 'make' the services
 - Workers show passion as some commute approximately 2 hours to get to work
 - Balanced Multidisciplinary Teams with different skill sets.
 - Without the services, service users will be completely isolated and wouldn't leave the house if it wasn't for interventions and keyworkers
 - Services aid motivation and incite hope
 - Services are a safe space especially for those who were institutionalised and needed reintegration

- 3.2 Attendee's gave the feedback below in relation to question 2:
- The cuts will affect carer health and mental health due to the added pressure of services potentially not offering the same level of care and support to decline in frontline staff
 - Concerns with young people's mental health
 - Cuts will have a detrimental effect on dual diagnosis
 - Staff will leave affecting the quality of services
 - Reduction of aftercare will impact abstinence as it assists with reintegration and relapses prevention
 - Aftercare groups and are too large
 - Fear that medication/OST therapies will be reduced and there will be less choice
 - Areas not of priority may be overlooked i.e. outreach
- 3.3 Participants responded the following individuals would be at risk:
- Women – who are underrepresented and wont access services at the best of times due to fear of repercussions i.e. losing children or social services involvement
 - OST service users
 - Aftercare service users – feared there will be less support in regards to relapse prevention
 - Young people – services are already diluted and links with mental health and accessing services takes too long
 - Vulnerable service users will be at risk
 - Ex-offenders – who may find it hard to access and may be out of touch with reality due to length of sentences and not being prepared for release
 - Those affected by domestic violence and abused individuals
 - Young people transitioning into adult services
 - Parents and service users with children
 - Older adults
- 3.4 The focus groups didn't have any specific suggestions in regards to this question but the following responses were given:
- Services should be working better together i.e. mental health substance misuse and young people
 - Hospitals could pick up work rather than services
 - Supplement staff with students/volunteers but it was highlighted that this option could be less safe, cost more to train due to high turnover. It was noted that student counsellors are used to deliver therapeutic interventions
- 3.5 Participants unanimously felt that the cuts will affects service delivery and went on to say:
- The longevity of peoples recovery was in jeopardy and lives have been saves with Lewisham's currents services i.e. Naloxone rollout across the borough
 - The expense of medication i.e. Buprenorphine and the protective factors it has on drug and alcohol related deaths
 - Cuts will impact other services i.e. Accident and Emergency admissions and mental health services
 - It would affect the number of people accessing services
- 3.6 Participants had the additional comments to make:

- Services are fantastic and they support families through tough times
- Indispensable especially during out of hours i.e. weekends and follow-up appointments
- Treatment should be ongoing rather than 4 sessions of counselling or 12 weeks of structured treatment
- Medical teams delivering clinical interventions onsite assists with service delivery is positive
- Group work was found to be positive and peer lead support
- Online interventions are not suitable for everyone

4.0 Conclusion

- 4.1 Overwhelmingly, participants felt that cuts of any amount would affect service delivery and quality of care received. It was suggested that if cuts did have to be made, they should not be made to the frontline staff i.e. key workers or on medication.

