healthwatch Stoke-on-Trent

Initial Quality Assessment Report

Stoke-on-Trent Community Drug & Alcohol Service

Introduction and background

Stoke-on-Trent Community Drug & Alcohol Service is a free service commissioned by Stoke-on-Trent City Council. It is a partnership service made up of three organisations; Addaction, BAC O'Connor (BAC) and North Staffordshire Combined Healthcare Trust (NSCHT). They have joined forces in Stoke-on-Trent to help people improve their lives by reducing the negative impact that drugs and alcohol can have on people and communities.

The service is available to residents of Stoke on Trent who have drug and alcohol issues.

The invitation to Healthwatch Stoke came from the three partners and from the commissioning organisation (City of Stoke-on-Trent) following the demise of Lifeline, a national organisation which had previously been commissioned by the Council to provide the service.

Stoke on Trent Healthwatch representatives Paul Harper and Dave Rushton met with Stoke on Trent City Council Senior Commissioning Officer (Drugs & Alcohol) Safer City Partnership, Vicki Yates, Darren Bowyer North Staffs Combined Healthcare Trust (NSCHT), Kendra Gray (BAC O'connor Centre) and Sharon Wain (Addaction) to discuss the reasons for the visits to the service and to explain what the visit would entail.

Arrangements were made for Healthwatch representative Paul Harper to meet with team leaders and staff at Wood House Hanley where services are based. This visit took place on 12 January 2018.

Since the changes following the ending of the contract with Lifeline the three agencies have been commissioned to continue with the contract. The Council commissioned the three organisations to deliver the service as an emergency measure to ensure service continuity when Lifeline went into administration but is obliged to re-tender the service in line with procurement regulations. Staff are aware of this process going ahead but this is understandably creating anxiety and uncertainty after the difficulties with Lifeline. Many staff have been employed by the local community drug and alcohol services for many years.

At the time of the visit the service had 857 clients in prescribed treatment and there is no current cap on the numbers of people who can be seen.

The three agencies undertake separate roles across the service.

Addaction has an assessment team which assesses newly referred (including self-referrals) service users and provides brief interventions for people who walk into the service and are seen at home. The team works with younger people and criminal justice services.

Once people are assessed then referrals are made to the BAC teams who work on psychosocial recovery, provide group work and individual key worker 1:1 support working towards recovery and

exit from substance use services. Lifeline used a lot of agency staff which caused difficult issues for clinical input effectiveness and continuity of care with such a high turnover of staff. BAC considered this dependency on agency staff to be inappropriate and it is reported that no agency staff are used at present.

The service has four 'red' workers to support and help people to become stable and to eventually rate them as 'amber'.

There are eight 'amber' workers looking at people being able to change their substance use. There are also 'green' workers and a team of alcohol workers.

NSCHT provides clinical services including the prescribing of medication (which can be as many as 1000 people, but at the time at of the visit was 857), community detoxification for alcohol and opiates and The Edward Myers Unit for inpatient detoxification. They have four nurses in the team and two BBV (Blood Borne Virus) Nurses.

Medical input and intervention comes from psychiatrists.

At this initial meeting we spoke at length about the changes required and being put into place since the agencies took over the contract and some of the difficulties and problems that had been major issues when being run by Lifeline.

Prior to the visit Healthwatch was informed that the service is once again being put out to tender - the outcome of this will be known later this year (2018).

At the visit we met with three team leaders, Vicky Nash (Addaction) Deb Arnold (BAC), Stuart Fisher (NSCHT) and had the opportunity to meet with three members of staff from Addaction and BAC. One other team leader (Lisa Riley) was unavailable on the day of the visit due to sickness. All staff were open and honest about speaking about the service, covering previous management (Lifeline), current arrangements and how to plan for the future of the service.

Management and Governance

Two of the three team leaders confirmed the difficulties with being managed by Lifeline and some of the changes that had taken place since Lifeline were no longer involved with the services. They had been working in the service with and prior to Lifeline and felt that their confidence had been significantly '*knocked*' by Lifeline management.

It is important to note that the visit wanted to focus on the changes made and being made since the change in management.

During discussions with the team leaders they felt collectively that there had been "*loads of improvements*" and that staff were feeling better about their roles and the service itself. The service is having to develop a bench mark for itself.

"We work together well as managers and meet regularly and we recognise that the service is still not where it needs to be more in terms of being more effective and streamlined" and that there is also a need to *"challenge the status quo"*.

We were informed that policies and procedures are being continually reviewed but they still need to be developed more to meet the needs of the service.

We were informed that a Consultant Psychiatrist, Dr Watts, is to start a regular governance meeting for the service.

The general consensus of the three managers was that they feel more confident to be able to challenge issues now.

It was also stated that care plans are more up to date and becoming more effective.

It was reported that the service is carrying out a patient satisfaction survey and this would be encouraged given the changes being made and the feedback from the CQC report especially around some of the issues raised:

- previous delays in prescriptions being issued,
- the waiting area for people having urine testing done
- and the previous lack of privacy and dignity afforded.

It had been discussed and agreed with managers and Healthwatch that in the near future an Enter and View visit should take place to seek the views of service users to see what they think about the changes that have taken place.

Lifeline closed the Tunstall office, but it has now been reopened although staffing difficulties still need to be addressed to improve its efficiency as the staff are struggling at the moment.

The Tunstall office had to have a deep clean carried out due to the conditions of the building before it could be reopened. It works on an appointment basis only and does not operate a drop-in service. Also, it is currently not at full capacity. We were told that the services had to reduce the number of clinics there.

It offers: needle exchange, 1:1 PPi's, BBV services and general physical health assessments.

Assessments are done on one day per week.

It was described as an effective hub before the closure. The service is doing more group work which had reduced dramatically under the Lifeline management.

We were informed that the response from staff and service users regarding the groups seems positive and that more people are engaging in the groups since their reinstatement.

The service is doing more outreach work to places such as: The Macari Centre, Salvation Army and working with Staffordshire police PCSO's.

Naloxone kits *(used in the prevention of opioid overdose deaths)*

Although training for using the Naloxone kits has been provided as part of the contract, the uptake was initially very slow. However, we have recently been informed that this has now been resolved and all the staff are fully trained to issue Naloxone in an overdose situation. There is a training budget of £8,000 for Naloxone kits. The service has trained staff in other agencies including NSCHT and West Midlands Ambulance Service (WMAS).

Each kit costs £17 and 618 kits have been purchased.

In using the kits, the service reports that there have been 14 known reversals, i.e. 14 lives were saved following opioid overdose.

We were told that "*using the kits with an £8,000 investment saves over £240,000 if you factor in that on average a death costs £20,000*". This information has been sent to commissioners

The WMAS uses the services business cards as does the Northern Area Custody suite (Staffordshire Police)

Hanley Fire service are still to have the training.

Medical and non-medical prescribing input

The Medical team comprises of two medics with a lead consultant psychiatrist. Also, in the team there is currently one Non-Medical Prescriber (NMP)with a further NMP starting and both are qualified nurses.

One of the medics works closely with maternity services across both city and county services and supports and supervises other medics and NMP's.

They use a non-clinical Red Amber Green (RAG) system and the medics work with people classed as Red

There are now new clinic schedules.

IT systems

The services are using a shared data system but generally still have different IT systems for each agency.

Currently they are using the HALO IT system for case management and all staff have access to it. We were informed that the Lifeline IT system is still in use but due to end in March and so issues such as:

- what will replace it and
- what complications might arise from having a new system need clarifying.

Inter-agency working

"*We work closely with mental health services, but it can be hit and miss*". Generally, it was felt that the services have good working relationships across different agencies and sectors of health and social care, but it was noted that relationships depend upon the hard work and dedication of staff to manage the links between them in both directions.

The Interface with GP's was reported as being generally good although we were informed that there is a challenging relationship with one GP practice. Dr Watts is attempting to improve the GP practice response and relationship with the service. This relationship difficulty is from the GP practice and not from CDAS. Commissioners are aware of this.

Feedback from staff

The Healthwatch representative met with three workers during the visit:

Addaction worker

He felt that there have been lots of positives since Lifeline. Previously he didn't feel listened to and felt that too many decisions about the service were made from a distance by senior Lifeline managers.

Previously appointments were managed on a calendar availability basis and it was felt that this wasn't working properly and there seemed to be lots of DNA's with clients not engaging due to that old system.

Since the changes he now feels he and the team are listened to by the managers.

"*We run a drop-in service now which is good*"

"I feel more supported and my training needs have been identified following a training needs analysis".

He feels more supported also in being able to deliver training to clients and staff having just completed a training delivery course.

"*Access to equipment has improved, we now have more computers with all staff having laptops*" and now they have mobile phones which staff did not have under Lifeline.

There are eight staff in the team and Addaction working in 'Pods', reviewing quality standards using a new risk assessment method.

"The workload is still changing but seems better spread between the team"

In relation to supervision - *"I have regular supervision, on a monthly basis*"

"I feel the service is changing for the better and getting back on track"

It was clear that he feels more valued since Lifeline ended and management are more involved.

It was also felt that access to the service has improved which was a positive thing.

He feels he is treated with dignity and respect by managers and peers.

He did feel that since the changes that the service structure feels more co ordinated

BAC O'Connor workers

The Healthwatch representative was also able to meet with two BAC workers both of whom had worked under the previous different community drug and alcohol organisations over many years. What was also very clear was the passion, commitment and dedication that the workers demonstrated to their work. And the frustrations that numerous organisational changes can bring.

The first described himself as a "Red worker" working with people with complex alcohol issues; he described that they enjoy the challenge of the complex work. He sees people mainly at home. *"I like problem solving*"

He used to work closely with patients in GP practices, but this was also stopped. He felt he would like to get back into the GP practices. It was clear he felt that these working relationships were positive and worthwhile considering reinstating.

At the present time he said that he feels that some responses were 'knee jerk' reactions to changes since Lifeline management ended. He feels that there are still some disjointed issues around communication between the services, felt it was still poor from the top down.

"*We are putting plasters on things" "It feels like there is minimal planning and that there continues to be duplication of work we don't always work smart"*

"*There needs to be clearer directions with some day to day practices"*

It sounded frustrating that he cannot see or book into the Doctors diary under the current IT arrangements.

"Tried Halo but don't feel it's that good a system"

An issue raised by the CQC was around high caseloads and he felt that caseloads have increased, his currently was fifty and increasing and that he felt that thirty would be manageable

"Some staff have 70+"

He also felt that not enough outreach work was being done and would like to see more of that.

"We all need to be more proactive with more joined up thinking".

"there are too many chiefs"

He stated that he would like his current manager to shadow some of the workers to gain an increased understanding of the work they do as they are less experienced is that work area.

We did also discuss what he felt had improved -

"*My manager is more approachable, group work has increased for the better, we are using less agency staff so more consistent care is given, there is easier access to the Edward Myers Unit (EMU), attendance by service users has improved which is good, the staffing is better*". He also felt that attitudes have changed for the better, that there have been less incidents in the waiting room since the changes.

In the future he expressed a wish to see the alcohol team expanded with more work being done in GP practices.

He would also like to see a clear structured induction period for new staff joining the services.

He would like to see more of a cafe culture for service users coming to Wood House.

Overall, he was concerned that he came across as being negative and complaining but stressed that he feels strongly that he wants the service to be better and more responsive. He was clearly dedicated and passionate about the work and would like to see some of the old practice arrangements but at the same time recognises that some of the changes and cuts are generally due to reduced finances.

The second worker works with people who use opiates.

She felt that the service has gone full circle to when they worked for CRI prior to Lifeline and that policies and procedures seem to have got lost.

She also felt that there had been a knee jerk reaction to changes after Lifeline, "*there is lots of blame at Lifeline but maybe not always justified*"

"Managers have not made it clear why changes have been made or what's the best way to do things"

"Communication was poor under Lifeline and it doesn't feel like its improved"

"We are working to three different models and don't always work closely together and I would like to see more close working across the services, it's tiring not knowing where we are at as a service"

Caseloads remain high and there are capacity issues with the caseloads they have. The staff also have to do duty work which impacts on the capacity of and ability and time to do their caseload work (this is an issue across other mental health services as observed by the Healthwatch representative where duty work is in addition to caseload management)

The high turnover of staff impacted on number of times staff had to do duty

Caseload RAG workers also have red alerts (her caseload was 42 and the plan is to have them at 35).

"Our service users need a lot of psychosocial interventions, so it is important to have manageable caseloads"

She stated that there are the medical and recovery model for appointments but felt it was not clear which model is the priority.

"The service needs to be more client focussed and I would like to see the hubs across the city reopened to allow easier access for those who have to travel to Hanley".

Travel is difficult for some service users with finances, bus timetables and accessibility adding to their difficulties.

Over time other services have been cut so more work comes their way.

In relation to cuts in service she said that there were only two Shared Care staff who have close links with primary services and GP's where previously there had been twelve.

She felt positive about there having been "*some good changes e.g. GP programme which has shown positive user feedback. The Naloxone service is better now, training has helped with this raising awareness with other agencies*"

Regarding training needs she felt some of it was still lacking for psychosocial working. She has had motivational interviewing so far. She said that there had been some improved communications with her manager and receives monthly supervision but when it comes to non-clinical issues she does not feel as listened to.

They use a case management tool, a spread sheet which was devised for BAC staff, but she felt that the tool isn't reflective of the work staff do. Caseload management includes observations from case notes and audits. She said that management support wants to include observations/coaching with seniors shadowing.

She informed us that the Lifeline IT system is still in place but due to end in March and is not sure what happens after that and IT systems reinforce the divide between agencies.

We discussed terms and conditions across the three services and she felt that different terms and conditions impact on the teams - for example there are different dress codes of agencies and she feels this is an issue.

In relation to the expected re tendering for the service she feels staff should have a say in the tendering process.

Again, the worker felt that some of the concerns she has could just be seen as being negative, but it was because she cares about the service and its future and future development.

Observations and Recommendations

It is clear from the different discussions that Healthwatch have had with commissioners and service managers and staff that there were major issues in the management of services by Lifeline hence the rapid changes that have been made to the contract and the request for Healthwatch to visit the services.

It is also clear that the services are still having to work hard to make changes to working practices policies and procedures that did not appear to be a priority for Lifeline.

Some staff are still having issues with their old contracts in relation to pensions.

The discussions with all involved have shown that there is a determination to make the services work more efficiently and collaboratively and the staff have been open and honest in saying that they still have some way to go to make this happen.

There are some mixed feelings around what has improved but this can be seen as a way of engaging with staff to have more input to changes so that they have a clearer understanding about what changes need to be made, why they need to change, and they have some input and investment into delivering the changes.

The uncertainty over the retendering process hangs over the service at this time and given the previous issues with Lifeline, staff need to be supported through this transition.

The staff we spoke to came across as very dedicated and passionate about wanting to deliver a good service and seemed willing to work on some of the issues raised.

The services need to ensure that they have acted positively on the recommendations from the CQC at their visit in 2016.

The potential difficulties of 3 different agencies working together need to be addressed in relation to clear joined up planning and co-ordination across the whole service.

It could be suggested that a Quality Review would be helpful in the future undertaken by the City Council Commissioners to ensure that the service continues to meet the needs of service users and that the service is able to meet and deliver the demands of the commissioned service.

Caseloads remain high and this is an issue that needs to be addressed to ensure good and timely delivery of assessments and interventions. Can consideration be given to how duty work impacts on caseload management for workers, especially when there is potential high turnover of staff due to sickness levels, staff leaving or the potential increased use of agency staff in the future?

Does the future tendering include reopening hubs to improve access and engagement for service users?

The Naloxone training appears to have been extremely positive and cost effective.

Reinstating the group work sounds positive.

A Healthwatch Enter and View visit to be agreed to speak with service users about their experiences of the service both under Lifeline and the current arrangements (with a focus on their experiences of dignity and respect from the service).

We would like to thank all the staff involved for making the time to meet with us and being very open and honest about where the service was, where it currently is and where it needs to be.

Paul Harper
Healthwatch Stoke-on-Trent Volunteer - 25 January 2018

Edited by Dave Rushton
Healthwatch Stoke-on-Trent Engagement Officer - February 2018

Further amendments incorporated July 2018