

Turning Point Herefordshire Recovery Service – Public & Partner Feedback

November 2022

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Healthwatch Herefordshire

Healthwatch is your consumer champion for health and social care. We are local people working for you, to represent the views of children and adults. We are inclusive, and we want people from every part of the community to participate.

As part of a national scheme, every local council in England has their own Healthwatch. The national body, Healthwatch England, gives advice and guidance to local Healthwatch. Healthwatch England is a statutory body, and an independent committee within the Care Quality Commission, accountable to the Secretary of State for Health.

What we do:

Listen to your views

Improve services today and shape them for tomorrow

Make your needs known to those who plan services

Provide information about how to access services

Champion fairness, equal access and treatment

Speak up on your behalf

What it means for you: Health and care services work best when they are shaped by people like you, and others like you. Together with Healthwatch, you can influence the design of health and social care services and how they function. It is not only for people who use the services now but anyone who might need them in the future. It belongs to you: children, young people and adults. It reflects you and your local community.

Introduction

Background

As part of an agreement with Turning Point, Healthwatch Herefordshire have been tasked with gathering feedback from stakeholders and service users regarding their experience of the Herefordshire Recovery Service on an annual basis.

This project gives stakeholders and service users the chance to express their opinions and experience to an independent organisation and it is hoped that this will assist Turning Point to make improvements to their service which will benefit their users.

What We Did

Healthwatch Herefordshire designed two surveys, one which was aimed at the partners of whom Turning Point work with and the other aimed at service users or carers/professionals who were aware of the experiences of service users within the Turning Point Recovery service.

Turning Point provided Healthwatch with a list of close partners to contact with the survey. These partners included :

Hospital Liaison;
Mental Health Teams;
Women's Aid;
Probation;
Children's Services;
Adult Social Care;
Vennture;
Homelessness Outreach.

The survey asked about communication with Turning Point; the processes; feedback from their service users as well as opportunities for what could be offered in the future.

The service user survey asked about the location of Turning Point services; their service officers; the referral process; the website & online help; communication and treatment plans.

The survey was promoted through partner organisations that Healthwatch work with as well as through our social media channels.

What People Told Us

Survey Results – Stakeholders

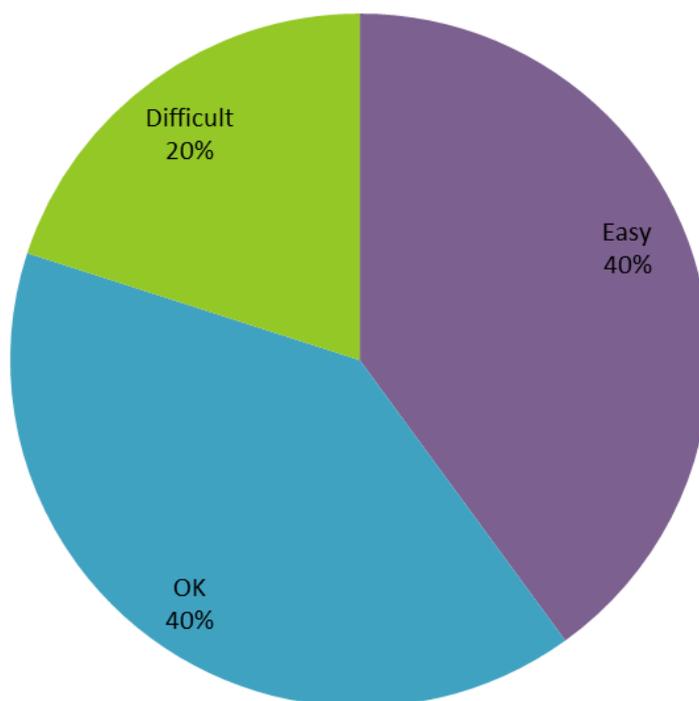
We have 10 responses from stakeholders that have worked with Turning Point Herefordshire Recovery Service

Firstly, partners were asked whether they were aware of the following:

- Turning Point’s Service Offer (What they provide)
- Where Turning Point are available
- How to contact Turning Point

All partners answers Yes to all three of these statements.

When asked how easy it has been to contact Turning Point, the response was:



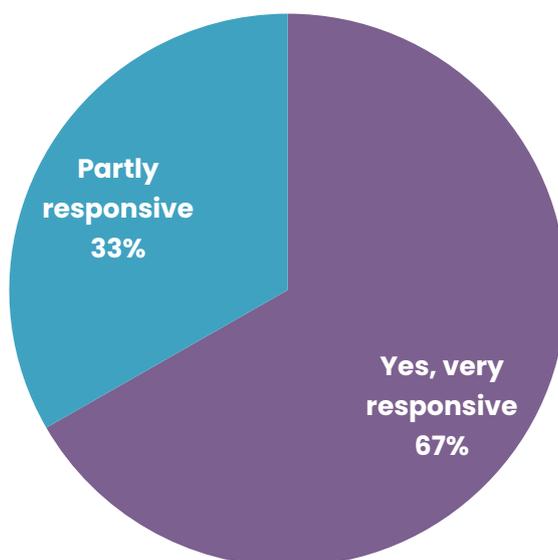
When asked what the process was like, the responses were:



- *"Really easy - either send an email or ring in."*
- *"I have strong partnership working with Rob Shaw with whom I have contact regularly."*
- *"I only deal with their Partnership Manager Rob Shaw, and he always responds quickly and communicates very well."*
- *"Having a named contact as a 'go too' has made it very easy."*
- *"Email seems to be good, telephone calls not great."*
- *"Difficult to contact them via phone."*
- *"Referral. Not informed of when the assessment is taking place or any outcomes."*
- *"Straight forward. Rob Shaw was great at setting up a direct referral pathway for us and providing training."*
- *"Online - easy to make initial referral."*
- *"OK to contact but can be difficult getting hold of local office."*



When asked whether Turning Point were responsive, the results were:



When asked about what feedback they hear from service users who have been referred to Turning Point, the response was:



- *"I think feedback has to be taken on balance against the patient expectations, but when patients are motivated, they seem to get good outcomes."*
- *"I don't work with people directly I am facilitating learning and development."*
- *"We have only referred a couple of clients that I'm aware of, but the service has been very good when they have engaged."*
- *"Some patients feel they get lost in the system and don't hear anything for a long time."*
- *"Generally positive."*
- *"Sad to say the feedback from service users is not positive. mainly due to large turnover of staff and lack of resources. Staff try their best but there is a constant change of keyworker, hence service users must repeat information and get lost in the system, with a lack of contact. Mainly group work and lack of one-to-one support."*
- *"Poor communication. High staff turnover. Cancelled appointments. No shows & no work done."*
- *"They find it easy to access the service and are supported by kind workers who listen to them."*
- *"Some users struggle to maintain access. Issues with changing key workers frequently. "*
- *"Not helpful, over promise, under deliver. All talk, no action. Why can't I have rehab."*



When asked what more Turning Point could offer, the suggestions were:



- *“Embedded workers with the mental health service teams.”*
- *“More one to one appointments.”*
- *“More effective work to support their service users.*
 - *Better staff retention to support a continuity of care.”*
 - *“Closer working with other key/support workers when moving caseloads to new key workers.”*
 - *“More personal approach. More mental health support in line with addiction support. Recovery & rehab.”*



When asked what opportunities there were for their organisation to work with Turning Point, the responses were:



- *“Plenty - we currently have link workers and regular fortnightly meetings.”*
- *“I would like a written agreement regarding student placements with Turning Point (formalised) - the plan which is a written agreement is that 2 students from us will be available at every intake - thank you.”*
- *“We have a staff member that works from Turning Point one afternoon a week. I'm keen to look for further ways to collaborate.”*
- *“Weekly MDT.”*
- *“Good links with the partnership manager trying to work together to improve practise.”*
- *“Working in partnership already.”*
- *“Lots - Office space. Teams. Treatment planning meetings. Progress reports. Informing if non-attendance so warnings and breach can be initiated Informing of success. None of this happens.”*
- *“Rob Shaw has set up a good partnership with WMWA and we now have a worker on site at Turning Point on Wednesday afternoons.”*
- *“Joint working.”*



Feedback from Vennture

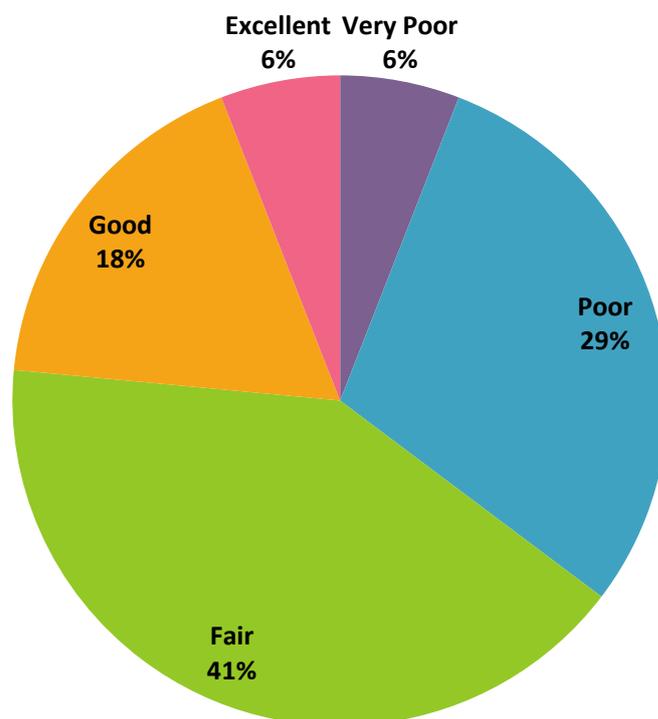
- Turning Point have delivered training with Vennture which has been helpful.
- Group work has been beneficial to some service users – they can see others around them in a worse situation and can sometimes give people the motivation to not deteriorate further.
- Staff have commented that they feel the two organisations work well together on a strategic level.
- Have liked the 'Breaking the Cycle' project of a multidisciplinary team coming together to deliver a holistic approach for individuals.
- Vennture have observed situations where re-engaging with a service user has not been successful. The communication method needs to be right, for example, some people struggle to answer the phone and a text would be more appropriate.
- Calls from Turning Point come from a number that can't easily be phoned back which could weaken communication between Turning Point and the service user.
- Comments about the Turning Point offices – although location is OK, a number of service users have reported difficulty in attending. There can be mental challenges to attending, which is sometimes not helped by issues such as, a buzzer to get in and the space feeling quite clinical. Vennture often have to physically accompany users to the door.
- High turnover of Turning Point staff does cause issues for service users and can have a big impact, particularly, if they have had a good relationship with a worker that leaves or doesn't like a new worker they are given. An improved way of managing transition would be useful so that service users aren't affected as much. Warm introductions of new staff and a joint handover, if possible, to avoid a service user having to re-tell their story. Matching personalities, again, if possible, between case workers and service users could have a big impact on the way someone engages with the service.
- High caseloads with Turning Point staff could be affecting some of the work they do and was a concern as it was felt that due to this issue the recovery rehabilitation part of the service could not be prioritised.
- There was still some reports of some issues with the dual pathway with mental health, still finding that organisations are not able to help with one area until the other area is sorted and vice versa.

Survey Results – Service Users

We received 18 responses from service users.

- 94% (17 responses) of users were aware of the Turning Point Herefordshire Recovery Service
- 67% (12 responses) said the Turning Point office was easily accessible.
- 16% (3 responses) completed the survey having been referred to the service themselves. 77% (14 responses) completed the survey due to knowing someone that has been referred to the service.

When asked how they would rate the service, the response was:



Comments on why respondents have rated the service in this way:

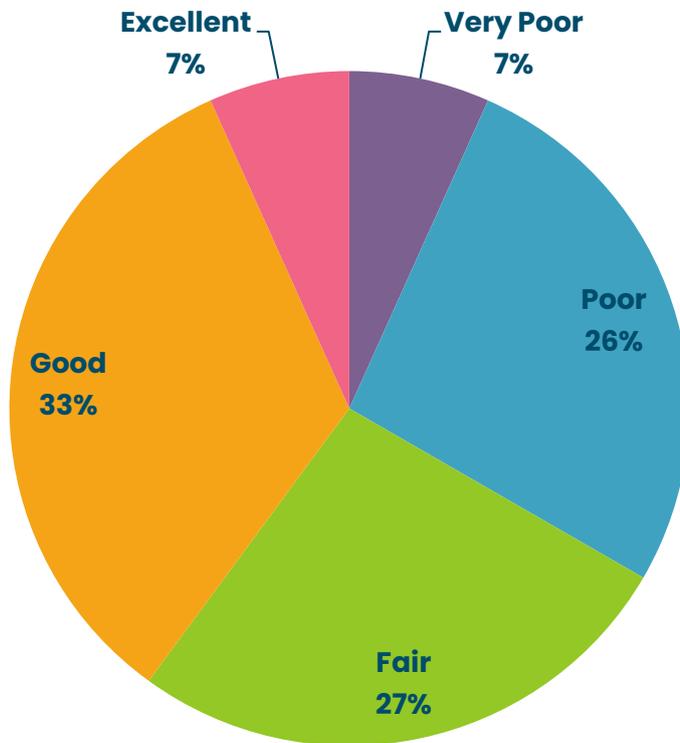


- *"Supportive"*
- *"The service itself is pleasant but failed by the lack of expert services to support people in need."*
- *"Felt they were a bit dismissive / blasé about the person's addiction & the impact on them, their family and their job."*
- *"I was able to recommend Turning Point and the service user found it easy to access the service themselves."*
- *"One individual stated very helpful support worker, another support worker was unhelpful"*
- *"Knowledgeable staff"*
- *"Some individuals find it very difficult to access support without help. Some report having lots of different key workers over time."*
- *"Individual I worked with said Turning Point didn't do anything"*
- *"Went for help with addiction, was not supported, was laughed at and turned away at my lowest point."*
- *"Very supportive lady on reception - a friendly welcome. Can be hard to get hold of anyone"*
- *"They give many chances for the person to start attending, knew they needed to gain trust. Treat non-ordered like ordered which isn't the best"*
- *"Communication slow. Very frequent staff changes."*
- *"Over promise, under deliver. Too much focus on diaries rather than support. Lack of mental health support alongside"*
- *"It was a digital group support - became inaccessible during school holidays due to childcare - I couldn't be unavailable to children for 1 hour."*
- *"No reply from self-referral online and call-in service"*
- *"Referred into service - long wait for initial contact, then assessment after assessment. No contact for months - despite numerous calls to chase"*

➤ *“Was referred by social prescriber and they nor I have had any response at from referral. It’s been 5-6 weeks”*



When asked to rate the Turning Point service officers, the response was:



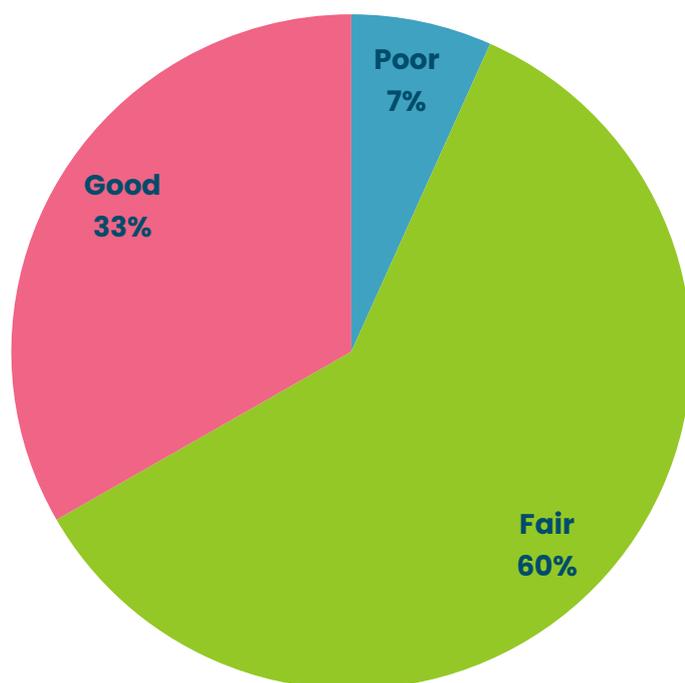
When asked the reasons why the rating was given, the responses were:



- *"They are lovely people."*
- *"Not always easy to get hold of when following up on a client."*
- *"Mix of experience of officers but generally good. I wish they would be more pro-active with clients at times"*
- *"One individual receiving support gave consent to Vennture support worker attending session which was blocked by the turning point worker."*
- *"Staff very busy, but when you deal with one, they are excellent"*
- *"Some service users report poor relationships with their key workers due to over promising and under delivering."*
- *"The individual I worked with said they barely engaged with them and didn't seem to care"*
- *"Had 1 appointment in 3 months with a worker. Never had any follow up appointments or calls."*
- *"Some are hard to get hold of."*
- *"Often temporary."*
- *"Friendly and knowledgeable, but inconsistent and high turnover of staff."*
- *"N/A as never had contact from referral."*
- *"Haven't had any contact."*



When asked to rate the referral process, the response was:



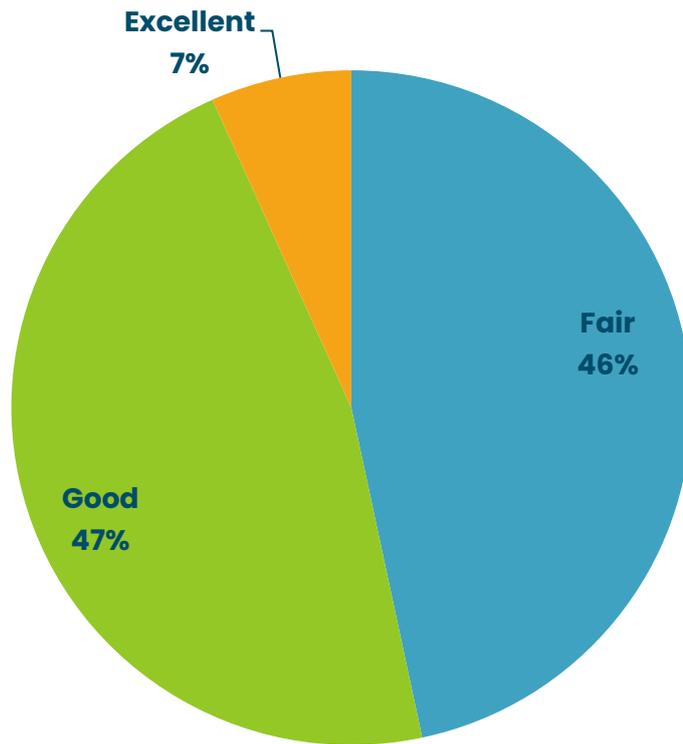
When asked the reasons why the rating was given, the responses were:



- *"I self-referred"*
- *"The referral went through process & client followed up."*
- *"Easy referral process. Client able to complete an online training/awareness which they found helpful. Individual probably wouldn't have sought help if it needed to be direct work. The 'indirect' approach of self-help was good in this instance."*
- *"Difficult to access follow ups and work as multiple agencies."*
- *"Online referral process is easy."*
- *"The individual said the referral process was easy but when you get processed the help is not there."*
- *"Referred by a GP. GP did not work with addiction, and they did not communicate to help"*
- *"Referral made online occurred a technical glitch and had to be done again, then unsure if it was received second time. Confirmation email would be good. Harder for individuals who are chaotic to do online referrals/use website. For self-referrals it's not as clear on website."*
- *"It works but lacks consistency."*
- *"Simple and effective - can take longer than promised to action."*
- *"Referral to first contact was quick."*
- *"I had to navigate online, wasn't easy but managed eventually - never had response from referral."*
- *"Referral ok. Follow up and turnaround times were poor - constantly needed chasing."*
- *"Professional completed it."*



When asked what they thought of the website & online help, the response was:



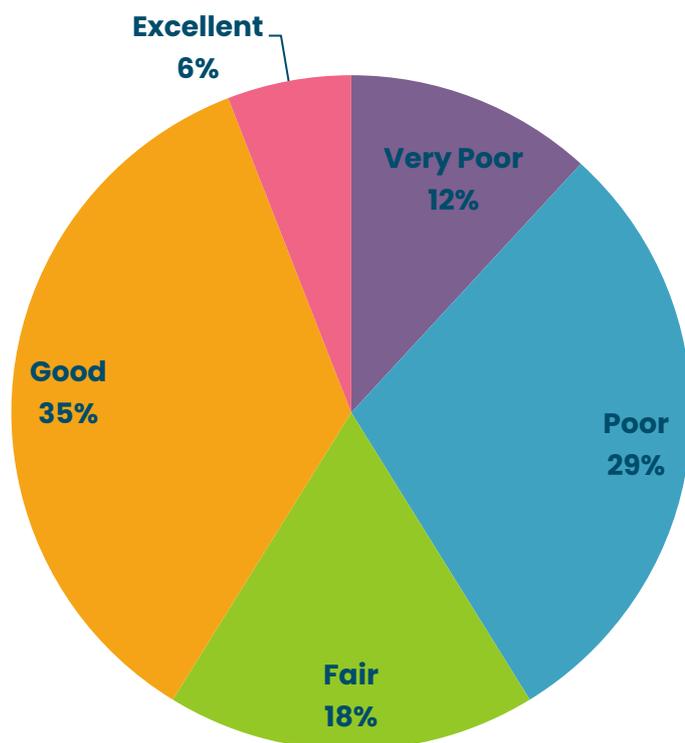
When asked the reasons why the rating was given, the responses were:



- *"It is exasperating to be advised your child will likely grow out of it. They didn't."*
- *"Helpful articles online to show family members."*
- *"Good, clear information on the website."*
- *"Some areas are over complex which is confusing."*
- *"The individual said he has not been on the website"*
- *"Was easy to use."*
- *"Very informative and easy to access."*
- *"Good content."*
- *"Found it difficult to find referral online and complete."*
- *"No access to internet."*



When asked about communication with Turning Point, the response was:



When asked the reasons why the rating was given, the responses were:



- *"Helpful, they listened but unable to provide the expert help that was desperately needed."*
- *"Not always easy to get hold of who you need."*
- *"One support worker was a good communicator."*
- *"Staff are busy, but they try to get back to you quickly."*
- *"Partnership communication is good."*
- *"The individual said he found it hard to contact them and they rarely saw turning point."*
- *"Never checked in to see how I was. Never got back to my phone calls."*
- *"It is better than it has been in the past but sometimes hard to get through on phone."*
- *"As an outside agency, can be difficult re. GDPR even with consent."*
- *"Always get a reply."*
- *"No response at all from referral that I completed online"*
- *"Had to chase referral. Had to chase and chase contact with patient. Had to chase assessment. After assessment, despite numerous chasing calls and messages absolutely no response and has taken months."*
- *"No communication."*



Comments made regarding how treatment plans are working for individuals:



➤ *"I'm sure it contributed to recovery, but this was in spite of not because of the 'treatment plan' and utterly failed by other local services even regionally or nationally."*

- *"The individual said they just turned him away most of the time and wouldn't help with his addiction."*
- *"Ended treatment due to lack of support. was allocated a worker who went off sick. Never gave me a new one."*
- *"When asked for very specific help, was sent a huge document on how to reduce alcohol. My individual was struggling."*
- *"Assessed - no contact since. Worker off sick - absolutely no follow up."*



Comments on anything else Turning Point could do to enhance their service:



- *"Is there a psychosocial support element for people to access information rather than treatment plans?"*
- *"Turning Point cannot meet the dire need in Herefordshire as a lone agency. The statutory provision for dual diagnosis is utterly lacking and a death sentence for wonderful but vulnerable people and their utterly tortured despairing families."*
- *"Better multi-agency working."*
- *"Not enough working knowledge of Turning Point."*
- *"They need lower caseload size so that they can support individuals holistically and more intensively."*
- *"Better engagement and more resources"*
- *"Everything. My experiences with turning point have been abysmal. They are an excuse of a support group."*
- *"More funding for rehab facilities - wait is too long - one lady I supported waited 2 years for a 6-week detox - did not provide secondary accommodation. Do more community work (I know this is being addressed). Raise awareness to other agencies. What is the provision- groups / treatments etc. Do we know the treatments are working in general?."*
- *"Offer regular, permanent contracts. Counselling services to address reasons for addiction."*
- *"Rehab & mental health support."*
- *"Responding to referrals would be a start."*
- *"Really disappointed after the positive message delivered by Turning Point staff."*
- *"No response for carers & family referral after 5-6 weeks."*



Conclusion

The stakeholder feedback from the surveys provided some positive comments highlighting good work, particularly with the partnership manager of Turning Point's Herefordshire service. In terms of communication with the service, an area for improvement was with the telephone lines, it appears that this is a more difficult way to access the service.

Stakeholders reported that their service users have experienced problems with the service due to a high turnover of staff, this potentially could be improved with more support for service users with the transition of staff from old to new.

Stakeholders also commented that more support is needed around mental health issues and dual diagnosis.

For future opportunities, stakeholders acknowledged that there is already good joint working and therefore more of this would be good, embedding staff in each other's service, for examples, multi-disciplinary meetings and sharing office space could improve outcomes for service users.

Feedback from Vennture highlighted that they have welcomed training from Turning Point and found multi-disciplinary meetings useful. They also reported positive experiences for some service users with group work. Areas for improvement were re-engaging with service users and finding the right lines of communication for individuals to improve the chances of them engaging with the service.

Staff at Vennture also noted that the physical office space at Turning Point was challenging for some individuals. High turnover of staff, was again, mentioned which has led to concerns about service users engaging with the service, struggling to build trusted relationships with the staff and having to repeat their story which can be hard for people.

The feedback from the surveys completed by service users provided a mixed range of responses. Some reported that the service is good and others saying it is poor. When asked about topics such as support, communication, and whether the service is easily accessible, again, some said it was good and others disagreed. There were also mixed comments about the referral process with some saying the online referral pathway is easy and others saying the support is not there following a referral.

Comments about the website and online help were positive with service users rating this area as 'good' or 'excellent'. There were positive comments about the ease of using it and the content being good. However, the comments regarding treatment plans were all negative, although not all respondents completed this question.

We acknowledge that this feedback is based on responses from a small number of individuals and that this area of work can be challenging in gathering a high number of responses and therefore we aim to continue to work with the Turning

Point service to assist in improving the experiences for people using the recovery service.

Recommendations

- **Improved transition when a support/key worker leaves** – improve communication about what will happen when there are staff changes. Increase personal introductions, ensure a new member of staff is aware of a service user’s circumstances to avoid them having to repeat their story.
- **Increase attempts to match support/key worker personalities with those of the service user** – this was an area that some people reported causing barriers to engagement and rehabilitation, particularly if they had previously had a good relationship with a different worker.
- **More multi agency meetings** – this received positive feedback and contributed to successful partnership working to improve the experience for the service user, but stakeholders also thought that more partnership working would enhance the service. This could particularly help in areas such as mental health where the feedback highlighted issues with the mental health dual pathway, despite recent changes.
- **Improve and tailor communication to service users** – consult with service users about preferred forms of communication they would respond best to (e.g. Phone, text, online) in order to reduce the chance of this being a barrier to engagement.
- **Improve communication with service users about their thoughts on the physical space at Turning Point** – this has been reported to be a barrier to engagement, sometimes requiring support to physically come into the building.



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