

**Enter & View  
WDP Havering  
Drug and alcohol  
dependency services**

**11 October 2016**



## What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both from professional health and social care backgrounds and people who have an interest in health or social care issues.

### Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,  
but you make a life by what you give.'***  
**Winston Churchill**

## **What is an Enter and View?**

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

This visit was not undertaken as part of Healthwatch Havering's 'Enter and View' programme of visits using statutory powers, but its content was similar and this report sets out the findings of Healthwatch members who carried out the visit.

## **Background and purpose of the visit:**

Healthwatch Havering (HH) is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the safety of the resident is not compromised in any way. The visit that is the subject of this report was prompted by the news that the Care Quality Commission (CQC) would be carrying out an inspection of the services in late 2016.

The Healthwatch team were met at the WDP Havering office in Ballard Chambers, Romford, by the former Manager and were introduced to the new Service Manager, who was in his first week with this project. Both had, however been working in the field of alcohol and drug abuse for many years.

They explained that the WDP Havering service is available to adults - under 18s are directed to Addaction (a separate organisation providing drug and addiction support to younger people).

They outlined to the members how the service operated and the many projects and groups they ran. WDP had set up the service in Havering on 1 October 2015 when NELFT commissioned them to provide a service, the budget coming from NELFT, Change, Grow, Live (formerly known as CRI). That contract had finished at the end of September this year and WDP had taken total responsibility from 1 October 2016 for all drug and alcohol abuse work in Havering, now funded by the Council's Public Health Service. The budget for the three years to September 2018 was expected to be around £4m. A proportion of the funding is linked to payment by results and the contract is for three years, with an option for a two-year extension. In addition to the office in Ballard Chambers, they have a new Recovery Hub in the former Carepoint shop nearby, 36 High Street, which complements the clinical support offered from the Ballard Chambers centre.

The members were told that the staff consisted of a part-time medical Consultant, 3 Nurses, 1 Service Manager, 2 Team Leaders, 7 Recovery Support Workers and 20 Volunteer Counsellors. Havering College runs a three-year counselling course and WDP recruits from them.

There were posters and notices in the reception area giving details of opening times and services offered. When the members told the WDP managers that they had never seen any information or any other advertising

relating to the service, they were told there is a Twitter account, a website and the use of a Havering Council website that is part funded by the National Offender Management Service (NOMS). Many clients self-refer, often by phone, when an appointment can be arranged which promotes efficient management of resources.

The members were told that staff attend multidisciplinary meetings with Police, NOMS Probation, Women's Aid, Family Mosaic, Bereavement Support, Victim Support and Churches.

There is an in-reach service for Queen's Hospital comprising a Hospital Alcohol Liaison Worker and a Hospital Alcohol Liaison Nurse. These posts support the clinicians in the hospital to identify patients with alcohol problems who would benefit from referral to WDP. The Alcohol Liaison Worker focusses on engaging with patients before their discharge from hospital to maximise engagement with WDP once discharged from Queens Hospital. The Alcohol Liaison Nurse offers specialist clinical support and training to a number of the clinical teams and wards in Queen's. The Hospital Alcohol Liaison Nurse also offers a 6 week community detox programme from Ballard Chambers.

At the Clinical Hub (Ballard Chambers) assessment appointments are usually offered within 2 weeks however emergency appointments are available.

WDP has staff based in Romford Police Station and the Courts. Practitioners with a specific focus on supporting service users referred from the criminal justice system are based at the Clinical Hub (Ballard Chambers)

A family and Carers Service is offered from the Recovery Hub at 36 High Street. A number of service user support groups and mutual aid groups meet

either in the WDP service or local vicinity. Service users are encouraged to attend mutual aid to support their recovery.

WDP Havering has a number of service user representatives who meet regularly with the Service Manager to feedback on their experience of the service so changes can be considered and made to improve access and engagement. WDP supports outreach work in Romford Town Centre, and are aware of the Night Pastor scheme and the Here to Help project.

The members were informed about the rigorous process for prescription management at WDP Havering. The service aims to increase access to shared care (support for service users in primary care via WDP working in partnership with GPs). GP liaison for service users currently in treatment is positive. To promote continued recovery and reduce relapse rates recovery checks are completed on a 2 monthly basis for a period of 6 months after discharge. The recovery checks comprise telephone contact from the service to the service user to check in on progress and offer support/reengagement with the service if they feel they are relapsing. The success rate for contacting discharged service users who wished to take up the offer of recovery checks in September was 50%.

Access to tier 4 services (residential detoxification and rehabilitation) is managed in partnership with the commissioners. Service users who may benefit from tier 4 services are identified by WDP Havering staff. Following assessment, individual cases are presented to panel for decision regarding placement.

The current service caseload is around 450. They have had 501 referrals in the past 12 months at an average of 70 per month. (three or four of those clients were pregnant). The members were told that the targets for successful completion of treatment were 8.4% for opiates. 48.3% for non-

opiates and 34.7% for alcohol.

The members gained the impression that the WDP staff are dealing with the presenting problems in a flexible and practical way, and gradually offering a comprehensive range of services. They have covered a lot of ground in a year and seem to have the enthusiasm to make this Project a success.

Rating success in this field is difficult, because relapse can happen at any time and dealing with individuals is sometimes a learning curve. Six months is not a long time in the life of someone experiencing difficulties with drugs or alcohol; getting off drugs and alcohol with support is not that difficult but staying off is another matter (as the 8.4% successful completion rate for opiates indicates). For many individuals, the drug(s) of choice has often been their 'life support' for a long time.

The members' view is that there is a lot of scope for WDP to develop, particularly in dealing with possible clients who cannot, or chose not to, access services online, especially those who are living rough. No recommendations are made following this visit but Healthwatch will be visiting WDP again in the course of 2017 to gauge their progress.

The members would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

### Disclaimer

This report relates to the visit on 11 October and is representative only of those residents, carers and staff who participated. It does not seek to be representative of all service users and/or staff.





## Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

**We are looking for:**

### Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

### Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

## Interested? Want to know more?

Call us on **01708 303 300**; or email  
**[enquiries@healthwatchhaverling.co.uk](mailto:enquiries@healthwatchhaverling.co.uk)**



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