

Agenda item 7a

DERBYSHIRE HEALTH AND WELLBEING BOARD

22 September 2016

Report of Chief Executive, Healthwatch

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

1. Purpose of the report

This report provides a summary of Healthwatch Derbyshire's (HWD) report on 'Experiences of individuals living with substance misuse accessing health and social care services in Derbyshire'.

1. Information and analysis

Background and context

This report has been developed in line with our commitment to target 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.

We are unable to present the full report as to date we have not received responses from all service providers (the deadline was the 2 September) and as a result we are not satisfied that all the recommendations have been considered fully. We will continue to chase responses with regards to the recommendations and would be happy to present an update at the next meeting.

Methodology

The research for this report took place from January 2016 to mid-April 2016. 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.

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.

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.

Summary of findings

A summary of the key findings from the report are detailed below:

- 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 individual's 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.

Recommendations/considerations from the report

The report recommends that:

- GPs to consider whether there are clear criteria to trigger referrals to pain management clinic.
- 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.
- Effective supervision in pharmacies to ensure that the methadone/subutex has been ingested.

- Ensure that precautions are taken at pharmacies to protect confidentiality, and to preserve the dignity and respect of people collecting medication.
- Consider the need for people who misuse substances to access a full range of mental health services
- Consider which professionals can make referrals to the crisis team.
- Consider how advocacy support can be made available to assist in social care meetings.
- 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.
- Prescriptions for methadone/subtext should not be held back.
- Consider the waiting room environment in drug treatment centres to minimize negative experiences for users.
- To address the issue of drug pushers at the main entrance to Bay Heath House.
- Address the issues around the complaints systems at drug treatment centres, and how these could be improved.
- Review the effectiveness of the treatment outcome profile.
- Consider more flexible appointments in drug treatment centres, to accommodate people who work, cultural beliefs etc.
- Consider the role of peer support in drug treatment centres.
- Work to ensure that the prescribing roles and any limitations to the prescribing ability of different health care professionals are clearly understood.
- Professionals to ensure that any referrals made to community recovery projects happen at the best time for recovery.
- Address the geographical coverage of community recovery projects and mutual aid courses.
- Community Recovery Project should encompass a wide range of elements such as horticultural sessions, employability, peer mentoring, sports/exercising, art therapy and mindfulness.

Responses to the report

Responses have been received so far from Derbyshire County Council Public Health, Derby Royal Hospital and the substance misuse charity SPODA. A joint response has been received from local clinical commissioning groups and a response from Chesterfield Royal Hospital is also being developed. We are chasing replies from the other service providers named in the report, and also a few other key stakeholders in order to ensure that all our recommendations have been fully considered.

The full report, which includes all these responses will be circulated to the Health and Wellbeing Board once these have been received, and will also be published on our website.

2. Links with the Health and Wellbeing Strategy

The Health and Wellbeing Strategy states that one of its principle values is that services will be planned and delivered in partnership. As acknowledged in the strategy, patients, service users and members of the public are a key part of this partnership and their views and experiences need to be taken into account in the design and delivery of services, and in responding to local healthcare challenges. This is particularly important in light of the changes that will take place over the next five years as a result of the five year forward view, which will be taken forward by the development of the Sustainability Transformation Plan.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Consider the content of the 'Experiences of individuals living with substance misuse accessing health and social care services in Derbyshire' report
2. Reflect on whether their own organisation has a part to play in addressing the recommendations contained in the report.

**Karen Ritchie
Chief Executive
Healthwatch**