

Stockton Recovery Service is delivered as a partnership between Change Grow Live and Recovery Connections which has been operating in Stockton on Tees for many years. The drug and alcohol sector as a whole has experienced significant pressures as a result of austerity and decreased government funding over the years, alongside a backdrop of increasing expectations, regulation and an ageing and increasingly complex client group, many of whom experience health inequalities and the impact of living in deprived communities.

In recent years, a review of the sector was undertaken by Dame Carol Black, which identified the challenges within the sector and stressed the urgent need for clear direction and reinvestment. On the back of this, a new 10 year drug strategy was launched, alongside additional funding to create world leading treatment services.

This additional funding has enabled to service to realise many of our ambitions and develop a comprehensive, innovative and inclusive service that works with people to meet their individual needs, many of which respond to the areas identified within this report.

The service is made up of a diverse highly skilled and experienced team that includes leaders, a psychiatrist, nurses, social workers, recovery coordinators, psychosocial intervention workers and specialist workers in detox and rehab, housing, dual diagnosis and harm minimisation. Our comprehensive recruitment process, ensures that we employ staff who are not only skilled and competent to undertake the role that they have applied for, but that they can demonstrate their alignment with our core values to be open, bold and compassionate. Many staff employed by the service have their own lived experience of substance use, or are currently/have been directly affected by a loved ones substance use.

Recovery Connections is a lived experience organisation, who are part of the Stockton Recovery Service Partnership. Their staffing team is exclusively made up of people with lived experience of Recovery, who provide peer support, coaching, mutual aid groups, diversionary activities and ambassador training for people accessing the service. Recovery Connections provide peer support throughout the entire journey, from engaging with people in the community who have not yet accessed treatment to overcome any barriers and challenges, to support during treatment and for an unlimited time afterwards to provide ongoing coaching and motivation to help prevent relapse.

We are incredibly dedicated and proud to champion people in recovery, to provide employment opportunities and to embed their expertise right across our service, as colleagues, ambassadors, volunteers and service user reps.

In recent years, we have worked hard to listen to feedback and to develop innovative solutions to respond to challenges facing people we work with. Our lived experience group meets fortnightly to review service user feedback, including compliments, complaints and improvement suggestions, which are incorporated into our service development plans and feedback loops. many of the changes that we have introduced in recent years, have been led by the voice of people accessing our service. In the coming months, we will work closely with them to respond to the gaps identified within this report and to better promote the areas where progress has already been made.

In summer 2023, to make it easier for people to access the service, we developed a flexible approach to assessments, giving people the option to either have a scheduled assessment appointment or to attend one of our walk-in clinics 4 mornings per week. We have also introduced assessments every Tuesday evening, including with our clinical staff to ensure that

we are able to provide an offer that is inclusive to those who work full time or have caring responsibilities. In the past 12 months, we have assessed 48% more people than the previous year and have amongst the shortest waiting times in the country. The success of the walk-in clinics and positive feedback we have received from people accessing our service in relation to this, has led us to plan resources in the upcoming year to expand this to be a full-time provision.

Following assessment, everyone accessing our service is assigned a named recovery coordinator who offers 1-1 support, providing individualised recovery planning, motivational interviewing and holistic support. Our commitment to high quality care, means that we try to avoid cancelling appointments. On the rare occasions when someone is off work unexpectedly, a person may be seen by a different worker. Where someone fails to attend their scheduled appointment and presents at another time, there is the potential that their named recovery coordinator will not be available. To ensure that we can still be responsive to their needs, they may be seen by another worker. The report describes a three-strike rule, we can confirm that this is not a policy that we operate. Where people disengage from the service, we make various attempts to engage them, using various means discussed with the person at the start of treatment.

One to one key working is provided by the recovery coordinator on a mutually agreed basis which can sometimes be weekly, fortnightly or monthly, depending on the level of support someone needs and clinical guidance. At the start of the treatment journey, appointments are often face to face in our main service, to ensure that we can appropriately assess and manage risk, as well as having a wide range of opportunities on site to meet peoples needs that cannot be achieved so easily in the community. As people progress through treatment, we are able to offer greater flexibility in relation to frequency of appointments, more remote contact and seeing people in their own communities or within their own homes. We currently offer one to one appointments in 14 different community venues across Stockton on Tees, and also provide many in peoples own homes where risk assessment allows.

Whilst we are committed to meeting peoples individual needs, we do have to be mindful of our responsibility to protect our colleagues, the partner agencies that welcome us in and the community. As such, outreach working is not suitable or appropriate for everyone and needs to be assessed on an individual basis.

We are fortunate to have a beautiful 200 year old building, which has been refurbished with a trauma informed approach in mind to make it as comfortable and welcoming as possible, whilst including everything that keeps people accessing the service safe. We understand that coming to the service can be daunting and at times, there can be a number of people socialising outside which can be intimidating. We do our best to try and alleviate this but cannot always control this situation. The benefit of our building is that we have multiple entrances, including a separate door for those attending for alcohol and non-opiate use, and a separate door for those coming for groups and mutual aid meetings. Where someone does not feel comfortable coming through the main entrance, or where they are attending with a child, they can come to one of the other entrances as an alternative. We have invested in our waiting area recently to include a TV with lots of helpful information and videos, and a tea/coffee station for people to help themselves. Where people don't wish to wait with others or where they require a quiet space, we have a 1 to 1 room which is reserved specifically for this reason.

At the start of the treatment journey, everyone completes a recovery plan, which is incorporated into what is known as a full risk review. This comprehensive intervention explores many areas

including the persons substance use, health, mental health, relationships, social circumstances, finances, employment, support networks and many more, with clear goals and actions to achieve ambitions and manage any potential risks. These are reviewed formally every 3 months with the person accessing the service and are discussed at each session.

Everyone accessing the service has access to a wide range of interventions, including but not limited to medically assisted treatment options such as substitute prescribing, detoxification and relapse prevention medications.

We have a varied timetable of structured psychosocial interventions which includes face to face and online sessions and sessions 2 evening per week. Sessions include foundations of recovery, rethink your drink, healthy habits sessions, mindfulness-based relapse prevention, DBT skills, and detox preparation. The evidence base shows that people who engage in group sessions have a much higher chance of recovery, and demonstrates the benefits of working alongside peers with similar experience during the journey of change. We appreciate that some people, particularly those who have not done it before, find the concept of groups daunting and often have pre conceived ideas of what it might entail. To combat this, our PSI team offer 1 to 1 sessions beforehand where requested to discuss expectations and to overcome any barriers. We consistently receive positive feedback about our group work sessions and the impact that they have from people accessing them. A further offer that we developed in recent years, is the option for many of our group sessions to be delivered online, which is done as a teams meeting. This allows people to join in from the comfort of their own home, with their camera turned off if they wish and also without their name. This means that people can join anonymously, they don't have to speak and can simply use the chat function if they wish to engage, or they can just watch the session.

Alongside our structured sessions, Recovery Connections offer a full timetable of activities including cooking on a budget, rise up and sing, coffee morning, gym sessions, recovery social club and smart recovery mutual aid meetings. This mutual aid offer is further strengthened by the on-site meetings provided by our friends at Alcoholics Anonymous and Cocaine Anonymous.

In recent years, additional funding has allowed us to move beyond our core business to develop a more comprehensive and holistic approach, something which was sadly lost over the years due to funding cuts. We now have specialist roles in dual diagnosis, detox and rehab, homelessness and housing and social work. In the upcoming year, we will be developing an offer to work with children who are affected by parental substance use and will be building on our new offer to deliver structured group work programmes into supported housing.

We are also proud of the work that we have developed with partners to deliver a holistic multi agency approach, which includes a variety of joint appointments with agencies such as social care, housing, mental health, probation, women's workers and many voluntary agencies.

We recognise that people we work with can face stigma and barriers when accessing other service and often disengage as a result of this. To overcome this, we have worked with partners to bring many services to Stockton Recovery Service, including an outreach nurse employed by H&SH, on site appointments with TEWV, a Hep C clinic that prevents people travelling to James Cook, free weekly legal clinics with Release, and an upcoming weekly sexual health clinic which will provide cervical smears and contraception as well as sexual health screening. We also trained our staff to be stop smoking advisors and applied for a grant to provide e-cigarettes as

an alternative to smoking, a highly successful approach which is now being replicated across the country.

Whilst we can work with partner agencies to develop services on site, we know that there is a lot of work to do in our communities to reduce stigma. In recent years we have provided wider workforce training to over 1500 professionals across Stockton on Tees, have delivered lectures at Teesside University, have delivered sessions in schools, and have welcome students from various sectors onto placement within the service, with the aim to raise awareness of substance use and services available, and to challenge stigma and perceived views that will support long term change. Alongside this, we have raised awareness in the community and have held events in the community, including two 'Mile in my shoes' events, inviting members of the public to meet with people in recovery and hear their story. We will continue this work in the coming year but will expand this further by hosting Stocktons first Recovery Festival at the end of the summer.

It has been disappointing to read the report as it doesn't accurately reflect the wide range of high-quality interventions that are available to people across Sockton on Tees or dedication and compassion that are witnessed in the service on a daily basis.

Each year, we support over 1700 people locally in their recovery journey and whilst addiction is a highly complex and relapsing condition, many people do go on to turn their life around and achieve their potential with the support of services. It is noted that the responses to the surveys represent less than 1.4% of people who engage in our services and that some of the responses refer to other areas and services, rather than to ours. Sadly, we do not feel that this exercise has gone far enough to provide a proportionate and balanced response, and that many of the recommendations are outdated and do not take into account service developments in recent years. Whilst many of the changes in recent years have directly benefited people accessing our service, we will work on a communications strategy to ensure that everyone is aware of the changes and the options available to them.

As we move into the next financial year, we will be welcoming a third round of short-term government funding which we will utilise to expand on some of the progress we have already made as well as taking into consideration some of the recommendations made in this report.

We have already developed communications for our service users to share with their loved ones to demonstrate how they can support the treatment journey, engage with the service and obtain support themselves. We already work with loved ones, where consent allows but we're keen to develop this offer further and dispel some of the myths that exist about treatment.

Everyone accessing our service is able to contact their worker directly, however we are looking into the option of a freephone number that would come to our central line.

In the coming months, we will be building upon our walk-in assessment trial, we will explore the option of a freephone line to the service and will work with our lived experience group to better understand how we can further strengthen our out of hours offer.

We would like to thank Healthwatch for completing this exercise and for working with us to understand the feedback and recommendations, as well as providing us with the opportunity to share a comprehensive insight of our service and how we are meeting some of the challenges identified.

We would also wish to thank those who took time to share their feedback and would welcome anyone wishing to be involved further, to get in touch directly, as we work with our lived experience group in the coming months to reflect on the report and develop service initiatives moving forward.

**Jenny Thompson (Services Manager) on behalf of Stockton Recovery Service**

