healthwatch Derbyshire

Substance Misuse Report

Experiences of individuals living with substance misuse accessing health and social care services in Derbyshire

Tanya Nolan
Engagement Officer
July 2016

CONTENTS

1.0 Acknowledgement

Healthwatch Derbyshire (HWD) would like to thank the many groups and services who supported and cooperated with this engagement activity. We would also like to thank the many participants who gave up their time to talk to us about their experiences.

2.0 Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all people living with substance misuse, but nevertheless offer a useful insight. They are the genuine thoughts, feelings and issues that individuals conveyed to HWD. This feedback should be used in conjunction with, and to complement, other sources of data that is available.

3.0 Background

HWD is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

HWD was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of 148 local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

4.0 Rationale for the report

HWD Engagement Officers target their work wherever possible, at seldom heard voices, acknowledging that certain communities/groups/individuals are less likely to interact with Healthwatch and speak out about their experience of health and social care services than others.

For this reason we agreed to engage with people who were living with substance misuse, their family and carers, and the staff they interact with.

This activity took place from January 2016 to mid-April 2016.

The purpose of this report, therefore, is to present the experiences of individuals living with substance misuse and accessing health and social care services in Derbyshire.

5.0 How we conducted the engagement activity

Topics and themes to explore during the engagement activity were agreed at a focus group conducted with individuals living with substance misuse, and staff, at the end of 2015.

A prompt sheet was then developed consisting of a series of questions which provided the framework for our four Engagement Officers to use when conducting semi-structured interviews on a face-to-face basis (a small number of interviews were conducted over the telephone). This tool helped to ensure a consistent approach between workers across the whole of Derbyshire.

Engagement Officers carried out engagement activity in drug treatment centres, community recovery projects and in other locations and worked collaboratively with SPODA to set up two focus groups with carers in Chesterfield and Ilkeston.

To ensure confidentiality we have removed information that we feel could potentially lead to the identification of any of the participants.

A total of 59 responses were collected, out of these:
- Eight related to alcohol dependency
- 41 related to drug dependency
- Six related to dependency on prescription drugs
- Four related to dependency on drugs and alcohol.

Some responses related to rehabilitation centres and detox clinics in other areas, outside of Derbyshire.

In addition to the 59 people we spoke to who were living with substance misuse, we also spoke to a total of 15 carers and 15 members of staff to hear their perspective on how individuals living with substance misuse experience accessing health and social care services.

6.0 Summary of findings

- With regards to the participants we spoke to, more people told us that they had turned to substance misuse because of their mental health than because of any other reason
- Some participants living with substance misuse went on to develop mental health problems
- Participants found it difficult to access mental health services as there appeared to be a rule that their substance misuse must be addressed first before they would be treated by mental health services
- Mental health crisis teams do not take referrals from drug treatment staff who are not nurses
- Various staff members spoke about the difficulty of making referrals for mental health support, including drug key workers, voluntary sector staff and other health and social care professionals
- For most participants their GP was the first point of call to address substance misuse problems
- There were mixed experiences reported by both participants and carers of the support offered by GPs. Some participants reported that GPs listened to them, were caring

and referred on to other support and treatment, whilst others felt not listened to, ignored and dismissed without adequate support
- There were some concerns and issues around GP prescribing
- There were concerns about the lack of adequate management of pain and lack of referral to pain management clinics by GPs
- There was a reported lack of support/understanding from GPs for carers and their needs
- There were mixed experiences of services provided by acute hospitals. Some participants felt that there is a stigma to drug/alcohol misuse, which led to them being judged, and not treated with dignity and respect. However, some staff were reported as being brilliant, kind and understanding regardless
- There was a feeling that drug/alcohol users were discharged from hospital settings without adequate community support
- General positive experiences were reported regarding pharmacies, East Midlands Ambulance Services and dental services
- Some participants reported that social workers were felt to be judgmental, difficult to contact, and changed often
- There appears to be concerns over the effectiveness of social workers when children were on a supervision order, e.g. home visits
- There were concerns that out of date swab testing kits are being used
- There was a reported need for advocacy support during social care meetings
- There seem to be some themes across most of the drug treatment centres, which are:
    - Long waits to see key worker
    - The waiting room experience/environment was not seen to be conducive to recovery
    - Inflexible systems and behaviours from services and staff
    - The management of prescriptions, e.g. holding back, etc
    - Complaints systems and feedback mechanisms not seen as effective
    - The demands of paperwork and preparation for panel hearings
    - The effectiveness of treatment outcome framework paperwork.
- There were concerns about drugs being sold outside of Bay Heath House and the impact this had on individuals' recovery
- SPODA was spoken about very favourably
- Derbyshire Alcohol Advice Service was spoken about very favourably
- Community recovery projects were mostly spoken about favourably, with participants valuing the activities they provide, and the peer support they offer
- There were reported issues with travel/access to community recovery projects and mutual aid courses
- There were mixed comments about the usefulness of mutual aid courses
- There were reports of the drug rehabilitation requirement test being ineffective as no sanctions seemed to follow
- There is an apparent lack of drug treatment for short custodial sentences
- Judgmental attitude of some health and social care professionals
- Some participants reported that the stigma and shame around substance misuse has a huge impact on both users and carers
- Carers reported not knowing where to go to for support.

7.0 Findings

7.1 Where do participants live?

District of residence	Number of participants
Amber Valley	6
Bolsover	4
Chesterfield	16
Derby City	0
Derbyshire Dales	0
Erewash	9
High Peak	9
North East Derbyshire	6
South Derbyshire	9
TOTAL	59

7.2 Age range of participants

Age range	Number of participants
16-24	2
25-34	15
35-44	27
45-54	7
55-64	8
TOTAL	59

Participants reported using many different types of drugs, including cannabis, crack, legal highs and heroin. Some stated that they were addicted to prescription drugs for pain management such as codeine.

The majority of participants were unemployed, some were volunteering, with a small proportion in full time employment.

7.3 Background to using

7.3.1 Participants were asked the reason for using drugs and/or alcohol

This was a very sensitive area to discuss but the large majority of individuals spoke freely:-

"Heroin was my escape route to block everything that had happened. My dad died and I didn't get any help. Heroin numbed the pain."

Reasons behind using	Number of participants
Experienced abuse	7
Accident, including car/bike accident	4
Relationship breakdown	2
Death of a child or family member	6
Illness/pain management	6
Due to mental health/depression	21

Peer pressure	5
Recreationally	8
TOTAL	59

From the table above it can be seen that of the participants interviewed, more people turn to substance misuse because of their mental health than any other reason.

7.3.2 Carers also shared their thoughts about the reasons for people they care for using drugs and alcohol during the SPODA focus groups:-

- To cope with loss/bereavement
- Following an accident
- To cope with trauma/traumatic event
- Peer pressure
- Inability to cope with emotions
- Following diagnosis of a long term condition
- Isolation
- Coping with disability, e.g. deafness.

7.4 General Practitioners

7.4.1 Participants' experiences of General Practitioners

For 45 participants, their first point of call was to make an appointment to see their GP to try and address their substance misuse problem.

There were mixed experiences regarding the support received from GPs.

Participants spoke about the following:-

- Being treated with dignity and respect
- Caring, helpful and professional staff
- GPs who listened to them speak about their substance misuse problem, whilst others felt not listened to, ignored, and dismissed without adequate support
- Some said their GP contacted their key worker if they couldn't help them
- Visiting their GP to discuss their mental ill health. Some stated that they were quickly referred into talking therapies and signposted to voluntary groups for peer support However, others felt there was a lack of early intervention in terms of referring to other services, including mental health services, such as IAPT, and also pain management advice. One participant specifically spoke of not being referred to the mental health team for help after a suicide attempt
- Not having the reason explained to them as to why the GP couldn't prescribe painkillers
- Failure of the GP to identify their progressive addiction to prescription medication. None of the six participants with addictions to prescription drugs were referred to pain management clinics. These included individuals who had sustained injuries following road traffic accidents and individuals with long term conditions
- Several individuals mentioned how they couldn't be prescribed anything for their pain because they were already on methadone. Some said that methadone didn't take the pain away and they felt they were left to suffer
- Not always understanding why they have been prescribed certain medication
- A perception that GPs had a general lack of understanding of alcoholism
- Not being referred for Hepatitis B or Hepatitis C tests or treatment despite previously using heroin.

Positive

"My doctors are fine with me. I am treated with dignity and respect and they monitor the use of anti-depressants."

"The nurses at the surgery who prescribed me medication were friendly and nice. When you get to the surgery, you feel like you belong and that the staff really do care."

"They are brilliant. My doctor has put me on Diazepam for anxiety and I can talk about anything. They know about me so I don't have to go over things and they understand about the bad things that have happened in my life. I worry about when my doctor will retire."

"I have always had a lot of support from my GP. I have been referred for various different therapies before. I can always speak to my GP about anything."

Negative

"My heart has been racing, I've had breathlessness and nothing has been done. My GP just ignores me. I think it is just because he thinks it is side effects from the drugs but I'm not offered any help."

"I have just gone through the menopause and I feel that my GP has treated me differently because I am a drug user. I was told to just go home and have a milky coffee."

"I went to see my GP because I realised that I was becoming addicted to the prescription drugs and the GP did nothing about it; I was just given another prescription."

"I have been going to see my GP for years for pain from my long term condition. I was only advised to keep taking an increased dosage of Codeine. I was never referred to pain management."

"I wished my GP would have referred me to a pain management clinic before I got addicted to prescription painkillers and not just given me more painkillers."

"My GP isn't very helpful. I struggle with sciatica and he won't prescribe me painkillers because I am on methadone which doesn't cure the pain. I was never offered an alternative painkiller only to take Paracetamol. I have never been referred to physiotherapy".

"I do feel a burden to the NHS because of my drinking but I drink to drown the grief away from losing my mum. I only hope that I could have more support such as counselling or other treatment, but I'm a bloke and can't seem to get my words across very well when I see my GP."

"I was diagnosed with anxiety disorder, ADHD, Bi-polar and other things and was given a concoction of the wrong medication and I was regularly high. My psychiatrist just said I had anxiety disorder. I didn't feel like I was treated with dignity and respect and I changed surgery because I think they should have referred me to the mental health crisis team."

"The surgery aren't good and they don't know a lot about alcoholism and there was no initial suggestion of a liver function test. The first GP I saw didn't even read my notes from a previous practice."

"The GP said to me, 'It doesn't matter if you don't sleep for three or four days as eventually you will get some sleep. It felt like they were not bothered or did not see what a massive problem it is for me. I hate the fact that I drink and really want to stop but I feel I need help to do it and the blockers will help me too."

7.4.2 Carers' experiences of General Practitioners:-

- Generally poor service
- Other than prescribing anti-depressants, carers reported feeling that some GPs were not really interested
- The user (my partner) was told to shut up and not participate in the consultation
- GPs have a general policy of not prescribing anti-depressants to Class A users
- They don't ask the carer what support they need
- There's nothing available for carers – no support is offered to carers
- Carers don't get a look in.
- GPs are generally dismissive of carers
- Often carers accompany the user to appointments to help support them during waiting times
- My family member is prescribed sleeping tablets but this just defers the problem until they wake up
- Carers articulated that they actually wanted the family GP to care for their substance user rather than them have to go to treatment centres.
- GPs do not really promote the IAPT service for self-referral; carers are not generally aware of this option.
- Some carers said they do not speak to their GP about their loved one's addiction, as they feel they are 'wasting their time', 'what can they do for us?'
- One carer said she became really ill and managed to get a double appointment with her GP. She said she really opened up to him and told him everything about her family life
- Some carers had been referred by their GP for counselling
- None of the carers had ever had a carer's needs assessment carried out in primary care.

7.5 Acute Hospitals, including Mental Health Wards

7.5.1 Participants recalled the following experiences of accessing acute hospitals for general health issues, experiences relating to substance misuse and episodes of mental ill health:-

- Being discharged too early from the Chesterfield Royal Emergency Department without any community support
- Not feeling as though they were treated with dignity and respect at Chesterfield Royal Hospital. Feeling judged
- There were experiences relating to admissions to the Hartington Ward (run by Derbyshire Healthcare NHS Foundation Trust) due to being sectioned for overdoses or episodes of mental ill health. These participants stated that they had tried to get help in the community for their mental health but couldn't access services because of their drug use
- Participants felt they weren't listened to, or supported on the Hartington Ward, and medication wasn't always explained

- There were positive comments about the treatment at King's Mill Hospital, especially with regard to general health concerns, but it was stated there was a different attitude when being seen for an overdose, or site wound infection
- There were positive comments about the treatment given to participants at Royal Derby Hospital with nurses being reported as kind despite the reason for the injury being due to being drunk. A&E staff were also reported to be brilliant, kind and understanding
- There were mixed comments about Tameside General Hospital with regard to treatment by nursing staff, however the Alcohol Specialist Nurse was referred to as 'smashing'.

Negative - Chesterfield Royal Hospital

"I kept going back and forth to A&E with suicidal thoughts. I saw no mental health nurse, I was discharged without any support and I was just told to reduce my medication."

"I was admitted 29 times last year with drink-related overdoses. The Emergency Management Unit is shocking and there is a lack of support. I overheard one of the nurses calling a patient 'a stupid old man'. You are discharged very quickly with no community help."

"Nurses look down on you when you go in for in for general health reasons and they are judgmental about it being related to your drug problem."

"There is a lot of prejudice because we are substance misusers."

"It is humiliating to go to the hospital with an injection site infection; it isn't a great experience because they look down their nose at you."

"I went in because I had an abscess on my arm. The nurses kept saying that it was a needle site wound and that they shouldn't treat me. I was so upset because I've been clean for years."

Negative - referring specifically to Hartington Mental Health Ward at Chesterfield Royal Hospital, run by Derbyshire Healthcare NHS Foundation Trust

"*This was the only crisis support that was available, I couldn't cope any longer. It was a waste of time. I wasn't given any support or counselling whilst on the ward, just medicated to the point where I couldn't think."*

"*They are very bad. They drug the individuals, they don't listen, and the problem isn't cured. Little or no counselling is offered. Staff members aren't friendly."*

"I was very distressed, screaming and crying because of the emotion with my brain injury. Medication was given to me but I didn't understand what it was for. The nurses didn't seem to have any knowledge of brain injuries."

Positive – King's Mill Hospital

"*Brilliant, the nurses always treat me the same as everyone else. I injected MCAT and I nearly died. All of the staff were brilliant with me, they saved my life."*

Mixed – King's Mill Hospital

"They have always been really good with me for general health problems but have a different attitude when you overdose or have a site wound infection."

Positive - Royal Derby Hospital

"I got very drunk and had put my hand through my oven door. The nurses were kind even though they knew I had done it because I was drunk. The staff at the Hand Clinic were non-discriminatory."

"I went to A&E and the staff were brilliant. They were so kind and understood very quickly that I did have ketoacidosis which can be very dangerous for people with diabetes."

Mixed comments about Tameside General Hospital

"I was on the ward because of the death of my son. I ran out on the first night because of the stigma I felt being in there. The police were called and I was taken back. The staff were brilliant and I was treated very well for three weeks. The nurses all really helped me and made me feel strong."

"I had an emergency admission four weeks ago after overdosing and drinking. I wasn't treated with any dignity and respect. I felt like I was just labelled an alcoholic. I was taken to a general ward. The Alcohol Specialist Nurse saw me and she was smashing."

7.5.2 Carers revealed mixed opinion about how substance misusers were treated in hospital:-

- It was felt that known drug users are looked down on, and treated differently by staff
- Staff often leave known drug users waiting while they attend to other patients
- A number of issues were recalled about discharge with no support
- Some carers reported being concerned about the level of support their cared for received on the Hartington Ward.

"My family member took three overdoses in six weeks - their care in hospital was great but the problems started again after they were discharged."

"We spent a long time waiting in A&E, before being seen by a nurse in a treatment room - after it was explained that my family member was a drug user the nurse never spoke again and my family member was treated like a piece of meat."

"We had a positive experience in hospital for treatment of an abscess. We were triaged and offered an emergency admission but my family member didn't want to go because of the stigma of being a drug user - but we were admitted within 10 minutes."

"My son self-harmed. He wasn't given any support whilst he was on the (Hartington) unit and discharged without any support."

"My daughter was discharged (from Hartington Unit) too early. She didn't get any follow up and soon went back to using heroin. She was re-admitted and sectioned again. There is a lack of support, no real community mental health support."

"Hartington Unit is okay when you phone for advice but if someone says they are not thinking of self-harming they will get discharged."

"My family member's addiction was not treated, so they re-used and were re-admitted under section by the crisis team."

7.6 East Midlands Ambulance Service (EMAS)

Generally participants recalled positive experiences of treatment and care from the paramedics.

Positive

"The paramedics have always been really good with me, never judgmental and always really friendly."

"I have gone on a couple of benders drinking. I fell flat on my face last year, the ambulance came really quickly and the paramedics were brilliant, they always are. They treat me fine, have a laugh and a joke with me to keep me at ease and don't treat me poorly because I have been drinking."

"The paramedics have treated me with kindness and have acted in a professional manner every time I have needed them."

Negative

There was just one negative experience.

"An ambulance came to me after I contacted 111. One paramedic said, 'you are drunk- we are wasting our time coming out to people like you, there is nothing we can do for you. We are not taking you anywhere.' I tried to explain that I did not ask or want an ambulance. I was feeling very ill as I thought I had ketoacidosis as I have had this before but they would not believe me. They were so rude to me and I got very upset. They refused to put me in the ambulance."

7.7 Pharmacy

There were variations in how participants picked up their prescriptions for methadone. Some were on daily supervised pickups, and some weekly. The comments were mainly positive, with very few problems highlighted. However, the negative comments are worthy of note:-

- One describes a situation where people stash subutex in their mouths to sell on the street
- The other describes being made to feel humiliated and intimidated.

Positive

"I go to a pharmacy in a local supermarket for a daily supervised collection. They are very respectful with me and they go out of their way to try and help me because they know I want to come off the subutex. It makes me feel sick right away and they are always good with me."

"All of the pharmacists at my local chemist are good; I'm not made to feel like a criminal."

"My local chemists are right good. They know me by name and I am always told if I will have to wait. The staff are kind and considerate."

Negative

"Chemists should watch people taking their prescriptions; a lot of people take subutex and stash it in their mouths and then spit it out. It is such a big seller on the street; you can get 3.8ml for £10."

"I have to pick my prescription up from the local chemist. They ask me to stand in what I call the 'naughty corner' to wait for the staff, and they often keep me waiting for 20 minutes whilst they finish serving everyone else. I was recently asked to return later on in the day because they were busy. When I returned they said they were nearly closing but I was aware that its closing time was 10 minutes away. They locked the door and closed the blinds. I felt really intimidated and quite scared. I really hate standing and waiting in this corner as it will be obvious to others why I am there. The chemist is close to my daughter's school. I don't want to continue to be humiliated and not treated with dignity and respect."

7.8 Dentists

Access to dental treatment was mostly referred to as positive. However, a large proportion of participants hadn't visited a high street dental practice for over 10 years. Some had the fear of being turned away because of their drug use, whilst others were embarrassed about their teeth through the damage that methadone had caused. It was also stated that sugar-free methadone was not given as an option.

All comments about the specialist Dental Clinic at Scarsdale were positive. Clinics are held once a week, on a Monday morning on a drop-in basis, to provide treatment for individuals with a substance misuse issue.

Positive – General Dental Treatment

"I have false teeth because all of my teeth went rotten through the amphetamine. I have brilliant dentists."

"Treats me fairly. Went the other week and it was the first time I went in 20 years. Let's just say I need a lot doing. The dentist was fine, didn't give me a lecture or anything."

"I don't feel that my dentist treats me any differently to anyone else."

"I have just been referred to the specialist dental services because I have a phobia of dentist. There is a three-month wait but I'm happy about that."

Negative – General Dental Treatment

"Felt the dentist was doing unnecessary treatments. Never informed of what was happening."

"I'm not with a dentist because a few won't take me on because of my drug use."

"My teeth are deteriorating because of the drugs/methadone. The methadone is a synthetic opiate and has a sugar solution in it. It results in less saliva production. There are sugar-free methadone solutions but they won't prescribe them."

Positive – Specialist Clinic Scarsdale

"The dentist uses start/stop signals and explains everything."

"The dentist is really good. I can't get in to see other dentists because they won't register me because of my history with drug use and they don't want to do any treatment."

"It is an amazing service for drug users; the staff are friendly, acceptable and do their best to treat you normally."

7.9 Mental Health Service

7.9.1 Participants recalled the following experiences regarding Mental Health Services:-

Out of the 59 participants we spoke to, 21 spoke of having a mental health condition prior to their substance misuse problem, while 16 had developed a mental health problem during their substance misuse problem. All were trying to access a mental health service for treatment.

Twenty-two participants said how they couldn't access a mental health service because they had been told that their substance misuse would need to be addressed initially, which they found difficult. Some mentioned low level mental health services such as IAPT and some spoke of more specialist help like a psychiatrist. Participants said that it was like a 'catch 22' because they took drugs because of their mental health condition and their condition would worsen if they were to quickly come off the substances.

Recovery staff spoke of difficulty with making referrals to the community mental health team for psychiatric support, and referrals being turned down.

There were, however, positive accounts of individuals finding support for their mental health.

Positive

"I am under Corbar View for anxiety and post-traumatic stress disorder and my psychiatrist is excellent. I used the crisis team and got a very quick response. They were thorough and referred me to the mental health federation."

"I get a lot of help with my mental health; my CPN is really good and very helpful."

"I come to Bank House for support and it is the only place that I really get any kind of mental health support. I have also been referred to P3 and I will be going to Bank House for extra support."

"I am getting support from Relate at Chesterfield; they are helping me to resolve my issues."

Mixed

"Bank House is a godsend; there ought to be more services like this around Swadlincote. I keep all of my problems in my head and this makes things worse. I would like someone to talk to. I know I use drugs because of my mental health and it is not improving. I feel that I am just given tablets and methadone but I need to talk to people to get me back on track."

"I suffered with my mental health for a few years and I have received counselling for about three weeks but I struggled with it and I stopped going. I have been offered it again but I'll do it when I'm ready. I am currently suffering with anxiety and I'm not receiving any support."

"St Mary's Gate Clinic is OK. The environment is good as there is fruit and water. I was referred to dialectical behaviour therapy; it makes you look back at your worst life scenarios and work back from there. It was a lot better than cognitive behavioural therapy where I had to look at a computer screen with pictures of beaches which I didn't find helpful at all."

Negative

"I was discharged from the mental health team with no support even though I still felt suicidal, down and isolated."

"I have tried to commit suicide numerous times over the past 20 years. I have been taking drugs since I have been a teenager because of mental health problems and because I have ADHD. I can't get support because I take drugs."

"Mental health concerns need to be resolved first before the drugs are addressed and not the other way around. If you are psychologically stable then your recovery will be easier."

"If you don't get off the heroin and methadone the first time around it is much harder the second time around because you have tried it and failed. That is why it is important to get your mental health sorted first."

7.9.2 Staff stated the following about Mental Health Services:-

"The community psychiatric nurse service is poor. People are being discharged from the mental health wards with a referral to a CPN but there seems to be a long wait. We are given an impression on discharge that everything is in place but in reality it really isn't the case."

"Mental health wards are their own worst enemy; they leave everything to the last minute."

"There are good links with GPs and CPNs, etc, where there is a high level mental health problems and there is a clinical diagnosis. The gap is for people with low level anxiety and depression which are interlinked with drug use. Talking Therapies do take on clients but only where they are drug-free or on a stable prescription."

7.10 Social Care

Not all participants had experiences of Social Care Services. Out of those interviewed, eight female, four male, five professionals and six carers spoke about Social Care.

7.10.1 Participants recalled the following experiences about Social Care Services:-

- Experiences were raised where children had been removed from the family home, at risk of having their children removed or, in some instances, where either the mother or father were on a supervision order.
- Parents living with substance misuse and professionals all showed an appreciation that Social Care staff had a duty of care to protect children and to intervene when necessary.
- There were several negative comments that were raised by parents relating to communication, staff attitude, and feeling judged by Social Care staff.
- Some parents questioned the effectiveness of staff when visits were carried out to check on their children.
- Seven out of eight female participants reported that Social Care staff were using out-of-date swab testing kits.
- There were a number of comments from parents that said how useful it would be if they could access an advocate for when they attend Social Care meetings to act on their behalf, as they felt their voices were unheard.
- Participants spoke about social workers being difficult to contact and changing often.

<u>Positive</u>

"The social worker said: 'If you don't stop the drugs you won't be able to see your daughter'. I found that they really helped me have a positive relationship with my daughter. The social worker directed me on different courses."

<u>Negative</u>

"Children aren't being checked properly. The social worker would come to the house and they wouldn't check on the child. I said they are upstairs but they wouldn't go up and check on my child."

"I don't see the point of being supervised; the social worker only came to my house for four minutes the last time and didn't even look at my daughter."

"The social workers are using out-of-date testing kits, resulting in positive readings, meaning a return to court."

"Social workers are judgmental. They have criticised me a lot for tidying up before they come out. They don't keep to appointments. I have children in care with other family members but I am allowed access at the recovery house."

"The social worker was shocked to see that I have a nice house. There is a lot of stereotyping with us."

"Accused of neglecting my daughter, allegations were made by a vindictive neighbour but were not true. The comments were about my daughter playing near drug paraphernalia and having mouldy food - these were put into a legal report but the social worker later said they were unfounded but the comments couldn't be retracted. The MAT worker was great and I had a rapport with her but I can't get on with the social worker."

"My social worker left me a message on my mobile saying that I wouldn't be able to get my daughter back at that time. I later spoke to her and I was obviously upset and I was condemned because she said that my mental health hadn't improved. I was absolutely fine before I got the answerphone message. They don't think about their actions."

"Contact is difficult to make with the social worker; sometimes it takes two or three times before she rings me back. It can be me or my mum trying to contact her."

"They never believe what I am saying because they see me as a drug user and not a person. It is so frustrating."

"The social workers change regularly so users don't know who to call so you call no one and then you get criticised for not building relationships."

"A lot of women would still have their children now if they'd have had support from somebody else to help with social care. There is a great need for someone to speak up for us, like an advocate as there is no one else."

7.10.2 Carers spoke about the following experiences:-

- It was felt that some social workers left children with their grandmothers even though drug paraphernalia was around and there was still persistent drug use in the house. However, in contrast there were other comments that Social Care staff removed children too quickly and they didn't give their daughters the chance to explain themselves
- It was felt the communication was poor with Social Care staff, often taking the carers three to four times to contact the relevant person
- Carers also felt that Social Care staff were judgmental with the carers
- A number of carers raised issues that Social Care staff didn't check on children when individuals were being supervised.

7.10.3 Staff spoke about the following experiences:-

- Social workers being difficult to contact and changing often
- Getting social workers involved had negative effects on the family
- Incorrect information going into legal paperwork
- The need for advocacy support.

"There is a constant change in social workers, case notes aren't updated and a lot use out-of-date saliva swabs for testing."

"Getting social workers involved has really negative effects on the family and I urge parents to record everything that happens and all communication."

"They don't give parents, especially mums, the benefit of the doubt; there are a lot of mums that are trying really hard to improve their chances of getting their children back."

"I know they have a job to do but I have known incorrect information going into legal paperwork."

"A comment that we regularly hear is that social workers criticise mums for tidying up before they visit. Of course they are going to tidy up to make an impression. Another one is that their children have too many toys. It is like they can't win whatever they do."

"Advocacy is definitely needed for this group of mums. Social workers are very judgmental with them and don't always believe them."

Drug Treatment Centres and Alcohol Services

Drug Substance Misuse Services

Derbyshire Substance Misuse Service (DSMS) is a consortium drug treatment service between Derbyshire Healthcare NHS Foundation Trust, Phoenix Futures and SPODA and is currently based at locations throughout the county, including Bayheath House, (Chesterfield), Erewash House (Ilkeston), The Mews (Ripley) and Bankgate (Swadlincote).

The team is an open access service and individuals can refer themselves or be referred by another person with their consent.
DSMS provides services to meet the health, criminal justice and harm reduction needs of the county's substance misusers who are aged 18 and over, offering intensive, structured, one-to-one and non-structured interventions; a mix of high and low intensity levels together with a specialist prescribing programme. The service works with all levels of drug misuse from 'legal highs' through to cannabis and cocaine, as well as heroin and crack use. The Derbyshire substance misuse service also manages all substance misuse substitute prescribing (primarily for heroin misuse) across Derbyshire.

The aim of Adult Services is to reduce drug use and its associated impact on individuals, their families and communities and to move service users towards a drug-free recovery.

Who is the service aimed at?
- Adult drug misusers, aged 18 years and over, who live in Derbyshire
- Service users who require a prescribing intervention to address their drug misuse (excluding the misuse of prescribed or OTC medication)
- Individuals who are at risk of blood-borne viruses in relation to their drug misuse.

An integrated adult treatment service for drugs and alcohol has been commissioned, to commence April 2017.

http://www.derbyshirehealthcareft.nhs.uk/services/substance-misuse/derbyshire-substance-misuse-service/

Alcohol Services

DAAS (Derbyshire Alcohol Advice Service) provides the single point of ontact for open access to all alcohol treatment in Derbyshire, and also provides support and counselling services for non-dependent drinkers. Onwards referrals are made from DAAS to Addaction who provide a treatment and detoxification service for dependent drinkers.

7.11 Bay Heath House – Chesterfield

7.11.1 Participants recalled the following experiences about Bay Heath House:-

- Several participants commented on waiting times to see the key worker stating there was often no explanation or apology, but some were understanding of the reasons behind this, i.e. staff caseloads and late arrivals

- Six participants had strong feelings about their prescriptions for methadone being held back due to them either being late for an appointment or getting dates mixed up because of their chaotic lifestyles
- Some participants spoke of what they perceived as inflexibility in setting appointments, i.e. religious beliefs and employment not being taken into consideration
- Some participants were concerned about raising a complaint for the fear of being treated differently and being ignored. Those who did raise a complaint didn't feel that it made things any better. One participant did say that a service user forum was being set up with support from a key worker
- Nine participants had issues relating to the environment outside the centre where they stated that illegal drugs were pushed upon individuals arriving and departing the centre. It was felt that this wasn't conducive to the recovery process. People who had a dependency on prescriptive drugs did not want to be associated with individuals with an illegal substance misuse problem
- There were mixed views about the support from key workers
- There was a comment about the Treatment Outcomes Profile form being really old and in need of review
- Some participants felt they needed more support to reduce off methadone or subutex.

Positive

"My key worker is brilliant, so lovely; she is a drug and a mental health worker."

"My key worker is very good. She is helping me with the service user forum."

"I have been on methadone for 10 years. My key worker is nice; she does things by the book which is good."

Mixed

"Sometimes long waits but they are always explained."

"Waiting times are dreadful, 40 minutes to an hour; however staff are approachable and helpful."

"I am aware that if I miss my appointment, I might not be able to get my script. I understand that they are busy but they are accommodating."

"My key workers are trained in dual diagnosis which is helpful. I would prefer to see them at the recovery centre but I know that the prescriber can't do outreach work."

"I don't have a care plan in place but I have been there a long time. I feel that I can make choices."

Negatives

"I am sometimes kept waiting for up to an hour and a half."

"They are always running behind, but when I'm 10 minutes late because of a bus I have to come back later. I have no money for food to stay in Chesterfield and can't afford to travel back home."

"I needed to use drugs before and after visiting the key worker. There was no explanation as to why I had to wait an hour and I have had appointments cancelled with short notice in the past."

"Our religious beliefs aren't taken into account but staff public holidays are. I attend the summer solstice gatherings but they can't make appointments to accommodate me. I am given larger amounts of methadone when it is a bank holiday. Why can't they do this for me?"

"There is a lack of flexibility with appointments in the evening to accommodate people with full-time jobs. People quit their jobs because they don't want to lie to their employer about having to pick a script up."

"They drive people to almost criminal behaviour due to their inflexibility. There isn't enough support and they don't accommodate you with appointments."

"I missed my script two weeks ago and my key worker held it back for three days. I didn't have any methadone in my system so I had to buy some off the streets."

"I think my scripts were being held back because I complained about my key worker."

"The complaint system isn't up to scratch; I have made a few complaints in the last few years and had no response, reply, apology or anything."

"They don't take criticism on board. I have complained and their attitude completely changed in a negative way with me."

"I really want to make a formal complaint but I'm worried that it will affect my chances of getting into rehab."

"I think it is wrong to be pushing drugs outside. I have been tempted at times, and it almost defeats the object of going in for drug support."

"I have been sold weed, MCAT and black mamba before going in to see my key worker and I have given in to temptation and relapsed before. I hate walking in at times."

"I don't like mixing with drug users. I had a codeine addiction and I don't like it when I'm offered illegal drugs."

"They share a waiting room with Probation and you get different people at varying points in their recovery. It would be better to have a tiered appointment system, red for high intensity users who aren't in recovery, and amber for people who are trying to recover and are relapsing and green for people that are clean and just coming for their scripts."

"The Treatment Outcomes Profile seems old. It looks like it was created in 2007 and I appreciate that it has to be carried out but I think it needs changing."

"I don't get much support on subutex. I really want to come off it to get back into work and because it makes me sick every day. I wished I'd never come here."

7.11.2 Staff spoke about the following experiences:-

- There are two police constables with civilian roles based in Probation on site. Their role doesn't permit them to go and staff the entrance where people hang around

- There is no PCSO attendance, which it was felt would help to move the drug pushers along
- Paperwork for the rehab panel is tedious and takes a lot of time, taking time away from seeing clients
- "The mental health crisis team won't take referrals from us because some of us aren't nurses."
- There is a communication barrier when external services such as acute hospitals want information about a client but they won't pass any information onto them about clients
- The waiting room holds a mixture of people who can be violent and aggressive. We are aware that it is not conducive to a client's recovery and the environment isn't pleasant for some. It is very difficult to have a traffic light system to separate appointment times with different groups of people as we are in the same building as Probation.

7.11.3 Carers spoke about the following experiences:-

- Some of the high intensity workers are excellent. They have a lot of empathy and are very knowledgeable
- Families find a difference in low intensity staff as they aren't as specialised and individuals tend to relapse more often
- There is a lack of continuity with professionals and it was felt that it was difficult to build up relationships with the key workers as they felt rushed
- Requests have been made to change the key workers by the individual using drugs but they have been declined
- The key workers cancel appointments on a regular basis and frequently run late.
- Families felt that individuals are punished when they are unable to attend and they hold their prescription back
- Some families felt that too much time was spent on talking about substance misuse and not enough time on the actual recovery
- There was a difference in opinion around the reduction of methadone/subutex in that some carers said that the key worker didn't seem to be reducing down and that they had been on their script for years. Whilst others had reduced down dramatically and couldn't function
- Carers/family members are not included in the user's care plan
- Information sharing agreements had been set up in order for the family carer to ascertain information in some instances, but this had not been consistent.

"I had meetings at the centre and I warned them that my daughter would do something serious. They wouldn't change her script or see her any earlier and she was soon in prison. I felt that the key worker wasn't listening to me."

"My son had a five-week wait to start the programme. I felt that this was too long."

"Bay Heath House is a waste of time; they focus too much time on the drugs and not enough time on the recovery."

"My daughter's script has been held back because she missed an appointment."

"I arranged an information sharing agreement with the centre but it has never worked out, I am the one person who needs to know what is happening in order to support my daughter."

7.12 The Mews – Ripley

7.12.1 Participants recalled the following experiences about The Mews:-

- There were positive comments about appointment time, key workers and not feeling rushed
- There were some negative comments about the paperwork and caseloads for key workers
- The location of the centre was also regarded as positive
- The waiting room was described as depressing
- It was felt that waiting times should be different for people at different stages of their recovery.

Positive

"I am only waiting five minutes."

"My key worker keeps me on track with appointment times."

"They never rush me."

"The service is hidden well off the main road. No one really notices where you are going."

"I am involved in my treatment plan regarding my feelings and goals."

"I am enthusiastic about giving something back to the service because they have helped me a lot."

"The nurse wrote to the Pain Management Clinic at Derby to try and get painkillers without the addictive properties in them as I get really bad back pain from a motorbike accident."

"Felt involved in treatment plan and I had control over it. I can choose my own appointments."

Mixed

"I see my key worker every two weeks; he is helpful and very nice. I think the forms they send you to ask how you are feeling are a waste of time. The sessions are not really a two-way discussion; I feel it is just to get the paperwork done."

"I asked to change key worker and they didn't listen, but my GP intervened and I got a new key worker."

"No one has really helped me reduce or come off methadone for 10 years. I have reduced down myself."

"Feel that the key workers have a huge caseload. I know one that has 100 clients, and this means that they can't give people the time they deserve."

Negative

"A lad asked me to help him inject in the waiting room. It could have really affected my recovery. I think they should have separate times for different people that want to recover."

"The waiting room is depressing; there isn't a TV or any music, just a sofa."

"I have been without a support worker for two months."

"They have passed confidential information onto someone that they shouldn't have."

7.12.2 Staff spoke about the following:-

- There should be better links with pain management clinics
- Increased local provision of mutual aid groups, including local NA and AA meetings
- Improved provision of support for individuals with mental health problems.

"I think there should be better links with pain management clinics."

"We need local AA and NA meetings."

"There is a gap in the provision of mental health services for substance misuse clients."

"Some individuals are sectioned but there is no preventative work and they are discharged with nothing."

"I feel clients are abandoned by mental health services because they have to abstain from drugs for a certain amount of time before they can access support."

7.12.3 Carers spoke about the following experiences:-

- The key worker was brilliant. Her son was off the drugs for seven years. She was really good to him; she took the time to get to know him and had the ability to challenge him as well. The carer also said that the key workers made her feel involved in the recovery process
- The key worker was amazing because he truly understood what the family and the user was going through
- The centre isn't organised and there is little in terms of support
- Not many groups are put on and there isn't much incentive for individuals to attend
- The staff members at The Mews were always too busy and they had no time for people
- My son could have gone to rehab this week but his key worker cancelled last minute to go to panel so this stopped him having the chance to go. Another appointment was made which was also cancelled. There is only one person there who can sort out rehab and she is always so busy
- Targets are more important than actually helping people to become clean.
- All the key workers talk about is drugs which can cause individuals to fall back. They mentioned that sessions should focus more on recovery and why individuals are using.
- The Star Outcomes Framework is good, however the results are not used appropriately by key workers.
- Communication is extremely poor between key workers, family carers and individuals.
- No relapse prevention is provided.
- The service makes you feel very uncomfortable. You are never greeted, you just have to press a buzzer and then knock on the door and there is no waiting room.

- The key workers cancel appointments a lot. Carers felt that service users are punished when they are unable to attend an appointment by not having a script but the key workers are able to cancel without any penalty and at the last minute.
- Rehab is not encouraged by key workers. After a certain amount of weeks/months attending the treatment centres rehab should be encouraged/offered.
- The prescriber for the script is only available once a week, therefore if you miss your appointment for any reason you have to wait for another appointment to get your script.
- Confusing and contradicting information given by key workers.

7.13 Bankgate Drug Treatment Centre – Swadlincote

Participants recalled the following experiences:-

- A participant spoke about people in the waiting room wanting to offload their problems which they didn't find helpful
- There were concerns about the waiting time for the programme
- There were mixed comments about key workers. Some individuals expressed feelings that they wanted to change their key workers but they were too scared to ask because they weren't listened to in the past. Others said that they felt worse when leaving their one-to-one session as they felt that they were just a number
- Four individuals mentioned comments about a form they had to fill in on every visit. It was felt that the form was a waste of time and was just a tick box exercise that the key workers had to do. The numbering system given to choose from, i.e. from 1-20 was felt to be of little use.

Positive

"I don't have to wait long for appointments which is good."

"My key worker is the best because he used to be a user. He knows all of the excuses and so I can be honest with him. It is really important to work with somebody who has experienced it themselves."

"Over the years I have had to see a GP prescriber and have often had to wait about 40 minutes but I understand this as some people need more time and she is very good. She is kind, always wants to help and is interested in you."

"I feel that I can talk to the staff to agree a way forward and the prescriber will help me reduce down off methadone. I have been offered subutex but I can't have it as you go into immediate withdrawal and I work full-time."

Mixed

"I like having the tests done to prove you are clean as it makes me feel very positive and look forward to getting the results. However, I know that a lot of people are cheating urine tests because it is just to avoid going to prison when you are on an order."

Negative

There are a lot of people in the waiting room who want to offload their problems onto me which I don't find helpful because I have my own problems to deal with."

"I had to wait three months to see a GP to start the programme; I feel that this is too long because time will pass when you give up on wanting to go into recovery."

"Key worker doesn't listen or believes my issues, focuses on the drugs and not why I am taking the drugs. I feel that they aren't bothered about helping me only care about getting the drug figures down."

"I feel that people just use the service to get a free hit. I think this is wrong and should only help people who want to get clean as they are wasting money. I know people that have been doing this for years and years."

"I think my key worker goes behind my back and doing things that I don't want. The prescriber told my GP to reduce my temazepam and I couldn't cope. The prescriber denied that he had done this but my GP admitted that he had been told to do it. I have completely lost trust with the recovery centre."

"I would like to try shared care as I have been denied this so far. I have been with the service for 12 years now and feel worse than when I first came. I feel stuck, like I'm not getting anywhere."

"The treatment outcome paperwork, I think that's what it is called, is a pointless exercise. I don't steal but who is going to be honest and say, yes I have shoplifted and I have been drug selling."

"The number range on the form we have to fill in is too broad. How can we pick a number from 0-20 to say how we are feeling?"

"We go through forms together but putting a number on your feelings is hard to judge because it is not consistent. I usually just a pick a number in the middle."

7.14 Erewash House – Ilkeston

7.14.1 Participants recalled the following experiences of Erewash House:-

- Several positive comments were raised about key workers and how they have helped individuals. Praise was given to key workers for the amount of signposting they did to other services that could help the individuals
- There was a concern about the complaints system
- There was a positive comment about the waiting system which was felt to be less intimidating, as there are only ever one or two people waiting at a time.

<u>Positive</u>

"I feel involved with my treatment plan and my key worker is really good and supportive. I make my own choices in terms of my treatment."

"My key worker is really nice, she is always there for me. She is like my security blanket and it is always nice to see her. The service is really good and I am hoping that it will help me to recover and open doors for me."

"I am involved in my treatment plan. The key worker always asked me what I want out of the service and she knows that I am committed to staying clean. I have really bad social anxieties and she has told me a lot about other support groups but she didn't push me to attend."

"Coming here helps me to be organised. I come here because I want to not because I have to. The key workers help me to set targets so that I have something to do and remain focused. It helps me to be motivated. I also get help with the reduction of my cannabis. I feel better when I leave my sessions."

"I kicked off once because I have anger management issues. I am pleased to say that they let me back in and understood my reasons."

"The building is inconspicuous which really helps because people don't know that you are coming here for drugs or alcohol."

"I thought the waiting room had improved lately and was a much less intimidating place to come to as they had now changed the system so that there was only ever one or two people waiting to be seen by their key worker. I feel this was better as it meant that you were not with people who were still 'using and abusing the system'."

Negative

"Staff blank views that we raise."

"The key workers *play God and they have too much control over my life and make threats to take away the methadone if I don't do what they want."*

"I feel that the complaints procedure was not good enough as 'it only goes to the team leader and then they brush it under the carpet'. However this does not match with the complaints leaflets as you can send a complaint to the head office."

"You need more colour in the waiting room and to have a positive message as you walk through the door, a real powerful statement. There needs to be more posters/leaflets advertising other groups such as Wash Arts animation."

7.14.2 One member of staff spoke about the following:-

- The policies and procedures are not always clear to clients. It would be good if they were more accessible, e.g. the policy regarding children living in the household and the possible risk of methadone use by young people
- The Mews and Erewash House are not accessible. Bankgate in Swadlincote is as it is an NHS Estates building and so fully compliant. This means people with disabilities may be missing out on a service
- In the past, home visits did take place but this is no longer provided due to the volume of clients. There are many drug users who are very poorly and ill, sometimes linked to their drug use and other times not. They are now potentially missing out on the recovery service and access to other forms of support like key work support access to other therapies or courses
- He felt that his main issue was that drug users do not like the introduction of boundaries as part of recovery, i.e. they have to come to appointments at a set time and if they do not then there will be a consequence. Possibly lose or a delay in issuing of prescription
- There is a massive amount of DNAs for appointments (well over 50%) and this impacts on staff time and their ability to be effective as a lot of their time is 'wasted' preparing for client to visit and then having to deal with phone calls from clients about being late and rearranging, etc

- Need clarity over whether recovery services are focusing on harm to health, e.g. needle exchange or to stop people using drugs so can have a 'normal' life, i.e. work, education etc
- Commissioners need to acknowledge that all clients are different and will be using for many different reasons and so we need to offer a personalised recovery for each client. The outcomes tool, i.e. tick sheet, is not effective for clients or for staff and is only used to show to the commissioners/contract managers. There should be a better way of showing outcomes for clients as moods can change from moment to moment and day to day and feels that they are being completed arbitrarily
- There needs to be clear guidelines and boundaries for clients so that it is open and honest across the service and this will lead to better results. There needs to be consistency across the county for services so that there is not a postcode lottery and can better judge how well the service is working.

7.14.3 Erewash House Service User Forum representatives stated the following:-

- There was a level of frustration that they were recruited as service user reps many months ago and had not been used as much as they would like. However, they did appreciate the delay was possibly down to staff time and there was an understanding that the key worker had a large caseload to manage. It was mentioned that the key worker was positive about the forum
- They felt that the organisation and staff do not fully acknowledge and are not focussing enough on what clients want. *"There are a lot of clients out there who need actual support and activities to help them to get clean and get on with the rest of their lives. To go to college or get a job."*
- They felt that that individuals who weren't in recovery received more help
- They felt that there should be the opportunity to make anonymous complaints, compliments or concerns
- They wanted to provide peer support to aid in the recovery process and to make other individuals feel worthwhile
  "People may prefer to talk to us rather than the key worker and we may be able to explain to them how 'the scripts' work and there is a greater chance that they will believe us as we have been through it. People could come to us with anonymous queries and then we could find out the answers and take it back to them."
- They felt that there should be more services available for people locally as people do not have a lot of money to travel to get to the centre at Ilkeston
- They felt that there is a push to attend the intuitive recovery training and felt that although it may work for some people it isn't for everyone, especially those who have mental health problems as intuitive recovery is based around willpower and this does not work for all, especially when you are not well mentally
- They were all happy that Phoenix was supporting them to get involved but want to make sure that it means something rather than just saying that they are doing something but nothing really changes
- They are happy that the service user involvement is being given a budget and that they have the responsibility of arranging the football tournament in August.

7.15 SPODA

Support for families and carers of drug misusers. SPODA's services include a telephone helpline, support groups, one-to-one work, education sessions and respite and alternative therapies.

- Every carer mentioned how supportive SPODA was and there wasn't any other service that could have helped them
- They told us how SPODA is the only group of people they can turn to in a crisis.
- Some stated how they wouldn't be here if it wasn't for the help that the SPODA team had given
- Carers were extremely concerned that SPODA may not have its contract extended
- Family carers said that SPODA has improved relationships with the user because of their intervention
- Carers felt through having a separate service for carers support, it enabled them to get the support they need in order to support loved ones better.

"SPODA is great, it's like a large family."

"They really understand the needs of carers."

"We trust them."

"They've always got somebody to talk to and help."

"There isn't anything else like this locally."

"SPODA act as a go-between with the family carers, the services and the individuals."

"SPODA do not exclude the person with the substance misuse issue. They have a whole family approach."

"SPODA is a massive help; they enabled me to gain more of an understanding and it gives you motivation to help yourself so you can help the user."

"They have helped improved the relationships between me and my son so we can now see things and understand things from the other's point of view."

"SPODA enables people to speak openly about their feelings and speak to others who have similar situations."

"There is a lack of promotion and awareness of SPODA. It was ages before I found out about them."

"I would be lost without them."

"It is invaluable, a sanctuary that we can turn to that isn't judgmental and we can turn our backs on the stigma from professionals."

7.16 Addaction

Addaction provide an alcohol support service in Derbyshire. There were mixed comments about Addaction:-

<u>Positive</u>

"I would be dead without their support, they are absolute life savers. The support workers give me a really good positive outlook on life."

"I attend the service in Ilkeston every two week but it would be good if there was something more local because I only get a very small amount of money each week. The staff would do anything to help."

"Have been really helpful. The workers have never given up on me over many years."

"The support worker is good and is trying to get me into a rehab place in Manchester."

Mixed

"Feel there is not enough support therapy offered and not enough time to talk about things that are not drink as there are lots of problems that people have."

"They need to get to the bottom of why people drink as that is what will help people to stop drinking in the long term."

7.17 Derbyshire Alcohol Advice Service (DAAS)

Derbyshire Alcohol Advice Service offers free advice, information and counselling to anyone over the age of 18 in Derbyshire experiencing problems with alcohol.

- The support from DAAS was greatly appreciated by all clients spoken to
- Some had been referred by their GP whilst others had self-referred
- Participants said how they could speak to support workers by phone and could also arrange one-to-one sessions
- Participants said that they liked the support groups and found solace in not having to speak about their addiction. It was also pointed out that there was a gap in support groups in other areas of Amber Valley and Bolsover for those who have no transport or have lost their driving licence through drinking
- Participants felt that too much of the actual support time was focused on stopping drinking and not to gradually reduce alcohol intake
- There was confusion over if a GP could prescribe blockers or if individuals had to go to Addaction
- Participants wanted clear and transparent information about the pathway to go into detox and what difference it would make financially for them and family members.

"I have to go because it is in my bail condition to attend the appointments. My support worker is brilliant and I am even offered support when she is on holiday."

"My key worker is great and very supportive. She signposted me to a lot of different things and really does seems like she cares."

"I got a week's support after an admission to hospital; it was really useful to abstain from alcohol."

Community Recovery Projects

Community recovery projects are intended for individuals with substance misuse issues who are in recovery to help them to proactively engage with the local community, to provide an arena for peer support, social connectedness, building confidence and motivation.

Some participants felt that there weren't enough services close to them to aid in their recovery.

It was mentioned by participants that there needed to be a project that covered various elements that they required to progress with their recovery to abstain from drugs, alcohol and methadone. Such elements included employability, horticultural activities, mindfulness, anger management, exercise, cooking and peer support. It was thought that some projects had multiple elements but some were lacking in certain areas that individuals wanted to focus on. Where projects weren't funded to provide certain activities, some individuals were signposted to other services.

7.18 Rhubarb Farm

All comments about Rhubarb Farm were positive:-

"I love coming here because it takes my mind off drinking, I think about drinking all the time when I'm at home, being at Rhubarb Farm gives me a purpose and something to look forward to. I drink a lot at the weekend because there is nothing for me to do. There are loads of courses to get involved in, I started volunteering and that led to paid work. The support worker has really helped me get on the right track. My worry is that my job will be finishing soon and I don't want to spiral out of control."

"My friend told me about the farm and I started going last year. I have learnt loads of new skills and I have made new friends. It also gives me an opportunity to speak to the support worker if I have any problems. No one judges me there. It gives me a purpose. We do cooking and learning the whole circle from planting a seed to eating the produce."

"It is really great here, the support worker is fantastic, and it helps me feel better being outside and knowing that there are people to talk to."

"I wouldn't have anything to do if I didn't come here and would probably relapse because I am bored."

"I don't know what I would do if I didn't get the opportunity to come here. It really gives me a boost even if it is raining. The staff are great and it helps with me eating healthier because I am growing food that I want to eat."

"My daughter really enjoys it and we can talk to the support worker about certain things that we are worried about."

"My family member loved this but was unable to attend during the winter because of their long term condition; there is a key worker here who goes the extra mile to support clients. It is not widely known that users can self-refer to this service."

7.19 Beardwood Natural Living Project CIC – Lifeforce Programme

All participants we engaged with enjoyed the groups and were engaging in different activities throughout the day of the visit, including erecting a greenhouse, building raised bedding and equine care. The comments were mainly positive regarding the skills that individuals had acquired, and the motivation staff had given them to gain employment or start volunteering.

Service users relished the opportunity to be outside doing something meaningful.

Everyone stated how nice the meals were and some said that it was the only decent meal they had all week.

There were some comments about individuals wanting there to be additional days but they all understood that it was down to funding.

"My main thing is getting out of the house. Without a job and little money there isn't much to do so I watch 12 hours of television in the day. Coming here gives me something to look forward to and I feel positive over the weekend."

"The group leaders are brilliant, very supportive and they're not judgmental."

"Coming here makes me get up in the morning; it gives me a purpose for the day."

"It is the highlight of my week; I have been grooming and mucking out the horses which is very therapeutic. I'm looking to volunteer to give me a chance of getting a job."

"I would really like this to be daily. It is only on a Friday and I do appreciate that it is because of funding."

7.20 Chesterfield Community Football Trust - A Spire Right

All participants spoke very positively about the recovery project saying how it has motivated them to do physical activities, given them confidence, motivation and a better outlook on life.

"This is one of the best recovery projects that I've been to in the area. We all know we are here for the same reason but nobody talks about it. I was never interested in doing any type of exercising before coming here and had little confidence. I will carry on doing sports and I have ordered myself a Smart Watch to measure what exercising I am doing. We are going to carry on as a group to come to the gym; I just wish that the course could run for longer."

"I thought I wouldn't have enjoyed it but I have. The project has given me an incentive to make my life better and I am now full of motivation."

"I have a better outlook on life and more structure. I now have defined muscles for the first time in my life."

"I can't believe how people have changed from the first time we started. I couldn't even do 10 press-ups and now I can easily do 30 a day. I feel positive every day. I like the way how the groups are staggered over the week to fall on Mondays, Wednesdays and Fridays which always gave me something to look forward to. I only wish there was something on the weekend."

"I am now looking at job sites and really trying to sort my life out. I would like a follow-up to keep me on track. I know that I couldn't come all the time because it would make me be reliant and I have to fend for myself."

"The project leaders have been brilliant. I felt comfortable with them and they weren't one bit judgmental even though they haven't been where we have."

7.21 Hope Springs

There were mixed comments about Hope Springs, with many saying people just sit about and talk, when they would prefer to be active and have something to do.

Positive

"I wouldn't be alive if it wasn't for the volunteers/staff; they have been so supportive."

"The peer support is great; it is really good for us to speak to people in similar circumstances. The staff have helped me a lot."

"This service has helped me a lot. I wouldn't be here if it wasn't for them. They are welcoming and go out of their way to help me."

"There is always a volunteer on hand to contact by mobile phone if you really need someone to talk to."

"I really enjoy coming to the brunch groups; it gives me something to look forward to and a good meal."

Mixed

"I found it really helpful and then I became a volunteer and then it became difficult. My cultural beliefs weren't taken into account and there is so much backstabbing with a particular member of staff which isn't great if you want to be in a positive frame of mind."

"I didn't enjoy it. It is not my thing just to sit about and talk as I like to be active. I was hoping to help out with the allotment but nothing much seemed to be happening with it. I do like the brunch though."

"It is good. It gives me something to do. I don't get much more out of it other than talking to people. They just seem to just sit about a lot and it isn't really my thing."

"I think there is a gap with help to find a job and to try volunteering. They are supportive but not with information on jobs."

"This is good as it offers a mixed range of activities; they also run the 'intensive recovery course' (over six weeks) but my family member got bored with this and when they are bored they start using again."

Negative

"Access to the internet would be good. I come here every day and it is more sitting about rather than doing anything else. I would like to use a computer to look for jobs and volunteering opportunities."

"Information regarding employment and volunteering would be good to help people move on with the recovery."

"They seem to talk a lot about drugs which isn't helpful with my recovery. I have noticed people selling in there."

"There is nothing at the weekend and no crisis number."

"The manager made me feel very unwelcome and my partner and I ended up leaving even though we really loved going to the centre."

"There needs to be more activities. The cooking and art have stopped because of funding."

There was supposed to be a bike workshop, a gardening group and we were going to have some IT equipment but nothing has been done."

"Nothing is mentioned about other things you can access; it is like they don't want you to move on so their numbers look good."

7.18.5 Shirebrook Nite Light

Sessions are held at the Christian Life Centre but there were no comments from participants at this centre.

Staff at the Christian Life Centre mentioned how helpful the local PCSO was, saying that he is easy to get hold of and he will contact the centre for help, for instance if an individual is sleeping rough in the woods.

They also recall recent accounts of individuals threatening to commit suicide and going to A&E only to be discharged the day after with no support and no signposting information to community services, which they say happens quite frequently.

The support worker informed us of how statutory services refer in to them because there aren't many services close by and there was a potential for an IAPT provider to be based there. This is yet to be confirmed.

Christian Life Centre would like a drugs worker to do outreach work in Shirebrook due to people having to travel 1.5 hours to get into Chesterfield.

One participant was observed having his tea with his family in the relaxing atmosphere of the centre, volunteers and the outreach worker was on hand.

7.22 Wash Arts

Numerous participants liked doing the boxercise and enjoyed coming to the recovery project, some had only been once or twice and could only give recent experiences.

Some people really wanted to access the groups who lived in Long Eaton but found that the distance was a barrier.

"Found it enjoyable and relaxing, especially after I'd been to boxercise this morning. I am very keen to go to the arts sessions and to start the gardening group. I leave feeling more positive."

"I enjoy it here, I come every Thursday afternoon. They are helping me prepare for full time work and help me to recognise that I am on the right path. It makes me feel worthwhile."

"A lot of opportunities are offered and we all get a lot of support."

"They need to advertise the recovery services much more in the right way, as when you are on drugs you don't notice posters on the walls."

Mutual Aid Courses

Mutual aid courses are normally external to the formal substance misuse services and are one of the most frequently travelled pathways in recovery. There are many different types of mutual aid groups with the most widely provided being based on the 12 step principles including Narcotics Anonymous. Other groups include SMART recovery which is an abstinence oriented recovery organisation, primarily focused on peer led meetings. Intuitive Recovery is an accredited educational programme that promotes abstinence through using tools to control addictive urges.

7.23 Intuitive Recovery

The general feeling from 10 participants was that it had to be attended at the right time, when they are in the right frame of mind, and they are committed to taking the coping strategies on board. It gives an insight into the psychological aspect of how people make choices, which gives people the opportunity to look at things with a different perspective. The referrals are done through key workers.

Positive

"I found it really useful. I had fewer times when I relapsed after doing the course."

"It is brilliant. It makes you think differently about using because you think about it more."

"The course tutors are really good and very knowledgeable,"

Mixed

"I have been offered a place but there isn't anything close in Long Eaton and would cost me £30 on the bus for the week. If it was closer and if expenses could be paid, I would love to do it."

"I did it the first time and I didn't really understand it, but I did it with another tutor the second time around and found it really useful."

"I went on the course about a year ago. It was ok but I didn't think that I was ready for it. Some of the things have stuck in my head and I would like to do it again. My tutor was really good."

Negative

"I only went the first day of the three day course as they were telling me nothing that I didn't know. There were cocaine addicts and didn't talk much about heroin and how it makes you feel. The tutor was strong enough to do it by will-power but not all of us are. It made me feel worse about myself."

7.24 Alcoholics Anonymous (AA)

The participants that we were able to speak to didn't find AA meetings particularly useful:-

"AA meetings aren't for me, the individuals are too 'clicky'."

"I don't like going. I know I'm an alcoholic. I don't need to stand up and tell everyone in the group."

"There are no groups/recovery centres open at the weekend. That is when you are bored and will start drinking."

7.25 Narcotics Anonymous (NA)

There were mixed feelings about the NA groups, some participants enjoyed going to the groups and found it useful because they make you realise that there is an addiction problem, whilst others found it not helpful to the recovery process because they knew that they had a problem.

Positive

"I really enjoy the group, it is a peer-led meeting and I find the 12 step process really good, and I have recommended it to others. I would like to do it again after I have sorted all of my medication out."

Negative

"I didn't find it helpful but I had to do it to enable me to go into rehab. I had enough problems of my own so I didn't want to listen to everybody else's problems. I feel that it is too religious, very spiritual."

"It isn't for me. It is too religious and goes against my own religious belief. I think it is good in the sense that it makes you realise that you are on addict."

"I'm not interested in standing up in a group and saying, 'I'm an addict' and talking about the 12 steps."

"There are no NA groups close to Ilkeston."

Other Relevant Services

7.26 Inpatient detoxification and residential rehabilitation

Participants spoke about different aspects of the rehabilitation process and shared experiences of the residential settings:-

- A number of individuals were not in the right place in their recovery to access rehab. Others thought that rehab wasn't for them, and some felt that it was at the discretion of their key worker whether they went to rehab
- There were a number of negative comments about the process to get to rehab including the paperwork and having to go to a panel hearing
- Quite a few accounts of residential rehabilitation were brought up by different participants. One participant is unable to go because he has an assistant guide dog. Some experiences dated back 20 years. However, they do show the number of years that some people had been accessing services
- Family carers felt that rehab is not encouraged by the key workers even after numerous months of attending the drug treatment centres. The process is arduous, and key workers don't get paperwork ready on time. Families also felt that they should be taken into consideration.

Positive

"The place of the panel meeting was informal and there was various professionals sat around the table."

"I had to attend various courses to show my commitment to rehab. I went to panel and got the funding in two weeks and moved to Sheffield. I enjoyed rehab. It worked as a community because the service users run the house. As you become more senior in the house you begin to act more like a role model. When your heroin emotions are numb, you don't feel anything. It takes three months for your natural emotions to come back. It was an emotional rollercoaster but I am now in the right place now. I can walk past a pub, or past my old dealer's house, and feel fine."

Mixed

"I went to rehab 20 years ago. It felt liked it helped at the time but I'm still not clean, I still have scripts for methadone."

"I have been to rehab twice and found it helpful, but you have to be in right place when you go. I feel that I would be able to get clean if my mind was better."

"Woodlands was brilliant, they would listen and really explain things. I thought they had a lack of resources because they had 12 people to look after and only two or three staff. I often wondered how they would cope if someone kicked off."

Negative

"I have done all of the courses for three years that the support workers asked me to do and I still haven't gone to panel yet."

"The support workers have wasted time getting vital paperwork ready for the panel, asking me for things the week before."

"It seems absurd that you have to show your bank accounts to prove that you haven't got £15,000 in our accounts."

"The nature of being someone that has used drugs is that we probably have a chaotic lifestyle and we are not organised. It is difficult to get paperwork ready for panel when I don't open letters. I've got anxiety, am worried about debts because I have no money so I just push them to the side."

"There was a lack of prep for my panel meeting, my key worker was still preparing paperwork for my hearing on the reception. I thought that was a bit unprofessional."

"I went to a place in Manchester years ago, I have been relapsing ever since and I am still going to the drug treatment centres."

"I went to Woodlands after being signposted by the Mews, but I couldn't get on with it because it was near the anniversary of my daughter's death. I was supposed to have a blocker on the ninth day but I walked out. I went back on heroin when I came out but I did go straight to The Mews to explain my reasons."

"I am waiting to go to rehab but there isn't any where I can go with my guide dog. I'm sure there is somewhere that will make a reasonable adaptation."

"Last year I had attended the Woodlands in Nottinghamshire for a rehab detox. I felt that this did not go well and the thing that upset me the most was that I saw one of the members of the cleaning staff steal something from one of the other resident's rooms. I approached the person and said I would be reporting it but the member of staff just laughed at me and said that they would never believe me. I really didn't like it after that and I left before I was due to."

"My partner got turned down for rehab because he wanted to stay close to me. I told him that I would visit him anywhere. He wants to go but he gets nervous when he gets to panel and ends up saying the wrong thing."

7.27 Criminal Justice System/Prison Health

We received comments from participants and staff members relating to the sanctions if a Drug Rehabilitation Requirement (DRR) test had been breached. It was felt that many individuals were failing the tests, but no action was taken. It was seen that they were complying because they were showing up for testing.

A small number of people spoke positively about the support they had whilst inside prison and how they were released with information. However, others mentioned how they had no drug treatment support in prison and how they couldn't access such treatment because they had a short sentence.

Carers spoken to stated that the relaxation of Probation Service requirements has created problems. They also felt that users are punished if they do not complete their community service but face no sanction for admitting/reporting drug use acts of theft. There were also concerns that unless a user is imprisoned for more than six months they are not offered a drug treatment programme.

<u>Positive</u>

"I was put on methadone in prison and they kept asking me if I wanted help. The nurses were really helpful and they signposted me to the drug treatment centre."

"I did a PASRO course in prison, a Prison Addressing Substance Related Offending accredited programme. It was good as it looked at the holistic aspects of using and I haven't needed to use rehab when I was released."

<u>Negative</u>

"I was taking prescription pain killers before I went into prison. The prison staff changed it to hydrocodone because it was cheaper but stronger. I started to use heroin in prison, and then I was put on methadone."

"Prisons need to refer to relevant support agencies on release instead of 'tagging' on bail. It should be a case of, you should go to the recovery centre 'x' number of days. I was just given a list of mental health websites which was no use as I didn't have any money for a computer or a phone."

"Been in prison several times. I have never been in long enough to get support whilst inside, you have to be in for over three months, I think. Most people are inside for theft/shoplifting and will only get up three months. There isn't any other support."

"I went into prison and was in pain. An inmate sold me heroin and I came out an addict."

"When you are in prison you just get given methadone and no other support for your mental health."

7.28 Housing

Some housing related issues were highlighted and it was felt that individuals with a substance misuse can't access homeless accommodation in the same way as others because of their addictions.

"*My house is horrible and I have to try and bring two children up in it. We all live in one room downstairs because the rest of the house is damp. The landlord makes little improvements and I feel stuck."*

"I'm with a housing association and they aren't helping me get another property to enable me to live closer to my son."

"There is no support for people that use drugs and who are homeless. A service is really needed even if it is to give people a sleeping bag. I am a mum so I don't want to be housed with other drug users."

7.29 Other information received from carers but not service specific

Shame and stigma. Carers spoke about the shame and stigma association with substance misuse, with carers feeling like prisoners within their own homes, or having concerns that neighbours knew their children were drug users. Carers spoke about feeling isolated/alone in their problems, and being victims of violence and theft from the user, but not recognised as such.

Lack of support. Carers spoke about not knowing where to go for support, or who they could talk to. Some saying it can also be hard to accept there is a problem at first, and overcome that self-denial.

8.0 Recommendations/considerations

1. GPs to consider whether there are clear criteria to trigger referrals to pain management clinic
2. Family members of individuals with a substance misuse problem should be recognised as carers, listened to and to have their needs considered in their own right
3. Effective supervision in pharmacies to ensure that the methadone/subutex has been ingested
4. Ensure that precautions are taken at pharmacies to protect confidentiality, and to preserve the dignity and respect of people collecting medication
5. Consider the need for people who misuse substances to access a full range of mental health services
6. Consider which professionals can make referrals to the crisis team

7. Consider how advocacy support can be made available to assist in social care meetings
8. Information sharing agreements should be adhered to in drug treatment centres, to improve communication, and to use the family as a vehicle to aid in the recovery process.
9. Prescriptions for methadone/subutex should not be held back
10. Consider the waiting room environment in drug treatment centres to minimize negative experiences for users
11. To address the issue of drug pushers at the main entrance to Bay Heath House
12. Address the issues around the complaints systems at drug treatment centres, and how these could be improved
13. Review the effectiveness of the treatment outcome profile
14. Consider more flexible appointments in drug treatment centres to accommodate people who work, cultural beliefs etc
15. Consider the role of peer support in drug treatment centres
16. Work to ensure that the prescribing roles, and any limitations to the prescribing ability of different health care professionals, are clearly understood
17. Professionals to ensure that any referrals made to community recovery projects happen at the best time for recovery
18. Address the geographical coverage of community recovery projects and mutual aid courses
19. Community Recovery Project should encompass a wide range of elements such as horticultural sessions, employability, peer mentoring, sports/exercising, art therapy and mindfulness.

9.0 Response from Service Providers and Commissioners

This response is given on behalf of South Derbyshire CCG, North Derbyshire CCG, Hardwick CCG and Erewash CCG.

Firstly, we would like to say how much we welcome hearing about patients' experiences of health services. This is very important to us in Clinical Commissioning Groups and helps to shape the development of services and identify any improvements that might be needed. The Clinical Commissioning Groups do not directly commission substance misuse services. However, the feedback from patient's experiences across a range of providers is very helpful. This particular response relates to the mental health services mentioned in the report and the acute hospitals we commission. We welcome the report and will use the report alongside other feedback, for example from the CQC inspections, to support improvements to care.

The report describes patient's good and poor experiences on acute mental health admission wards and at Chesterfield Royal and Royal Derby Hospitals. Some references are made to patient's experiences of negative and positive attitudes towards them in these settings.

We plan to take the report to the respective quality meetings with our providers to explore what can be done to improve patient experience.

The report also suggests that access to community mental health support could be improved. There are examples of where coordination and communication between services, or on hospital discharge, could have been better. The Mental Health Liaison Teams commissioned by the CCGs, operating 24 hours a day in the Chesterfield Royal and

Royal Derby Hospitals, include substance misuse specialists. The aim is to ensure people have access to appropriate services whilst in hospital and on discharge.

The CCGs recognise that integration of services needs to increase and where possible a reduction in hand-off points between organisations achieved. We will take forward these points in our planning work for all our care. In particular in our review of urgent care services we will review the ways in which non nursing or medically qualified staff can refer to the crisis teams.

We note the concern expressed that patients cannot access mental health services unless their substance misuse problem had been resolved first. We have already taken action to improve this. For example, the psychological therapies services we now commission are required not to exclude automatically substance misuse but will discuss with the patient or referrer and come to a considered clinical opinion on the suitability of the person for treatment.

Response from Derbyshire County Council Public Health - commissioners of substance misuse treatment and recovery services

We warmly welcome the Healthwatch report. The findings closely align with the results of a number of formal and informal consultations we have carried out over the past two years, as we constantly seek to improve the experience of individuals, families and communities who are experiencing and seeking treatment and recovery to address substance misuse issues.

A newly integrated service will commence in April 2017, bringing together into one system all adult treatment services (drugs and alcohol) and support for families and carers. As part of these changes, issues around the suitability of buildings, including improved accessibility across the county, have been raised with providers to deliver an improved experience of the service. A wide range of treatment options tailored to individual needs will continue to be available, including access to residential treatment and family support, will be fully integrated, improving the experience of family members requesting greater involvement in their loved one's treatment journey. Noting the comments from service users in the Healthwatch report, further efforts will be made to reduce paperwork, where possible. However, certain elements such as TOP (Treatment Outcome Profiles) forms and financial statements evidencing eligibility to access funding for residential treatment are national requirements over which we have no flexibility.

In the meantime, the draft Healthwatch report findings have already been discussed with the adult drug treatment provider as part of the regular performance review process and, in light of the service user comments reported, the provider recognises the need to review its complaints procedures. We will seek assurances from the provider that a refreshed complaints procedure is readily available and easily understood by all service users. Service users must have confidence that their complaints will be dealt with promptly, responded to appropriately and will not have a negative impact on their treatment.

We are particularly pleased to note that the recovery community projects have been so well received. The report demonstrate that these projects provide an essential role in helping individuals develop their 'recovery capital' at the end stages of formal treatment in localities across the county. A new round of annual recovery grants will commence in

October 2016 to extend this valuable provision supporting people exiting treatment and moving into meaningful long-term recovery.

Response from Derby Teaching Hospitals NHS Foundation Trust

Thank you for sharing this report with the team. As this report focuses on substance misuse and accessing health and social care services in Derbyshire, we do not feel able to comment on many of the recommendations or considerations as most are not relevant to the acute hospital. The majority of these services are provided elsewhere for example, mental health, social services etc. The two comments provided within the report (below) are very complimentary to the Trust, but are less around the services we offer around substance misuse and the issues with that, but more around the ability to deal with the results of substance misuse. For example, the gentleman who put his hand through the oven door, our hand specialists are incredible and do some amazing work.

Positive - Royal Derby Hospital

"I got very drunk and had put my hand through my oven door. The nurses were kind even though they knew I had done it because I was drunk. The staff at the Hand Clinic were non-discriminatory."

"I went to A&E and the staff were brilliant, they were so kind and understood very quickly that I did have ketoacidosis which can be very dangerous for people with diabetes."

Response from Chesterfield Royal NHS Foundation Trust

This report really helped us to understand the current position in the Trust with regards the care and treatment of patients who use substances. It was really useful to be able to identify improvement recommendations in the focus group and work has already begun on developing these. Staff found discussing the findings in a focus group helpful to understand more about the patient group and about the support available to them. Involving other stakeholders in discussions about this report helped us to gain a breadth of views and understand the positions and experiences of others.

1) Since reading this report:

a) We have already made the following changes:

- Basic substance misuse awareness training is currently included in nurse induction and HCA core training.
- The Urgent Care Village project proposal includes an assessment area to support people with mental health needs when waiting in the Emergency Department; however, there is no firm date for this at present.

b) We will be making the following changes:

- We will build on current training provision to support staff to understand the effects of different substances, to understand the experiences of patients who use substances and to raise awareness of the support and advice available. Current

training will be supplemented by a mixture of formal training, point of care, drop-in sessions and e-learning packages
- The training needs identified at the focus group will be subject to further discussion at the Trust's Professional Education Group to ensure that requirements will be met
- Carer involvement with substance users is to be incorporated within the carers CQUIN/quality strategy work, to ensure those who require it are identified as carers and offered appropriate support
- We will share a patient story with Board on the experiences of an ex-substance user, to bring their experiences to the forefront and support understanding of patients who use substances
- We will implement rolling health messages on ED TV screens and bespoke materials to hand out to patients, to capture those who are not necessarily ready to discuss their substance misuse
- We will implement stakeholder focus groups to respond to issues and recommendations from Healthwatch and other feedback mechanisms in the future.

Response from Tameside Hospital NHS Foundation Trust

Tameside Hospital NHS Foundation Trust takes the experience of patients attending our services very seriously and acknowledges the comments made regarding Tameside Hospital within the report.

The Trust has an agreed set of values and behaviours based standards which are expected as a minimum by all staff working for the Trust. The Trust will continue to work hard to ensure exemplary values and behaviours are demonstrated by our staff at all times going forward.

As part of our development as an Integrated Care Organisation, the Trust is further developing collaborative working with health, social care and voluntary partners within Derbyshire and Tameside and will continue to do so going forward.

Response from Derbyshire County Council Adult Care regarding Advocacy

Advocacy is currently available for vulnerable client groups in Derbyshire and is provided through eight different providers. We are however, subject to Cabinet approval on 20th September, about to go out to the market to procure a new Independent Community Advocacy Service which will provide Independent Advocacy in relation to our statutory duty for the Care Act 2014, as well as non-statutory community advocacy for any vulnerable adult.

The contract will cover Derbyshire (excluding Derby City) and will commence on 1st April 2017. Meanwhile, people are able to access Independent Advocacy in relation to the Care Act through the current provision in place, the details are on our webpage:

https://www.derbyshire.gov.uk/social_health/adult_care_and_wellbeing/how_to_access_care_and_support/advocacy/default.asp

Response from NHS England

We welcome this report from Healthwatch Derbyshire into the experiences of individuals living with substance misuse when accessing health services in the county. Patient experience is a key component of quality in the NHS and we continue to work closely with our partners in Derbyshire to continually improve this across the services NHS England commissions.

Response from Hope Springs Recovery Project (HSRC)

- It is useful to see that many of the areas of concern highlighted, do mirror the anecdotal comments made by many HSRC service users. The report does provide a useful insight to some extent, whilst HSRC appreciates that the comments are not representative as the sample is very small (52). A much larger sample could provide a more reliable/valid basis for conclusions/recommendations
- HSRC staff worked hard to engage with HWD and provided repeated access to clients and volunteers. It is disappointing that the staff themselves were not included in the process
- The stigma associated with substance misuse and mental health continues to be a major issue of concern. Steps to address the issue in whatever way possible through collaboration perhaps, could have been included in the recommendations.

Feedback regarding the HSRC comments:

- As a young, small community based charity, the transition from a community group, delivering informal services, to a more structured charitable organisation has been significant - it is really pleasing to see such positive comments.

- Sadly, some of the mixed/negative comments reflect an inaccurate understanding of the support the centre provides. For example, the allotment, art and cycle projects are well established and well attended and we have always provided IT equipment and internet access. Information about volunteering in the centre has always been freely available. HSRC has received two word of mouth reports of selling drugs. Both were fully investigated and found to have no basis in fact. HSRC regularly consults with service users and we encourage comments and feedback about the services we provide in order to monitor to what extent we are meeting their needs and how to develop both the delivery of current services bit also to assess the demand for additional/new support.

  We know that social isolation is the biggest threat to alcohol recovery. The daily 'drop-in' sessions are unique in the county, offering access to informal peer support from 10am to 4pm five days per week. Service users can choose to attend any day or all day. However, there is also a sufficient range of activities within our weekly programme to keep service users fully occupied and now that we have new, fully accessible ground floor premises, our client numbers and the range of services we provide, are growing. The entire ethos of the centre is directed towards making all clients and visitors feel welcome.

- We understand that there may be a demand for weekend support and a crisis number. However, these are provided by other organisations and since August 2015 we have and still do provide a dedicated phone support line offering 12 weeks

of phone support five days per week. We also are developing chess and photography groups, and we now have a dedicated Veterans group which also provides peer support for blue light services. In the near future we plan yoga, smoking cessation and weekly wellbeing and mental health support groups.

Since reading this report:

a) We have already made the following changes:

As a young charity HSRC is continuously developing and any input which helps the centre to continuously improve is welcomed.

b) We will be making the following changes:

Regular meetings are held with the entire volunteer team and following your comments we will reinforce the need to ensure that service users are fully aware of all the services and opportunities on offer at the centre.

Response from Derbyshire Healthcare NHS Foundation Trust

5. ***Consider the need for people who misuse substances to access a full range of mental health services***

   Recent changes to pathways and local guidance for Improving Access to Psychological Therapies (IAPT) services relating to those within Substance Misuse Services are now in place which supports increased access to frontline support for mental health issues. This now means that the use of drugs or alcohol is not a criteria for exclusion from access and advocates closer working and referrals between substance misuse and IAPT providers. In addition the newly updated DHcFT *Policy for the Management of People with Co-Existing (Dual Diagnosis) Mental Illness and Problematic Drug or Alcohol Use* has taken steps to improve communication between mental health and substance misuse teams when working with individuals with complex co-morbid mental health needs.

   Individuals need to self-medicate their emotional and psychological condition through the use of an illegal substance is not a restriction criteria for accessing mental health services. As a Trust we will take any restrictions in access to services very seriously and consider the stigma of individuals using service and take action to remedy any actions of our Trust staff that are discriminatory.

6. ***Consider which professionals can make referrals to the crisis team***

   The DHcFT Operational Policy for the Crisis Assessment and Home Treatment Teams states that, '*Crisis Teams will respond to referrals from suitably qualified practitioners from Primary Care Services, Pathfinder and Recovery teams, the Police, Social Care Services, Derbyshire Health United, Accident and Emergency Services, Radbourne Unit, Hartington Unit, Stepping Hill Hospital and Acute hospitals.*' It is recognised that, at present, the current policy does not state

explicitly that the Phoenix Futures (none nursing) staff who provide substance misuse treatment as a key part of the Derbyshire Substance Misuse Service can refer to CRHTT. However, there have been good examples where CRHTT and Substance Misuse Service have worked collaboratively around service users either through direct work or via the service's Consultant Psychiatrists.

As part of ensuring that this becomes embedded within practice the CRHTT Operational Policy is currently under review with an updated operational policy due in November.

7. ***Consider how advocacy support can be made available to assist in social care meetings***. ******not for DHcFT******

8. ***Information sharing agreements should be adhered to in drug treatment centres, to improve communication and to use the family as a vehicle to aid in the recovery process***

   Information sharing is something which is taken very seriously within drug treatment due to highly confidential and personal nature of individual's issues. All those in treatment are asked to provide consent for information to be shared with their families at assessment, and this consent is updated regularly. Whilst it can be frustrating for family members, the Substance Misuse Service cannot provide any information (not including safety or safeguarding) without formal consent. The use of families as a vehicle within treatment is something which the service is exploring with staff currently being trained to deliver Community Reinforcement and Family Training (CRAFT) to support the recovery journey and improve outcomes for both service users and their families.

9. ***Prescriptions for methadone/subtext should not be held back***

   The prescribing of methadone and buprenorphine are undertaken following NICE and local DHcFT prescribing guidance in relation to the prescribing of controlled drugs. In circumstances where it may be unsafe to continue prescribing (for example, a persistent lack of direct contact with an individual or none compliance with drug testing) it may be necessary to withhold prescriptions until an individual is seen face-to-face. This is a clinical decision made to ensure safe prescribing in relation to overdose or diversion of medication.

   Another example of this is the national guidance requirement for pharmacies to cease dispensing of methadone or buprenorphine if three consecutive days are missed. As part of each service user's induction following assessment the Substance Misuse Service treatment agreement lays out the responsibilities and requirement relating to attendance of appointment, drug testing and collection of medication.

   DHcFT acknowledges that the rationale for this should be promoted more widely across the service (both in one-to-one and prescribing sessions and in waiting

areas) to ensure that all service users recognise the issues associated with maintaining a prescription for opiate substitution therapy medication.

10. ***Consider the waiting room environment in drug treatment centres to minimize negative experiences for users***

DHcFT is in the process of reviewing the existing waiting room at Bayheath House (and other main bases) and looking at how seating and environment can be altered to improve experiences for all service users.

Recently service users have been involved in designing murals for the bases in Ilkeston and Ripley, in collaboration with Wash Arts, as a way of brightening the environment.

In Chesterfield this review also includes, in the next few months, separating out those who attend for criminal justice appointments and those who are voluntarily in drug treatment through co-location at a separate base with the probation service.

As part of DHcFT's commitment to a new integrated drug and alcohol treatment system from April 2017 onwards there is a wider review in relation to the use of premises; which includes the option of moving the team to different premises within Chesterfield and looking at how both entrance and waiting areas can be addressed based on service user feedback.

DHcFT's will ensure that the Promoting Safer Therapeutic Services training is made available across the Substance Misuse Service. Local team managers will lead on reminding all staff around ensuring service users are seen in a timely manner and not kept waiting unnecessarily, alongside visual reminders asking service users to attend on time for appointments to avoid unnecessary waiting and the impact on others.

11. ***To address the issue of drug pushers at the main entrance to Bayheath House***

Drug dealing on any DHcFT premises is unacceptable and a clear stance is always taken on these matters. When the Substance Misuse Service has been made aware of such instances information has been past to the police alongside CCTV footage and appropriate internal action (including exclusions from treatment) has been taken.

To support service users in raising these incidents new posters will be put in the waiting areas asking for any incidents to be reported and reminding anyone on DHcFT premises that action will be undertaken, and the matter reported to the police in all instances.

12. ***Address the issues around the complaints systems at drug treatment centres, and how these could be improved***

DHcFT will update the implementation of the complaints procedure within the Substance Misuse Service to ensure that service users are aware of how to make a complaint and to ensure feedback is given to service users.

At present, the complaints information forms part of the assessment and induction process for new service users as well as being part of the Derbyshire Substance Misuse Service information leaflet. DHcFT will ensure that all staff are briefed in how to advise a service user to make a complaint, as well as the service advertising the complaints process via posters, leaflets and comments boxes within waiting areas.

DHcFT recognises that there is a power dynamic in relation to prescribing which can negatively impact upon service user's willingness to complain for fear of being treated differently. By openly promoting the complaints process, as well as supporting peer mentors and service user reps to act as advocates, we will aim to reduce this reluctance and support service users that by raising concerns or complaints they can be part of improving service delivery for themselves and others.

Operationally service managers already report on formal complaints and this will now be expanded to include concerns. Team managers will also receive additional training on how to manage concerns and complaints in a constructive, supportive and timely fashion to support this improvement. To help complete the feedback loop and to make this more visible each team will have a 'you said, we did' poster in the waiting area to be updated on a monthly basis.

13. ***Review the effectiveness of the treatment outcome profile***

Treatment Outcome Profile is nationally mandated part of treatment and compliance monitored by Public Health England via the National Drug Treatment Monitoring System. It is regarded as essential part of data gathering in relation to progress, risks and trends across England.

We appreciate that this can be seen as repetitive by service users as they must be completed upon assessment, at each care plan review and upon treatment exit. The Substance Misuse Service will review how TOPs are undertaken across the service and endeavour to integrate this into a treatment session to improve the benefit to service users, whilst remaining within national requirements.

14. ***Consider more flexible appointments in drug treatment centres, to accommodate people who work, cultural beliefs etc***

Flexible appointments are offered across Derbyshire for both key-working and prescribing with each site offering at least one late night opening each week and

weekend access (rotated across sites), as well as the use of external venues for face-to-face appointments.

DHcFT will undertake a review of the use of these appointments to look at the need to adjust them locally to meet service user demand or look at expanding into other areas.

Communication is key and all keyworkers will be expected to respond flexibly around appointments to improve engagement and ensure both keyworker and service user are working collaboratively to support treatment outcomes.

15. ***Consider the role of peer support in drug treatment centres***

The Derbyshire Substance Misuse Service supports the use of peer support and at present have a small number of peer mentors who volunteer across the main sites in Derbyshire. Mentors are supported through the Phoenix Futures service user representative or peer mentorship programmes to develop their skills and ensure safety. DHcFT will ensure that the opportunity for becoming a peer mentor is re-promoted throughout the service on an ongoing basis.

16. ***Work to ensure that the prescribing roles and any limitations to the prescribing ability of different health care professionals are clearly understood***

Previously DHcFT has done work to promote the roles of different health care professionals in relation to prescribing as this is a relatively new development within Derbyshire. Derbyshire Substance Misuse Service operates a tiered prescribing service with GPs, Consultant Psychiatrists, Specialist Pharmacists and Independent Non-Medical Nurse Prescribers able to provide a full range of prescribing interventions in relation to Opiate Substitution Therapy and community detoxification options.

The tiers are related to the individual service user's specialist treatment requirements which may include complex or higher risk physical or mental health issues.

To support clarity around prescribing roles DHcFT will revisit the original promotional work done in 2014 around the use of Specialist Pharmacists and Independent Non-Medical Nurse Prescribers to ensure service users are reassured as to their remit, competence and the governance around non-medical prescribing.

17. ***Professionals to ensure that any referrals made to community recovery projects happen at the best time for recovery***

Recovery often happens at different times for individuals. For some it is a natural progression through treatment whilst for others more encouragement and support is required. Referral to community recovery projects is monitored as part of our

performance and continues to be seen as a key element to treatment to support wider recovery goals. Recent DHcFT and Phoenix Futures staff training has reiterated the need to ensure referrals are appropriate and done in collaboration with service users to support long term recovery.

Response from Children's Services, Derbyshire County Council

Children's Services appreciate the sharing of the Healthwatch report and the opportunity to respond.

The reflections of parents and carers regarding their experience of children's social care are of particular interest to us and reflect the feedback often received. There are learning points for the service around communication, impact of changes of social workers, use of appropriate testing equipment and advocacy which will be shared with Managers and Social Workers.

The varying comments, with some appearing at odds with each other, i.e. services don't remove children quickly enough or conversely argued that children are removed too quickly and do not give parents the 'benefit of the doubt' reflects the difficult dynamic which exists between delivering services which seek to protect children in complex family situations and working with parents. Various expectations can be placed on parents and carers through Child Protection plans and assessments needed within Care Proceedings for the Court, the nuances of which can be difficult to understand and appreciate. Children's Services have developed practice in efforts to support parents which can create a blurring of role and duty with providing services and gathering evidence to protect children. The report from Healthwatch helps to highlight the complexities in the system.

The comments in relation to the effectiveness of supervision orders are of particular interest and this will be explored further with our management team and staff to ensure the effectiveness of our arrangements to visit the child. A minor point of accuracy is that the report refers to 'either the mother or father were on a supervision order' if the supervision order being referred to within this statement is in relation to the care of the child (rather than a form of criminal supervision) it is the child who would be the subject of the order not the parents.

Effective relationships are key to safeguarding children and issues in relation to the integration and communication between agencies is a repeated feature of Serious Case Reviews and Incident Learning Reviews nationally. Such reviews in Derbyshire have been undertaken in particular where young children have ingested drugs in a home setting. Children's Services would welcome further opportunities to work together with Substance Misuse services to develop innovative ways by which we can improve the outcomes for children and their families.

Your Feedback

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

……

……

……

3) Since reading this report:

a) We have already made the following changes: ……

……

……

……

b) We will be making the following changes: ……

……

……

……

Your name: ……

Organisation: ……

Email: ……

Tel No: ……

Please email to: karen@healthwatchderbyshire.co.uk or post to FREEPOST RTEE-RGYU-EUCK, Healthwatch Derbyshire, Suite 14 Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire, DE56 0RN