Substance Use Commissioning Plan
Public Consultation 2023

Consultation Report

SUBSTANCE USE COMMISSIONING PLAN PUBLIC CONSULTATION 2023 - FINDINGS

ABOUT THE CONSULTATION:

Local authority based public health departments are responsible for commissioning a full range of substance use services commensurate to local need.

Bristol City Council currently commissions a range of community, inpatient and residential treatment and recovery support services for adults and young people. These services aim to work with people who use drug and other local stakeholders to reduce the health and social harms that are commonly experienced by those that use substances. Moreover, they seek to support people in overcoming their dependence and experience more fulfilling lives.

Our current services have been operating since 2018 and will be replaced by newly commissioned services in March 2025. The recommissioning exercise is expected to deliver services that are well positioned to deliver against national priorities and outcomes set out in the Governments drug strategy[1] and deliver a positive experience to people whose lives have been affected by substance use in one way or another.

CONSULTATION APPROACH:

The public consultation was carried out over an 8-week period between 30th October and 24th December 2023. The focus of the consultation was to elicit views from a broad range of stakeholders including those with lived experience on our draft substance use commissioning plan which was underpinned by the following evidence:

- Local performance reports for providers of existing services.
- National performance reports from the National Drug Treatment Monitoring System (NDTMS).
- Local Combatting Drugs Needs Assessment.
- Early engagement exercises.
- Lived expertise.

The consultation provided an opportunity to hear from a broad range of people and enabled the Council to better understand the potential impact of the various proposals on different groups of people. It also sought to identify and rectify any gaps, issues, or ambiguities in the proposed commissioning approach.

[1] From harm to hope: a 10-year drugs plan to cut crime and save lives. Home Office; 15 June 2022; available at From harm to hope: a 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

The public consultation was held over an 8-week period and utilised a range of forums to reach as many different stakeholders as possible.

- Online survey (plus Easy Read version)
- In-person and online workshops for stakeholders of adult services in various locations across the city
- Online workshop for stakeholders of Children and Young People substance use services

Several targeted visits took place with allied services e.g., domestic abuse and sexual violence services and different populations of people with lived experience e.g. older people, families and carers. Targeted visits were typically conducted on a 1:1 basis and via small focus groups. We also received three detailed consultation responses by email from professionals.

ANALYSIS OF SURVEY RESULTS

We received a total of 89 responses to the digital survey which consisted of 49 complete and 40 partial responses from a range of individuals and organisations.

RESPONSES FROM ORGANISATIONS

We asked "if you are responding on behalf of an organisation or group, please provide the name. A total of 12 organisations or groups were named as shown below.

- University of Bristol Students Union
- Hawkspring
- Second step
- Emmaus Bristol Support team
- Bristol Drugs Project (BDP)
- ARA
- Avon and Wiltshire Partnership NHS Trust (AWP)
- Inclusion (part of Midlands Partnership University NHS Foundation Trust)
- BNSSG ICB
- Changing futures
- The Nelson Trust
- Change Grow Live (CGL)
- Bristol Specialist Drugs & Alcohol Services & Bristol Drugs Project

CHARACTERISTICS OF RESPONDENTS

The diversity monitoring questions asked as part of the online consultation survey indicate respondents were in general well-representative of the overall population of Bristol, with the exception of being under-represented by children and young people, pregnancy, and by Black/Black British and Gypsy, Roma or Irish Traveller participants.

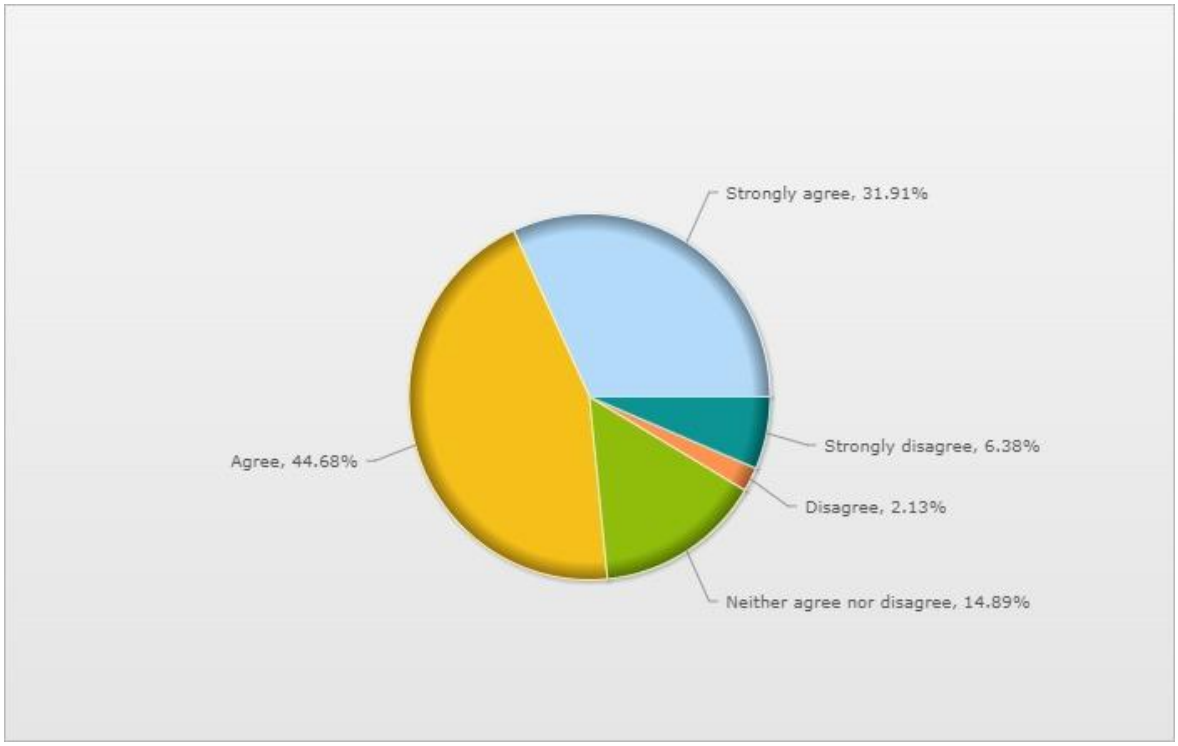
However, separately from the main survey, we also carried out focus groups and interviews with targeted groups, including with children and young people, which partially addressed these gaps.

	Characteristic	% of Respondents	% Bristol Population
Age	Under 16	0%	18.51%
	16-24	2.27%	15.73%
	25-44	40.91%	33.07%
	45-54	31.82%	10.74%
	55-74	15.91%	15.82%
	75+	6.82%	6.13%
	Prefer not to say	2.27%	-
	No response	0%	-
Sex	Female	34.09%	50.4%
	Male	54.99%	49.6%
	Other (please specify)	-	-
	Prefer not to say	9.09%	-
	No response	-	-
Do you consider yourself to have a gender identity different from your sex recorded at birth?			
	Yes	2.22%	0.83%
	No	86.67%	92.47%
	Prefer not to say	6.67%	-
	No response	-	-
Ethnicity	Asian/Asian British	4.44%	5.52%
	Black/Black British	0%	6.01%
	Gypsy/Roma /Irish Traveller	0%	0.10%
	Mixed / Multi ethnic group	2.22%	3.61%
	White British	66.44%	77.86%
	Other White background	15.56%	9.3%
	Other ethnic group	4.5%	5.30%
	Prefer not to say	4.5%	-
	No response	-	-
Sexual Orientation			
	Bi	4.44%	3.08%
	Gay / Lesbian	6.67%%	2.20%
	Straight / Heterosexual	57.78%	85.45
	I use another term	6.67%	0.79%
	Prefer not to say	24.44%	8.48%

Disabled person	Yes	17.78%	17.2%
	No	66.89%	82.8%
	Prefer not to say	13.33%	-
Religion	No religion	48.89%	37.4%
	Christian	20%	32.2%
	Other religion / belief	8.89%	7.6%
	Prefer not to say	4.5%	-
Pregnant or given birth in past 26 weeks			
	Yes	0%	-
	No	86.36%	-
	Prefer not to say	6.82%	-
Carer	Yes	4.55%	8.7%
	No	86.36%	
	Prefer not to say	6.82%	
Refugee or Asylum Seeker			
	Yes	0%	-
	No	93.48%	-
	Prefer not to say	6.52%	-
Postcode in 20% most deprived areas			15%-

RESPONSES TO CORE SURVEY QUESTIONS

Question 2: Based on the vision, values, principles, and new service model set out in our draft commissioning plan we are proposing to commission a single lead strategic provider (or consortium/collaborative bid) to provide clear leadership and accountability that promotes effective collaboration between different service elements. We want the new partner to provide an easily recognisable, and navigable treatment system. The expected contract length is five years with provision for two contract extensions (5+2+2 years). Do you agree or disagree with our overall proposed approach to recommissioning substance use services?



Overall, 77 per cent of respondents either agreed or strongly agreed with the proposal to commission a lead provider/consortium or collaborative bid for the purpose of providing clear leadership, accountability, and effective collaboration between service elements.

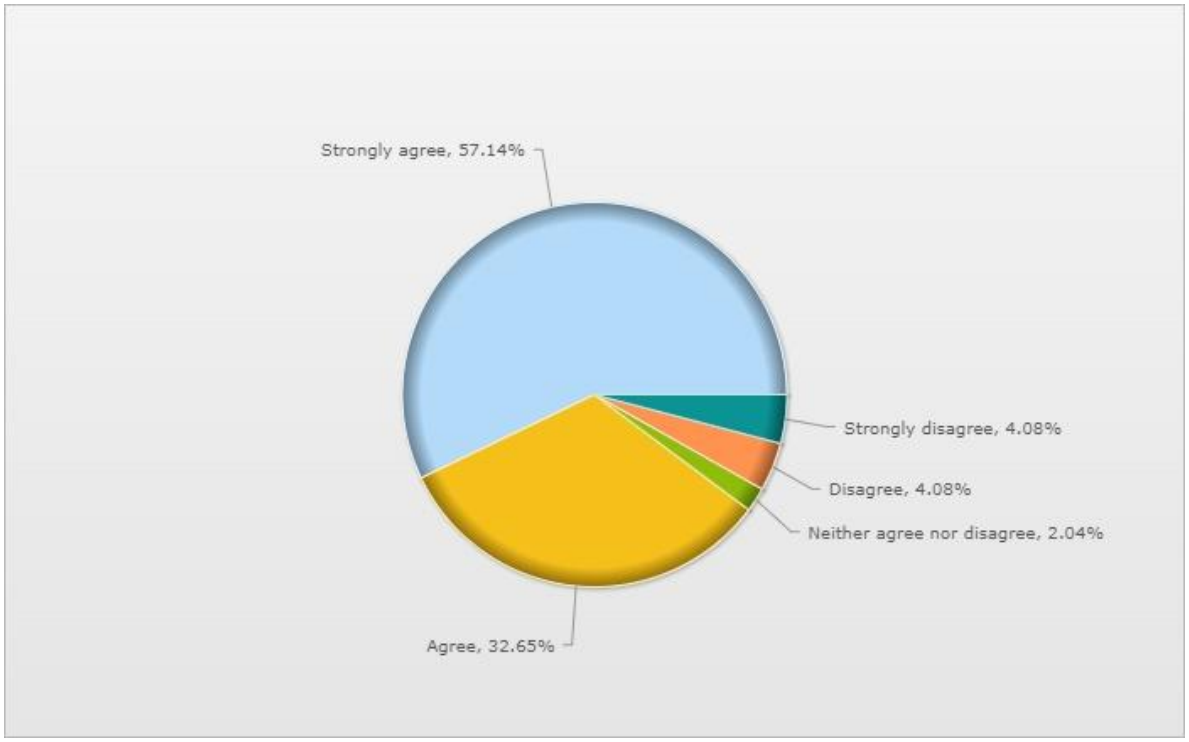
Summary of free text comments

Most respondents that provided an additional free-text response to this question were broadly supportive of the proposals.

Some respondents cited the complexities and operational difficulties within the current system and thought the new lead provider approach would help to "ensure greater accessibility and accountability" and others suggesting it is "a welcome return to how things were when they were working". However, some expressed concerns about awarding the contract to one national provider who may lack local knowledge and suggested a "joint/collaborative bid" would be more beneficial to Bristol and the intention to provide a person-centred approach.

Others remarked on the length of the proposed contract suggesting the initial period is sufficient to stabilise services following the recommissioning exercise and realise the benefits service innovations and enhancements invested in by the new provider.

Question 3: **We propose to work with our newly commissioned strategic partner to reshape the way people who use drugs can access treatment. This may include transitioning to a 'no wrong door' approach to improve access to services so people who use substances will be able to present at any point in the system and get the right support without delay. Do you agree or disagree with this approach?**



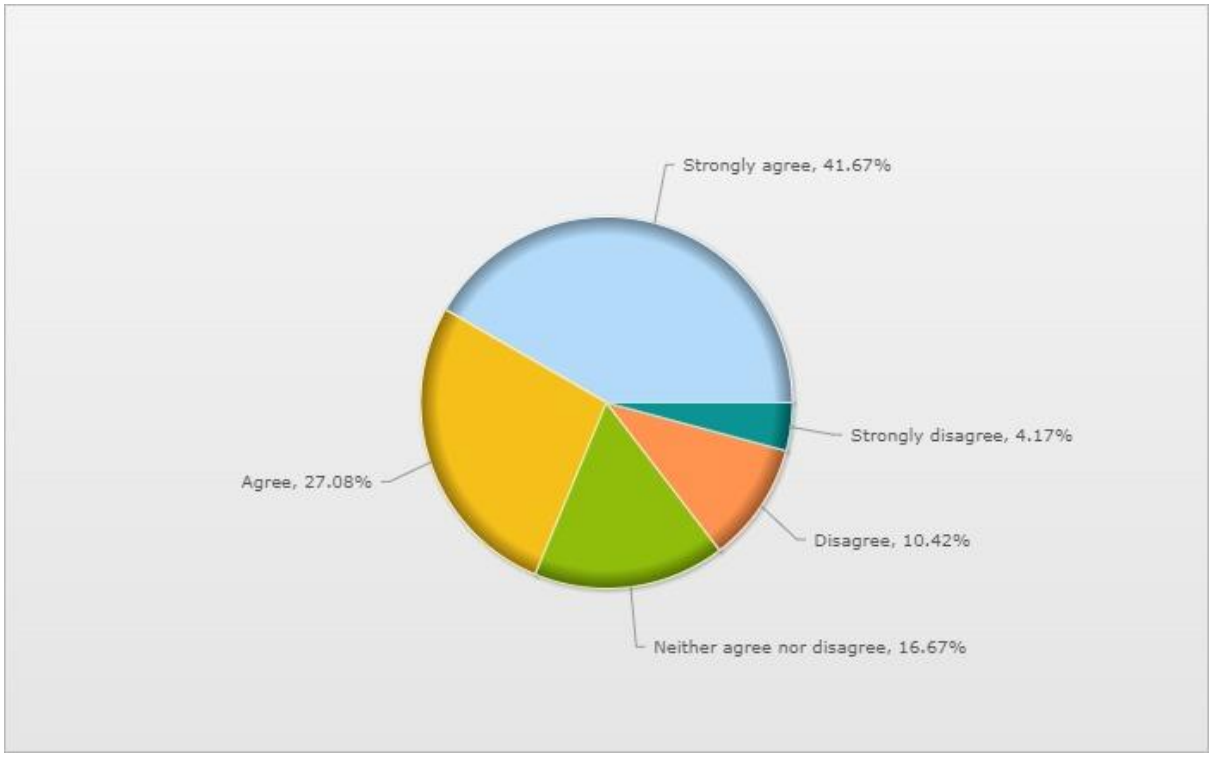
Overall, 90 per cent of respondents either agreed or strongly agreed with the proposal to reshape the way that people access treatment with the clients' experience at its core e.g., a no wrong door approach.

Summary of free-text comments

Most respondents largely agreed that this is a more inclusive way of accessing treatment services, however it was highlighted that it "could be difficult to achieve, as staff would all need to be trained on assessment approaches". When discussing a no wrong door approach, more than one respondent mentioned the need for support when it comes to families and carers.

Upskilling staff and the wider sector was the main theme throughout the free text on this question. Workers need to be able to "respond and support people to access and sustain treatment. It's also important that the right network of treatment providers is in place to support the diverse population of people needed a service. E.g., ensuing that the right door is set up for women who require a different approach".

Question 4: We propose to work with our strategic partner to explore cost-efficient options for delivering interventions within the community. This may include the use of consulting rooms, facilities at other health care providers and community spaces. Do you agree or disagree with this approach?



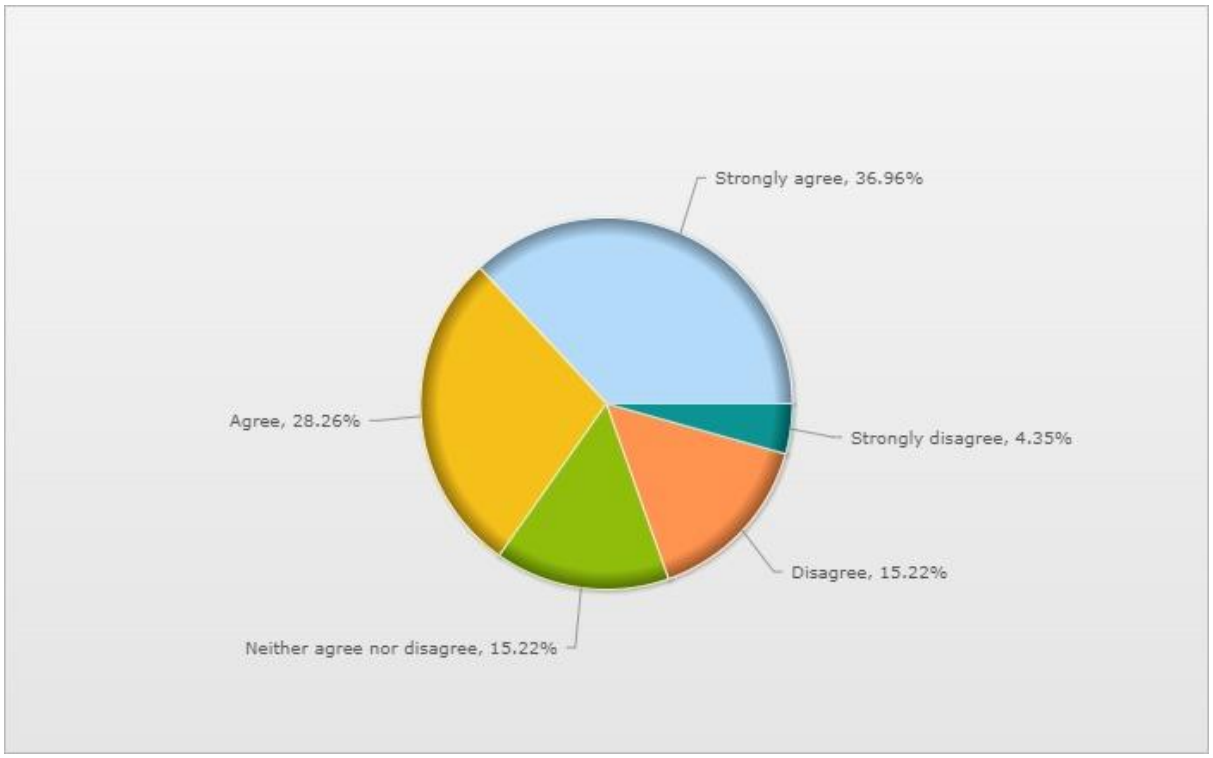
Overall, 69 per cent of respondents either agreed or strongly agreed with the proposal to explore cost-efficient options for delivering substance use treatment and recovery support interventions within local communities.

Summary of free-text comments

Some respondents said that this proposal will reduce difficulty for client's access to the services, however others highlighted how space could be a barrier within certain practices/ hubs within Bristol as "spaces are generally difficult to find. Each service would need to have a permanent base at various Bristol services".

Another theme that emerged was the need for representation within different communities. One respondent said "you need people going into these communities to be representative of these communities. If there are not people who represent the diverse population of Bristol working for this organisation, then you can have the idea of going to work inside communities, but no one will trust you".

Question 5: We are considering the possibility of providing a high intensity structured day programme for adult clients. Do you agree or disagree with this approach?

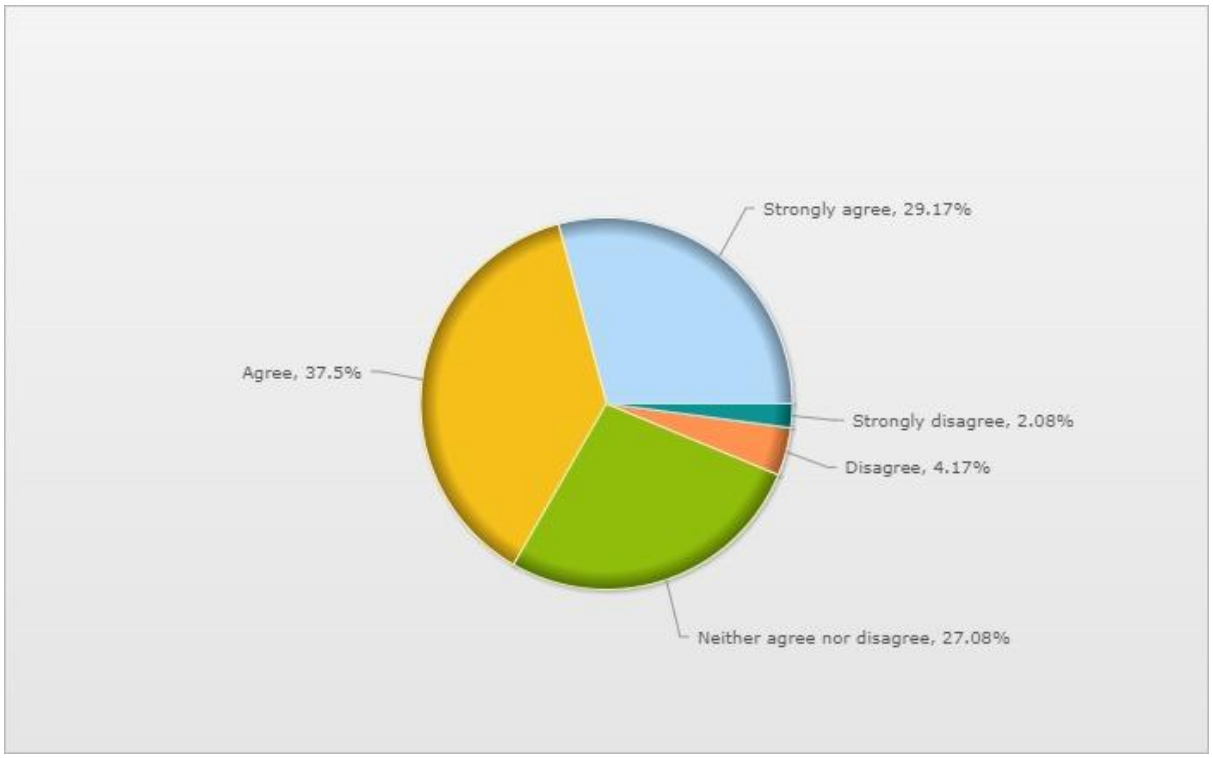


Overall, 65 per cent of respondents either agreed or strongly agreed with the proposal to commission a high intensity structured day programme to ensure there is a community-based alternative to residential treatment for people who use drugs in Bristol.

Summary of free-text comments

There was a mixture of comments when it came to responses on this topic. Some respondents commented on how this approach would allow for a quality of life, but some said how there will be potential triggers within the home, which could hinder individual progress. Responses included suggestions such as “the need to offer a range of services that include groups, digital, and mutual aid to create a comprehensive individualised treatment programme for every service user” and how “structured day treatment can be a huge benefit but needs to be provided by the right provider. Eg those who have experience of working intensively therapeutically whilst ensuring safety in the community”.

Question 6: We propose that our strategic partner will administer all aspects of the adult residential rehabilitation pathway including assessment, eligibility, funding decisions and brokering appropriate placements with CQC registered providers and monitoring progress. Do you agree or disagree with this approach?

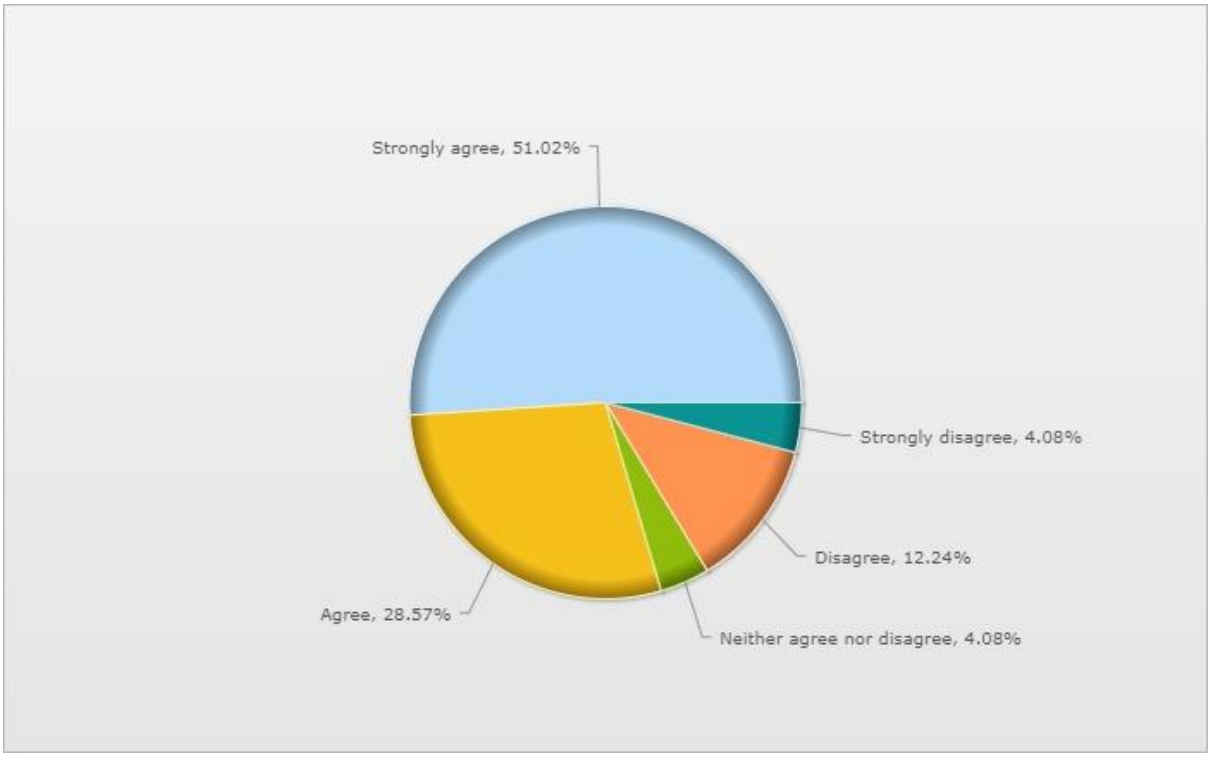


Overall, 67 per cent of respondents either agreed or strongly with the proposal that the new strategic partner will commission all aspects of the residential rehabilitation pathway.

Summary of free-text comments

The main themes identified in the free text were relating to the need for careful selection of the provider and comments on how streamlining services could be beneficial here.

Question 7: Most community prescribing for adults happens via GP shared care, however there are currently additional pathways for inclusion health groups whose needs cannot be adequately met within primary care. This includes complex clients, prison leavers, people who are homeless, and marginalised women. We propose continuing our investment in shared care and bringing together all other adult community prescribing into a single specialist prescribing service. Do you agree or disagree with this approach?

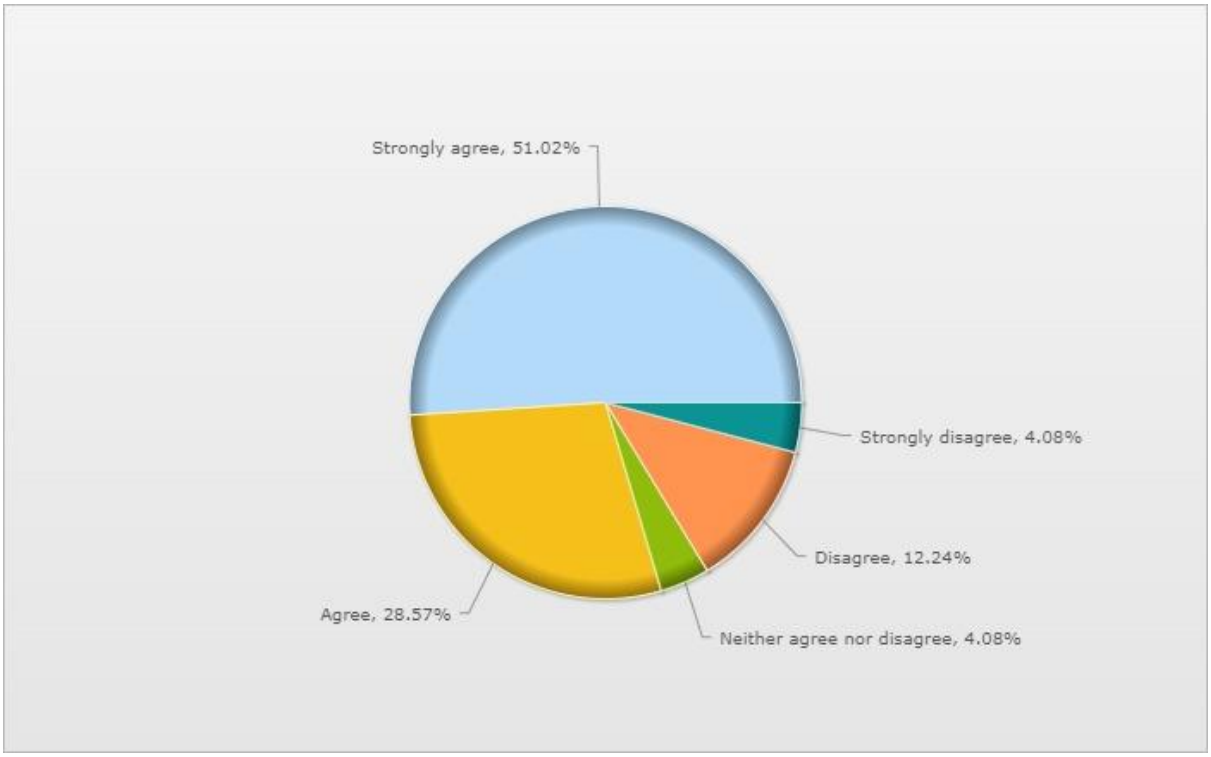


Overall, 80 per cent of respondents either agreed or strongly agreed with the proposal to continue our investment in shared care and bring together all other adult prescribing pathways into a single specialist prescribing pathway which would cater for our most complex clients.

Summary of free-text comments

Most respondents were positive about the proposed shared care model with some comments relating to how it will offer a service to those who are most excluded from treatment and it how it "would be really valuable" to have this in place. However, there were some comments on the barriers when working with complex clients such as how "it is likely to take years before some clients stabilise".

Question 8: **To ensure that people are supported to sustain the progress made during a period of structured community, inpatient or residential treatment and reduce the potential for relapse we propose to work with our new strategic partner(s) to deliver a programme of recovery check-ups and implement a continuing care (aftercare) approach where people can access post-treatment recovery support for a period commensurate to their individual circumstances. Do you agree or disagree with this approach?**



Overall, 84 per cent of respondents either agreed or strongly agreed with the proposal to deliver post-treatment recovery support (aftercare) to support people in sustaining the progress made during treatment.

Summary of free text comments

Respondents offered some additional comments and the themes that emerged related mostly to the importance of in person support and how this proposal is a effective strategy for relapse prevention and support. Some of the comments included “aftercare and creating an environment of recovery is essential in minimising relapse”, “this is a good strategy for support and relapse prevention, together with services users having good access to community services to support them further” and “this is a great idea. Some people need longer follow up than others and having some flexibility in the length of follow up to tailor support for individuals is a helpful approach”.

Question 9: **Do you have any recommendations for making drug and alcohol services more inclusive and accessible?**

Several themes were identified from this question:

1. Community hubs and working within the community

2. Outreach work (go to where individuals are based or likely to be)

3. Reiteration of the importance of the 'no wrong door' approach

4. A need to ensure those who are furthest away from treatment system are included

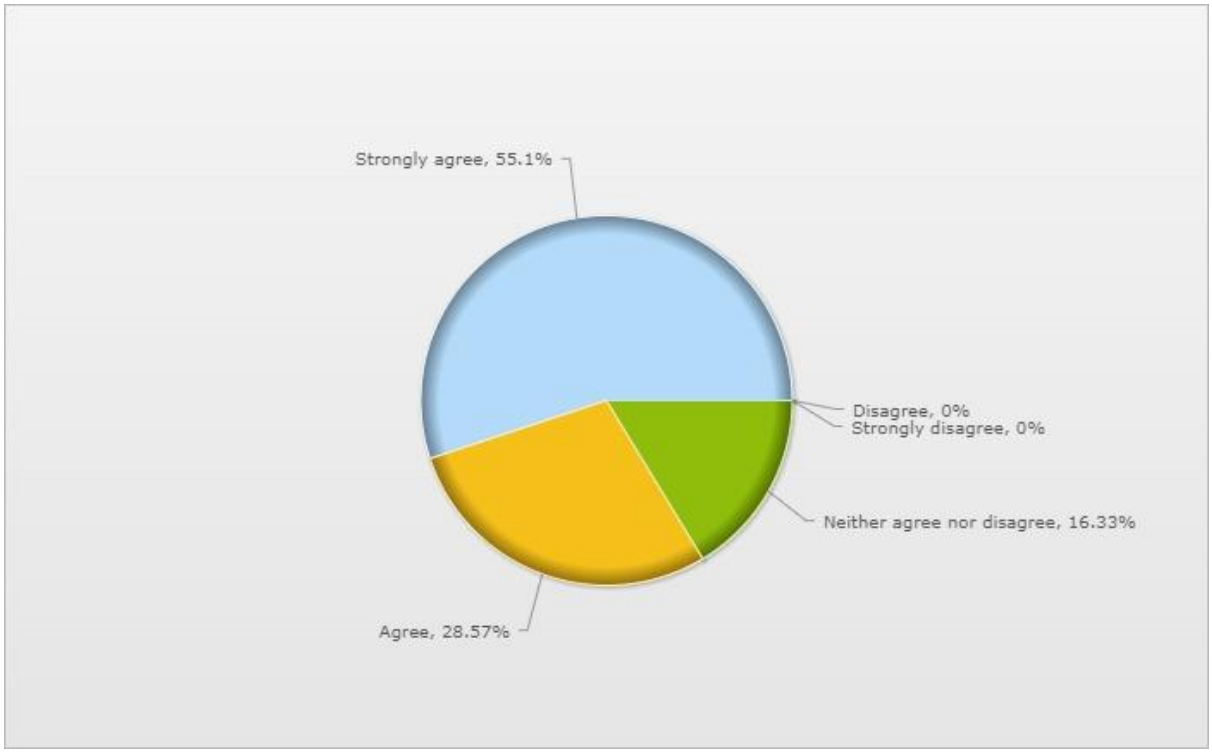
5. Drop ins and face to face work

6. Coproduction and lived experience input/ employment

The importance of community hubs and spaces were particularly highlighted in the analysis with suggestions such as needing “more investment in community located specialist service centres adequately staffed 24/7 365” and “community-based services in settings where people live, work, shop and pray, delivered by people like them”.

Others commented on having “a service that has co-production at the heart of it. A service that is flexible to people's changing needs and suggestions” and “effective partnership working with LEROs and Mutual Aid”.

Question 10: **We are proposing to include targeted services for young people in this recommissioning. We need to make sure the new service can fully engage with children and young people at the earliest opportunity and ensure that the service is well linked to other services and professions to increase referrals and awareness. Do you agree or disagree with this approach?**



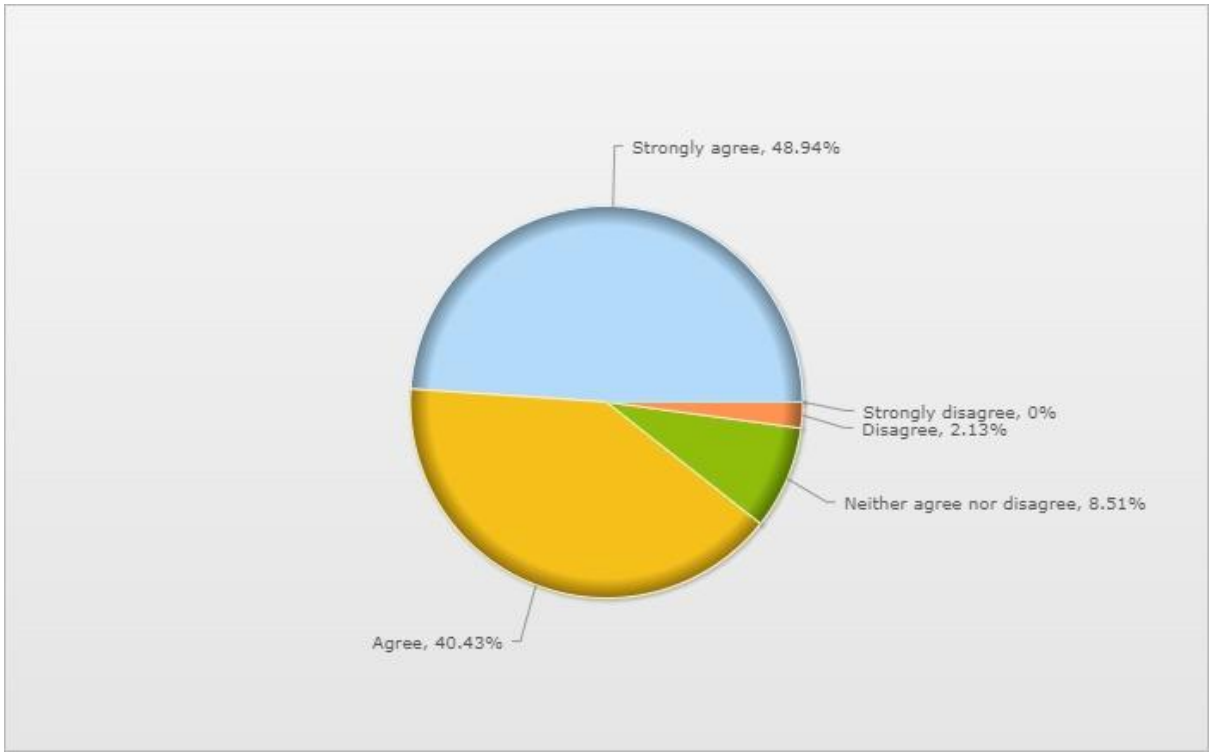
Overall, 84 per cent of respondents either agreed or strongly agreed with the proposal to targeted services for young people within this recommissioning exercise.

Summary of free text comments

Some respondents that largely agreed with this proposal offered additional free text where the presence of workers within schools was particularly favoured. Suggestions included “a full-time worker assigned to each school or area depending on size, to have one easily accessible point of contact within the school that the YP's get to know, and trust is important like a pastoral/mentor type role with a specialization in substances”. This was echoed in responses from others who said to “increase the amount of information provision at school level”.

Another theme that emerged from the data was the correlation of support between young people and the support for families and carers where respondents highlighted that in order “to support young people, you need to support whole families or carers” and “ensure there is adequate and suitable support for other family members to ensure success”.

Question 11: We currently provide a Families and Carers services which works directly with adults who are affected by someone else's substance use (whether that person is in treatment or not). Our view is that this support is essential. However, we need to make sure this function is not being duplicated in other existing services e.g. carers support, national charities. Do you agree or disagree with the proposal to include Families and Carers support?



89 per cent of respondents either agreed or strongly agreed with the proposal to include families and carers support in this recommissioning exercise.

Summary of free text comments

Families and carers support was raised several times in responses to other questions emphasising its importance to be included in the recommissioning. One commented included, "having a whole family approach makes the recovery journey more successful".

Another theme that emerged within response was concern for duplication. One response said "it depends on what support is being offered. It seems unnecessary to duplicate what is already available elsewhere and this can be avoided if there are good links for service users into these avenues of support".

Question 12: Do you have any other comments on our draft commissioning plan?

The final questioned invited respondents to make any additional comments or suggestions on the draft commissioning plan.

The main themes that emerged from the free text were:

- A flexible and joint up working approach needed.
- There needs to be a focus on carers and families of those who have drug and alcohol treatment needs.
- Concerns about additional costs attached to services.
- Ensure a trauma informed approach.
- A focus on women's services and how approaches to this cohort may need to differ.

Comments included,

“we’d like to see a focus on cohorts particularly women who’s needs need to be met in a different way”.

“I believe that the main providers and sub-contractors delivering drug and alcohol treatment services, need to work together closely. There needs to be flexible ways of working to accommodate different learning style with clients. There needs to be more mental health services to accommodate clients”.

ANALYSIS OF STAKEHOLDER EVENTS

Each stakeholder event was attended by a facilitator and two scribes to capture the essence of the feedback being provided by respondents.

The raw data from all stakeholder events were grouped according to the following four key proposals in which views were being sought:

1. Access to treatment
2. Integrated services
3. Addressing complex needs
4. Embedding services in the community

Scribes' notes were written up and coded accordingly prior to identifying key themes to emerge from the coded data.

ACCESS TO TREATMENT

Our consultation workshops included the following proposals for improving access to treatment:

- To reshape the way people who use drugs can access treatment – with client experience at its core.
- To consider transitioning to a 'no wrong door' approach where people can present at any point in the system and get the right support without delay.
- Using both in-person and digital solutions for referral and assessment, where appropriate.
- Implementing a rapid assessment framework where people can refer (or self-refer), be triaged, and comprehensively assessed the same day.
- Ensure that everyone who chooses to engage in a period of structured treatment will receive a comprehensive, strengths-based, and trauma informed assessment at the start of treatment.

There were approximately 129 comments relating to these proposals which have been grouped into 5 overarching themes and summarised below.

Theme 1: overcoming barriers and simplifying the system.

This theme contains 29 related comments that emerged from the raw data. Workshop participants identified a range of barriers to people who use drugs accessing services within the existing system which need to be addressed to improve access to treatment, generally participants agreed that access to treatment needed to be as simple, quick, and supported as possible. The identified barriers include the following:

- *The existing single point of contact which acts as a barrier for both clients and practitioners.*
- *Too many hoops to jump through to access shared care.*
- *Eliminating the duplication of services that exists within the current system.*
- *Ridged and lengthy assessment processes adding to long waiting times and resulting in people dropping out of treatment before being allocated a keyworker.*
- *English being a second language and the need for interpreters to support people into treatment.*
- *Inflexible appointment times with the need to improve the evening and weekend offer for those that are unable to attend Mon-Fri between 0900 and 1700.*
- *Requiring clients to have a telephone number and address to access some services was also seen as a barrier and being inconsistent with a trauma informed approach.*

Additionally, participants identified a range of ways that improved access could be supported which included the following:

- *A 'no wrong door 'approach could be beneficial in simplifying access to treatment however, it was noted that while pharmacy could support the approach for drugs it wouldn't have the capacity to support the approach for alcohol clients.*
- *The availability of pre-treatment or outreach support.*
- *More flexible appointment times including evening and weekends for certain client groups.*
- *Expanding the availability of services delivered beyond the city centre.*

Theme 2: Person-centred approaches are essential.

This theme is made up of 18 related comments about the benefit of adopting more person-centred approaches. Many workshop participants viewed truly person-centred services as a fundamental enabler of access to treatment and suggested the following revisions to services:

- *Improve access to personable, user-friendly support that focus on relationship building over service centred assessment and onboarding processes.*
- *Allowing time to develop connections between workers and prospective clients.*
- *Ensuring there is sufficient time and resource allocated to assessment and ensure allocation to modality is quick and correct in the first instance.*
- *Ensuring there is a range of ways to interact with services recognising the stigma and prejudice that exists between different groups of people who use substances e.g., alcohol users under the same roof as drug users.*
- *Recognise that drug and alcohol users may require very different approaches.*
- *Provide more individually tailored and less of a one-size-fits-all approach.*
- *Ensure services can tailor their approaches to account for neurodivergent people.*

- *Ensure people have access to trauma informed counselling offer – current services rarely account for the substantial levels of trauma experienced by some clients.*
- *Recognising cultural differences*
- *Recognising that access and retention is strongly associated with trust.*

Theme 3: using technology, information and communication to improve access.

This theme is comprised 34 related comments to generate an overarching theme of using advances in technology, information, and communication to improve access to treatment and more person-centred approaches. Workshop participants referred to the need to enhance the digital offer especially for those who may not need or want to be seen in person. Other uses of technology included a digital referral system and enhancing the use of digital information and communication among professionals and service users to combat a lack of confidence among professionals in where to refer people. Examples include:

- *There is a lack of confidence in where to refer people among professionals.*
- *Need to invest in online referral systems.*
- *The new service should have a digital offer.*
- *Utilise community digital equipment.*
- *Information and communication available online for staff.*
- *Enhanced information sharing between substance use services and GPs to better target people the service is not reaching.*

Of those that mentioned Bristol's case management system some thought the system was fit for purpose while others talked about the need to future proof the system.

- *Our case management system is ok.*
- *Need to future proof case management systems.*

Participants also communicated the need to ensure resources are available for all.

- *Need printed resources for some groups of service users.*
- *Need translated resources for some groups of service users.*

Theme 4: enhance Service delivery to improve access and retention in treatment.

The theme of enhancing service delivery to improve access and retention in treatment emerged from 34 related comments. Feedback from workshop participants suggested that services need to be delivered in a more integrated and flexible way with rapid access to support to capitalise on people's motivation and meet the needs of the whole person. Examples of the points made include:

- *Clients need to feel supported straight away.*

- *Teams need to be more agile in their approach.*
- *Build on flexible groups.*
- *Improve partnership working.*
- *Interorganisational work.*
- *Ensure there is always a 'known next step'.*
- *Related service should support one another.*
- *Utilise smaller place-based organisations.*
- *Overcome the difficulties with accessing mental health support.*
- *Need a complex needs assessment linked to housing.*
- *Link in well with specialist services.*

Others talked about the delivery of services across the city and cautioned that the locations of services must be welcoming and delivered in a way that is proportionate to local need while recognising that it is not practical to deliver some interventions across the whole city. Examples include:

- *Need services in community spaces that are welcoming.*
- *Some interventions not practical across whole city.*
- *Ensure locations of services are proportionate to need.*
- *Utilising primary care is useful to reduce stigma.*

Theme 5: Enhanced Engagement

This theme emerged from 27 related comments where workshop participants identified a range of factors associated with engagement as being instrumental in improving access to treatment. The effective use of outreach, the use of open access services and home visits were mentioned by many as was the need to ensure the right staff are in the right positions to engage people effectively, that the highest skilled staff should be allocated to assessment and engagement and the workforce should reflect service user groups. For example:

- Community outreach is needed.
- Have both structured and unstructured sessions.
- Have engagement workers for different demographics.
- Outreach works well.
- Drop-in sessions are helpful.
- Need service capacity on the frontline to capitalise on motivation of people self-referring.
- Highest skilled people at point of assessment.
- Workforce should reflect diversity of service user group.
- Peer mentors are helpful.

Some participants mentioned the need to have effective processes/solutions in place to re-engage those that drop-out of treatment including rapid re-engagement and home visits.

- Many people drop out and need to be re-referred.
- Home visiting.

While others thought that existing services needed some readjustment to reflect local trends around alcohol use and associated need and broadening the focus of shared care.

- Alcohol services not set out for higher needs.
- Alcohol use has escalated, opiate use stable.
- Shared care should be broader than opiates.

EMBEDDING IN THE COMMUNITY

Our consultation workshops included the following proposals around embedding services within the community:

- To explore options for delivering interventions within the community, at times and locations that are mutually convenient.
- To explore the use of consulting rooms, facilities at health care providers and community spaces.
- Integrated services may appeal to those with privacy concerns and people wishing to avoid the stigma that is often perceived to be associated with accessing specialist services.

There were approximately 124 comments relating to these proposals which have been grouped into 9 overarching themes and summarised below.

Theme 1: Need community-based services.

This theme contains 12 related comments that emerged from the raw data. Participants mentioned the need for services to be community based (working within the community) and taking services to people; the need for there to be a service in every area/ community was raised. Primary care was referred to including the suggestion of having a professional 24/7 in GP surgeries, building on the GP access model, and ensuring there is visible recovery in primary care. The need to build recovery into the community was mentioned as well as the need for infrastructure and resource in the community to provide community-based services.

Theme 2: Accessibility and inclusion

This theme is made up of 27 comments. Several people mentioned the need to ensure the service is accessible/ inclusive, for example, ensuring we engage with hard-to-reach groups in the consultation and ensuring the services reach all groups. The challenge/ barrier of transport/ distance was mentioned, for example, there being more services in certain areas, people living outside of central Bristol not accessing the services, transport links excluding people and travel cost/ time being a barrier. Suggestions were made such as there being a

maximum radius a client needs to travel to access a service and support with expenses; the need to think about distance to other appointments was also raised.

Ensuring the service is accessible to people with diverse and complex needs was also mentioned; for example, the importance of easy-read consultation documents, needing more services for people with diverse needs and the need to consider people with complex needs. Mobility was also referred to as a consideration and the need for accessibility requirements for disabled individuals. Other considerations for accessibility/ inclusivity were referred to, including childcare availability, a variety of opening times and stigma which needs to be broken down in the system.

Further suggestions were made including investing in engagement teams, focussing on people who don't speak English as a first language and ensuring there is a service specific for certain communities. The need to explore what the data doesn't tell us and the challenge of prioritising groups was also referred to as well as ensuring the quality of service is equal across all areas by having processes in place.

Theme 3: Potential spaces and benefits

26 comments make up this theme. Several participants suggested potential spaces that could be used to deliver the service and these spaces included:

- Children's Centres
- Places of worship
- Careers Services/ Education Centres
- Community Centres
- Probation hubs
- Libraries
- Family hubs
- GP's/ Health Centres/ Pharmacies
- Pharmacies
- Salvation Army Spaces
- Schools
- Shopping Centres

The need for small, discrete hubs was referred to and co-location/ using spaces which have access to other services was mentioned. Benefits of using a community building were referred to, for example the client being anonymised, it breaks down stigma and it supports integration into the community. Other ideas mentioned included using places people already know/ go, ensuring the space is familiar to go back to and seeing complex clients in a variety of settings.

Theme 4: Considerations/ Challenges for space used

This theme is made up of 19 comments. Many participants put forward considerations for the community spaces used to deliver the service. Suggested characteristics of the space used were; needing to be visible, ensuring it is discrete/ confidential, ensuring there is privacy and ensuring there is security. Some participants mentioned potential barriers to using a community space including cost/ funding and having access to a physical space.

Others referred to ensuring the space is appropriate for the service being provided, for example, clinical interventions needing a Care Quality Commission space (and having challenges which need to be addressed differently) and psychosocial interventions being able to be delivered in-person and online. The relationship with the community space used was mentioned by some participants, including needing good communication and integration with the space, ensuring community space staff are aware of the service (can signpost) and are equipped to deal with challenges of clients and ensuring the space can be used consistently and long-term.

Other considerations were ensuring the physical facilities are of a good standard, environmental issues (e.g. clients needing to travel), managing the risk of children if using a shared space and listening to service users regarding the safety of the locations.

Theme 5: Workforce considerations

Considerations for the workforce were mentioned by participants – this theme arose from 10 comments. For example, the difficulty of recruiting frontline staff (for reasons such as the workforce not being well-paid and having other options), consistency of staff, shared/ transferable knowledge, considering workforce needs (including the challenge of getting staff to the right place at the right time) and having a diverse workforce, with lone working mentioned as potentially problematic. Workforce training for a consistent approach was suggested. As well as this, a suggestion of regular sessions with a prescriber was mentioned.

Theme 6: Need to understand community and utilise existing community connections.

14 comments were included in this theme. The importance of understanding the community you are working with was mentioned, with there being a challenge of every area in Bristol being different and the need to think about where the people go who are being targeted. Utilizing local people, organisations and groups for their knowledge and skills was mentioned including community services, centres and hubs, the Community Development Team (and workers who have done warm spaces), Deep End GP Groups, lived experience groups, grass roots organisations and community leaders of minority groups. Engaging with the communities themselves was also mentioned.

Theme 7: Service/ provider ethos

Consideration for the chosen provider's ethos was referred to including the importance of trust, autonomy, relationship building and being non-invasive – this theme also included having a strategic partner and the provider taking alcohol seriously. 6 comments were included in this theme.

Theme 8: Information Sharing

This theme arose from 6 comments. Information sharing was a theme which arose and this included ensuring information is readily available, having a digital service and the use of video information and social media. Sharing information on the transformation of the service with stakeholders was referred to.

Theme 9: Effective partnership working

4 comments fit into this theme. Effective partnership/multi-disciplinary working was referred to; It was mentioned that there is a gatekeeping issue between services currently. Enhancing the role of primary care in shared care was mentioned and ensuring it is well integrated with the proposed specialist prescribing service. It was also raised that the specialist prescribing model would mean that the most complex clients would be retained in the city centre, therefore there needs to be effective joint working practices between shared care and the specialist prescribing service.

INTEGRATED SERVICES

The consultation workshops provided the following feedback for ensuring there are more integrated services in the future:

- *Ensure that professionals and service users understand the treatment system to better navigate it.*
- *Increase collaborative work between service providers.*
- *Recognise the importance of proper relationship building clients and their workers.*
- *To ensure service providers communicate with each more frequently.*
- *Utilise previous learning and other successes.*

There were 118 comments identified that were grouped into 6 broad themes.

Theme 1: Ensuring person centred care

This theme came from 21 comments and highlighted the need for person centred care and having a treatment approach that is unique to the individual. There were several points raised about how this might be achieved:

- *There should be an element of coproduction when deciding on treatment, practitioners should be "deciding with" not "deciding for" clients.*
- *Agree joint strategies with the client for their care.*
- *Let the client choose their preferred communication method.*

- *Ensuring the service understands the individual complexities of each client.*
- *Utilise peoples lived experience in coproducing services and changing care.*
- *An approach that considers everyone's individual recovery journey.*
- *Be flexible and fit the client's need.*
- *Understand that clients may have other needs besides substance use.*
- *Use a 'whole person, whole health' approach.*

Theme 2: Inter-organisational working and communication

This theme emerged from 31 comments and was the most popular for this section. Participants recognised that information sharing, and data governance restrictions are an issue for services, as well as other issues. It was suggested that there should be changes in the new services, such as:

- *Have an assessment that is transferrable so that clients only need to tell their story once.*
- *Ensure allied organisations know what's available.*
- *A need for detailed internal and external communication strategies.*
- *Ensure there is multiagency reflective practice.*
- *Ensure language and terminology is consistent across all services.*
- *Recognise the importance of collaborative working for clients with complex needs.*
- *The need to strike a balance between UK General Data Protection Regulation with clients not being asked the same questions.*
- *Avoid forcing a client to retell their story.*

There was also some consideration given to providing a space where all service providers could come together:

- *Agencies need to communicate more with each other, such as through a forum.*
- *The need for a shared space for information that the entire treatment system can access.*
- *Need for clear and consistent communication between organisations.*
- *Agencies need to share their knowledge and expertise.*

Theme 3: Entering and Navigating the treatment system

This theme emerged from 26 comments. It was reported that in its current state, the Bristol ROADS treatment system is a complex web of services that are difficult for the clients to navigate. Given the vastness of the system it is also difficult for professionals to understand the structure of the system. This makes it difficult for clients to know where to present to and for professionals to know where to refer to. There were suggestions put forward on how this can be made easier:

- *A centralised website or handbook that details what services are available and what they do.*
- *External agencies need to be aware of where they should refer clients.*
- *Service structure needs to be understandable to service users.*
- *Co-location of services, particularly for those who have the most complex needs.*
- *Currently it is difficult to keep up with changes that are happening in services.*
- *Clients should understand the different services as well as their referral process and limitations.*
- *Have all information and criteria in one place.*

There were additional comments made about the accessibility of resources and services:

- *Resources need to be accessible to all.*
- *Explore the option of providing resources online.*
- *Utilise social media for promotion and information.*

Finally, there was also discussion about the barriers that prevent clients from entering the system:

- *Make treatment as easy to access as possible.*
- *Needing to call the service is a barrier.*
- *Being late to an appointment and it being cancelled can be a barrier.*

Theme 4: Understanding and forming relationships with clients and communities

This theme emerged from 17 comments about relationships, such as the relationship between client and professional and other wider relationships the client may have. Comments included:

- *Understand the importance of relationship building.*
- *Understand the importance of trust between the client and professional.*
- *The need for an equal relationship between client and professional.*
- *Utilise clients existing network to support them.*
- *Provide a support network for clients.*

There were also comments about connecting with the wider community:

- *There needs to be awareness of services amongst communities.*
- *Utilise the impact of word of mouth.*
- *Services need to understand the needs of communities.*

Theme 5: Operation of the wider treatment system

There were 23 comments within this theme that related to the way in which the providers and Bristol ROADS treatment system operates. The comments acknowledged the current difficulties in the system, comments included:

- *The need for more frontline staff.*
- *Avoid duplication of services.*
- *Services should work in together rather than in competition with each other.*
- *There needs to be clear alignment of values across the whole system.*
- *Need for balance of power between service providers.*
- *Agencies need to acknowledge challenges.*
- *Make lived experience visible in services.*

There were two points raised about workforce development:

- *Need for workforce development through traineeships.*
- *Upskill workforce through apprenticeships.*

Finally, there were some comments on staff welfare:

- *Teams need to feel valued.*
- *A need for a way for staff to deal with trauma.*

Theme 6: Service delivery

This was the smallest theme with 11 comments. The participants commented on the general delivery and approach of the service providers. Some comments were:

- *Allowing clients to access services if they have fallen out of others.*
- *Clients need to feel they have long term support.*
- *Aftercare is currently a challenge in Bristol.*

There were also comments on utilising previous learning and successes:

- Care planning and coordination could mirror Salvation Army pilot.
- Utilise alliance models.

ADDRESSING COMPLEX NEEDS

Our consultation workshops included the following proposals on addressing complex needs:

- The commissioning plan recognises that addiction can be a response to trauma, and that a trauma informed approach needs to be embedded throughout the whole system, not just in specialised aspects.
- We need a system that can help people with the most acute disadvantage, such as not being housed.

- Most community prescribing for adults is done through GPs, but there are other pathways for some groups like complex clients, prison leavers, homeless people, and marginalised women. We would like to have a specialist service led by a Consultant Psychiatrist for people when they need it.

There were approximately 92 comments relating to these proposals which have been grouped into 6 overarching themes and summarised below.

Theme 1: Ambivalence with regard to the Specialist prescribing service

This theme emerged from 15 comments related to proposals to commission a specialist prescribing service that is accessible to people when they need it. Workshop participants presented mixed views about the proposal to commission a consultant-led specialist prescribing service with some indicating that the proposal sounded like a return to the past and that in the past this service was not particularly effective or accessible. Others thought the service would be at odds with proposals to provide person-centred services and deliver intervention within local communities. Examples include:

- *Specialist prescribing service will be highly problematic.*
- *Specialist prescribing service is the opposite to a person-centred approach.*
- *This will require a centralised care model, which has had difficulties previously.*
- *There will be difficulties with this, at odds with what we have envisioned.*

However, others presented a favourable view of the proposal but stressed the importance of getting it right by ensuring the service has sufficient capacity, is widely accessible and closely integrated with shared care.

- *Specialist prescribing service would be great.*
- *Need to make sure there is enough of a specialist prescribing service.*
- *Need to make sure everyone can access the specialist prescribing service.*
- *Specialist prescribing is important but a small part of the puzzle.*
- *Specialist prescribing service could be more aligned with shared care.*

Other comments relating to specialist prescribing included ensuring a full range of OST is available for those who may benefit from it and overcoming some of the barriers that exist in the current system.

- *Buvidal is appropriate for some people and should be available.*
- *Need to consider people who don't want structured treatment.*
- *Bristol needs a system where clients can get prescribed the same day.*
- *The need to give up substances to access other services is a barrier.*
- *Deprescribing for another script is an issue*.

Theme 2: Trauma informed approaches are crucial

This theme emerged from 27 related comments about the need for a truly trauma informed approach to the delivery of a specialist prescribing service with some participants suggesting that current services fall short of providing a trauma informed approach.

- *All agencies believe they work in a trauma-informed way.*
- *Not enough resource for services to deal with trauma.*
- *Not all staff have the same understanding of trauma*.

Most participants suggested several practical steps that could be taken to ensure the service operates in a trauma informed way which included a greater emphasis on this in the new commission with sufficient resource and training for staff, with policies, practices and procedures being revised to ensure they conform with providing trauma informed services.

- *Trauma informed staff training*
- *Need to look at trauma-informed best practice, guidance, recommendations, and case studies.*
- *Learn from organisations who work in a trauma informed way.*
- *Structure of service needs to be trauma informed.*
- *Trauma informed modelling within services*
- *Establish a trauma informed culture.*
- *Refocus policies, practices, and procedures to be trauma informed.*
- *Language in communications need to be trauma informed.*
- *Needs to be an understanding of what trauma informed language is.*
- *Need to engage with other services around trauma.*
- *Need to get trauma informed skillset right and consistent with the money that is available.*
- *Need a trauma informed framework with accountability.*

Other suggested that there needs to be a focus on supporting clients with acknowledging trauma and enough resource to support them through the process but also the ability to support staff with trauma too.

- *Clients need to acknowledge trauma and need support to process.*
- *There needs to be enough resource for services to deal with trauma.*
- *Need to deep dive into individual's trauma experiences.*
- *Support for staff trauma.*

Theme 3: treatment is more than medicine

The theme of treatment being more than medicine emerged from 11 related comments where participants were keen to emphasise that substance use treatment, especially for those with complex needs, is about more than a person's biological needs and that the

newly commissioned service(s) should place greater emphasis on psychological and social aspects including environmental cues.

- *Medication should not replace other psychosocial interventions.*
- *Need to focus on psychosocial approach.*
- *Need access to treatment for PTSD.*
- *Think about trigger points in the environment.*
- *Clients need access to appropriate psychosocial interventions.*
- *Free and flexible counselling should be offered, not part of the substance use contract with no limit to sessions available.*
- *Long-term therapies for complex needs*
- *Need to incorporate Dame carol Black recommendations for psychology and nursing.*
- *Housing pathways*

Theme 4: Workforce factors need sufficient consideration

The workforce theme emerged from 12 related comments from workshop participants who stressed the importance of workforce factors in supporting the effective delivery of services for those with complex needs. Workshop participants cited the need for more highly skilled staff including drugs workers, psychologists, and psychiatrists however, it was also suggested that there is a national shortage of psychiatrists.

- *National shortage of psychiatrists*
- *Need to embed psychologist and psychiatrists in the service.*
- *Ensure employment criteria allows experienced people to be employed.*

Others highlighted the difficulty in retaining staff and suggested several practical steps that could be taken to support this endeavour. For example:

- *There is a massive staff turnover.*
- *An organisational approach to staff support.*
- *Staff need to be paid well.*
- *Need to consider time and resources to train specialists.*
- *Training and guidance on signposting is needed.*
- *GP's need to be better informed about substance use.*
- *Use of trauma champions to reverse high staff turnover.*
- *Training interventions can be delivered by lead psychiatrists.*

Theme 5: Commissioning and delivery of services

This theme emerged from 24 related comments about the role of commissioning and the way in which specialist prescribing services are delivered. Some participants reflected on commissioning practices and highlighted the need for commissioners to be more flexible and innovative in their approach and requirements of providers. Others suggested

commissioners could better enforce contractual expectations and make better use of co-production.

- *Need more coproduction.*
- *Commissioners need to be more flexible.*
- *Enforce contractual expectations.*
- *Include opportunities to innovate in contracts.*
- *More governance groups are needed.*
- *There is a need for shared policies and governance across the system.*

Many participants suggested that services for those with complex needs must be more person-centred in its approach by treating people as equals (i.e., human) while addressing internal discrimination and stigma within services and improving their ability to listen to clients and adapt delivery to meet the clients' preferences for learning and communication.

- *Speaking with clients as humans is important.*
- *Listening to clients is important.*
- *Need to adapt to preferences of communication and learning.*
- *There is stigma and discrimination within services.*
- *People need to feel listened to, valued, and acknowledged.*

Some referenced the need to revisit assessment, ensuring they include adverse childhood experiences (ACE's) and peoples' strengths (i.e., recovery capital) and how this can be harnessed rather than focus solely on their specific needs.

- *Scale down approach with clients rather than scale-up and focus on strengths.*
- *ACE's to be included in assessment practices.*

Others talked about the need for well-integrated services to meet the whole needs of the individual and access to more than brief interventions in recognition of a trauma informed approaches. Additionally, improvements in referral processes, more localised delivery via GP practices and access to early interventions and YP transitions services were also mentioned.

- *Need longer interventions.*
- *Young people transition service is important.*
- *Consider people leaving hospital.*
- *Referral systems could be improved.*

Theme 6: Aftercare

The aftercare theme emerged from 5 related comments where participants highlighted the need for services to provide aftercare in a way that is meaningful and supportive to individuals without relying on fellowships.

- *Need to consider aftercare.*

- *Phone call after 6 weeks for aftercare is not enough.*
- *Do not rely on fellowships for recovery.*
- *Aftercare can be embedded into treatment services.*
- *Need to build connections in aftercare.*

WRITTEN COMMENTS FROM IN-PERSON WORKSHOPS

Each in-person workshop provided participants to provide additional written feedback in the form of post-it notes against the following themes:

1. Children, Young people, and Families
2. Prescribing and medicine
3. Recovery support
4. Residential rehab and inpatient detox

Children, young people and families

The mainstay of the comments pertaining to children, young people, and families referred to those under the age of 11 years with participants suggesting it is a failing not to provide sufficient targeted support to this group and making the point that reaching this cohort as teenagers can be significantly more difficult. Other comments included:

- *It would be nice to have seen a 0-25 approach to young people's services.*
- *Focus and outcomes for transitions.*
- *Provision for under 11's has been subject to budget cuts, yet everyone talks about how important early intervention is.*

Recovery support

Several of the written comments were posted under the theme of 'recovery support' with participants suggesting that recovery support needed to be broad in its focus. Comments included:

- *Recovery support to recognise mental health / learning difficulties / complexity in its delivery to keep people engaged.*

- *Recovery support must have an awareness of other issues that may be going on for individuals and ensuring that support around those is sought to prevent relapse e.g., domestic abuse).*

- *Clear referral pathways for organisations and individuals are needed for recovery support services and including a range of options e.g. digital, phone, in-person.*

Residential rehab and inpatient detox

Comments relating to residential rehabilitation and inpatient detox talked about the need for clear eligibility criteria that is well communicated so that everyone is clear on thresholds for services. Other comments included:

- *Currently services gatekeep as to whether someone is ready for treatment and there is a need to reduce the length of time it takes to get into rehab/waiting lists.*

- *More hubs and services could do assessments and referrals rather than constant signposting.*

- *Specialist substance use workers in a housing project should be able to refer directly to rehab/detox.*

- *It is important there is a sufficient unstructured aftercare option.*

Other comments and feedback

Workshop participants also provided the following written comments.

Harm reduction

- Needle exchange needs to be more accessible across Bristol – this is an important part of harm reduction.
- What about overdose prevention centres – will we be brave?

Localism

- Communities need organisations that understand them and their very specific needs and demographics, are trusted and accessible.
- Local organisations can be flexible to meet emerging needs.
- Large organisations overseeing or controlling multiple localities can be unwilling or slow to adapt to local needs and making appropriate changes.

Other

- Post intervention monitoring and beyond.
- More consideration needs to be given to older people and what we know they use.
- Good to talk about complex needs but lets frame this in a preventative long-term approach
- What does prevention look like? What does it mean?

ANALYSIS OF CHILDREN AND YOUNG PEOPLE ONLINE EVENT

The children and young people's online event was attended by XX people and the following themes were highlighted.

Theme 1. Reach of Service

There was agreement from some attendees that a school-based service would enable most young people who needed support to be offered this service. However, there was also some concern that by embedding the service in schools, some young people would be missed:

'*Exclusions? Children not in school are slipping in a gap, they don't have access to services'*

'Focussing on schools alone is not ensuring access for all and can present barriers'

'Have a mixed model i.e. have a schools-based approach but with an alternative that can be accessed – in order to do this, need to be able to resource this properly'.

'*Need to think about accessibility and reach; schools are a good place to start but it is important to be aware of vulnerable young people (e.g. people not attending school). How do we access these people? For children affected by parental substance use, school attendance is a massive issue'.*

'Don't think an exclusive service in schools is the right thing but it will sweep up a fair amount of young people'

'Need a mixed-model (not just in schools) - Considering the type of service, schools would be an element of this.'

'School might be the only opportunity, hybrid approach would be good for multiple access points, need to be discreet child wouldn't independently speak to teacher'

'There are a lot of schools in Bristol – need to think about resource. There is also higher education to think about. Borders can become difficult between North Somerset and South Gloucestershire – need to think about managing this'.

'Needs to be flexible in delivery across multiple sites, building sustainable bases'

'For a service like this (early intervention), schools are an important focus in terms of identifying early onset risk. However, this is not to say that all young people will access the service if it is in school'.

Theme 2- Schools' approach to pupils who use substances.

Some attendees felt that this service would not fit in with the aims of schools, as they felt that schools would be intolerant towards pupils using substances. They felt that schools would prefer messages that would cause shock and fear:

'Need to think about sensitivities e.g. children who are affected by parental substance abuse… often in PSHE, a 'just say no' approach is promoted and this means some children go home petrified, as their parent/ carer is using substances and they are not sure where to go (need to be wary of this)'

'Young people using substances in schools may not want to get support via school as this can be hard, as schools can have a lower tolerance to drug use.'

There was also a concern that some young people may miss out on education if they were attending support during lesson time:

'From schools' point of view, need to be aware of the cohort of young people they have in schools and how they will manage the education programme and referral into services'.

'Some people will access service to get out of lessons – this can be an advantage, as they are accessing the service'.

Attendees also highlighted that school holidays may be barrier to seeing young people:

'Need to think about full utilisation of the service – some periods of the year, the service won't be fully utilised'

Theme 3- Confidentiality in a school setting

Some responses highlighted a fear that confidentiality would be compromised if the service is delivered in a school setting. Occasionally this was related to a belief that schools are not supportive of pupils who used substances.

'Previously confidentiality is an issue, is it safe in a school setting'.

'Other young people can see them going into rooms for pastoral support, bullying, stigma.'

'Fear of visibility, community settings have the same issues'.

'Barrier in schools can be perceptions of confidentiality - is it always safe? Question whether the visibility of treatment sessions creates fear and stigma'

Theme 4- Young People Friendly Service

Attendees felt that the young people's element of the newly commissioned service, which is predominantly adult, will have to be different to be appropriate for young people.

'*We know that staff will be skilled in working with CYP but this kind of service needs specialised knowledge BDP is a good example of an agency that works mainly with adults and has excellent skills working with CYP'*

'Trauma informed for adult services is different to what trauma informed looks like in young people's services. Young people's services tend to be trauma informed anyway and there is

already a lot of emphasis on rapport, trust, safeguarding etc. Worry that with a small service like the one proposed in a massive adult service, the trauma-informed element could be lost – need to engage with young people effectively.'

'Emphasis on ensuring that the service/ provider understands the differences between young people and adults and knows how to ensure the young person's service visibility is maintained.'

There were also some helpful suggestions about how to tackle this potential problem:

'Can be co-production, what feedback tools do we already have? What are services currently using? Feedback from YP needs to be shared and should influence the service specification'

'Need to engage young people in consultation process and ensure voices are heard'.

'Have service users on the panel'

'Can also include feedback from adults who were previously in CYP services, these would be a more mature target group. Acknowledge that they are experts by experience'.

'Need to utilise technology/ social media to ensure young people are engaged'

.

'Sometimes with groups (e.g. focus groups with young people), only get the most engaged young people who are keen to do it – the ones who aren't so engaged/ keen are the ones we need to talk to'

'Need to move away from platforms such as Facebook and be dynamic with social media e.g. TikTok, Instagram and Snapchat. Need to be creative with platforms to engage cohorts – e.g. on Instagram, could just be a mini survey/ tick box'.

'Listening to what they have already said'

'Use of peers and peer mentors is really valuable'.

'Ask them and follow up on what they say!

'Meet basic needs e.g. food and snacks when talking to them. Possibility of developing an app to have their say'.

Theme 5 – Gaps for primary age children

There were concerns that primary school aged pupils were not included in this proposed service:

'What is provided to children under 11? CAMHS have a 0-5 service and would still pickup from 6. Maybe GP or school nurse can help if mild but if chronic then much harder to access.'

'Need to also look at the bottom end of the age range (Primary school age) – From an early intervention perspective, this age needs to be thought about. '

'Early intervention starts in Primary School. In the transition from Y6 into Y7, there are a lot of vulnerabilities and therefore so much you can do with young people that is preventative. When in Secondary School, it is much harder to engage with pupils. In transition from Y6 to Y7, there is also the opportunity to engage/ involve parents. Thinks there is a gap during this period.'

Theme 6 –Systemic approach to young people's substance use

Attendees felt that there needed to be clear criteria for referral and a joined-up partnership approach to supporting young people at the right level of need:

'Need to ensure the whole system works together – currently, role of the early intervention team aims to ensure early intervention'.

'Need to ensure referrals are clear in terms of what is offered. Need to define clear thresholds as to where to refer child/ young person into (early intervention, specialist etc.) – need to change with times.'

'Noticing increasing complexity and levels of vulnerability within families and communities and organisations working with more complex young people; there are capacity issues and other issues such as gatekeeping and putting criteria in place that was not there before (due to capacity).'

Theme 7- Funding

There was some anxiety about the commitment to funding for the young people's element of drug and alcohol services:

'Need to make sure there is enough money in the service to distribute staff effectively.'

'Worry that with capacity issues, there will be limited adult service capacity, which could lead to young person's service being lost'.

There was also a suggestion to prevent the young people's funded service from being subsumed by the adult need.

'If commissioning goes ahead as it does, one way to ensure the visibility of a young person's service is to ring-fence a budget for that service.'

Theme 8- Transition into adult services

Some attendees expressed anxiety about the transition element being placed in the adult service: there was concern that this may exclude some young people, who were approaching the upper age of the young people's service. There was further apprehension that this part of the service would be too adult focused and would therefore not be appropriate for young people aged 18:

'Issues over if someone is nearly 18, often they won't be picked up so it's really 11-17'

'Missing a trick with up to 25 service (why isn't it being thought about?)'

'Feels like CYP/ transition service is just being bolted on the end of adult service according to the language of the consultation. Doesn't really set the scene or talk about early intervention/ prevention.'

'Don't understand why transitions element is going to be bolted onto adult service – this risks the visibility of the service being lost. Also risks the service being recovery focussed. This age group has been failed by drug services for years (needs are different) and bolting it onto the adult service is risking the continuation of this'.

'Feels there is a cliff edge when people reach 18 years – for a lot of services, when young person turns 18, they suddenly become an adult. Would welcome the opportunity for a Young People's service approach to continue beyond 18. Currently there is only one transitions drugs worker who is young person focussed (this worker is only for a particular type of young person).'

'Need to reconsider 18–25-year-old cohort (transitional age) - Note: 'Change, Grow, Live' have info on 18–25-year-old models in other areas if wanted to link in.'

Theme 9 – Families

Some attendees felt that involvement of families was important, but there was no conclusion about how this should be done:

'….transitional age from primary to secondary is good point for families to be involved.'

'It is important that parents are involved to continue to build the resilience of young people (need consent from young person.)'

'Often get better outcomes when parents/ carers are involved.'

'Family/ carers being involved in assessment process (need capacity and scope to do family work) - workers meet families and be part of assessments.'
'Getting consent can be difficult – how do we ensure a whole-family approach to care?'

'Need to think about what bringing parents into the mix would look like in an early intervention programme. Often, young people don't want their parents involved which can be a big barrier.'

'Can be grey areas around risk sharing information and to what extent parents are informed.'

Theme 10- Training

Attendees felt that training for all professionals in the children and young people's workforce was necessary to enable appropriate referrals to be made into this newly commissioned service. This included teachers and other staff in school:

'Keeping up to date with preferences/popular substances that partners may not be aware of the risks'

'Providing teachers with training, education to young people as well on potential risks with alcohol but being sensitive of conflicting information they might receive, '

'4YP training was very good, not used commonly, had good professional training but not available currently- GAP? Is that to be delivered by the YP side, or adults side? Potentially should be both.'

'Regular refreshed and updated training'

'Training and upskilling external workforce – e.g. training on screening tools, understanding of opportunities/ touch points can get support from'

Theme 11- Evidence

Some comments expressed concern that the new service was not being commissioned according to evidence of need:

'It doesn't feel like when writing the commissioning plan, early intervention and how this can be worked through has been thought about - drug patterns are different to what they used to be'.

'The model outlined in the plan is what we have already got – need to take this opportunity to build something new'.

'From a tendering perspective, there is no 'this is our intention for young people and this is how we expect it to be met' - need to be specific about need. Currently feels that it will just be the same when this is an opportunity to build something different following evidence/ data'.

Theme 12- Working in Partnership

There was emphasis on the importance of working in partnership with other existing services, creating relationships that were of benefit to young people across the system and ensuring that there was no crossover with others. Of particular interest was the Vanguard service to tackle young people at risk of school exclusion:

'Vanguard funding piloted avoiding exclusion for D&A and that was successful, how can this be integrated to this service as that will end. Help with plan means potentially could be more funding BDP focusing on sustainability'

'There's BDP Vanguard funding for a year and sustainability plans at the ICB …. get to October 25 so will miss out on informing vanguard work in this offer. Will approach UWE to continue to evaluate' (NB Not sure what the UWE comment is referring to- for further discussion)

'Need to make sure the whole system works for all children and young people'

'Multi-agency partnership working - there are networks that already exist to tap into – relationships and understanding is there'.

'5+2 contract is good as this means there is time to build relationships – consistency is important to understand what's going on, the offer and what is available'.

'As commissioners, it is not fair to put all great things on contract/ commissioning plan that cannot be done with the amount of funding. Commissioners need to define what the city sees as priorities, as it is not possible for a provider to do absolutely everything'.

Theme 13- Diversity

There were a variety of suggestions on how the service ensure inclusivity and be appropriate for the diverse population in Bristol, including making this part of the core development, not an add-on:

Need an ultimate aim/ vision across system – can't do it in isolation.

Ensuring the workforce reflect the young population:

'Diverse workforce to enable connections with the YP they want to work with'.

And ensuring that the service develops appropriate relationships to support the diverse population:

'Connecting with different BAME services already set up in Bristol'

Building relationships and using existing relationships – Bristol is a diverse city but there is a lot of local knowledge and place-based delivery – building on these relationships (utilising what already exists)

There was also recognition that technology can be more beneficial for some groups:

'Technology usage – increase and improve accessibility'.

Theme 14- Additional Barriers

Most of the barriers identified were observed as being barriers in a school setting. However, there were a few other barriers highlighted:

'Need to understand the barriers in place – why young people might not want to come into service – ensuring these are continually reviewed.'

'Lack of space, clinical looking can put people off'

'Profile of child who wouldn't access- bullied, anxiety prone'

Theme- 15- Trauma Informed Approach

Attendees felt that it was important to embed a trauma informed approach into the new service, ensuring that practice was in place to reduce trauma:

'Can't just simply ask a young person about their trauma; they may not be able to recognise their trauma or it may be recent/ may still be experiencing trauma'

'Need to ensure there is an effective triaging process whereby child/ young person does not need to tell story again and again to services and re-traumatise (effective information sharing between services – smooth referrals) '

'Young people could be experiencing trauma whilst being referred, so there needs to be ongoing support throughout process to ensure they are safe'

'Trauma Informed principles require a knowledge and skills framework KBSP funded an ICB trauma informed managers post to refresh the document so that may help'

ANALYSIS OF TARGETED VISITS

As part of this programme of consultation public health colleagues undertook several targeted visits with the following groups

- People engaged in domestic abuse and sexual violence services
- Older people
- Families and carers
- Young people

DOMESTIC ABUSE & SEXUAL VIOLENCE SERVICES

Several people engaged in domestic abuse and sexual violence services were spoken to in 3 settings; this included talking to people opportunistically and a focus group. Participants were asked 3 broad questions around how their needs are met, what services need to put in place to overcome barriers and the key elements they would like to see in the service.

Available Support

It was raised that regular visits from ROADS workers are helpful; some participants raised the importance of 1:1 support and support in the form of groupwork being a barrier. Early intervention support (and making early intervention more welcoming) was referred to, with it being mentioned that it can take a lot to get a service to listen to you and take you seriously when opening up at an early stage; the suggestion of more early intervention awareness amongst potential service users and staff (knowing what early intervention is available) was made. Personalised support options were suggested, with it being raised that needing to speak over the phone/ phone assessments can be difficult and therefore there should be an option of face-to-face and the option for the service to go out to the client (or whatever makes the client most comfortable).

Mental health support was mentioned, suggesting that there needs to be an aspect of mental health and wellbeing in the service. Other recovery methods were referred to by participants, with the suggestion that different activities should be made available to clients to support recovery; for example, indoor activities, gym/ swimming passes, cooking and volunteering. It was suggested that there needs to be support for people who from the outside, look as though they are ok, but have become addicted to substances. It was also suggested that there should be a worker who people can report to if they are worried about someone else's substance activity – this worker could then do outreach.

The service environment where support is available was referred to by participants. Aspects of the service environment mentioned were being non-judgemental, the importance of the workers presence, ensuring all clients have a consistent person to open up to (and feels comfortable in asking to change support worker if needed), and allowing/ understanding the importance of access to family members. The importance of consistency of helpful staff members was raised, with it being mentioned that in the past, when pilots have come to an end, supportive/ helpful staff members have been lost. Solution-focussed services were suggested, for clients to see light at the end of the tunnel.

Improving Access

Signposting and advertising of support available was referred to. It was mentioned that substance use services are well signposted within Domestic Abuse Services (and support worker is good at helping to access), however not so much on the outside of services (visibility is poor), highlighting the need to make service opportunities known. Getting a support worker was also mentioned as a barrier, due to lack of signposting. It was raised that sometimes workers are not aware of what is available (especially for less-stigmatised medications), highlighting a training need.

Suggestions for signposting were mentioned such as open-days/ drop-ins in neutral environments which are not Council buildings and not pressuring (with a range of services present and children allowed) in order to make early intervention more welcoming,

impactful leaflets and phone calls; it was suggested when becoming known to Bristol City Council, there should be a question around substance needs. It was mentioned that stigma is an issue/ barrier; it was also raised that when clients have children, this can make stigma worse due to the concern that children will be removed (advertising services in schools can be a barrier). The need for instance advice/ signposting when exiting the justice system was also mentioned.

Communication

Communication between organisations/ departments and joint working were mentioned as being needed to highlight services. As well as this, it was raised that it would be beneficial for workers to communicate with their clients around the length of their journey e.g., how long they will be in the service, future plans etc.

VIEWS OF OLDER PEOPLE

Informal interviews were held with several older (50+) ROADS clients who provided their experience of accessing substance use support and provided their views on the changes that may be required to enhance the experience of older people within the newly commissioned system/service(s). Participants were asked a range of questions covering the following topics:

1. Collaboration.
2. Effective person-centred care.
3. Availability and access.
4. Complex needs / trauma informed approaches.
5. Psychosocial / talking therapies.
6. Specialist prescribing.

Collaboration

Participants thought the new system could make better use of co-production with service users and interagency partnerships.

- *The key is in co-production between service users and interagency partnerships. The choir is a good example of this. I didn't know about ROADS, only BDP.*

Effective person-centred care

Those interviewed stressed the importance of truly person-centred care and that services are 'older people friendly'. The stressed the importance of staff understanding the needs of older people and explained that older people's expectations of treatment, recovery support may be different to that of a younger person who still has their whole life ahead of them and can often be at odds with desired service outcomes.

- *Older people friendly means – not expecting everyone to 'change' - might have a long-term habit and don't want to do work, but need a social space, normal social activities, non-judgemental place to go – to support recovery in the widest sense.*
- *There is something in shared care…. Situation where people are using crack recreationally 2 or 3 times a month. This is seen as a problem by the workers but not by the clients.*
- *I have regular drug screens, I couldn't get off daily pickup at the time.*
- *There are some things that people don't want any help for, problematic use needs to be defined as problematic by the person themselves. I was also drinking too much in the morning, they didn't hassle me about that.*

Availability And Access

When asked about improving the availability of and access to treatment participants talked about not always knowing where to go to get help, particularly if homeless and thought the new service would benefit from open access spaces where people can just turn up. Others thought that digital offers are important but not at the expense of in-person open access routes.

- *Need a proper in-person reception service and general phone number that anyone can call for initial advice – a more traditional customer client facing experience, as well as digital offer.*

- *it's really important that the new Service has 'place to go' where people can just turn up without an appointment and at least get some engagement, harm reduction and advice etc*.

Complex needs / trauma informed approaches

Participants recognised the need for trauma informed approaches and highlighted the fact that different people may need different approaches and durations of treatment but it is crucially important to start treatment as quickly as possible.

- *Bereavements were key to my addiction, more so than past traumas. I developed a reliance on alcohol as a response to loss. One important thing is commencement of treatment as soon as possible after referral, really maximise that window of opportunity, it can change over time.*

- *It's not a catch all approach. I see it in the context of other health problems. It's like a fracture, it takes a long time to heal. Housing is really important, I have experienced homelessness and then lived in an awful first floor flat opposite a pub.*

Psychosocial / talking therapies

Participants expressed mixed views about the delivery and availability of psychosocial interventions with some explaining how groupwork has helped them connect and make friendships while others expressed a clear dislike of group formats because there are too many people in the group that don't really want to be there. What is clear from the contrasting views is that the new system needs to deliver a full range of psychosocial interventions and make use of multiple formats including 1:1, groups, and digital offers to ensure individual preferences can be accommodated and optimise outcomes of service users.

- *I'm really not interested in psychosocial groupwork. There are too many people there who do not want to be there but have taken it on to avoid a sentence. So, they just sit there and don't participate. Not everyone wants groups. Other than my keyworker, I don't have any access to 1:1 counselling. In the end I was able to access this via Womankind, who provided me with 20 weeks at a reduced rate of £5 per session.*

- *I don't want to hear about other people's drug use. I don't like AA or NA etc there's too much emphasis on "higher powers", they just aren't for me.*

- *I feel socially isolated and find making new friends difficult. Attending this group has been incredibly useful. It's much harder to make any contact with my immediate neighbours.*

Specialist prescribing

Participants were complimentary of the shared care approach in Bristol stating that it is far more advanced than many other areas and preferred to specialist services but recognised that some people may benefit from a more specialist approach.

- *Services need to adapt different models to suit the different settings. I have been in services in other areas with Drs and MH nurses and I didn't like it all. Personally, I found it very intrusive though I think it could be useful for some people. I think that shared care in Bristol is better than in other areas where I have lived.*

VIEWS OF FAMILIES AND CARERS

As well as specific feedback received through the online survey we facilitated a focus group for current users the ROADS Families and Carers Service.
Summary of feedback/comments:

- Both weekly and 1:1 sessions are highly valued
- Bristol needs a service which is psychologically informed so that families and carers can learn about e.g. cycle of change, motivation, and effective communication
- Other generic support services for carers do not offer specialist help required, and some have had bad or minimal advice from other services
- Families and carers would like services more joined up with options for a coordinated family plan where appropriate
- However families and carers support also needs to preserve the ability for family and carers to seek support independently of whether loved one is in treatment, and have their own wellbeing goals, not just centred around loved one's recovery.
- Concern service might not be linked between City of Bristol and adjoining local authority areas.
- It can be hard to get leaflets and info about family and carers support into some community and primary care settings, and so awareness of support can be ad hoc / patchy.

YOUNG PEOPLE

Four sessions were held with young people to ascertain their views on the commissioning of new drug and alcohol services. Young people who participated included the Shadow Board and those who were supported by some targeted services.

The young people provided feedback about drug and alcohol education and prevention as well as what they would like to see in support services.

These sessions were facilitated by different people so some of the feedback is provided as a summary of what was said during the sessions and some of the feedback is in the form of direct comments.

Theme 1- Responsibilities and responses in school:

Young people feel that teachers need to be better trained to manage disclosures. Their experience is that teaching staff tell their parents, because they have a duty to, but that makes the situation even worse for the child when they return home. This leads to children not disclosing.

They would like PHSE lessons to be more informative, including videos and make films to learn from. More information on websites to visit.

Teachers also need to be more direct and support when bullying takes place- children turning up in unclean clothes and being shouted at by teachers and bullied by peers, when it is because their parents are not available to meet their basic care needs.

Secondary schools are not good at supporting. [Alternative education setting] is good because they get to have a key worker that really supports them.

Theme 2- Knowledge and fears relating to support services:

Young people don't know what services exist to help children around drugs and alcohol or domestic abuse

They have experienced great work with [some drug support] workers, but they are concerned about funding being pulled from the youth sector

Theme 3 – Prevention

They feel that more funding should be put into things such as Empire Fighting Chance as these services help to boost confidence as well as keeping young people occupied.

They feel the way to prevent drug and alcohol use, and promote healthy relationships is to have conversations with their peers over and over again.

Theme 4- Family and family environment

Young people said that in their experience parents have lied about their own personal substance use
They feel that there is an issue with grandparents being alcoholics and parents growing up in abusive households- that they are impacted second hand through this

They felt that the biggest issue with drugs and alcohol and domestic abuse is the lack of emotional attention that they have received.

Theme 5 – Other substances- vapes

They wanted clarification as to whether vapes would be banned. They feel that vapes are full or poison and rubbish, but that if they are banned then this may lead to addictions to other substances.

Theme 6- Workers

Young people felt that the people who worked to support young people need to have these specific qualities:

- Kind
- Caring

- Can be trusted.
- Interested in other people.
- Respectful
- Mindful
- Enjoys their job
- Enthusiastic
- Encouraging
- Positive
- Adults who trust you
- Adults you can talk to
- People who don't judge you

Theme 7- Involving young people in what the services does

Young people want to be involved in the support they receive in the following ways:

- Information about the service (e.g. a leaflet)
- The needs of the child come first
- They have the right to know what happens in different situations
- Surveys [to get young people's views]

Theme 8- Services that make young people feel welcome.

Young people feel more welcome if a service:

- Provides groups and fun activities
- Provides transport
- Provides food
- Gives them open choices about what they do

Theme 9- Technology and social media

Young people would like the new service to include social media

This should include:

Instagram
Snapchat
Facebook
Tik Tok
Anonymous chat.

They also feel that services should be knowledgeable about fake news and supporting young people to be aware of this.