

Scrutiny review: Drug and Alcohol Treatment and Recovery Services

Health Select Commission

November 2017 and February 2018

Review Group:

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1. Why Members wanted to undertake this review

Following discussions between Members, officers and health partners about current service provision, and with a new contract commencing in April 2018, the Health Select Commission (HSC) decided to undertake a short review. The purpose was to ensure that the drug and alcohol service, operating within a reduced budget, would provide a quality, safe service under the new contract.

The six main objectives of the review were to:

- ascertain the prevalence of people with substance misuse issues in Rotherham
- understand the new service specification and budget
- understand the procurement process undertaken for the new contract
- clarify the key factors in a safe drug and alcohol service
- determine how effective support for people misusing drugs and alcohol is provided, taking account of the diverse needs of service users
- identify how performance is measured and good outcomes achieved

Aware of an increase reported nationally in drug-related deaths, there was concern regarding a recent spike in deaths by suicide or suspected suicide of people known to the Rotherham Drug and Alcohol Service. This spike had already occasioned Rotherham Doncaster and South Humber Mental Health NHS Trust (RDaSH) to undertake an in-depth analysis to identify any themes or trends, to inform future work on suicide prevention through the multi-agency group. Members also decided to consider these findings as part of their review.

2. Method

A spotlight scrutiny review was carried out by a cross-party sub-group of the Health Select Commission, comprising Councillors Simon Evans (Chair), Jenny Andrews, Pat Jarvis, Amy Rushforth and Peter Short.

An initial paper outlined the aims and objectives for the Drug and Alcohol Service, together with an overview of the interventions with service users. Evidence for the review was then gathered through the following means:

- Presentations and discussion with the portfolio holder, Council officers and partners from Rotherham Doncaster and South Humber Mental Health NHS Trust (RDaSH)
- Supplementary documentation with performance and benchmarking data
- Visit to the recovery service at Carnson House to meet staff from change, grow, live (CGL)

Members would like to thank everyone who provided evidence for the review and in particular Anne Charlesworth, who collated the majority of the evidence and liaised with partners.

3. Background

Drug and alcohol misuse has a significant cost; in human terms with the impact on the individual, their family and friends and the wider community, and also in financial terms for service providers such as the police and health. Ensuring an effective treatment and recovery service is in place helps to prevent a wide range of issues that result from misuse of drugs and alcohol, such as:

- harm to self and potentially to others, for example during pregnancy
- drug and alcohol misuse may impact on other family members including children, through financial problems or domestic abuse as well as safeguarding concerns

- impact on the person's employment opportunities and economic activity
- impact on individual life expectancy and healthy life expectancy
- mental ill health impacts on physical health and vice versa
- risks to maintaining accommodation and potential homelessness
- risk of engaging in criminal activity
- drug related death

4. Findings

4.1 Prevalence of people with substance misuse issues in Rotherham

From figures produced by the National Drug Treatment Monitoring Service (NDTMS) nearly 1,700 people were in treatment for drug and/or alcohol misuse in Rotherham as at June 2017. Of these 1,018 people were having treatment for opiate use, 72 for non-opiate use, 82 for non-opiate and alcohol use, and 412 for alcohol-only use. The NDTMS system also provides partial postcodes, helping services to identify hotspots.

Members considered the demographic profile of service users in treatment for opiate use (mainly heroin), non-opiate use (includes amphetamines and legal highs) and alcohol-only use for quarter one in 2017-18, plus data for the previous three years. Information about each cohort was disaggregated by age, gender and ethnicity. Points to note were:-

- numbers in service were declining
- service users were mainly white British and the majority male
- opiate users were more from the older age groups including some aged 65-74
- just over 50% of opiate users were aged 40+ with small numbers under 30, declining year on year
- older long term drug users have more complex physical health issues such as respiratory problems or Chronic Pulmonary Obstructive Disease
- non-opiate users were more from younger age groups, with over 50% aged 20-29
- alcohol-only service users were concentrated in the 40-54 age groups, with the number of young people aged under 24 reducing year on year
- the number of new service users who were pregnant at the time of presenting was small
- alcohol is a challenge as fewer people are coming for treatment and people are facing a lot of pressures

Safe alcohol consumption is one of the messages in the Making Every Contact Count initiative but in light of reducing numbers accessing services and people facing pressures this is an area to continue to focus on.

Recommendation - That Public Health consider strengthening the messages under Making Every Contact Count around safe alcohol consumption and where to go for help, when it is refreshed.

4.2 Service specification and budget

a) Service specification

The specification for the service from April 2018 has very similar aims and objectives to those of the previous service. Appendix 1 summarises these, together with an overview of the range of interventions with service users. Overarching aims for the service are to reduce illicit and other harmful substance misuse and to increase the numbers recovering from dependence.

Significant points are:

- sustainable recovery, recognising that this is a journey for people with several stages
- interventions provided in hospital or community settings
- holistic approach – wider health and wellbeing
- evidence-based psychosocial interventions (including cognitive therapies)
- meaningful activities and learning new skills

There will also be a strong focus on tackling long term methadone use as the majority of those in treatment have been using it for six years or more and the chances of recovery are higher if used for less than two years. Some people are using methadone plus alcohol and/or other drugs to “top up”, which is difficult for clinicians to deal with and means greater risk of an overdose.

Members supported the emphasis on addressing long term methadone use and acknowledged that it will be a challenge. They also recognised that this represents a change in strategy from how services had operated in the past when people were more likely to be kept on methadone for longer periods, to try and prevent crime.

b) Budget

The Public Health team in Rotherham MBC (RMBC) commission treatment and recovery services for drug and alcohol users and their families in Rotherham. As with all Council services, those commissioned by the Public Health Team have been subject to the All Service Review process to identify savings to meet budget pressures. The overall budget for all aspects of drug and alcohol services (young people as well as adults) includes primary drug care by GPs, specialist midwifery and social workers, and has reduced in each of the last three years from just over £4.2m in 2015-16, to £3.39m in 2017-18. For the next two years it will be £3.338m each year, with a number of the services brought together under a single new contract valued at just under £3m per annum.

4.3 Procurement of the new contract

Previously the treatment services and recovery services for adult drug and alcohol users have been delivered by different providers, treatment services by RDaSH and recovery services by CGL (since June 2017 when they replaced Lifeline). CGL is a voluntary sector organisation specialising in substance misuse and criminal justice intervention projects in England and Wales, including substantial contracts with HM Prison Services, and also provides the drug and alcohol services in Bradford. From April 2018, CGL will provide recovery and treatment services in Rotherham after being successful in the tender process for both services. The contract was awarded on a three plus two year basis, so if performance is good it can be renewed.

The contract value exceeded the Official Journal of the European Union threshold and a stringent procurement process undertaken that was explained in detail to Members by the commissioning and procurement lead officers. Treatment services were tendered first but no bids were made in response to the tender. Dialogue with organisations who had viewed the tender identified the following issues – funding too low, complex documents and the importance of GP involvement/Shared Care¹, including governance arrangements. This feedback resulted in some simplification of the paperwork and £150,000 increase in funding before going back out to tender, for both treatment and recovery services. Additional obligations regarding Naloxone were included following a number of drugs overdoses in Barnsley. Naloxone is an antidote that quickly reverses the effects of an overdose of opiates or opioids. The tender was open 45 days (minimum is 30) with six bids for one lot and five for the other.

Mobilisation plans were put in place to prepare for the changes from April 2018 with regular meetings between CGL and Public Health. CGL will subcontract with GPs and pharmacies and Shared Care remains central to the new model/pathway with a target of 50% seen by their own GP. Patient records will be transferred, subject to patient permission, on an opt-out basis and arrangements made for prescriptions to continue over the changeover period.

Staff from RDaSH and Action Housing will transfer to CGL under TUPE Regulations and both CGL and RDaSH have met with the staff concerned. This will be a critical factor as people are likely to have to adapt to new ways of working and a different organisational culture.

Members were reassured that a robust procurement process had been undertaken for the contract for both services, informed by feedback from potential providers after unsuccessfully going out to tender for treatment services initially. As a general principle for future service commissioning they would like to ensure dialogue takes place with providers/potential providers in advance of going out to tender.

Recommendation - That future commissioning of services by RMBC that exceed the Official Journal of the EU threshold, especially public health and social care services, includes soft market testing with providers/potential providers in advance of going out to tender to ensure a successful process first time.

4.4 Key factors in a safe drug and alcohol service

The themes explored in these next three sections regarding safety; ensuring effective support; and measuring performance/achieving good outcomes are interlinked within the overall strategic approach to treatment and recovery services. Ease of access to care and support and keeping people engaged in services during their recovery journey are fundamental. People are able to self-refer to services in Rotherham and may also be referred by their GP or social worker. Local waiting times are short - 96.4% of service users overall had their first treatment intervention in three weeks or under (quarter 1 of 2017-18), rising to 98.1% for alcohol treatment.

Several objectives for the service explicitly prioritise safety and harm minimisation, in particular:

- Support and promote effective, safe, accessible and responsive quality treatment consistent with national guidance and principles.
- Reduce or stabilise substance misuse, reducing risky drug taking behaviours and promoting harm minimisation approaches.
- Intensive working with pregnant drug and alcohol users

During the review Members' attention was drawn to examples of how partners take account of safety issues, including practical initiatives with service users, families and staff:

- supervised methadone prescribing
- medically supervised detoxification if required
- needle exchanges in 16 pharmacies across the borough so there is good coverage, although some people prefer to travel rather than go to a local one for greater anonymity
- offering blood borne virus vaccination and screening, although take up of the offer needs to increase to be in line with national averages
- Naloxone use training – for service users, families and staff members
- emergency first aid training for families/carers
- keeping up to date with new trends in substance misuse and new drugs/legal highs
- learning from Serious Case Reviews – information provided for service users on the dangers of co-sleeping and the need to store medication safely at home in a locked box

- home visits offered based around parental capacity/safety and for all service users with children under 5, plus links with health visitors
- knowledge and use of safeguarding procedures, including safeguarding training for peer mentors and volunteers as well as staff

Wider multi-agency suicide prevention work (see 5.1) also contributes to keeping people safe by raising awareness about factors that may lead to higher risk, especially among more vulnerable groups of people, and equipping people to respond if they have concerns about an individual.

Members welcomed the focus on safety, both in terms of addressing direct issues resulting from substance misuse and through preventative actions, and expect this to continue in the future.

Recommendation - That Public Health and CGL continue to take a proactive approach to safety concerns in the service, including incorporating any lessons learned from elsewhere and the findings of any Serious Case Reviews when published.

4.5 Providing effective support for people misusing drugs and alcohol

Effectiveness means successfully producing a desired or intended result, in this case reducing substance misuse and increasing the number of people who progress on their recovery from dependency. It also entails recognising and being responsive to the needs of particular groups of service users, for example the intensive work with drug and alcohol users who are pregnant. Service users will be integral to service planning and involved in part of the delivery in the recovery services, notably through peer mentors.

Providing effective support stems from taking a personalised service-user focused approach based on the outcomes the person wants to achieve on their recovery journey. Effective support is also holistic, considering the person's wider physical and mental health, their social environment, housing support needs and training or skills development as part of the recovery journey. For example, people may go for inpatient detoxification "Detox 5" but this is often ineffective as well as costly as it does not include other work such as cognitive therapies. Keeping people occupied in a busy activity programme (see Appendix 2) also forms part of the holistic approach.

Members emphasised the importance of reassessments or regular reviews so that service providers are aware of any changes in a person's circumstances or environment and thus to changing levels of need or risk, linking back to safety issues. They are also integral to measuring a person's recovery progress. CGL informed Members that they would be carrying out a reassessment with all service users to determine their goals and aspirations and how the service can help them to get there.

Ensuring that interventions put in place to support people are making a difference is captured through qualitative feedback from service users and their families. A range of quantitative measures and tools for measuring progress on individual outcomes are used and monitored.

4.6 Measuring performance and achieving good outcomes

Public Health are responsible for contract and performance management and hold regular meetings with providers to monitor performance on quality indicators and measures. Meetings also cover any serious incidents, deaths or safeguarding incidents that have occurred. The review group received a copy of the RDaSH Performance Report produced in September 2017 showing the key measures and targets and in year performance against these (mainly for quarter 1 data) with an accompanying narrative. They also scrutinised longitudinal data and benchmarking data against Rotherham's 32 Local Outcome Comparators².

a) Good performance

As mentioned above this was seen on short waiting times and on offering blood borne virus vaccination and screening. There had been no re-presentations to services after successfully completing treatment for non-opiate users and non-opiate and alcohol users during a three month period in rolling data from May 2016-June 2017. Expected targets had been achieved for Treatment Outcomes Profile³ (TOP) starts and exits - a picture of the treatment and progress made at key stages against a number of criteria. Similarly improvements on the elements of the Outcome Star⁴ in both Alcohol Primary Care and Alcohol Secondary Care had exceeded their target.

b) Challenged areas of performance

TOP reviews

Given the importance of regular service user reviews one area of concern was the percentage of TOP reviews completed on time - 61.5% in June 2017 against a target of 80%, although actions had been put in place by RDaSH to ensure this was addressed.

Council Plan priorities

Two national Public Health Outcome Framework indicators that enable benchmarking are included in the plan - successful completion of treatment⁵ for opiate users (18-75) and non-opiate users (18-75). Opiate exits have been a challenge over the last couple of years with a downward trajectory on successful exits. Rotherham's quarter 1 figure for 2017-18 of 3.9% was outside our Local Authority Comparators top quartile range of 7.65-11.8% and below the England average. Re-presentations to services for opiate users were 26.1% in rolling data from July 2016-June 2017 compared with top quartile performance of 13.56%. Performance on non-opiate exits also declined from 48.3% in quarter 2 of 2016-17 to 36.9% in Quarter 1 of 2017-18, just outside the top quartile range of 37.3% - 54.8% but similar to the England average.

Public Health had increased performance management on these measures, including through trying to provide support in areas such as transfers to GP shared care, and facilitating joint work with the recovery service. There are issues for people in leaving a service they are comfortable in, not only in Rotherham. It will be a challenge to reduce the numbers of very long term users and will take time as coming off methadone is not possible quickly, for example reducing by 5mls at a time from a level of 120mls can take two years.

Overall the review group saw a mixed picture on the performance indicators and one of their expectations of the new contract is to see improvements in the key measures that have proved challenging over the last 18 months. At the time of the review a new performance report was being developed for CGL to cover both the treatment and the recovery sides, which may include some different measures. Part of CGL's approach will be to start planning for service exit from the beginning and they have been set a target of achieving an annual 1.5% increase in exits.

Rather than probing further into the reasons for the recent decline on some of the performance measures, Members sought assurance that robust performance management and exception reporting would be in place for the new contract, with clear targets and expectations from CGL as they introduce their new service model. The Health Select Commission will be asking Public Health and CGL to report back on how the new service is performing against its key indicators.

Recommendations – That Public Health and CGL present an overview of how the new service is progressing, including a summary of progress on the key performance indicators, to the Health Select Commission in autumn 2018.

That Public Health ensure robust performance management is in place for the new contract from the outset in 2018, including exception reporting and a mid-contract review (to report back to Health Select Commission).

5. Suicide prevention

5.1 Suicide Prevention and Self-Harm Group (SP&SHG)

Rotherham has an effective multi-agency SP&SHG working in partnership to implement a detailed action plan in line with national strategy. Training and awareness raising is an important element of the plan with RDaSH and Public Health delivering many sessions, including to voluntary and community sector organisations such as Crossroads Care and Rotherham Alzheimer's Society; to partners on risk factors and to GPs on suicide prevention.

A significant piece of work was undertaken within the Wentworth Valley locality where the former Area Assembly funded suicide prevention work in Maltby, Hellaby and Wickersley wards, including suicide prevention training in communities. Beer mats and posters promoting suicide prevention were also distributed to every pub in the locality area. Two HSC sub-group members had been directly involved in this initiative and acknowledged its success in raising awareness.

Rotherham has an early suicide alert system so all partners are informed when there is a suspected suicide. Families are visited within 48-72 hours of the suspected suicide by officers from the Vulnerable Persons Unit in South Yorkshire Police. Each family is offered the *Help is at Hand*⁷ resource and asked if they would like to be referred to the bereavement support service provided by Rotherham Samaritans that commenced in January 2017.

Suspected suicides are reviewed by the Suicide Audit Group which includes representatives from Public Health, Rotherham Clinical Commissioning Group (RCCG), RDaSH and South Yorkshire Police, plus RMBC's Domestic Abuse Coordinator.

Recommendation - That the Suicide Prevention and Self-Harm Group revisit the suicide prevention awareness raising work in Wentworth Valley in 2018-19 and roll it out more widely through sharing resources and learning, particularly in hotspot areas identified through the National Drug Treatment Monitoring Service.

5.2 Themes and trends analysis of suspected suicides

As referred to above, RDaSH carried out a detailed examination of the 43 suicides known to services in Rotherham between 1 April 2016 and 31 July 2017, of which five people had had sporadic engagement with drug and alcohol services. The analysis considered multiple factors including, but not limited to, demographic information, employment status, patient history of substance misuse, and if there had been a family bereavement or any history of abuse. A number of common themes emerged with regard to the five deaths but will not be covered in detail in this report for reasons of maintaining confidentiality and being sensitive to the bereaved families and friends.

RDaSH also mapped how Rotherham compared with the national picture in the results from a related national confidential inquiry. They presented their overall findings from the two pieces of analysis to the SP&SHG as areas for development in the refresh of the multi-agency action plan. Key issues indicating potential elevated risk were: loss of a family member to death or suicide; relationship breakups/issues; a history of domestic or sexual abuse; or being a carer.

The local analysis also identified good practice, much of which focused on good communication, clinical information sharing and joint working between partner agencies

including primary care, probation, drug and alcohol services and mental health services. Support with housing and/or adult social care was also offered and accessed by service users.

RDaSH highlighted how services continued to offer and arrange appointments to support and maintain engagement with service users, including promptly rearranging when people failed to attend. Phone calls, letters and texts were all used to try and maintain contact.

The sub-group probed deeper into how maintaining contact with people who were not engaging with services was balanced against managing the existing caseload, to avoid people potentially falling through the gaps. Some people did not meet service thresholds so there was still risk regarding non-engagement but RDaSH dealt with the most complex and most at risk. Clear formalities were in place for Safeguarding Children and then below that for Children in Need, but it was less clear cut regarding adults. However adult safeguarding procedures were in place, together with the complex care pathway and the multi-agency Vulnerable Adults Risk Management⁶ (VARM) process.

Recommendation – That drug and alcohol care pathways and signposting, including protocols for links to other processes such as the Vulnerable Adults Risk Management process, are reviewed by RMBC and partners in 2018, to minimise any risk of people not being able to access support.

Linked to the point on reassessments and reviews in 4.5 and the themes identified in the analysis by RDaSH, Members recognised the importance of thorough service user initial assessments. These need to capture historical and social environment information about the individual and their family circumstances, in order to ascertain individual needs and level of risk and should be a key part of the service from April 2018.

Recommendation – That in their initial assessments and reassessments with service users CGL include the additional risk factors identified from the RDaSH analysis into suicides from April 2018.

6. Conclusions and recommendations

The review group felt they had a good understanding of the local picture regarding substance misuse after the review. Although numbers in service are declining over time there are a number of older long term drug users, many of whom now have associated physical health issues.

A significant number of service users have used methadone for several years, which is one area where Public Health want to make significant progress under the new contract. Members supported the ambition to address long term methadone use and to increase the number of successful exits from services but acknowledged the challenges of people being comfortable in services and the time needed to come off methadone successfully.

Bringing various aspects of the service together under the one contract, including having treatment and recovery services available in one location, may facilitate a personalised and holistic approach to treatment and recovery. Linked to this is the importance of a successful transfer of staff from RDaSH and Action Housing to CGL and adapting to potential new approaches or new ways of working with service users.

Performance management needs to be robust around the performance measures and indicators for the new service. Members recognised the value of re-assessments and reviews with service users and emphasised that these were an essential part of the service to help

measure progress against people's desired outcomes for recovery and also to be aware of changes in circumstances or potential risk.

The focus on safety in the service specification, including Naloxone use training and the proactive measures taken to raise awareness of safety concerns with service users and families was welcomed. Members appreciated the detailed analysis undertaken by RDaSH into suspected suicides that would inform the work of the multi-agency Suicide Prevention and Self-Harm Group and highlighted the importance of continuing with suicide prevention awareness raising.

Recommendations

1. That Public Health and change, grow, live (CGL) present an overview of how the new service is progressing, including a summary of progress on the key performance indicators, to the Health Select Commission in autumn 2018.
2. That Public Health ensure robust performance management is in place for the new contract from the outset in 2018, including exception reporting and a mid-contract review (to report back to Health Select Commission).
3. That the Suicide Prevention and Self-Harm Group revisit the suicide prevention awareness raising work in Wentworth Valley in 2018-19 and roll it out more widely through sharing resources and learning, particularly in hotspot areas identified through the National Drug Treatment Monitoring Service.
4. That Public Health consider strengthening the messages under Making Every Contact Count around safe alcohol consumption and where to go for help, when it is refreshed.
5. That future commissioning of services by RMBC that exceed the Official Journal of the EU threshold, especially public health and social care services, includes soft market testing with providers/potential providers in advance of going out to tender to ensure a successful process first time.
6. That drug and alcohol care pathways and signposting, including protocols for links to other processes such as the Vulnerable Adults Risk Management process, are reviewed by RMBC and partners in 2018, to minimise any risk of people not being able to access support.
7. That in their initial assessments and reassessments with service users CGL include the additional risk factors identified from the RDaSH analysis into suicides from April 2018.
8. That Public Health and CGL continue to take a proactive approach to safety concerns in the service, including incorporating any lessons learned from elsewhere and the findings of any Serious Case Reviews when published.

7. Thanks

Our thanks go to the following people for their contributions to our review:

Councillor David Roche

RMBC – Anne Charlesworth, Ruth Fletcher-Brown, Louise Hayter and Teresa Roche

Rotherham Doncaster and South Humber NHS Foundation Trust – Dianne Graham and Matt Pollard

Change, Grow, Live (CGL) – Stephen Graham and Gemma Hewitt

8. Background papers

Notes and presentations from HSC spotlight session held on November 2017

Notes from visit to Carnson House February 2018

Non-fatal overdose among people who inject drugs in England: 2017 report, Public Health England, November 2017

Public Health England Key Indicators for drug and alcohol treatment services

Rotherham Care Group – Drug and Alcohol Services Performance Report September 2017

RMBC Council Plan Performance Report quarter 3 2017-18.

Appendix 1 Drug and Alcohol Service - overview of the aims, objectives and interventions

Treatment Services

Aims:

- To reduce illicit and other harmful substance misuse.
- To increase the numbers recovering from dependence.

Objectives:

- Support and promote effective, safe, accessible and responsive quality treatment consistent with national guidance and principles.
- To provide a coherent service model that incorporates several previously separate services, including housing support, and intensive working with pregnant drugs and alcohol users.
- Improve and increase access and engagement into the system for those needing support for their substance misuse.
- To reduce or stabilise substance misuse, reducing risky drug taking behaviours and promoting harm minimisation approaches.
- To provide a wide range of evidence based psychosocial interventions which will meet the assessed needs of service users in treatment.
- Develop a service that is responsive to emerging trends in drug and alcohol misuse.
- To maintain the positive developments service users make in their recovery journey.

Interventions

The Service will provide a full range of brief and structured interventions for drug and/or alcohol users, which includes:-

- full range of pharmacological interventions in line with recognised national guidance
- access to detoxification from drugs and alcohol in the community, and if required to arrange medically supervised detoxification
- expert advice and guidance for other professionals on the management of complex and vulnerable individuals with substance misuse problems whom are difficult to manage; including support for Rotherham GPs who provide shared care services
- assessments for drug use, care/recovery planning and reviews
- assessments to determine the level of need/complexity
- the delivery of evidence based psycho-social interventions (individual and group work)
- blood borne virus vaccination and screening
- general health, smoking cessation and sexual health monitoring, advice and referrals
- personalised, service user focused and asset based interventions and support

Recovery services:

Aims

More people recover from drugs and alcohol by:-

- Raising the aspirations of service users and increase their recovery capital in order to build their self-esteem and re-engage with the local community.
- Promoting self-development and provide a safe environment in which service users can challenge themselves, enabling them to develop the skills they will need to maintain their recovery in the community.
- Maintaining the positive developments service users make in their recovery journey.

Objectives

- To provide a structured day programme to recognise and adapt to different cohorts i.e. those who are in active recovery and those striving towards recovery.
- To provide a wide range of evidence based psychosocial interventions which will meet the assessed needs of service users in recovery.
- To manage the various aspects of recovery including working towards abstinence, improving physical and psychological health and wellbeing, life skills and maintaining positive family and social networks.
- To enable service users to use their time constructively, engaging in meaningful activities and working towards volunteering, education, training or paid work.
- To offer service users the opportunity to develop new skills and individual strategies to build sustainable recovery capital.
- To provide opportunities for service users to engage with agencies which will promote health, economic, social wellbeing and community reintegration.
- To stimulate and sustain local partnerships with a range of local statutory and third sector agencies that can support and broaden the provision of wraparound support to service users, therefore, allowing them to develop and strengthen their social capital.
- To enable more service users to complete treatment in a planned way which will encourage the development of on-going networks of support.
- To ensure recovery is visible in Rotherham by promoting, celebrating and publicising recovery and 'good news' stories across the drug and alcohol treatment system and wider, including the use of innovative approaches via social media and events etc.
- To provide periodic contact post planned discharge (keep on at tier 2) to ensure recovery is being maintained (3 - 6 months) or to determine if further support is required.

Facilities at Carnson House

- Informal reception area
- Basement being transformed into treatment area
- Level access to basement and dropped step facilitate access
- ICT room
- Laundry
- Kitchen with a hot meal provided daily for £1 and free hot drinks
- Large meeting room available for partners to use
- Couple of rooms for 1:1 work
- Flexible use of space possible
- Open two evenings and on Saturdays

Support and activities provided

- Group work and 1:1s - graphs on wall to show progress
- Peer mentors (also have own room)
- Positive activities including barbeques, camping trips, cycling
- Creative writing group
- Annual art competition in Leeds “Art of Recovery” (examples on display)
- Annual “Recovery Games”
- AA hold meetings there
- Help with CVs, training and gaining qualifications
- Links with a range of other local organisations including Target Housing, Jobcentre, Shiloh
- Appointing an asset based community development worker
- Auricular acupuncture – helps people relax and is also a pain management tool
- Access to on-line recovery tool
- Training on Naloxone use for service users and families as well as staff

Glossary

CGL	change, grow, live
HSC	Health Select Commission
NDTMS	National Drug Treatment Monitoring Service
RCCG	Rotherham Clinical Commissioning Group
RDaSH	Rotherham Doncaster and South Humber Mental Health NHS Trust
RMBC	Rotherham Metropolitan Borough Council
SP&SHG	Suicide Prevention and Self-Harm Group
SYP	South Yorkshire Police
TUPE	Transfer of Undertakings (Protection of Employment) Regulations

Endnotes

1 Shared Care – joint working between the specialist drug and alcohol services and GPs to provide personalised and holistic care to a patient through their own GP.

2 Rotherham's Local Outcome Comparators:

Since 2014-15 Rotherham has been compared to the following 32 areas:

Somerset, North Somerset, Warwickshire, Cornwall & Isles of Scilly, Newham, Kingston upon Thames, Bexley, Westminster, Torbay, Lambeth, Havering, Camden, Norfolk, Gateshead, Staffordshire, Durham, Medway, Haringey, North Yorkshire, Nottingham, Sandwell, Stockport, Bath and North East Somerset, Suffolk, Gloucestershire, Barnsley, Northumberland, Telford and Wrekin, Enfield, Stockton, Newcastle upon Tyne and Middlesbrough.

3 Treatment Outcomes Profile (Drugs) – shows the effectiveness of treatment and progress made at key stages: Start/Review/Exit and can also include Post Treatment Exit capturing longer term impact of treatment. Completed by the practitioner with the service user and has four sections – substance use/injecting risk behaviour/crime/health and social functioning. The latter includes overall ratings by service user of their quality of life, psychological health and physical health; plus participation in work, volunteering and/or education; and housing – suitability and security.

4 Outcome Star (Alcohol) – covers drug use, alcohol use, physical health, meaningful use of time, community, emotional health, accommodation, money, offending, family and friendships.

5 Successful completion of drug treatment – success is measured as being in the quarter six months after the end of treatment where a person did not re-present to services so there is a time lag on this target.

6 Vulnerable Adults Risk Management (VARM) process - a means of facilitating effective working when a vulnerable adult with mental capacity, at risk through issues such as self-neglect or refusal of services, makes choices that could result in serious harm, injury or death.

7 *Help is at Hand* – Support guide for people after someone may have died by suicide.

<https://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf>

Contact

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