

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Health and Wellbeing Board
2.	Date:	19th Feb 2014
3.	Report Title:	Recovery from Opiate Dependence
4.	Lead Organisation:	Public Health RMBC

5. Summary:

This paper went to the SRP/DAAT board on 8th Jan, where the action was agreed by the chair that the issues should be also escalated to the HWBB to engage wider support for the improvement of this outcome .

Evidence suggests that people generally are not able to sustain positive outcomes from addiction without having gained or maintained recovery capital in other domains i.e. positive relationships, a sense of wellbeing, meaningful activity, education, training, employment, adequate housing etc. The ACMD (November 2013) also state that “ambition for recovery should be tempered with realism”.

There is a need to acknowledge that drug treatment providers cannot deliver the ‘recovery’ agenda alone but need involvement from Partner agencies to support progress in a number of domains for individuals. Research shows that where an individual has limited capital in a number of domains, overcoming severe drug or alcohol dependence or abstinence without progress in other recovery domains is rarely sustained.

This paper describes the performance assurance processes/data and some of the actions that have been in place to address the shortfall in performance paying particular emphasis to opiate exits.

It goes on to seek support for the application from Rotherham , via Lifeline to apply for PHE capital funds to develop more visible recovery, via a ‘recovery hub’ in Rotherham town centre.

6. Recommendations:

- a) **Seek support from across the HWB Partnership to build support for recovery initiatives which are seeking to improve this outcome.**
- b) **For the partnership to recognise that this outcome cannot be delivered by the existing system alone , as opiate users in treatment are part of the wider picture of social disadvantage in the borough, and the current opportunities for employment and housing are having some impact on the ability of the services to promote recovery as a positive option.**
- c) **To promote a recognition that any perceived ‘quick fix’ type solutions to this indicator are likely to have significant negative risks on both the individuals and the crime rate.**

7. Proposals and Details:

A number of key issues have had a significant impact on Rotherham's delivery of the Public Health outcome framework indicator '*increasing the number of service users exiting the treatment system in a planned way*'. These include:

- a. Audit and improvement of data quality processes performance – the data is now accurate and the treatment provider RDASH, and the GPs now have to acknowledge the poor performance as real, not a data issue.
- b. An Opiate Exit plan was produced and monitored by Public Health which included an abstinence pilot programme and treatment outcome profile monitoring. This has been ongoing for 18 months and included input from PHE to try all the 'quick wins'. This has not made any real improvement in the figures, although quality has benefitted. There has been huge levels of resistance from patients to reduce their prescribing.
- c. Public Health have continued to work with PHE to benchmark against and learn from other high performing areas based on more recent data and look at barriers with providers/partners in Rotherham.
- d. Public Health have devised a programme of quality checking and audit of service delivery against the drug treatment contract requirements in relation to successful treatment exits paying particular attention to opiate exits.
- e. There are ongoing negotiations with the Local medical Committee to introduce a new system of payment for the service delivered by GPs to incentivise work on recovery and review long term maintenance prescribing, although the evidence base for this, for many patients remains strong.
- f. RMBC are working with lifeline, a national independent sector provider to try to secure Department of Health capital funding for a new 'visible recovery hub' for the town, which would support this agenda.

Rotherham is not unlike the national picture in that it has an ageing drug treatment population (over 40s) and many of these individuals have been in treatment for some considerable time which makes them harder to help and 'recover' leaving a significant challenge for local areas.

The Yorkshire and Humber region has been an underperformer nationally in terms of performance against successful exits. The NTA (now PHE) created clusters based on a range of social and demographic factors with Rotherham sitting in a cluster with a range of other areas (includes Calderdale, Kirklees and North East Lincolnshire from the Y&H Region). Latest performance figures (Nov – rolling 12 months) show that Rotherham's performance has been fairly static over recent months with a reported figure now of 6.4% against a national average of 8%. The other partnership areas from the Y&H region in the same cluster all sit outside the top quartile range for the cluster which is currently 9% - 13%.

It is recognised that drug users relapse and treatment systems need to be designed to deal with this outcome. Re-presentations to treatment are significant in terms of successful exits and Rotherham performs very well in this area with current performance at 13.3%. This equates to just 6 users whom have previously exited successfully and then returned back to drug treatment within 6 months. This would indicate that despite

successful exits being low locally individuals are better prepared and stay drug free for longer. Performance falls within the top quartile for the cluster.

8. Finance:

Successful completions remain a priority area for the national agenda and discussions are continuing at a national level with regards to incentivising the PH budget via the Health Premium.

2013-14 saw the budget for drug services with RDaSH reducing due to no inflation and a reduction in the investment by the PCC in DIP.

Public Health are currently negotiating with the Local Medical Committee on a new structure for payment for GPs as providers of drug treatment , as they manage over 50% of Rotherham's opiate users, and the majority of exits would be likely to come from primary care. The proposed changes would be aiming to support GPs to review patients more frequently and to support them to help patients to reduce medication safely.

9. Risks and Uncertainties:

Performance figures now reported from ndtms centrally are accepted by both providers and commissioners as being the state of play. Unfortunately this means that Rotherham's performance needs significant improvement in relation to successful exits for opiate users.

Rotherham has a significant challenge ahead in being able to move those entrenched opiate users on methadone programmes out of the treatment system, from a challenging performance position.

10. Policy and Performance Agenda Implications:

Although there are no national targets for successful exits from drug treatment, it is one outcome measure within the Public Health Framework, locally the measure has been included in the SRP suite of indicators. This measure has now been split between Opiates and Non Opiates.

11. Background Papers and Consultation:

<https://www.gov.uk/government/news/drug-treatment-performing-well-but-faces-big-challenges>

<https://www.gov.uk/government/publications/acmd-second-report-of-the-recovery-committee-november-2013>

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