



ROAR Model & Implementation

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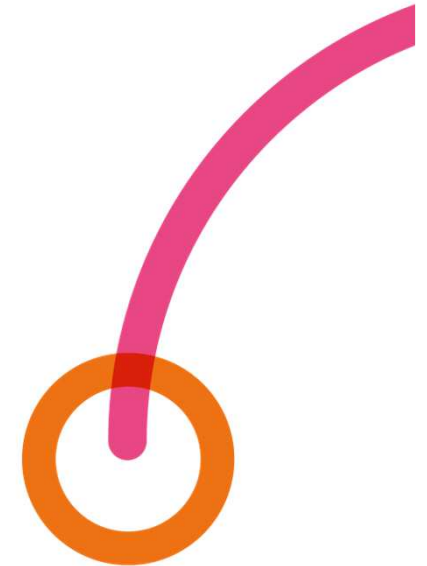
Turning Point

National organisation since 1960s providing specialist substance misuse, public health, mental health and Learning Disability Services

SM service part of a local and national network of services with a national governance structure and ability to learn.

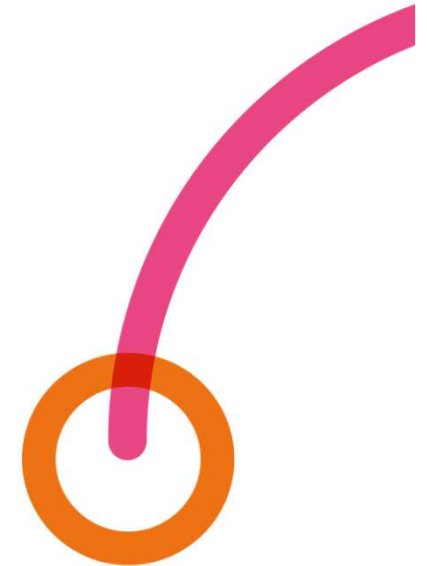
Local provision includes Smithfield Detox centre in Manchester and the Leigh Bank residential rehab in Oldham.

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The Challenge

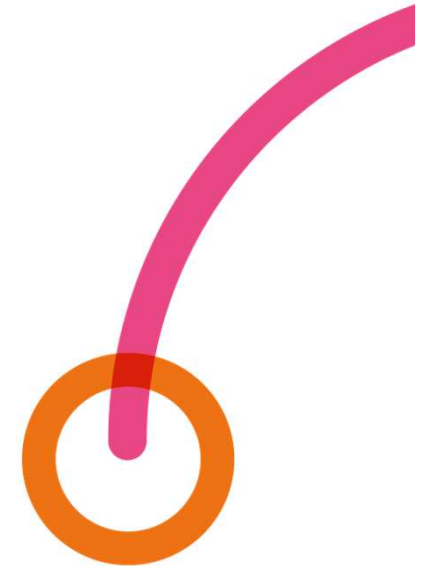
- Nationally: Dame Carol Black Review;
Caseloads
Capacity
Skills
- Locally:
Increase in numbers in treatment significantly higher than
comparator LAs
Alcohol misuse often linked to long term physical and mental
health
Lower allocation of additional funding from the centre
COVID recovery



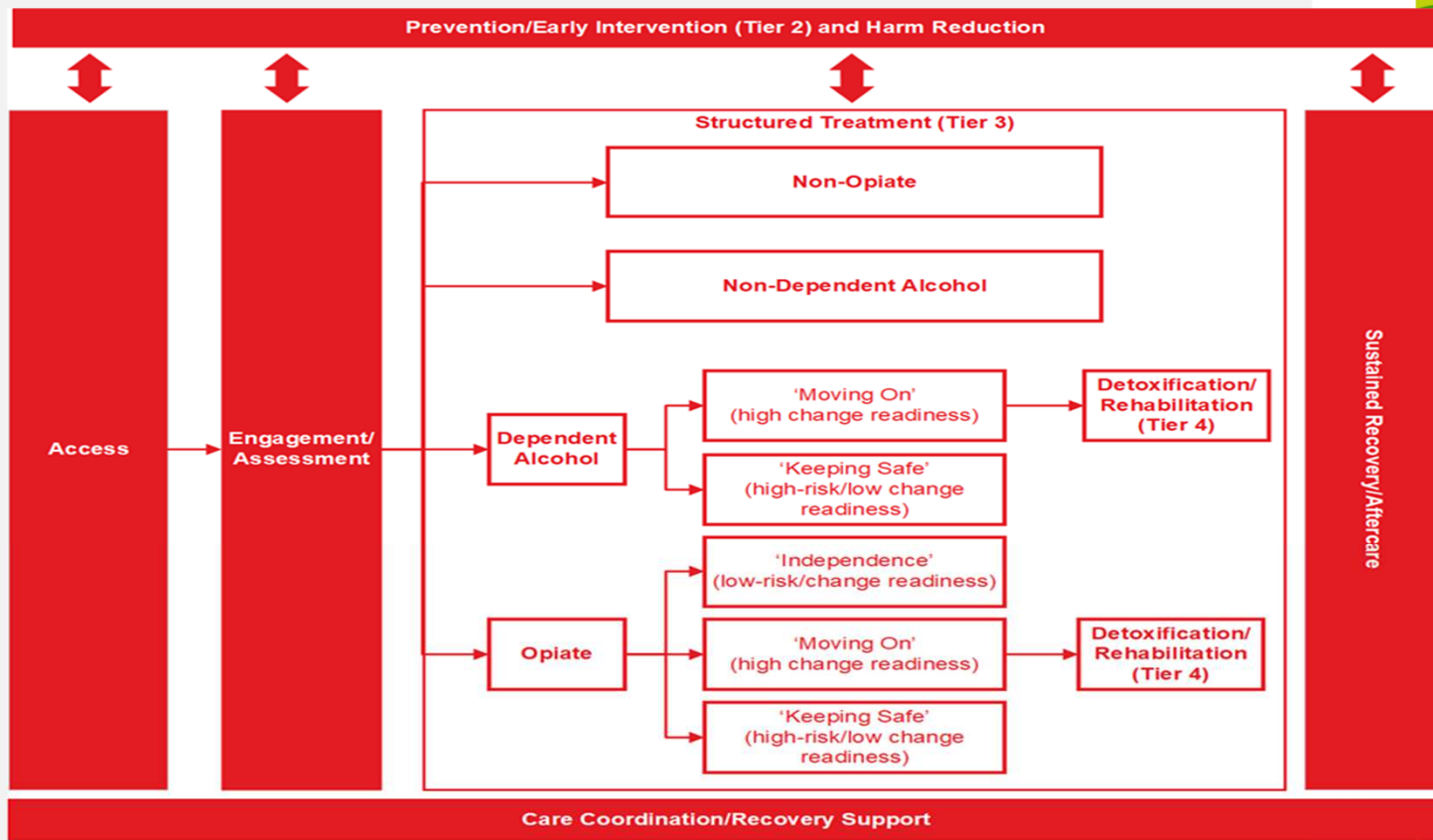
Key Changes

- Expansion of workforce
- Skilling of workforce
- Increasing Specialism: Mental Health & Trauma, Families, Service users with complex lives
- Criminal Justice
- Homeless team
- Recovery community development
- New Oldham Building

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Treatment Pathways



Operational Changes

- Identify client inclusion criteria
- Finalising pathways and interventions : Mental health, Families and safeguarding, complex physical health
- Workforce redesign _ No redundancies, emphasis on training and development.
- Bolster joint working : Early Break Holding Families, PCFT and MIND, primary care and hospitals, LA Safeguarding adults and children, Changing Futures.



Alcohol and Alcohol and Non Opiate s

- Largest number of new referrals
- Alcohol pathway refresh and training and specific specialist workers
- Other drugs with or without alcohol : Refresh and build on training : Chem Sex, Stimulants
- Skilled nursing and PSI teams
- Complex additional needs addressed in house and in partnerships





Criminal Justice Team

- Maintain positive performance
- Prisons, Police, Probation
- Refine PSI interventions to fit client needs
- Playing a huge contribution to the Numbers in treatment



Homeless Team

- Lower caseloads to work intensively
- Outreach and additional support
- Engage with RSI teams and homeless providers
- Regular presence in hostels and temp accommodation



Recovery Team Priorities

Abstinent provision : Could be off or on site.

Encourage Self help and Mutual Aid

Pilot innovative approaches

Direct referral for abstinent clients

Partnerships and Leadership

- Outward facing and engaged
- Improve engagement with primary care 'Shared Care' in a broad sense
- Road show of meetings : Primary Care Networks
- Hospital: Build on relationship with specialist link worker
- Pharmacies: Renewed contracts
- Safeguarding Boards and using partnerships to escalate
- Training Needs Analysis and a programme of external training
- Blue Light



TARGETS AND MUST DO's

- Increase Numbers in treatment by 20% by 2025
- Increase proportion of clients going to Tier 4
- Prison – Community Engagement
- Planned completions : Keep positive trajectory
- Reduce representations

- AS IMPORTANT
- Support & treatment for high risk
- Homeless and CJ clients
- Families where there are child protection / in need concerns
- Harm reduction refresh: Naloxone, Alcohol brief interventions, campaigns, needle ex

SOCIAL VALUE

- Local Staff, Local Suppliers, long term unemployed into work with us
- Paid Volunteering days for staff with local charities and community groups
- Trainees and placements for local people (Apprentices, Social work, nursing etc)



Questions

