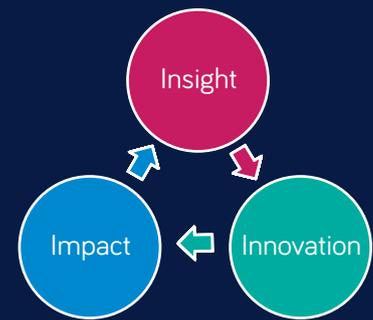


Involving service users and stakeholders as equal partners in the Forward East Kent Substance Misuse Service



Pulse is a series of briefings from The Forward Trust for staff, partners, commissioners and stakeholders to communicate:

- Insight from our research team's analysis of client data and other findings
- Examples of innovation and continuous service improvement
- Evidence of our personal, social and economic impact

We also aim for these briefings to contribute to wider policy and practice debates.

The Forward Trust (Forward) provide a range of care, support and employment services to people struggling with drug or alcohol dependence or who have a history of offending. Despite our clients being amongst the most marginalised in society, we believe in everyone's ability to transform their lives and to achieve recovery from a lifestyle of addiction and crime.

Executive Summary

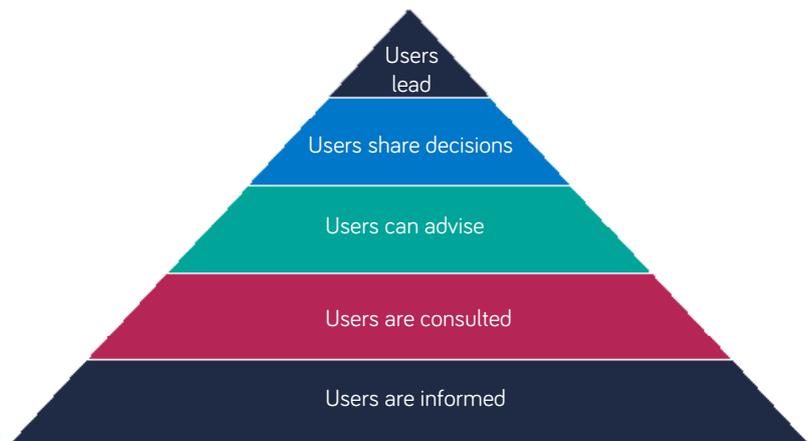
- Responding to the need for a radical new approach to the delivery of substance misuse services in East Kent, Forward – in partnership with mental health charity Rethink – used 'co-design' to place service users and local stakeholders at the heart of reshaping the support available. A total of 253 service users and over 70 agencies were involved in this large-scale, ambitious process, one of the largest of its kind in the field of substance misuse.
- The co-design process identified a series of recommendations and priority actions in six key areas: (1) developing wider recovery communities and pathways; (2) mental health joint-working; (3) supporting older people with problematic alcohol use; (4) supporting entrenched opiate users; (5) improving pathways for young people; and (6) developing new performance indicators to monitor the service.
- One year on from the start of co-design, the feedback has been overwhelmingly positive from those involved: ***“One of the best things that we've seen as a result of co-design is the improvement in relationships with local stakeholders...we now work better together, finding joint solutions to common issues.”; “I enjoyed being part of the co-design process. It was great to have my say and – as a Peer Mentor – to help support the service users to have their say too.”***
- Alongside the co-design process, there have also been strong outcomes for the 3,077 people supported by Forward across the five hubs in the East Kent service:
 - o Drug and alcohol recovery (e.g. 45% of alcohol users stopping their use, 48% of opiate users stopping their use, and 61% of clients who inject stopping injecting)
 - o Health and well-being (e.g. 1 in 5 smokers giving up tobacco, and 3 in 4 service users reporting an overall increase in their quality of life)
 - o Housing (e.g. 10% reduction in the number of service users with an acute housing problem from treatment start to treatment exit)
- Building on the co-design process and on Forward's first year of service delivery (which has also received an extremely positive inspection from the Care Quality Commission), there are exciting plans to further develop the support available in East Kent - including a structured day programme, new drug and alcohol pathways, and enhanced service user involvement.

Context

Kent County Council wanted a new approach to the delivery of substance misuse services in East Kent that involved local people in the 'co-design' of the support available. Forward instigated this process on 1st May 2017 when it took over the East Kent substance misuse service. Whilst we have a long history of delivering substance misuse services in prisons and some history in the community, East Kent is the largest community service that Forward has delivered – with 3,077 service users across five service hubs. The co-design process was essential to the implementation and development of this contract and drove significant innovation in our approach, working with leading mental health charity, Rethink. The process builds on Forward's extensive experience of service user involvement at the core of our work – a third of our 400 employees have lived experience of crime or addiction. We are passionate in our belief in the importance of visible recovery – with peers being best placed to inspire others that transformational change is possible.

What is co-design?

Sometimes referred to as co-production, co-design is the inclusion of users and beneficiaries (defined as "Experts by Experience") in the commissioning, planning and delivery of services as equal partners with service providers and professionals. It is a well-established approach, having been defined in the early 1970s in America, and drawing on longer history of both community development and person-centred care.



Our approach to co-design

Process overview

- We partnered with Rethink who have long-standing experience of co-design.
- We sought input from service users, staff, commissioners and local stakeholders to co-design, implement and refine an operating model which meets current and emerging needs of the local population and delivers effective service outcomes.
- A total of 253 service users and over 70 agencies in East Kent were involved in the co-design process.
- The co-design process in East Kent was overseen by and fed into a Service Design Group (SDG) comprising key stakeholders within Kent County Council's public health department, the Forward Trust, local agencies and service user representatives.

- This SDG outlined six priority areas for co-design:
 - o **Developing wider recovery communities and pathways** – to support clients to make positive changes long-term.
 - o **Mental health joint working** – enhancement of the Dual Diagnosis Protocol, by ensuring that local arrangements between substance misuse and psychiatric services work smoothly in partnership to improve access to treatment for clients.
 - o **Supporting older people with problematic alcohol use** – who tend to present late to treatment only when they have reached crisis point, or who worry it is socially unacceptable to enter treatment; they also have frequent hospital admissions.
 - o **Supporting entrenched opiate users** – such as those on long-term prescriptions, including opiates, to engage with group programmes and support groups.
 - o **Improving pathways for young people** – including the transitional age group of 18-24 year olds, as they move from young people's services to adult services.
 - o **Developing new performance indicators to monitor the service** – demonstrating the positive change in clients other than just treatment exits.
- Rethink set up five local co-design groups in areas where Forward has a service hub: Ashford, Canterbury, Dover, Margate and Sittingbourne.
- Rethink also set up a standalone dual diagnosis and mental health co-design group to look at the needs of people in East Kent who have both mental illness and drug and alcohol problems.
- The co-design process to develop recommendations for the service was facilitated over a period of six months, in which co-design groups progressed through a number of stages: asset-mapping; scope and purpose; evidence base; and recommendations.

Summary of recommendations

The six priority areas of focus for co-design identified by the groups are listed below:

1. Developing wider recovery communities and pathways

Background: In order to provide holistic support for service users, there was a clear need to facilitate joined-up service delivery and to improve professional networks and communications

Recommendations:

- Facilitate joined-up working with key agencies and build wider networks with other stakeholders and community organisations to help service users to access support directly, rather than signposting to other services.
- Build links with local community organisations to make best use of local resources that can offer holistic support to individuals with substance misuse needs.
- Adopt a 'social prescribing' approach to address isolation – with health trainers playing an active role in referring and engaging service users to meaningful activities, such as volunteering, evening classes and community groups.
- Raise awareness amongst staff and encourage use of the Kent and Medway Information Sharing Protocol with partner agencies.
- Offer training and advice on basic substance misuse interventions to other agencies within multi-agency professional networks.

2. Mental health joint working

Background: Adults and young people with dual diagnosis find it harder to access and remain engaged in treatment, and have poor health, well-being and social outcomes. Integrated support is vital for this service user group to avoid them falling between the cracks of either mental health or substance misuse services.

Recommendations:

- Improve care pathways for those with co-existing substance misuse and mental health needs – including exploring potential funding for new dedicated posts to improve this pathway.
- Take a more holistic approach by improving mental health and wellbeing support for those receiving drug and alcohol services – this might mean offering things like workshops on anxiety management, healthy sleeping or diet and exercise.
- Improve access to safer drug and alcohol support for people who are using mental health services, so that they also benefit from a holistic approach and joined up service.
- Improve suicide prevention support.

3. Supporting older people with problematic alcohol use

Background: When Forward took over the contract in East Kent, levels of alcohol-related harm were high – particularly in the older population. Older adult drinkers tend to present to treatment late on and in crisis. They may have frequent hospital admissions.

Recommendations:

- Support people to access the service before they reach crisis point – by communicating the range of services available to all local service providers in the community, for example pharmacists and GPs, so that they can refer people to these services.
- Tailor services to meet the specific requirements of older adults with substance misuse needs – developing a specific alcohol pathway based on national guidance and best practice, offering choice and a range of interventions and support.

4. Supporting entrenched opiate users

Background: When Forward took over the contract in East Kent, there was a large population of long-term prescribed clients. Those on opiate substitution prescriptions are characteristically reluctant to engage with group programmes and peer support groups, such as community-based mutual aid fellowships.

Recommendations:

- Present service users with a full range of treatment options and support them to make informed choices, including a clear option for abstinence.
- Engage specifically with long term user groups, to inspire confidence in the new service and to raise awareness of any differences or new support offers that may be available to them.
- Develop the role of the key worker as a source of inspiration and motivation.
- Use peer mentors to represent 'visible recovery' at services.
- Develop more meaningful measurement tools for recovery and offer various forms of recovery support.

5. Improving pathways for young people

Background: Data showed a fall-off in access to treatment for 18-24 year olds as they transition from younger people's services (provided in East Kent by Addaction) to adult services (provided by Forward). The needs of different groups of young people in East Kent are diverse – e.g. university students in Canterbury need harm-reduction interventions, whereas more vulnerable groups in Thanet (and elsewhere in East Kent) are exposed to gang culture and its attendant drug problems.

Recommendations:

- A literature review on the needs and best practice guidelines for supporting young people with substance misuse.
- Young people and substance misuse surveys to be circulated online and offline.
- 18-24 year olds to be jointly assessed (by Addaction and Forward) to determine which provider can offer the most appropriate intervention.
- Addaction then to develop specific services for 18- 24 year olds.
- Three-month transitional period between agencies; link worker specifically allocated to young people's transitions; Forward to attend Addaction six-monthly forums.

6. Developing new performance indicators to monitor the service

Background: When Forward took over the contract in East Kent, numbers of opiate and alcohol completions were low; there was also a drop in planned exits from treatment.

Recommendations:

- Embed a culture of recovery at the service, building on an already inspiring workforce, and make peer mentors available at all hubs.
- Re-define how recovery is measured, taking into account progress made by service users on a wider range of social outcome measures, such as getting in touch with a family member, not using on top of their prescription or attending all appointments on time.
- Take a holistic approach – supporting service users to address key needs other than dependence on substances and taking into account their unique situation.
- Closer working relationships with key agencies (housing, employment and mental health) to help service users access support that sustains long-term recovery.
- Make available skills-based workshops or one to one sessions with key agency advisors at hubs.
- Develop ties with community organisations, including mutual aid groups, so service users can find meaningful activities and re-integrate into the community with renewed self-esteem.

Actions taken to meet each of the six priority areas:

As part of the ongoing work in East Kent, all of the six priority areas above are being addressed – with a particular focus on partnership and alcohol pathways. Highlights so far include:

- Linking in with Catching Lives in Canterbury – an independent charity aimed at supporting the rough sleepers, homeless and vulnerably housed in Canterbury and East Kent – utilising health trainers to increase referrals.
- Eight active peer mentors and six volunteers across East Kent. (More peer mentors going through clearance and training.)
- Strong links with Narcotics Anonymous, Alcoholics Anonymous, Cocaine Anonymous and Al-anon Family Groups. Recovery Support Network pilot at Margate with aim to roll out across all hubs.
- A new alcohol pathway recently introduced which provides a more flexible offer to match need and support.
- Pre-detox family group part of the new alcohol pathway; ‘family leads’ at each hub, one family worker working across two hubs.
- Work with opiate users to create a new recovery plan that better meets their needs as part of a new drug pathway currently being developed.

Feedback from co-design participants:

Just over one year on, we reconvened the Service Design Group and asked for their feedback on the process, as well as what they have seen change as a result:

“I do a lot more as a Peer Mentor now Forward runs the service and there are more Peer Mentors than there were. Having that visual recovery is great for the clients.”



“What I found really positive was the cross sector engagement in the East Kent co-design, because substance misuse is something that impacts every element of society.”



“As a volunteer Peer Mentor, being a member of the Service Design Group gave me an idea of the other kinds of services that were out there for my clients, which was really helpful. It was also great to be a part of the decision making process.”



“The Service Design Group embraced the co-design concept and were enthusiastic to be part of the process.”





"The main benefit of co-designing a service such as this is the involvement and buy-in of the key agencies and service users to ensure that the service is: fit for purpose, is the best use of funding to achieve outcomes and utilises the community assets in the area as much as possible."



"One of the best things that we've seen as a result of co-design is the improvement in relationships with local stakeholders. Taking the time and space to listen to their thoughts on how things can be improved has meant we now understand one another better and therefore work better together, finding joint solutions to common issues."

"In the last year, I have had far fewer issues with problematic prison releases than before – I feel this is down to better communication between the prison and community substance misuse teams. One client in particular who was released two weeks ago said that the process was seamless – they'd never had that before."



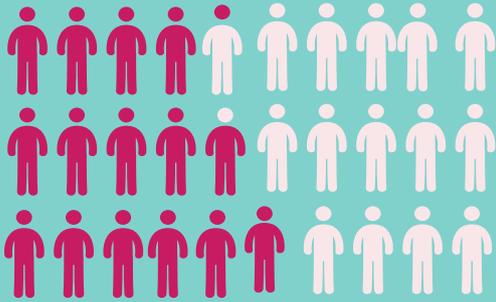
Core service delivery and outcomes achieved

While the co-design process was being undertaken, Forward continued to deliver the core service according to the existing model, feeding in actions and improvements that were being identified along the way.

During the first year of the contract, we supported 3,077 people in five 'hubs' across East Kent (as illustrated below with the number of people supported at each hub and the range of services available). The outcomes achieved from these services are outlined on the next page:



Drug and alcohol recovery outcomes



45% of alcohol users who reported using at the start of treatment stopped using it.

48% of opiate users had stopped using.

61% of injecting clients stopped injecting.

Reduced

Number of service users using heroin daily reduced from 63% to 33%

Reduced

Use of crack cocaine, powder cocaine and cannabis by 42%, 78% and 60% respectively

Health and wellbeing outcomes



- At six months, 19% of tobacco users stopped smoking.
- Upon completion of substance misuse treatment in East Kent, significantly fewer service users were smoking compared to treatment start.



- 76% of service users reported an increase in their psychological health.
- 67% of service users reported an increase in their physical health.
- 77% of service users reported an increase in their quality of life.

Housing outcomes

10% reduction in the number of service users with an acute housing problem from treatment start to treatment exit.

The number of service users in unsuitable housing reduced by 8% throughout the course of treatment.

There was a 3% reduction from treatment start to treatment exit in the number of service users at risk of eviction.



CQC inspections

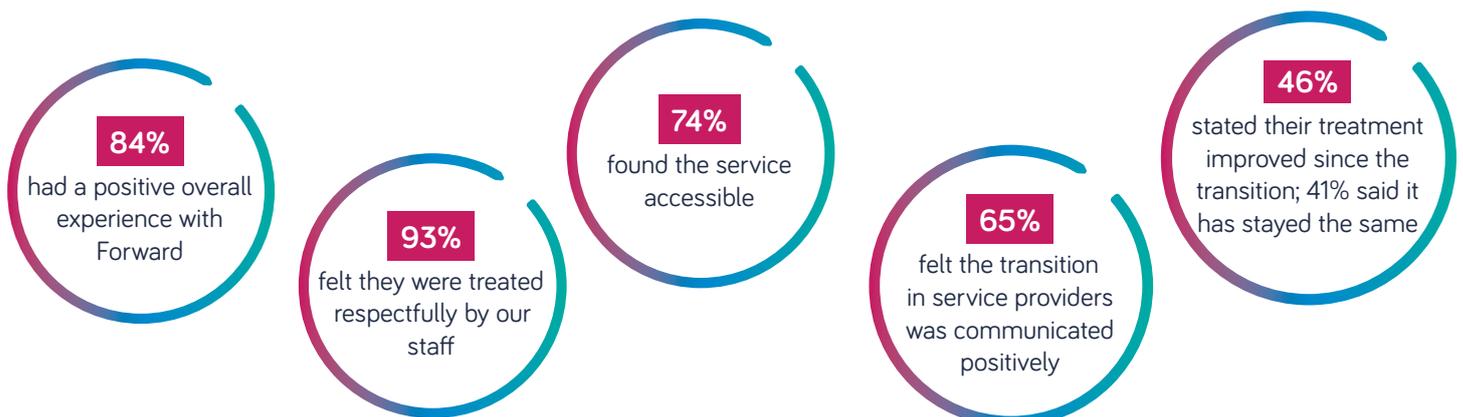
The CQC inspected each of the East Kent services in November 2017. The inspections highlighted a number of areas of good practice across all hubs, including:

- Robust, comprehensive assessment process for all new clients referring into the services.
- Staff worked well with a range of external providers to provide holistic care for clients.
- Through the co-design process, there was a lot of close working with stakeholders and partner agencies to design the new treatment model to meet client needs.

The CQC noted that *“Clients spoke highly of the support received and said that staff were friendly, welcoming, helpful and responsive. We observed staff treating clients with respect and showing a genuine interest in their wellbeing. Staff were non-judgemental, friendly, courteous and considerate. Staff were compassionate and keen to maintain clients’ privacy and dignity.”*

Client satisfaction survey

A client satisfaction survey was completed by 45 respondents at the Canterbury hub over five days in July 2017. This survey focused on the transition of service delivery to Forward from the previous provider, accessibility of the service and service users’ overall experiences:



Next steps

Forward East Kent Substance Misuse Service has made a positive start with strong outcomes to build on and connections made between agencies, the basis for working together to identify gaps and meet needs. The principles of co-design and service user involvement will remain at the heart of the service as it develops further. A key initiative that we are proud of is the development of our recovery support network, including an active recovery support team leader, the establishment of the Dover Day Programme and a team of peer mentors. Our vision is to maximise the extent of service user involvement, of visible recovery, and of peer support and mutual aid – this will make services more cost-effective and efficient.

Specific actions in East Kent:

- Structured Day Programme – a rolling 13-week programme that is currently in service, combines Twelve Step, Motivational Enhancement Therapy and Cognitive Behavioural Therapy approaches, as well as holistic sessions on employment, mindfulness and Forward's Family Ties programme.
- New alcohol pathway – developed to give alcohol users a choice of treatment pathways and ease the pressure of increasing staff caseloads.
- New drug pathway – being developed to better meet the needs of drug users (especially those using opiates), offer more flexible treatment options and improve recovery and health outcomes.
- Enhancing service user involvement – creating a part-time position to co-ordinate this and support each hub.
- Service evaluation of clinical appointments – to reduce the rate of missed clinical appointments and identify barriers to service users attending.
- Service user satisfaction survey – rolling out the Canterbury survey to all hubs to gain a greater understanding.
- Research into naloxone training and administration.
- Monitoring and improving the transfer rate from Forward prison to community services.

Find out more

To find out more about our programmes and research, contact Hattie Moyes, Research Manager on hattie.moyes@forwardtrust.org.uk.

To find out more about the range of services that we provide, or to discuss partnership opportunities with The Forward Trust, contact Carwyn Gravell, Divisional Director of Business Development on carwyn.gravell@forwardtrust.org.uk.

With thanks to...

The following stakeholder agencies, services and community groups were involved in the local co-design process.

- Commissioning, KCC commissioners, KCC public health commissioning, CCG locality commissioning, CCG mental health commissioning.
- Probation, KCCSCRC, National Probation Service.
- Criminal Justice, Custody Liaison and Street Triage.
- Substance Misuse, Addaction (YP service), The Kenward Trust.
- Local Authority/ Kent County Council, Housing Ashford, Sensory and Autism Services, Children, Young People and Education. Directorate – Early Help, Early Help.
- Community Safety Partnership, Canterbury, Dover, Thanet, Folkestone and Ashford.
- Social Services.
- Children's Services, Kent Safeguarding Children's Board.
- Kent Community Health, Health Trainers, Stop Smoking Service, One You Lifestyle service.
- Education, University of Kent Student Wellbeing, Student Union, Highworth Grammar School.
- Community Pharmacists, Boots UK.
- Employment, DWP, Social Enterprise Kent, Royal British Legion Industries.
- Housing, Centra, Sanctuary Supported Living.
- Service User Representatives, Rethink Carers support, Speak Up CIC, Carers' Support - Canterbury, Dover & Thanet.
- Health and Social Care, CGL.
- Primary Care, GP Bethesda Medical Centre.
- NHS, Urgent Care and Long Term Conditions, EKHUFT.
- Mental Health Services, KMPT; Acute Care, Psychiatry, Ashford Community Rehabilitation team, Early Intervention Psychosis Team, Bridge House, St Martins. Hospital, Dover Counselling Centre (IAPT), Shepway Mental Health, QEQM, Social Services.
- Homeless Organisations, Porchlight, Rainbow Centre, Catching Lives, Ashford Churches Winter Night Shelter, Aspire Homeless Project.
- Community Organisations, Dover District Volunteering Centre, Social Enterprise Kent CIC, Ageless.
- Sexual Health, Metro Charity, KCHFT Sexual Health.
- Kent Police, Substance Misuse and Mental Health.
- Kent Fire and Rescue, Margate Taskforce.
- NHS Armed Forces.
- Prison Service, Elmley.

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