

Middlesbrough Specialist Drug & Alcohol Services Review

**Healthwatch Middlesbrough
Engagement**

January 2023

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Introduction

As part of Middlesbrough Councils review activity of the Specialist Drug and Alcohol prescribing services, they approached us to carry out service user engagement to inform this process. As we had the opportunity to have conversations directly with those receiving support from this service, we added value to this engagement by also including questions regarding experiences of the wider drug and alcohol support offered for consideration towards improving the current model of delivery. We had support from local services to help with access to relevant local people currently accessing these services. The period of engagement took place between 21 September to 29 September 2022.

Methodology

Survey and Engagement

Middlesbrough's commissioned consultant provided us with consultation questions to consider which we adapted and changed the language to ensure it flowed better and was more user friendly.

We then uploaded the questions onto Survey Monkey and shared the digital link with a variety of key stakeholders and providers for promotion within their own services. We also provided paper copies of the survey to relevant service venues for completion with support workers.

We produced a timetable of when our staff could be present at the identified services where we carried out both face to face and telephone engagement with service users.

Below is a list of services we carried this out in:

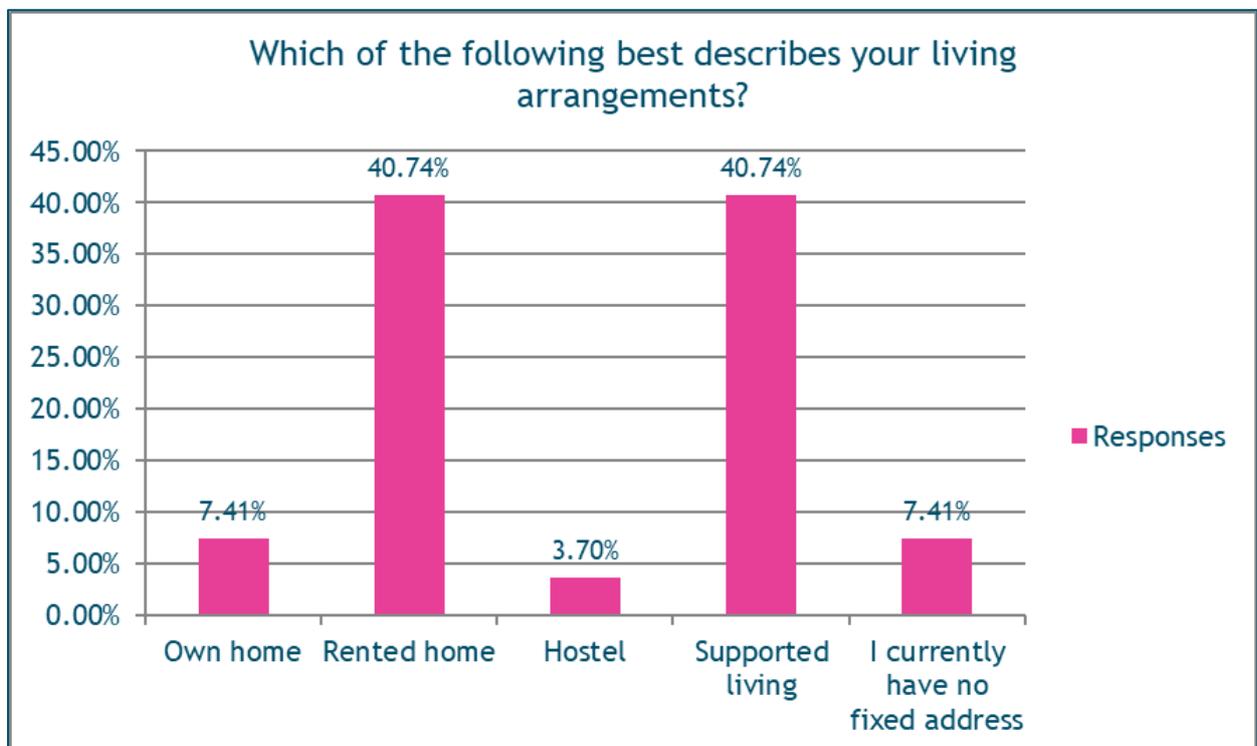
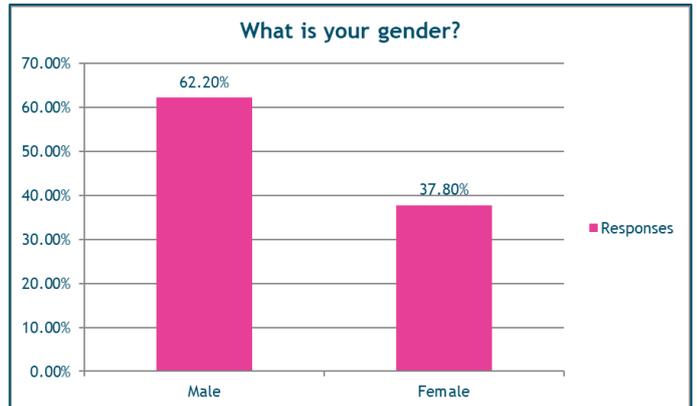
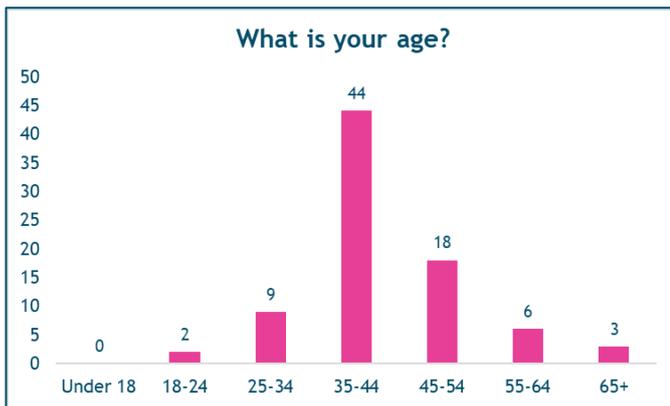
- Recovery Connections
 - Men's drop in
 - Ladies drop in
 - Social club
- Foundations Medical Practice
- Opiate Service
- Middlesbrough Alcohol Centre of Excellence (MACE)
- The Stages Academy
- Letitia House Supported Accommodation
- New Walk CIC - Park Road North

During this engagement **98** surveys were completed.

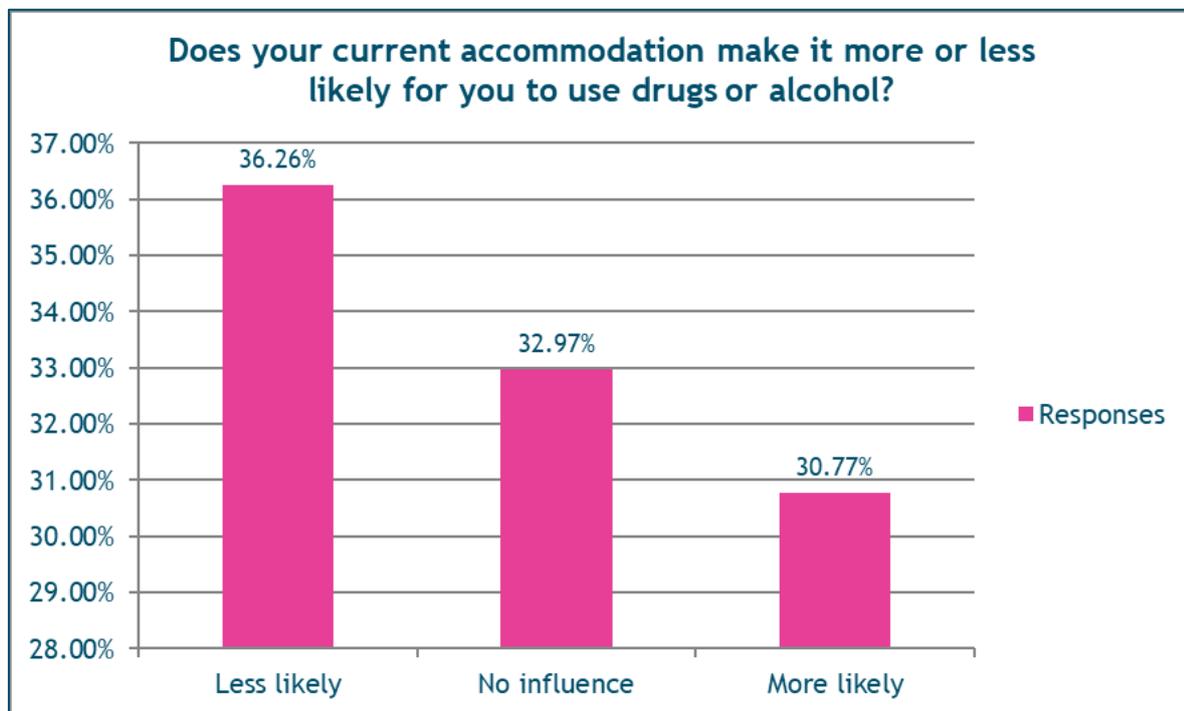
Findings from consultation responses

Section I: About You

Below are the ages, genders and living arrangements of those respondents we had access to for our engagement provided through the services who supported this activity.



Whilst the majority of responses overall indicated that people’s current accommodation made it less likely that they would use substances, the responses from those living in supported accommodation suggested this wasn’t the case as they told us they were more likely to use drugs and alcohol.



What currently is your biggest goal in life / what do you want to achieve?

There was a lot of consistency in replies to this question with the key themes being:

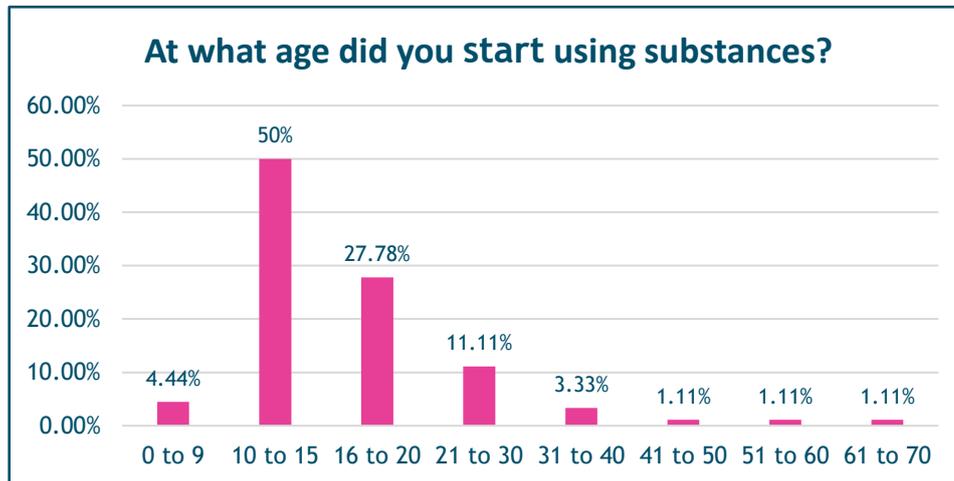
- To be clean of drugs
- To be working and have a normal life
- To have their own home
- To get new skills/education
- To help others

A selection of some of the replies are below:

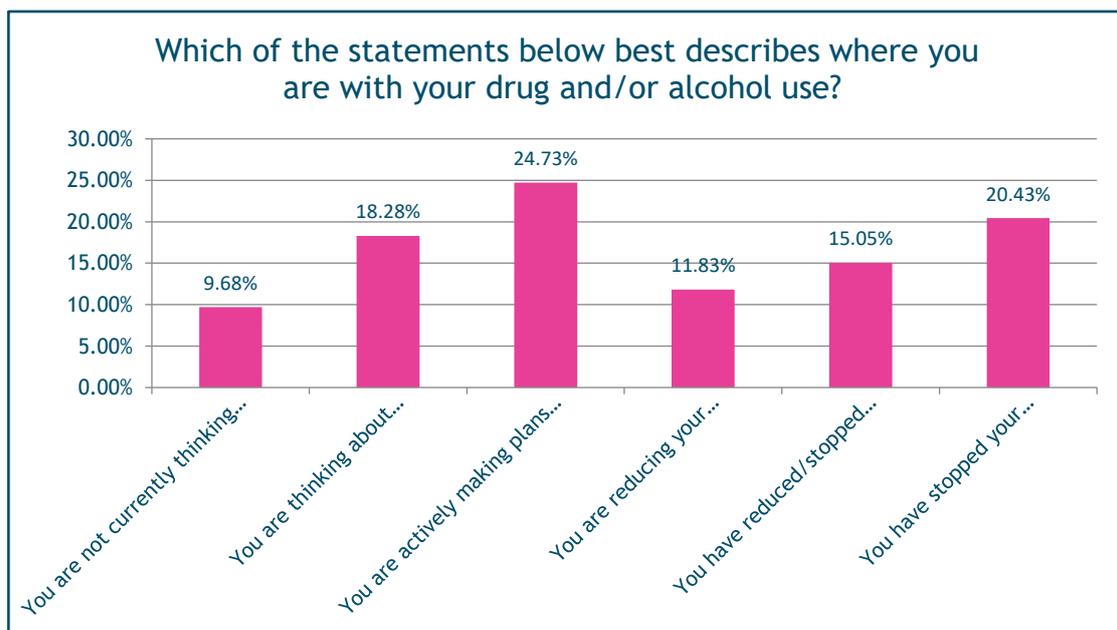
To be working and just have a normal life
Masters degree
To work in recovery services
To help the more unfortunate people in Teesside
To be totally drug free
My own house
To stop drinking and stay focused and get back into work.
To stop using any substances and live a more productive life

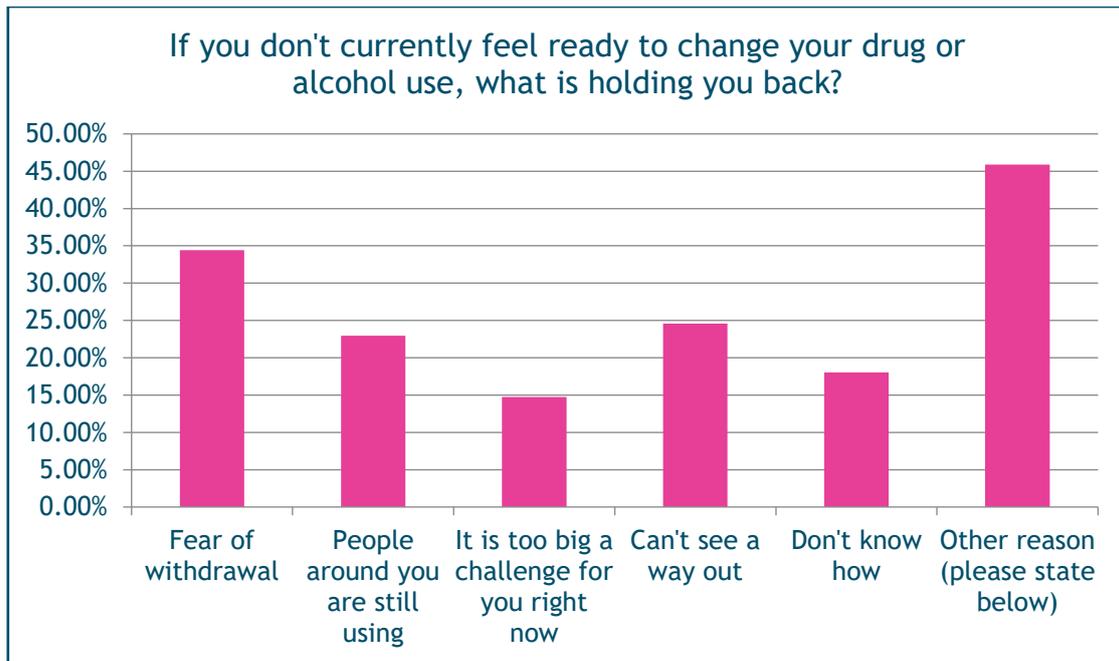
Section 2: About Your Substance Use

As you can see from the information below, the majority of respondents started using substances between the ages of 10-15 years which suggests more early intervention approaches need to be considered in schools.



Even though the majority of respondents suggested that they were actively making plans to change/stop drug and alcohol use, when asked what these plans were, participants couldn't provide any specific details.

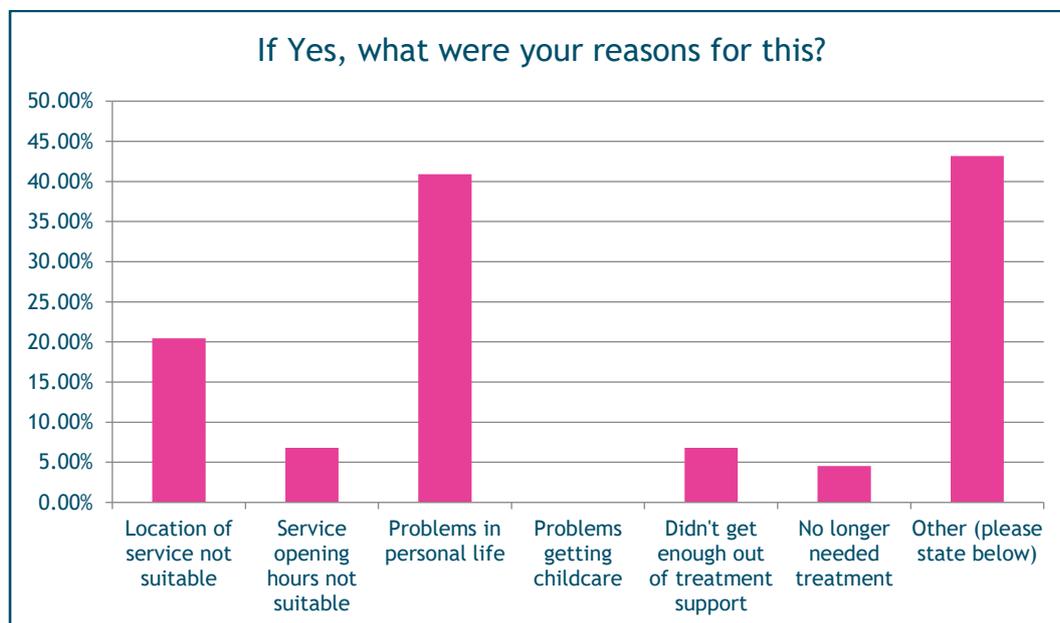




Other reasons:

- *Stuck in supported accommodation in town centre away from family and friends so when I get bored or lonely I go to the pub.*
- *Accommodation - too many users*
- *PTSD, Agoraphobia*
- *Past history. Blocking out memories of my father beating my mother. Alcohol takes it away.*
- *If there is an anniversary that comes up or I feel low.*
- *Me and my husband of 27 years use drugs together and it always seems when he's ready to stop I'm not ready and vice versa.*
- *Not being stable*
- *Fear of afterwards. You know you have it there -it's like a safety gate.*
- *Family bereavement & anxiety*
- *Fear of change, struggling to stop*
- *Burying things*
- *I didn't access support previously as I didn't think I had a problem.*
- *I am finding it difficult accessing the services to help me. I am forced to stay away from my family so I don't have access to people who can support me.*
- *It's very easy to get unprescribed prescription drugs cheap rather than begging the doctor for them*
- *I requested the medication that will stop from me taking alcohol but have not been prescribed it. I feel if I had this it would really help me to stop.*
- *Can't see a way out as I don't have a fixed address*

Respondents were asked if they had previously dropped out of drug or alcohol treatment with 52% saying Yes. The reasons for this are below:

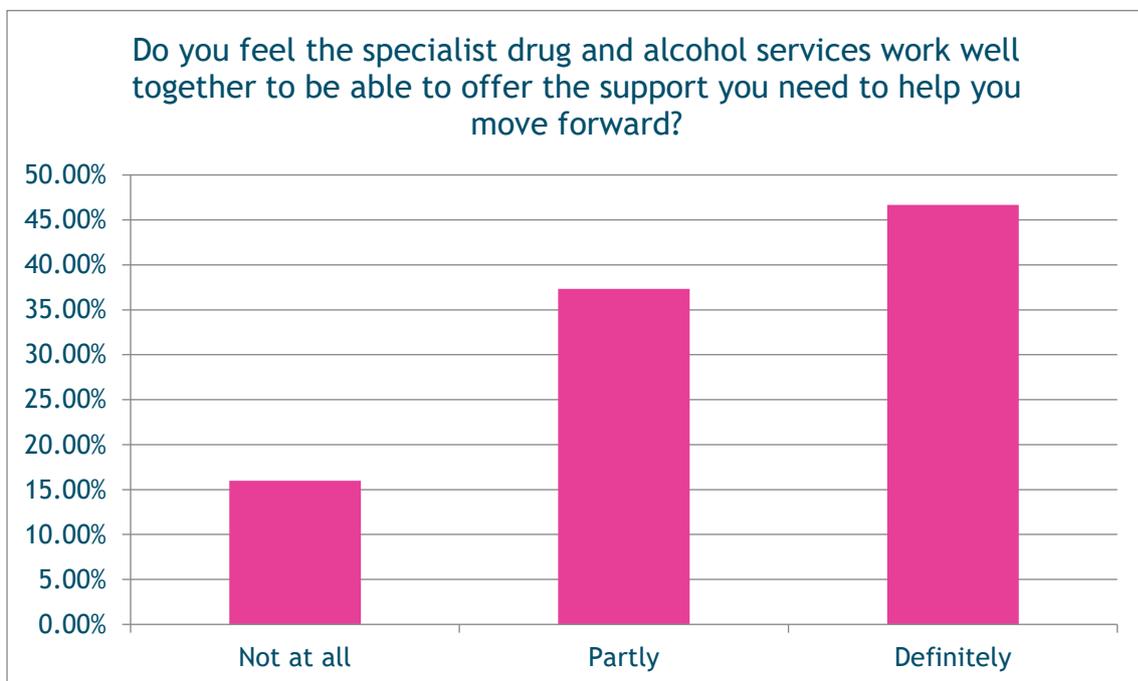
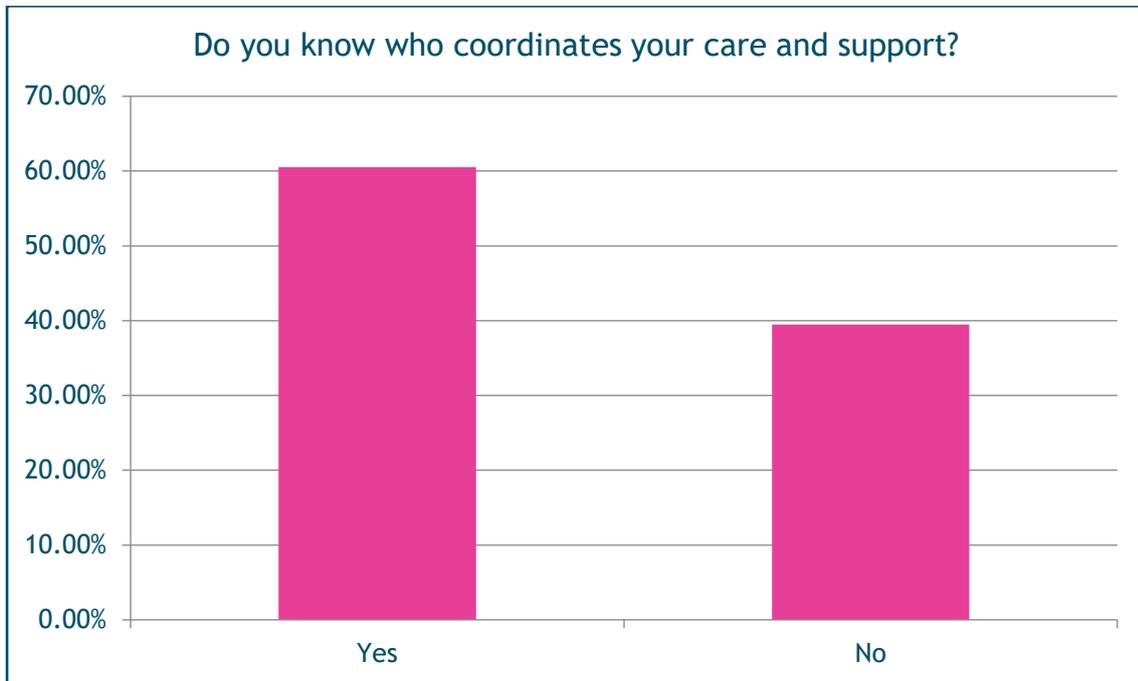


Other reasons:

- *Lifestyle*
- *By accident and missed appointments so stopped using services*
- *Memories of domestic violence with parents*
- *I got too confident in myself and stopped taking my tablets for three weeks, then I had one sip of alcohol and went back to square one.*
- *Due to ulcerated ulcers and have difficulty walking*
- *People around me*
- *Other clients in cliques that isolated me as well as broken promises*
- *Went to prison*
- *Missed methadone a couple of times*
- *There was just loads of things going on in my life.*
- *Previously discharged from treatment.*
- *Lost funding for treatment*
- *I dropped out of treatment when I went to prison. Also a need a new referral for methadone treatment. I can't get in touch with my GP or they don't call me back when they say they will.*
- *I thought I could do it on my own.*
- *Wasn't ready even though I thought I was*
- *Started using again*
- *Wasn't ready and had a moment of relapse*

Section 3: Your Treatment

Even though 60% of respondents knew who coordinates their care and support, the majority suggested having one main person they could contact would drastically improve their ability to navigate the care and other support services they might need to support their recovery.



How could this be improved?

Although the majority of respondents felt that services work well together, the comments on how this could be improved does not reflect this. Therefore, when considering improvements to support services we feel the responses below carry more weight than the graph above.

- *I'm not sure but they could talk to each other*
- *Communicate better together*
- *Group sessions*
- *One to ones*
- *If they got together and communicated a bit more*
- *Listening to me and try to come up with something to help me.*
- *Nobody helps me look after me*
- *Unsure*
- *More meetings as a whole*
- *Improved communication*
- *I am very much of a one-man band, 1-1 support works best for me.*
- *Be done faster*
- *More groups on a weekend, better communication when groups change - i.e. system text, email.*
- *I feel some people really struggle to help themselves and need people to never give up on them when they can't push themselves. They need someone with a lot of patience and there is none.*
- *See service more often rather than telephone checks if you're on a long script*
- *Housing is brutal*
- *I feel now I've changed my GP to Foundations I will get the help I need to me having a better life and dealing with my depression, etc.*
- *Dedication*
- *Better communication between services that offer other support required to help improve our situation e.g. housing, mental health, benefits etc*
- *More focussed on mental health problems, I feel like I was passed round and round whilst I was having a breakdown. Communication needs to improve between services*
- *More encouragement and opportunity for a more caring approach. Some attitudes are good and some bad. Needs lived experience to support as they know what we are going through and would be given respect*
- *More help with alcohol. Phone me or text me.*
- *More involvement in my care plan*
- *They need to train up more. I want to get off this for my family but I can't access help.*
- *More check ins , peer support*
- *More drop ins*

- *If someone isn't ready to stop using they aren't going to be honest for fear of prescribed medication being reduced as they will only compensate by buying unprescribed prescription drugs*
- *Don't agree with the extra injection of diamorphine offered to some clients as I see that a lot of them just use this to 'top up' what else they're taking and not what it's there for*
- *Help to stay focussed*
- *Trying to find help is quite hard.*
- *I think MACE should have their own nurse. They bring in one from another company and it is more difficult to contact and they are not linked up on the computer.*
- *More information relevant to the support I need in other areas of my life.*
- *An overlap of staff from different services visible in each service venue"*

Section 4: System Review/Improvements

What needs to improve within the system and how do we need to do this?

- *Work better with mental health*
- *A bit more one to one and ask the right questions*
- *I'm buying illegal medication when I could have it prescribed.*
- *Help with rehab*
- *More rehab and community coming together*
- *Physical and social activities. Gym, dry nights*
- *The hospital side needs to be improved. I got kicked out of a detox program at James Cook Hospital halfway through and then got referred back to Foundations.*
- *Lived experience workers*
- *Needs to be faster and more direct.*
- *More groups on an afternoon / evening / weekend*
- *Communication between Recovery Connections and social services.*
- *Social services training on recovery*
- *Talk more and listen*
- *Access to appointments. My support worker takes me but I can have several a week for different things.*
- *More help with housing*
- *Continue to be offered swabs instead of urine.*
- *Easier ways to get in touch with people – not having to wait on the phone*
- *Support for my carer and more information of what support is out there for her. Better coordination between different support services e.g. housing*
- *Access for my mental health*
- *I want an appointment for alcohol, either phone or text*
- *Location of services*
- *Services available nearer to home. Costs me £8 each way.*

Key themes from our consultation including areas for improvement for future commissioning and monitoring activities

1. Nearly half of the respondents (40%) did not know who coordinates their care and support with many of them telling us, because of this, they don't reach out for as much support as they need as they don't know who to contact.

"Better coordination between different support services e.g. housing"

"More support for other areas of our lives e.g. benefits, housing etc"

"Easier ways to get in touch with people – not having to wait on the phone"

"Communication is really important. I have had difficulty getting through on the phone to MACE but I have recently been given a new key worker who provided me with their mobile number so it should be easier now"

"Phone people to talk to them and help them out"

"Access to appointments. My support worker takes me but I can have several a week for different things"

"Help with all my medical and social appointments"

"There needs to be more communication with services. When my complex needs worker is off everything stops. There is no one else I can go to"

"Freephone numbers so you don't use your credit"

"Support for my carer and more information of what support is out there for her"

Recommendation

We would therefore recommend a single point of contact for each individual, regardless of which service they're engaging with. This will help to ensure the clients stay focussed, receive support and coordinated care when they need it and be signposted quickly to any additional service that can support other aspects of their life, in addition to their recovery.

2. Many respondents told us that to ensure they stay focussed and on track towards their sobriety, they need activities to fill their day and keep them busy in order to distract them from their cravings.

"Physical and social activities. Gym, dry nights"

"More groups on an afternoon / evening / weekend"

"Needs someone to check in with me for daily motivation and keep my mind busy"

"More rehab and community coming together"

"More support in Foundations, i.e counselling, training more opportunities to aspire to"

"Keeping focussed"

"More health and fitness programmes"

"Targeting a goal"

Recommendation

We would therefore recommend that robust connections and pathways are made with relevant VCO's who could maybe provide this type of support and fill this gap in the current offer as we received the most comments regarding this.

3. Some of the clients identified that mental health support was also needed alongside the support they receive for their addictions that is not always easy to access whilst undergoing treatment. This meant that their symptoms were being addressed but not necessarily the cause and felt like a 'revolving door'.

Improving access to dual diagnosis services for clients with combined mental health and addiction problems has been raised as an issue with service providers in the past and we are concerned that this still appears to be a problem area.

"Work better with mental health"

"Access for my mental health"

"Help with my depression - it is offered. I have just changed my GP to Foundations so I believe I will now get the help I need"

"Support for mental health alongside lifelong addiction, even to get a phone call to check in"

"Quicker access to mental health support"

Recommendation

We would suggest that pathways and support into dual diagnosis mental health needs improvement and/or better understanding of how these types of services can be accessed including criteria thresholds.

4. Respondents told us that during times they are under the influence of drug and/or alcohol they hit rock bottom and identified a small window of opportunity to realise they need help when this moment occurs.

“There needs to be somewhere that will see people whilst they are under the influence as there maybe a small window of opportunity when they want to change but also feel like giving up”

“A van or something where people can go, no matter what state they are in, when they are desperate for help. There could be a number to ring to let someone know you want to meet them there to talk about support options”

Recommendation

Therefore, we would recommend a 24-hour helpline or outreach support to connect people into the relevant service for support whether under the influence or not.

5. It was also brought to our attention that clients have witnessed other clients abusing the heroine substitute injection currently offered. They told us that those who are offered this don't always use it in the manner it should be and have it to 'top up' if they can't 'score' elsewhere.

As we don't have the clinical training to able to offer a recommendation relating to this information, we felt it was important enough to highlight to the service.

Conclusion and summary

In general, the feedback we received demonstrated that patients are at varying stages of their recovery with a wide range of experiences. Throughout all of this activity we observed and experienced a real passion and commitment from the majority of services currently offering support, as well as a willingness and openness for us to share the feedback we received with them as they wanted to ensure that the right support was being offered to those who need it.

Below is the summary of recommendations which have all been highlighted throughout this report.

1. A single point of contact for each individual, regardless of which service they're engaging with, to ensure the clients stay focussed, receive support and coordinated care when they need it so they can be signposted quickly to any additional service that can support other aspects of their life in addition to their recovery.
2. Robust connections and pathways are made with relevant VCO's who could maybe provide this type of support and fill this gap in the current offer as we received the most comments regarding this.
3. A 24-hour helpline or outreach support to connect people into the relevant service for support whether under the influence or not.

Next Steps

The response from Middlesbrough Council Commissioning Team is below based on the feedback and raw data we provided from this consultation activity:

Middlesbrough Councils Commissioning Teams Response

The findings from the consultation have been integral to the recommendations for the future prescribing model. There are also some more immediate responses around the wider service provision which are in progress as a result of the findings and are detailed below:

- There is currently a Family Team within the service which provides an enhanced Coordination and PSI offer, however this reflects the need for consideration of a family focussed prescribing offer. This will be considered within the procurement consultation and planning process, and features in the review recommendations.
- This consultation has supported the development of grant spending plans focussed on those in treatment with issues around accommodation. It

provided some insight into need and the impact of safe and secure accommodation on recovery as well as supported the findings of the local data review.

- This engagement has highlighted the need for more effective advertising around current provision as suggested within this report, as this highlights that not all service users are aware of what is currently available.
- The responses collated indicates that service users very much view the substance misuse provision as three distinct organisations operating independently rather than a single system. This has informed recommendations for the future model around branding, pathways and operating procedures.
- We have now secured two other delivery sites in order to localise service delivery. Recommendations from the review highlight that there should be a clinical offer on a wider basis than a single location. We aim to build a multi-agency offer in delivery locations to better support service user needs and are working with TEWV and many other stakeholders to increase co-location. Some grant funded activity has been reviewed and repurposed in order to increase the capacity to offer home visits and increase ease of access.
- Also, in response to the findings, there will be considerations around enhancing recovery culture within the whole system, and around how the single data system is used to improve continuity of care.

Acknowledgements

HWST would like to thank all the individuals who completed the survey and took the time to talk to us and provide valuable feedback about their experiences.

Special thanks to all of the services below who supported us to access individuals they support through their service provision:

- Recovery Connections
- Foundations Medical Practice
- Opiate Service
- Middlesbrough Alcohol Centre of Excellence (MACE)
- The Stages Academy
- Letitia House Supported Accommodation
- New Walk CIC – Park Road North

Please note that this report has been produced based on the feedback we received during this focussed piece of engagement.

healthwatch

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