

**APPENDIX A – Themed Feedback**

1. What currently works well and should be kept and/or increased? (theme and who identified this theme)

Theme	Staff	Service User	Stakeholder
Treatment system working well – no need for big changes	✓	✓	✓
Peer Mentors – excellent, need more	✓	✓	✓
Introduction To Treatment /Pre-entry group – this could also be a role for the recovery community/service (Dear Albert), getting people ‘treatment ready’	✓	✓	
Alcohol pathway in the County	✓	✓	
Young People service – however need more focus on prevention, who’s role is this	✓	✓	
Recovery community support – Asset Based Community Development (ABCD)	✓	✓	✓
Turning Point Engagement Team	✓	✓	
Turning Point Allocations and Referrals process	✓		
Groupwork for alcohol users		✓	
Prison ‘Through the Gate’/continuity of care	✓		
Young adults service – good for transitional arrangements	✓		
County venues – more attractive, less intimidating	✓	✓	
Turning Point Safeguarding Team – 4 staff across organisation	✓		

Dependent alcohol pathway	✓	✓	
Dear Albert role at in-patient detox service	✓	✓	
Important to keep 1 service (LLR) – flexibility of staffing, service users can attend wherever most appropriate for them, simple for other professionals	✓	✓	
Res Rehab Panel – quicker, better for staff/service user – no need to pass to another team/assessment	✓	✓	
Turning Point Management Team – excellent team, support, knowledge, don't lose it	✓		
In-patient detox service – good service, good relationships with other services eg. Turning Point, dear Albert	✓	✓	

2. What needs to be improved and/or adjusted?

Theme	Staff	Service User	Stakeholder
Alcohol service/offer – make more attractive consider venues (neutral, not Eldon St), more groups, more sessions (currently 7), evenings and weekend options staffed by Peer Mentors/recovery service	✓	✓	
Stronger online/social media presence – advertising/awareness raising	✓	✓	
Level of engagement with chaotic CJ service users – offer something they need eg. Food parcels	✓		
Weekend/Sat service- unnecessary after 1-2pm just put things on to use the time, limits time County staff spend in county due to covering Eldon St Sat'd service	✓		
GP knowledge and support – often 1 <sup>st</sup> contact for many non-dependent users (particularly alcohol). Inappropriate referrals to ASC rather than Turning Point		✓	✓
Less groupwork more 1-2-1 sessions – this conflicts with comments from other S.U's who want more groupwork and believe it is better – more honest, open, more support from peers		✓	✓
Need more community based venues across the county – particularly need clinic space an IT infrastructure. Costs	✓	✓	

are prohibitive			
Thresholds of other services leaves TP holding clients inappropriately (social services/mental health) and vice-versa	✓		✓
Currently limited needle exchange in some parts of county – eg only 1 in Market Harborough	✓		
Hospital teams not accepting referrals from Turning Point (raised by Dr.Ball)	✓		
More Peer Mentors – important role, can provide more flexibility for those who can't manage structured treatment		✓	✓
Limited aftercare/recovery support available across the county – need Dear Albert service across the county, currently not funded/commissioned	✓	✓	✓
Longer contract (7yrs) – better for service users, staff	✓	✓	
Too much performance reporting that is counter-intuitive to how staff work – creates additional burden/time spent on admin	✓		
YP Team needs more staff and more focus on prevention	✓		
PAVE Team/service	✓		
Not consistent service offer across all districts			✓
Need more multi-disciplinary/co-location working			✓

### 3. Are Needs and Trends Changing - what are we seeing?

Theme	Staff	Service User	Stakeholder
Increase in homelessness	✓	✓	
Increase in mental health issues	✓	✓	✓

Young people use of social media/internet/dark web changes drug dealing/marketing – services need to make better use of social media	✓		
Access for those unable/unwilling to engage in structured treatment – benefit from peer support/recovery community to become ‘treatment ready’	✓	✓	
Dependent alcohol users who are very physically poorly/’end-of-life care’ not treatment needed – referrals made too late	✓		
Prescribed medicine dependency and iatrogenic opioid dependency – big issues but not part of current contract. ? whose responsibility, GP’s/CCG’s. (feedback from Pain Clinic-JSNA)	✓		✓
Complexity of drug use of young people – often using wide variety of substances rather than 1or 2. Increased use of Dark Web to purchase drugs	✓		

4. What needs to be prioritised?

Theme	Staff	Service User	Stakeholder
Recovery community support across the county – more sessions, more locations, FRESH, MAFS, pre+Post treatment	✓	✓	✓
Community Mental Health Teams staff to be co-located within Turning Point clinics/service	✓		✓
Strengthen Prevention/early intervention offer – particularly in schools/YP services – does the responsibility sit within C+FS and/or ASC?	✓		✓
Assertive outreach – more required to engage people who can’t/won’t attend structured treatment			✓
Training for other professionals to improve knowledge, communication and referrals			✓
Marketing and communication about service offer			✓