

Committee Name and Date of Committee Meeting

Health Select Commission – 27 July 2023

Report Title

Mobilisation of the Rotherham Alcohol and Drugs Service (ROADS), provided by We are With You

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

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Ward(s) Affected

Borough-Wide

Report Summary

In 2021 Cabinet approved proposals to re-commission the drug and alcohol service for Rotherham.

[Agenda item - Public Health Proposals for Re-commissioning Rotherham's Alcohol and Drugs Service - Rotherham Council](#)

This report provides an update on the mobilisation and implementation of the new Rotherham Alcohol and Drug Service model. The new contract commenced 1st April 2023 following a successful competitive tender process.

Recommendations

This report is to update the Health Select Commission (HSC) and support their scrutiny of this important drug and alcohol public health agenda..

List of Appendices Included

- Appendix 1 Rotherham Drug and Alcohol Data Summary, July 2023
- Appendix 2 Mobilisation of the Rotherham Alcohol and Drugs Service – PowerPoint
- Appendix 3 ROADS Health Select Committee Slides - PowerPoint

Background Papers

[Agenda item - Public Health Proposals for Re-commissioning Rotherham's Alcohol and Drugs Service - Rotherham Council](#)

[Decision - \(ACHPH\) Decision to award 20-336 Alcohol and Drug Treatment and Recovery Service - Rotherham Council](#)

[Forward plan - Forward Plan of Delegated Officer Decisions \[as at 3 July 2023\] - Rotherham Council](#)

[Independent review of drugs by Dame Carol Black: government response - GOV.UK \(www.gov.uk\)](#)

[Agenda for Cabinet on Monday 11 July 2022, 10.00 a.m. - Rotherham Council](#)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

N/A

Council Approval Required

No

Exempt from the Press and Public

No

Mobilisation of the Rotherham Alcohol and Drugs Service (ROADS), provided by We are With You

1. Background

- 1.1 Cabinet approved the proposal to recommission the Alcohol and Drug Service on 22nd November 2021, under one lead provider with a specialist pathway covering all ages. This was to enable seamless transition between Child and Adult services and to enhance the offer for younger service users. Within one pathway, there is an expectation of separate service offers for young people, alcohol misuse prevention and treatment, drug treatment and recovery from all substance misuse.

[Agenda item - Public Health Proposals for Re-commissioning Rotherham's Alcohol and Drugs Service - Rotherham Council](#)

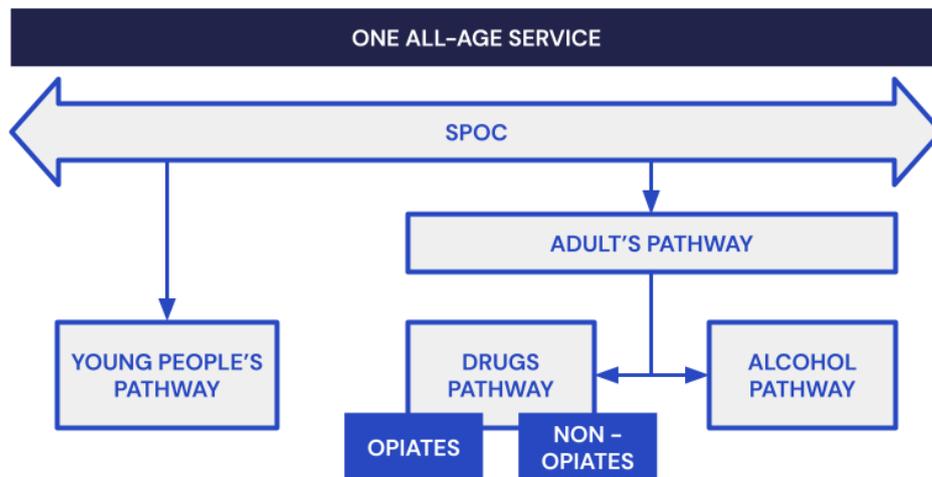
- 1.2 A project board was established to manage the recommissioning process over an 18-month period, involving stakeholders internal and external to the Council. A needs assessment and evidence review drove the development of an updated specification which needed to take account of the new Government drug strategy that was published 'From Harm to Hope '. The vision for the new service was to ensure the pathways for users of different substances were seamless, but also defined to recognise the different needs of an increasingly diverse alcohol and drug using population. The needs assessment also indicated that locally the new service also needed to have a real focus on alcohol – an ambition that is potentially undermined by the focus on drugs in the national strategy and subsequent performance indicators. The new service model also needed to identify people not in contact with services, reaching out into Rotherham's underserved communities. Transitioning between the pathways was another key area e.g. young people into adult services, treatment to active recovery and stable recovery to leading a fully independent and substance free lifestyle.
- 1.3 The specialised pathway needed to take into account the difference in need and levels of support between children and adults, as well as a separate alcohol pathway to cater to those at risk of developing alcohol problems that would not otherwise attend the drug and alcohol service.
- 1.4 We are With You (WAWY) were successfully awarded the alcohol and drug services contract, following a competitive tender process. The new service commenced April 1st 2023.

[Decision - \(ACHPH\) Decision to award 20-336 Alcohol and Drug Treatment and Recovery Service - Rotherham Council](#)

2. Key Issues

- 2.1 [We are With You Service Model](#)

The model of delivery is an 'all-age' pathway, utilising a single point of contact (SPOC) to triage and 'segment' or organise caseloads in accordance with need and risk.



- 2.2 The proposed service model works to the service specification and is bolstered by additional SSMTRG funding. The service would probably struggle to deliver the outcomes without this additional funding. The service continues to be delivered from Carson House in the town centre with the new provider leasing the building from CGL who own the premises outright.
- 2.3 A new 'Early Intervention and Outreach' team is being established as part of the new delivery model, which will focus on successfully engaging people not currently accessing the service. This approach includes community drop ins, including the Unity Centre and Shiloh. Further sessions at GROW will commence in July to deliver Court disposals - Alcohol Treatment Referrals (ATR) and Drug Rehabilitation Requirements (DRR) to women. School sessions continue on a one-to-one basis and have been delivered at Wath, Rawmarsh, Clifton, Wingfield and Maltby, since contract start and a targeted groupwork session at Wath including cannabis awareness, risks and consequences and harm minimisation. Educational and professional training sessions are planned at Barnardo's and for Foster Carers in July. A Young Person's stakeholder event is being planned for Autumn.
- 2.4 WAVY's Community Engagement Coordinator will reach out to peer-led organisations (e.g., REMA, Apna Haq) and attend events to build community recovery capacity, such as the Rotherham Show. WAVY will consider how best to meet unmet need and engage with underserved communities e.g. the Roma population near the city centre and the large South Asian community in Boston Castle.
- 2.5 The model includes a dedicated Criminal Justice Team, who provide Criminal Justice interventions, alongside prison in-reach. This is a continuation of the previous model, but with the addition of a dedicated administrator to focus on tracking data across the criminal justice pathways and ensuring that the data between prison, Sheffield courts and the

Rotherham service reconciles. The Criminal Justice Team are co-located at Probation, to ensure a coordinated approach to risk management and care.

- 2.6 The service model includes an additional Hospital Liaison Worker, who will work alongside the alcohol care team at Rotherham Hospital, to ensure smooth transition from hospital into community treatment. This is currently being established by the service in conjunction with the alcohol care team.
- 2.7 Additional prescribing capacity within the model will enable swifter treatment and includes a 3 -way review with the recovery worker, Doctor and client to ensure continuity of care. It also enables more patients to access the service, in line with the proposed 20% additional numbers in treatment by March 2025, as per the SSMTRG requirements.
- 2.8 The service has partnered with 'socialTech' to develop an online 'ROADS app' within the first two years of contract delivery, which will provide a 'one-stop-shop' and includes directions to nearest support centres, integrated online chat, diary reminders, distraction tools and emergency support links. The service has also partnered with 'Release', who will deliver a Legal Welfare Outreach Service to support housing issues, benefits appeals and access to services.
- 2.9 A stakeholder event was held in June at the Unity Centre to provide an overview of the new service model and introduce the Team to partners. The event was well attended, with lots of engagement and interaction. A service user attended, confidently telling his story, and conveying the importance of the service in his recovery journey.
- 2.10 The ROADS model includes close working with partners, including the Council's Individual Placement and Support (IPS) service. The IPS Team are integrated into the treatment and recovery service, providing a bespoke employment support offer for those accessing the treatment service, which includes pre-employment support and in-work support. This includes holistic support from the wider Employment Support and Financial Inclusion Team. Employment is a recognised support factor in obtaining and sustaining recovery from dependence.
- 2.11 Mobilisation of the New Service
Fortnightly mobilisation meetings commenced from October 2022, with additional meetings taking place as required in between those times. During mobilisation the service were introduced to key stakeholders to firm up plans to collaborate and integrate where appropriate, as well as raise awareness of the forthcoming changes.
- 2.12 WAWY implemented a dedicated mobilisation team, with operational and clinical expertise to successfully mobilise the service to:
 - Transfer patient data
 - TUPE staff across from the incumbent provider
 - Recruit to new positions
 - Train and integrate the IPS Team
 - Novate and transfer existing Pharmacy and Primary Care contracts

- Agree pathways and ways of working with stakeholders
- Produce and agree proposals for the utilisation of additional Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) funding, utilising the non-core framework agreement
- Raise and resolve any risks and issues
- Implement a dedicated Pathfinder Team to cover the service during the first 3 weeks to allow training and induction to occur

2.13 Mobilisation in the main went well. All patients were successfully transferred across with no interruption to their treatment. Resource was allocated to ensuring that all service users had a new risk assessment and recovery plan completed.

Performance to Date

2.14 Treatment outcomes are monitored through the National Drug Treatment Monitoring System (NDTMS). Quarter 1 data is planned to be published on 28th September 2023, meaning there is no official validated data to report as yet. Data sets when published can be 6-12 months behind, meaning that it could take 12-18 months to assess service performance against validated data.

2.15 1522 patient records were transferred across to WAVY on the 1st April. Local service data indicates that the number of people in treatment had dropped by the end of April. This was anticipated, due to service mobilisation and the re-allocation of caseloads. Some of the people who were already disengaged with the incumbent provider pre-transfer, chose not to re-engage with ROADS, meaning that they were removed from caseloads. Following mobilisation and the promotion of the new service there has been a slight surge in referrals which has resulted in a waiting list for assessments. The service are triaging these for clinical priority and allocating additional resource to fill vacancies to make sure people are seen as quickly as possible. The Commissioning team will be working with the service to monitor this weekly until the situation improves. During the first two months of the new service, those that were assessed presented with the following drug use profile:

Primary Drug of those assessed during the month	April	May
Heroin	2	14
Alcohol	12	29
Amphetamine	1	1
Buprenorphine	0	0
Cannabis	3	0
Cocaine - Crack	3	2
Cocaine	6	5
Codeine	0	0
Diazepam	1	0
Fentanyl	0	0
Methadone	0	0

Opiate - unspecified	0	1
Pregabalin	0	0
Zopiclone (sleeping tablet)	0	1

- 2.16 Local service records show that there were 12 successful completions of treatment for the month of May, compared to 4 in April.
- 2.17 10 inpatient detoxification placements have been made since the start of the contract and one person has successfully entered residential rehabilitation.
- 2.18 Prior to contract transfer CGL achieved Hepatitis C 'micro elimination' status, which means the following targets have been met against the national plan to tackle Hepatitis C
- 100% of people using the service have been offered a Hepatitis C test.
 - 90% of these people have then been tested.
 - 75% of people who were diagnosed with Hepatitis C have started treatment.
- ROADS will be focused on maintaining this achievement by continuing to prioritise blood borne virus screening and treatment under the new contract.
- 2.19 Monthly contract meetings are scheduled with the service to review service quality and performance and discuss trends and staffing. Public Health SMT receive regular service performance reports to give assurance that the governance processes are in place to monitor the KPI's. A full copy of the KPI's is available here:



KPI's.xlsx

3. Options considered and recommended proposal

- 3.1 Members of the Health Select Committee note the progress that is being made by the new service provider We are With You, and some of the challenges in delivering increased service capacity at the same time as launching the new service model.

4. Consultation on proposal

- 4.1 During the recommissioning a task and finish project board met to agree and sign off key stages of the project plan to re-commission. This has now disbanded, and the service has monthly formal performance and quality meetings with both Public health and Commissioning.
- 4.2 The Operational grant group, which worked to develop plans for SSMTRG expenditure, continues to contribute to grant plan development and management and reports directly to the Combating Drugs Partnership

(CDP). Additional groups have been established as appropriate to inform the priorities on the grant allocation including the Dual Diagnosis and Primary/Community Mental Health Transformation Group.

5. Timetable and Accountability for Implementing this Decision

- 5.1 4th October 2022 – Decision to Award to We are With You
1st April 2023 – contract start date

6. Financial and Procurement Advice and Implications

- 6.1 There are no financial or procurement implications to consider. This report is for information only.

7. Legal Advice and Implications

- 7.1 There are no legal implications to consider. This report is for information only.

8. Human Resources Advice and Implications

- 8.1 There are no Human Resources implications for the Council. This report is for information only.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 Stakeholders including children's and young people's services, safeguarding, adult care and housing are integral to both the Combatting Drugs Partnership and the Operational Grant group. The service will be holding a launch event for the Young Persons pathway.
- 9.2 The difficulties in recruiting staff for the provider has implications for vulnerable adults as caseloads cannot reduce until the full staffing team is in place.

10. Equalities and Human Rights Advice and Implications

- 10.1 There are no additional implications to consider. This report is for information only.

11. Implications for CO₂ Emissions and Climate Change

- 11.1 There are no implications to consider. This report is for information only.

12. Implications for Partners

- 12.1 As all South Yorkshire areas are in receipt of the SSMTRG funding, several initiatives are being implemented across the County to align with the Criminal Justice agency footprint. Rotherham Commissioners are working with other South Yorkshire Commissioners to develop joint processes for drug and alcohol related deaths, and drug alert systems. A Criminal Justice Pathway is also being collaboratively developed at a South Yorkshire level, to streamline referral processes and ensure continuity of care from prison to community service targets are met through effective data reconciliation and pathways.

13. Risks and Mitigation

- 13.1 The core service model is currently bolstered by additional SSMTRG funding, the proposals for which were agreed at Cabinet on 11th July 2022: [Agenda for Cabinet on Monday 11 July 2022, 10.00 a.m. - Rotherham Council](#)
- 13.2 The SSMTRG funding for 2023/24 is year 2 of a proposed 3-year funding period, as part of the 10-year drugs strategy. If the Grant does not continue as expected post 2025 this will significantly impact on service delivery and treatment outcomes.
- 13.3 WAVY subcontract the provision of needle and syringe exchange and supervised consumption of opiate substitution medication to local pharmacies. However, the number of pharmacies in Rotherham and nationally has seen a steady decline in recent years. A number of Lloyds pharmacies in Rotherham were closed and/or sold at the end of March this year. This has a direct impact on pharmacy provision for the service, including the ability to adequately source sufficient provision for supervised consumption. Despite this, the service has managed to onboard new pharmacy contracts.
- 13.4 WAVY also subcontract primary care practices to deliver a shared care model within primary care, where the service user's care is delivered by their GP and a recovery worker. Several GP's have dropped out of the shared scheme during and after the Covid 19 Pandemic. The current model relies on a level of GP engagement and to try to resolve this WAVY are developing an action plan to seek resolution to this issue, but as this is due to wider factors in the NHS this may require some level of service redesign.

Accountable Officer(s)

Ben Anderson, Director of Public Health

Anne Charlesworth, Head of Public Health Commissioning

Jennifer Armitage, Operational Commissioner (Public Health)

Approvals obtained on behalf of:

	Name	Date
Chief Executive		Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Named officer	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Named officer	Click here to enter a date.
Assistant Director of Human Resources (if appropriate)		Click here to enter a date.
Head of Human Resources (if appropriate)		Click here to enter a date.
The Strategic Director with responsibility for this report	Ian Spicer, Strategic Director of Adult Care, Housing and Public Health	13/07/23
Consultation undertaken with the relevant Cabinet Member	Cabinet Member for Adult Social Care and Health - Councillor Roche	10/07/23

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