

# Mobilisation of the Rotherham Alcohol and Drugs Service (ROADS), Provided by We Are With You

Health Select Commission, 27<sup>th</sup> July 2023

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# Background

- 27<sup>th</sup> July 2021 – Independent review of drugs by Dame Carol Black: government response
- 22 November 2021 – Cabinet agreed the re-commissioning of an all-age drug and alcohol service
- 11<sup>th</sup> July 2022 – Public Health proposals for additional drug and alcohol grant approved by Cabinet
- 4<sup>th</sup> October 2022 – Decision to Award to We are With You
- 1<sup>st</sup> April 2023 – contract start date

# New National Strategy aims to increase numbers in treatment

## Why?

- Treatment is a protective factor against harm and death
- Treatment reduces crime and reduces demand
- Treatment supports families and communities
- Long waiting lists miss opportunities when motivation is high

# Increasing numbers in treatment

## Challenges

- Recruiting suitable staff into a depleted sector
- Making services accessible to all, alcohol and drug service users don't always mix well
- Reaching those who are not in crisis yet so they are not so well entrenched in habits or badly impacted
- Some people enjoy using but not the consequences – need to capitalise on opportunities

# Improving the Criminal Justice Pathway

## Why are we doing it?

- Prevent re-offending and support recovery
- Maintain any treatment gains from the relative stability of prison
- Minimise risk of relapse and overdose when people are particularly vulnerable when leaving prison
  - Only a third of Rotherham prisoners referred for further community treatment post-release go on to receive it within 3 weeks according to NDTMS

# Aims of the new service

- A longer potential contract to offer further stability to the sector and the partnership arrangements
- Provider leads on a whole service with different pathways for different ages and needs : No wrong door approach and a single point of access
- Increased focus on alcohol following the local needs assessment
- Provider leads on the access to residential rehabilitation as the lead specialist in the field rather than the Council.

# Alcohol Service offer

- ROADS is the core service offer for people who have recognised they have an issue with their drinking .
- Many people are not ready to take the step of contacting a specialist service
- For those at risk of harmful or hazardous drinking Connect CIC , the provider of the NHS Health Check has been piloting using a 'screening tool ' to raise awareness of the risks delivered in primary care
- The new Drinkcoach service also offers an online option people to assess their alcohol use and have online counselling .

# Mobilisation of ROADS

We are With You implemented a dedicated mobilisation team, with operational and clinical expertise to successfully mobilise the service to:

- Transfer patient data – 1522 patients
- TUPE staff across from the incumbent provider – 50 staff members
- Recruit to new positions
- Train and integrate the IPS ( employment support ) Team
- Novate Pharmacy and Primary Care contracts
- Confirm pathways and ways of working with stakeholders
- Produce and agree proposals for the utilisation of additional Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG)
- Implement a dedicated Pathfinder Team to cover the service during the first 3 weeks to allow training and induction to occur



# Mobilisation

## What went well?

- The service base was retained and has been refreshed for the new service delivery model and new provider
- Clients transferred smoothly with minimal disruption to service users
- Most staff and their expertise were retained under TUPE
- Data was transferred from CGL enabling continuous provision of care

## Challenges

- WAWY had some personnel changes during mobilisation that has set the process back
- Some staff left at the last minute and stayed with CGL creating more vacancies than planned
- Data transfer – additional resource needed to be allocated to the completion of new recovery plans and risk assessments for all service users

# How Do We Measure Success?

## NDTMS – National Drug Treatment Monitoring System

- The National Drug and Alcohol Treatment Monitoring System (NDTMS) collects person level, patient identifiable data from all drug and alcohol treatment providers at a national level including :
  - Community services
  - Prison providers
  - Inpatient Detoxification units
  - Residential Rehabilitation facilities
- It uses this data to monitor services nationally and can identify service users across England as they move between services
- It measures any gaps where clients are missed e.g. from prison to community
- It also measures the success of treatment – and starts to count when a client leaves the system – only indicating a successful outcome if they don't return to the system – or die – within 6 months
- For this reason we are only able to share data that resulted from CGL activity at present – we have to wait for data that shows how well WAWY are doing

# Key Service Outcomes

KPI	Measure	KPI	Measure
PHOF C19 - Partnership Opiates - % Successful completions as a	Opiates	Young People Outcomes	Planned Exit
	Non-opiates		Unplanned Exit
	Alcohol		Hep B
Number of clients in structured treatment (YTD) - Tier 3	Number of clients in structured treatment (YTD) - Tier 3	BBV Intervention status at latest episode - numbers screened and offered treatment - broken down by opiate, non-opiate, alcohol, opiate and non-opiate	Hep C
			HIV
Treatment Outcome Profiles (TOPS forms)	Starts		Number of clients not reporting housing problem at discharge
	Reviews	Alcohol and non-opiate	
	Exits	Non-opiate	
	Abstinence rates	Opiate	
Service users seen within 3 weeks	Alcohol	Proportion who successfully completed treatment in the first 6 months of the latest 12 month period (didn't re-	Alcohol
	Alcohol and non-opiate		Alcohol and non-opiate
	Non-opiate		Non-opiate
	Opiate		Opiate
The number of service users that have exited the service unplanned	Alcohol	PHOF C20 - Adults with a substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	Alcohol
	Alcohol and non-opiate		Alcohol and non-opiate
	Non-opiate		Non-opiate
	Opiate		Opiate
Service User deaths reported to Commissioners in a timely manner	Percentage reported within 2 days		

# Improvement Baseline

- There were **2,035 adults** (18+) in drug and alcohol treatment. This is **an increase** from 1,880 compared to the previous year.
- There were **785 adult** (18+) clients that had started treatment within the current year (new presentations). This is **an increase** from 775 the previous year.
- There were **34 young people** in treatment at CGL Rotherham.
- There were **26 new young people** presentations to treatment.
- The proportion of adult (18+) clients treated for opiate use who were 18 or over and recorded a successful completion of treatment was **3%**. This is an increase from 2% in 2020/21.
- The proportion of adult (18+) clients treated for non-opiate use who were 18 or over and recorded a successful completion of treatment was **28%**. This is an increase from 16% in 2020/21.
- The proportion of adult (18+) clients treated for alcohol use who were 18 or over and recorded a successful completion of was **31%**. This is an increase from 22% in 2020/21.

# 2022/23 Service capacity improvement baseline for the SSMTR Grant

Capacity	Baseline December 2021-22	Latest performance 2022-23	Change from Baseline	Year 1 ambition 2022-23	Year 2 ambition 2023-24	Year 3 ambition 2024-25
All adults "in structured treatment"	1957	2055	98	2050	2178	2415
Young people "in treatment"	34	37	3	39	47	59

Local Target	2022/23 ambition	2022/23 data	2023/24 Ambition	2024/25 Ambition
<b>76 adults attend rehabilitation over the 3 years 2022- 2025</b>	14 placements started	9 placements started	17 placements started	26 Placements started
<b>75% of adults with substance misuse problems leaving prison are engaged with treatment in 2025 (Continuity of Care)</b>	40%	32.10%	60%	75%

# Stakeholder Event – Unity Centre



# We are With You Service Model

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