



# Plymouth Alliance for Complex Needs

Best for people using services

April 2021

## Useful Contact Details:

PCC Retained Client Function Alliance Advice Line 01752 304401 (Mon-Th 9-5pm, Fri 9 – 4:30)  
Out of Hours 01752 668000 Community Connections 01752 398500

## The importance of Meaningful Occupation



**Melissa Lepic, Meaningful Occupation Coordinator at BCHA** has been running sessions for clients. This led to a helpful resident at Winston engaging with his aspirations to assist clearing the garden and setting up a growing space! Nine bags of waste later and the space has seeds of wild flowers, white cosmos, calendular and titan sunflowers ready for the bees come summer time.



The residents and staff team from Homes For Homeless set themselves the challenge of a virtual walk from Lands' End To John O'Groats. We remain united in completing the 872.7 mile walk as a team, with everyone doing their daily bit. The challenge has helped to relieve some of the cabin fever of lockdown, improve physical and mental health and make us much more aware of how much, or little, we move! This challenge has inspired the motivation to achieve something bigger than ourselves, and always with the mind-set that Together Everyone Achieves More - Go TEAM!



**CO-CREATING CHANGE**

Commissioned by Co-Creating Change

Join us for adult creative, weekly sessions using visuals, arts or music and drama games to co-create, connect and have fun in a safe and open way.

These sessions will run for 10 weeks using creativity to provide skills for life, and if you wanted to continue you would be welcome to join our weekly Our Space Group.

**FREE WEEKLY SESSIONS**

Hamoaze House  
Wed 21 Apr – 23 Jun  
2:30 – 4:00pm

**TRP** Theatre Royal Plymouth  
Contact Scarlett: [scarlett.sterne@theatreroyal.com](mailto:scarlett.sterne@theatreroyal.com) or call/text Our Space 07732499859 to get in touch

Hamoaze House have a new weekly schedule (see attachment) including:

- Recovery Skills Group
- Self-Discovery Group
- Breathe, Mind and Body
- Keep Fit sessions

They also have sessions on a Wednesday afternoon starting on the 21<sup>st</sup> April for 10 weeks

Theatre Royal

Co-creating Change

Time: 2:30 PM

using visual art, music and drama to have fun

## Alliance training

### Prenoxad Training

There are still spaces available for staff to access prenoxad training with Fiona Konteh, Addiction Healthcare Development Manager at Ethypharm. Sessions will be offered on the following dates:

Friday 23rd April	2.00 Teams
Friday 30th April	2.00 Teams
Friday 7th May	2.00 Teams
Friday 14th May	2.00 Teams
Friday 21st May	2.00 Teams
Friday 28th May	2.00 Teams

If you have staff who would like to join the training please send their email address, job role and preferred date to [sharontucker1@nhs.net](mailto:sharontucker1@nhs.net). Please confirm they are willing for their details to be sent to Fiona, as she will send them a covering email which includes the link to the SMMGP training module.

**The Tenancy Training** programme has been developed and is facilitated by Path.

Tenancy Training is suitable for staff, volunteers and people who work in housing or related services. The training aims to help staff support their clients in understanding and accessing private rented tenancies. Looking at rights, responsibilities and affording and securing a tenancy. Training is delivered by at least one Path Renting Support Service worker. Training will currently be delivered via video call (Zoom).

**Please contact Dave Ringwood by e-mail [David.Ringwood@pathdevon.org](mailto:David.Ringwood@pathdevon.org) to book a place.**  
***There are spaces left on 5th May (10.30-12.10) and 7th May (1.30-3.10)***

### **Local Authority Safeguarding training**

**Dates have been added for April, May and June for Adult Safeguarding training and you can book your place via Eventbrite using this link**

**<https://www.eventbrite.co.uk/o/adult-safeguarding-31971650835>**

### Emotional Regulation workshops

*At some point in everyone's life, emotions can very quickly escalate, and this is particularly true during times of crisis.*

*This workshop explores how our emotions can be shaped, how they provide valuable insight and how when regulated, emotions can sharpen our focus and practice. Emotional regulation is a skill, and like any skill it can be learned and improved with practice. Additionally, regulating emotions through problem solving, asserting oneself, reappraisal of the situation, and so on, makes those emotions much less likely to escalate and lead to unhelpful thinking patterns*

**Following the popularity of the previous Emotional Regulation workshops David Jenkins (Salvation Army) can offer staff a place on sessions taking place on the following dates:**

**5th May 9:30 – 11:30 or 12th May 1 – 3pm**

**There are 15 spaces per session – if you would like to attend please email [sharontucker1@nhs.net](mailto:sharontucker1@nhs.net)**

## A day in the life of Treatment worker



There is no such thing as a “usual” day in the life of a drug worker. Our plans for a working day can be wide ranging, varied and rapidly change depending upon issues such as service user needs.

At present our team is divided into staff working within Hyde Park House and staff who are working at home. I have been one of the workers who has been mainly office based during the pandemic. Staff at Harbour come from a variety of backgrounds and professional disciplines which make it a lively and dynamic place to work. Alongside seeing services users at Hyde Park House Harbour staff also provide service user face to face sessions in the George Hostel and Devonport House and we also have an Outreach Worker who mainly carries out home visits to those who are physically unwell or, in some cases receiving palliative care.

A task we carry out on a rota basis is carrying out initial assessments. We aim to call service users referring themselves to Harbour back on the same day as they referred – this means that we can immediately be offered offer advice and information, complete the initial assessment and produce an initial treatment plan with the service user therefore providing immediate support.

Since January we have started to be able to see clients again for face to face appointment sessions. In the future it is likely that we will continue to see some service users in this way but also continue with client appointments over the telephone or on computer platforms such as Zoom. Some service users prefer face to face sessions with their workers whilst others prefer other contact methods. Clients who are in receipt of substitute prescriptions or are in receipt of court ordered treatment (such as Drug Rehabilitation Requirements) are regularly screened. During appointment sessions we also complete comprehensive assessments, recovery plans, risk assessments and TOPs forms and will signpost to other services. We will also carry out referrals to services such as mental health services, housing support and day services. Many of these services are managed and run by our colleagues within the Complex Needs Alliance.

We have continued to provide Brief Intervention, Recovery Plus and SMART Recovery groups during the pandemic – again these have had to be carried out over Zoom but we are hoping to restart some face to face groups from April (COVID allowing!).

Like so many jobs there have been huge changes to our work in the last twelve months. One of the new tasks we have undertaken has been home delivery of substitute prescriptions (such as methadone and Buprenorphine) to service users who have been diagnosed with COVID, are awaiting COVID test results or are isolating. Many of our service users have been very appreciative of this service especially if there is no one else to collect for them.

The Safer Injecting/ Needle Exchange Service has also operated throughout the pandemic providing harm reduction advice and injecting supplies if required. We also all regularly take turns to be on “Duty”. This means we pick up urgent work for our colleagues who are away from work. If a service user requires a substitute prescribing intervention then we will arrange this and also often attend the prescribing assessment and subsequent prescribing reviews. Following starting on a prescription we will contact the service user for Post Dose Contact which is to ensure that they are safe, well and hopefully feeling as comfortable as possible following starting their prescription.

We can also support service users to access inpatient detox treatment/ long term residential rehabilitation places by supporting them with the completion of initial paperwork and supporting them with the preparation work for this. We are encouraging service users to seek screening and treatment for Blood Borne Viruses and will support service users with referrals to services such as the Hepatology department at Derriford Hospital. Service users can access treatment for Blood Borne Viruses at either Derriford Hospital or at an Outreach session at Harbour. We are also trained to carry out DBST (Dry Blood Spot Testing).

We work closely with GP services within the City to support service users to access health care services and in particular at present we are providing information around access to the COVID 19 vaccination programme.

Part of our role is also to record information accurately on HALO (the computer system on which we record client information). We also provide reports for meetings such as case conferences and court.

Harbour often has students on placement with us. At present we have three second year Student Social Workers working within the team. Students carry out a variety of tasks supporting service users and are also regularly provided with support and supervision during their placement.

Working at Harbour is never dull. We have a really supportive team and are always looking out and checking on the wellbeing of each other (which has been especially important during the challenges of the last year). We are all looking forward to finding out what living and working will be like in the “new normal”!

**Ellie Jarvis**

**Training & Development Coordinator/ Substance Misuse Specialist  
Harbour**

**Carer Awareness Workshop delivered by Caring for Carers at Improving Lives Plymouth and Barnardos – Tuesday 15<sup>th</sup> June 10am – 12 Noon via Zoom**

Across the UK, there are around 6.5 million people who provide unpaid care for a friend or family member. Sadly, many people caring for someone remain hidden. They care in isolation, unaware of support services that may be available to them. We must ensure that every person caring for someone is supported to look after their own wellbeing while providing such vital care.

Carers do not always self-identify or associate with the term ‘carer’. They also don’t often come into contact with social or voluntary services that could help. It is therefore essential that health and social care professionals are proactive in recognising when a person may be caring for someone. They can then signpost these individuals to local information and support.

Better identification and signposting is crucial and this 2 hour awareness session will talk you through how to identify a carer and how to assist them to get the support they require within their unpaid roles.

This training will be delivered via Zoom and if you would like to book on this session please email [sharontucker1@nhs.net](mailto:sharontucker1@nhs.net)

**JOB OPPORTUNITY:** Harbour currently has need of additional (paid) admin support for approximately 2 days per week for the next 6 – 9 months for someone who has experience with:

- Supporting with data quality on the case management system (Halo)
- Data cleaning
- Scanning paper documents into the case management system (Halo)
- Minute taking and admin coordination for Inpatient Panel

If you would like to discuss this position please contact [adrian.edwards1@nhs.net](mailto:adrian.edwards1@nhs.net)

## **World Administration Professionals Day - Wednesday 21<sup>st</sup> April**

As we approach World Administration Professionals Day on the 21st of April, I thought it only right to pay tribute to all the admin staff within the Alliance. Many operational staff will have limited dealings with administrators and in some cases have very little idea of what they do. I know from our own organisation that whilst not everyone knows what they do, they would be sorely missed if they were not there. I am also aware that many of the Alliance administrators have spent the last 12 months working from home. Whilst this may have been enjoyable to start with, we all know that home working has been challenging and, in some cases, very stressful.

So, on the 21st of April, spare a thought for all the hard work that Administrators do, and better still take the time to send them a message of thanks. On behalf of the Alliance ALT, thank you for all you have done and continue to do, especially over the last 12 difficult months.

John Hamblin  
Chief Executive  
Shekinah

## **Alliance Administrator Resource forum**

In recognition of World Administration Professionals day it is good to highlight the many talented administrators working in the Alliance who are running essential services such as Finance, HR, Health and safety, Comms or IT.

We have an Alliance Admin forum which bring together staff from across the Alliance to discuss issues such as

- IT and equipment – recommendations, quotes, resource sharing, training.
- Health and Safety issues
- HR and job vacancies
- Home working issues – as a support network for people currently based at home as well as in the office.
- Discuss issues raised in the Alliance subgroups – such as Comms, IT and Workforce development.

We have attendees from Shekinah, Harbour, The Salvation Army, BCHA, Hamoaze and PATH and would welcome administrators from other organisations.



We meet approximately every six weeks for an hour to share thoughts and ideas on MS Teams. If you would like to be part of this group please email [sharontucker1@nhs.net](mailto:sharontucker1@nhs.net)





The government announced £447k of 'universal funding' to come via public health teams for investment in the drug treatment sector. We had to bid for the funds against 7 specified areas (not all seven but from a list of seven) so there was limited scope to deviate from government priorities. We were successful in our bid and the areas we identified for the monies are set out below.

- Extended needle and syringe exchange programme into areas of the city where coverage has been lost and there is currently no local provision without travel (the North and East). Costs include payments to pharmacies for dispensing / collecting; additional clinical waste collection & removal, and needle exchange stock and supplies.
- Purchase and distribute nasal naloxone kits - expanding current offer to other partners in the system e.g. hostels and to family members/partners of PWID that have been reluctant to take/use injection kits. We will also increase overdose awareness and management training to support this roll- to support training of all Alliance staff in hostels, day services, homeless services in OD prevention and risk management, of people in hostels that frequently OD (approx 120 staff)
- Buvidal pilot of 20 people on the medication for average 6 months, targeting prison leavers. Monitor the efficacy of the pilot using a combination of Appreciative Enquiry (a standard Alliance process at no additional cost) and outcome data.
- 1 FTE band 5 nurse and 1.5 FTE total support workers to increase access to community detoxification to link with our developing community rehab day service,
- 2 x FTE hostel outreach/criminal justice workers. Many prison leavers and offenders reside in our direct access hostels and either continue to offend or have difficulty sustaining residency. Most have multiple needs including addiction, mental health problems and physical comorbidities. These posts will enhance our system wide complex needs offer by working alongside existing Alliance housing staff, increasing integrated ways of working and developing seamless pathways of support.
- 2 x FTE Criminal Justice System workers. These posts will significantly Increase and enhance existing capacity to deliver same day assessments for CSTR and treatment modalities deployed across a range of criminal justice settings, as well as providing a single point of contact for partners and the Plymouth Courts.
- Increasing specialist medical time from 0.2 to 0.4 FTE will double the time of our current medical leadership (from one day to two days per week) providing increased medical input across the integrated Alliance system, enhanced support for our Non-Medical Prescribers and clinical leadership for more flexible approaches to OST, including Buvidal. In addition, the post will provide improved specialist addiction governance and leadership to our LES GP network, thus increasing safety, compliance with guidance and thereby contributing to reducing avoidable deaths.
- 1.5 FTE @ band 7 to increase prescribing capacity to support Rapid Access to Prescribing (RAP) and increase access to timely medicines across the system. RAP is a key intervention, particularly with the offender population, including prison leavers, those diverted from court or those on CSTR.
- 1 FTE RAP worker delivering same day comprehensive assessment and management onto prescription alongside the RAP prescribing team. The post will deliver an initial treatment plan and complete post dose contact for 4 weeks, until the person can be settled into 'prescribing as usual' response. In addition to increased prescribing access for offenders, this will significantly enhance risk management around RAP and will contribute to reducing avoidable deaths.

In addition, monies were available to consortia of Local Councils to enhance capacity around medical managed and medical assisted detox. Plymouth, Devon, Torbay and Cornwall have formed a consortium and were successful in obtaining £369k. Work is underway with UHP to discuss an enhanced inpatient offer in Hepatology and also with Boswyns to increase capability and capacity. Cornwall are acting as bankers and lead authority for these monies.

**Gary Wallace (Public Health)**



## CLIENT GOOD NEWS STORIES

**Resettlement** - P moved in with us during the first lockdown. He was rough sleeping for two years previously and had declined all offers. With some joined up work from PARC, we managed to get him into a B&B during 'Everyone in' where he was sleeping on the floor as he couldn't understand the concept of being inside. The Resettlement team picked him up and were very patient whilst we explored and unpicked everything with him. We had no idea or even the correct spelling of his name so we were unable to claim HB. He ended up owing almost £5k and with some work with Adult Social Care, we discovered P was not his actual name! Housing Benefit was claimed and backdated and he was fully assessed and met threshold for care and support. He now has support hours funded through ASC. He is getting the support he needs and successfully moved into Colebrook last week – a case I don't think any of us will forget!

**Devonport House** – N was rough sleeping for quite some time with his dog prior to moving into DPH. As he was under 35 and only entitled to a shared house, his move on options were limited. One of our Alliance CNO's (Rachel) got creative with bidding and in a very timely manner, he was awarded social housing, with a garden whilst we had the Protect Plus funding. After 3 years in DPH, N is now settled into his flat, fully furnished from the grant and adjusting to his new home. He is incredibly happy and keeping it immaculate. He has been through the 'system' and come out the other side and is 'chuffed to bits' in his own words.

Tara Wilkinson - PATH