

# Health & Well-being Scrutiny Commission

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**Turning Point Care Quality Commission Report**

Lead director: Ruth Tennant

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**City Mayor**

## Useful information

- Ward(s) affected: All
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- Report version number: 2

### 1. Summary

The purpose of this report is to provide the Health & Wellbeing Scrutiny Commission with an update on the Care Quality Commission's (CQC) inspection of Turning Point. The report also details the activity of the Contracts & Assurance Service (CaAS) to monitor the service.

### 2. Recommendations

The Commission is recommended to note the contents of this report and provide any comments necessary.

### 3.1 Background

- 3.1.1.** Turning Point UK(TP) were awarded the Leicester and Leicestershire (LLR) integrated substance misuse contracts in February 2016, with the service beginning in July 2016 for a period of 4 years with the option to extend by a further one year. The service brought together 6 different service areas into one across Leicester and Leicestershire, with provision for Adults, Young People and those in Prison.
- 3.1.2.** The 6 different services reviewed and brought together were:
- 3.1.2.1. Leicester Recovery Partnership (LRP)** was a consortium led by Leicester Partnership NHS Trust with services sub contracted from Phoenix Futures and Reaching People, a local Community Voluntary Service (CVS) umbrella organisation. LRP were commissioned to provide a diverse range of interventions: outreach, Information Advice and Guidance, open access, needle exchange, clinical interventions, primary care services and structured day programme and recovery interventions.
  - 3.1.2.2. Swanswell** provided community substance misuse in Leicestershire and were commissioned to provide a range of interventions: outreach, Information Advice and Guidance, open access, needle exchange, clinical interventions, primary care services and structured day programme and recovery interventions.
  - 3.1.2.3. Lifeline** provided the Young People's Specialist Substance Misuse Service, with the aim of reducing the level of substance misuse and related-harm amongst young people (10-17 years). This was achieved

through the provision of age-appropriate information, advice and self-help guidance, provide structured substance misuse specific care planned treatment, and needle exchange services.

**3.1.2.4. University Hospitals Leicester** – Leicester, Leicestershire and Rutland hospital-based alcohol liaison service.

**3.1.2.5. Derbyshire Leicestershire Northamptonshire & Rutland Community Rehabilitation Company (National Probation Service).** Commissioned to meet needs of individuals with substance misuse related problems (including clinical interventions) and who had been in contact with any criminal justice agency across Leicester, Leicestershire & Rutland and those within HMP Leicester.

**3.1.2.6. Inclusion Healthcare** – Commissioned to meet needs of individuals with substance misuse related problems in HMP Leicester.

**3.1.3.** The services were procured following a review, which identified that an integrated approach across Leicester and Leicestershire should be commissioned. The review found that an Integrated approach:

- Provided the greatest opportunity to deliver efficiencies whilst delivering quality services through consolidation of various contracts and reducing duplication and back office management / overhead costs.
- Ensured equity in access to services regardless of whether users live in the city or the counties.
- Supported service user anonymity; users could access services not in their immediate area of residence, but equally would be able to access services close to home. This afforded service users more flexibility and choice in their treatment pathway, further reducing barriers to continued engagement.
- Provided seamless service provision that will support the movement of service users in their journey within the pathway, and lead to reduced attrition rates i.e. reduce the likelihood of service users dropping out of treatment as they navigate their way through the treatment journey.

**3.1.4.** This was the third recommissioning of substance misuse services since 2009-10. The Government's new 2017 Drug Strategy recognises the problems that can be caused by frequent re-tendering such as "unplanned consequences and instability with long-lasting effects e.g. high staff turnover, loss of trust and relationships."

**3.1.5.** Substance misuse services are commissioned jointly with Leicestershire County Council, the Office of Police & Crime Commissioner (OPCC) and NHS England (NHSE)(specifically those services in HMP Leicester), who make a funding contribution to the various services in the city.

**3.1.6.** An integrated substance misuse commissioning board (chaired jointly by the Directors of Public Health for the Councils) holds strategic oversight of individual services, as well as joint work around anti-social behaviour, and community safety.

**3.1.7.** The TP service is the City's main substance misuse service providing a range of direct access services including:

- Information, advice and harm reduction
- Structured treatment
- Access to mutual aid and recovery support

**3.1.8** The service has a main base at 2 Eldon St but provides outreach at venues across the City. It has a separate base for its young person's service (at the 'Y' on Granby St). Services are accessible by phone, in person and through its online 'well-being cloud'. Services are staffed Monday to Saturday including two evenings per week.

**3.1.9.** The Council commissions additional substance misuse services that support key areas of the treatment and recovery pathway:

- The Recovery Hub for street/dependent drinkers(Hill St)-through Inclusion HealthCare
- Substance misuse housing-related support for those in treatment who are at risk of homelessness-though Home Group.
- Inpatient detox services through Nottinghamshire Health care Trust

**3.1.10.** Substance misuse services are provided within a significant body of international evidence and national clinical guidance and where provided effectively are an important local intervention to reduce harm to individuals and communities.

**3.1.11.** Turning Point's mobilisation process was complex and included the TUPE of over 200 staff, the development of new sites, and the care planning for around 4,000 users in treatment(across L&L), around half of which had clinical interventions.

**3.1.12.** TP resourced the implementation/mobilisation at both a national and local level and brought a 'steady state' approach to transfer to ensure a seamless transfer and the clinical safety of users.

## **3.2 Care Quality Commission (CQC) Inspection**

**3.2.1** The service was inspected by a team from the Care Quality Commission (CQC) in June 2017. Whilst CQC do not currently rate substance misuse services, they have shared with the Councils that the overall assessment of the TP service was 'good'.

**3.2.2** CQC particularly praised TP for showing "outstanding practice" in managing the transition. However, a number of minor issues were identified:

- Lack of a community detoxification service.
- Ligation audits and risk management plans were not always complete.
- Client's privacy and confidentiality was not always maintained while using the needle exchange service in Loughborough.
- Staff did not always update and document all risk assessments.

- Building repairs and maintenance at Granby Street were not always carried out in a timely manner.
- First aid boxes were not always regularly checked and maintained.

Two issues resulted in breaches of the Health & Social Care Act:

- Clinical waste was not managed in accordance with guidelines.
- Staff could not produce maintenance certificates for the stair lift at Granby Street.

**3.2.4** All issues have been responded to and addressed by TP.

**3.2.5** Leicester City Council met with the Care Quality Commissions lead inspector for this inspection to discuss the report.

**3.2.6** CQC have stated that they will re-inspect Turning Point's provision in Leicester and Leicestershire within the next 12 months and the services will be given a rating.

**3.2.7** Although CQC's assessment of the new service was positive, there have been a number of performance issues within the service as a result of the change in provider. These have included data quality issues and a reduction in the number of adults and young people in treatment. This has been partly as a result of the service focusing on the safety and treatment for highest risk clients, particularly opiate users. This is being closely performance monitored with Turning Point and an action plan has been developed to improve performance. Local data is being reviewed monthly and nationally-verified performance data is due to be released in early February. .

**3.2.8** In addition to the CQC, the contracting and performance team are undertaking a more detailed quality visit of the service. This includes:

- An assessment of compliance against a number of outcomes and requirements of the specification.
- A postal / pick up survey of service users.
- Targeted surveys of complex groups e.g. street drinkers.
- Surveys of stakeholders and staff
- Announced visits to hubs and the main Eldon Street centre to observe practice, and any environmental risks.
- Audits of service user records and support.
- 1-2-1 interviews with service users, staff, and any stakeholders at hubs and the Eldon Street centre.
- Review of intelligence held within CaAS and with other key partner agencies.
- Review of data from the National Drug Treatment Management System.

**3.2.9** The QAF will be completed in late January / early February; any non-compliance identified will be collated into an action plan with appropriate timescales for completion. A QAF report will be available in February.

## 4. Details of Scrutiny

No other scrutiny conducted

## **5. Financial, legal and other implications**

### 5.1 Financial implications

No Financial Implications

### 5.2 Legal implications

No Legal Implications

### 5.3 Climate Change and Carbon Reduction implications

No Climate Change Implications.

### 5.4 Equalities Implications

No equalities implications

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

No other implications

## **6. Background information and other papers:**

## **7. Summary of appendices:**

Appendix 1 – Care Quality Commission Inspection Report

## **8. Is this a private report?**

No.

## **9. Is this a “key decision”?**

No