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# Connected Recovery Darlington





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# The Recovery Agenda

- **Not only a Practical challenge but also a conceptual transformation.**
- **Critical success factors:**
  - **Improve the clients journey**
  - **Improve the system**
- **Ultimately - Deliver change at the coal face with the client at the centre.**



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# Recovery Cont.

- **Why?**
  - “good treatment works” vs. “treatment works”
  - **It delivers:**
    - **Improved Health and Social functioning**
    - **Decreased Public Health risks**
    - **Safer Communities**

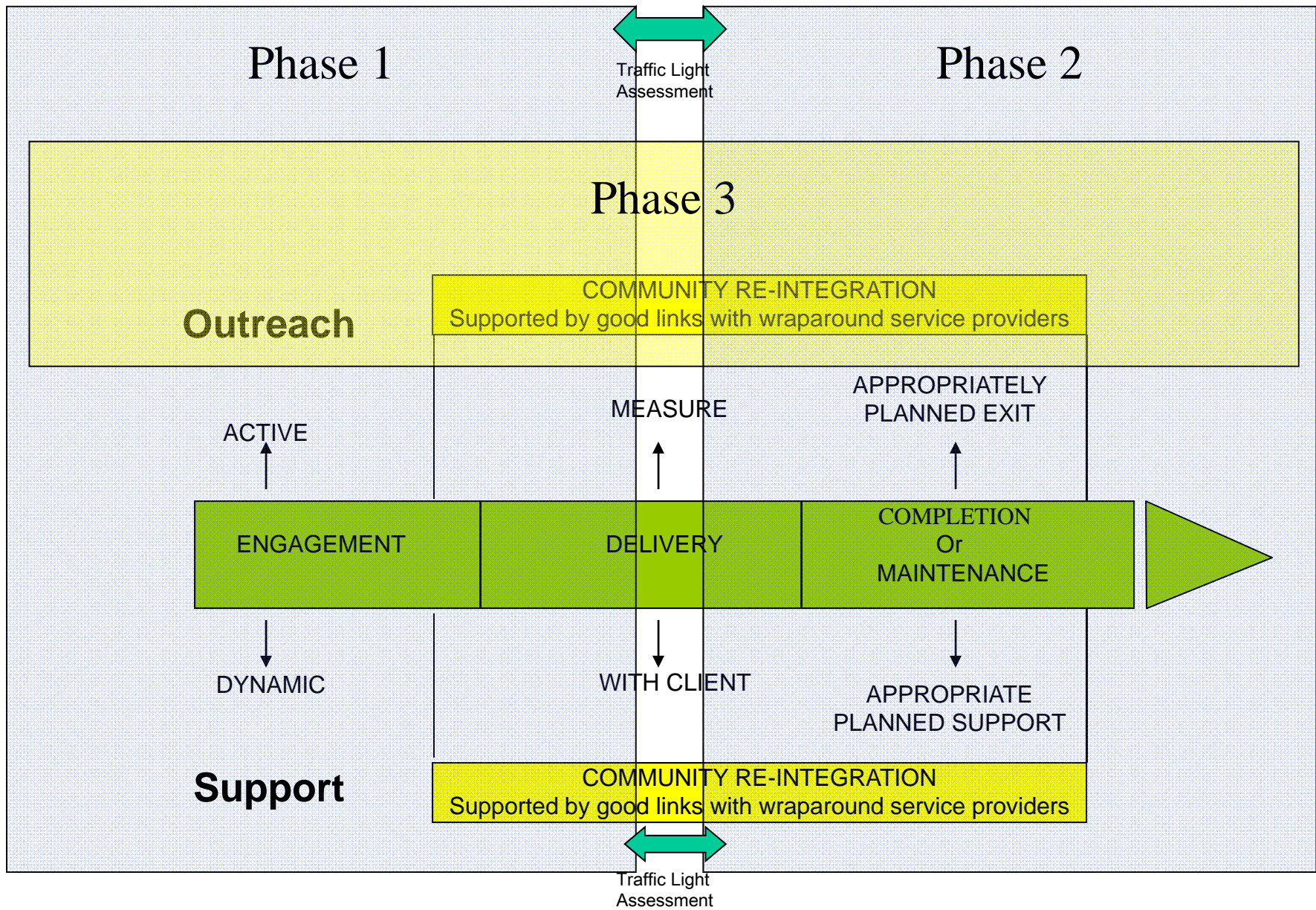


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# Development of a Best Practice Model

- **Dr David Best – “Turning off the methadone tap”**
  - 12-step played a prominent role in achieving abstinence and particularly in maintaining it
  - However, it appears to have coincided with psychological and environmental changes
  - Readiness, awareness and insight are the main features that differentiated final success from previous attempts



**Underpinned by Connected Recovery and Outcome Star**

# ← Team Makeup - Units for Recovery →

**Unit 1: Engagement and Delivery phase:** focusing on the Chaotic Substance Misusers who need intensive work to remain engaged. Will address the assertive outreach required to facilitate retention and work closely with Harm minimisation to encourage those who have not yet considered Treatment as an option or who have tried previously and possibly failed.

Unit Leader – Nurse Prescriber /  
Social Worker

- 1- Admin
- 1 - Nurse – Drugs & Alcohol
- 1- Social Worker – Drugs & Alcohol
- 1 - Arrest Referral Worker
- 1 – Criminal Justice Nurse
- 1 - Assertive outreach worker
- 1 - Throughcare / Aftercare worker
- 1 - A&E Liaison
- 1 - Harm Reduction Nurse
- 2 – Recovery Coaches

**Unit 2: Delivery and Stabilisation phase:** Focusing on those who have progressed to the point where their needs are such that they should be addressed within an ethos of reengagement within the community and movement towards completion. The medical needs are such that they can be managed via a shared care approach with the GP; however it is acknowledged that some service users will require maintenance for some years.

Unit Leader – Clinical Coordinator /  
Nurse Prescriber

- 1 - Admin
- 2 - Nurse – Drugs & Alcohol
- 1 – Social Worker – Drugs and Alcohol
- 1 - Throughcare / Aftercare worker
- 1 - Structured Daycare worker
- 1 - PSI / Counselling worker
- 2 – Recovery Coaches
- 1 – Family Interventions Worker

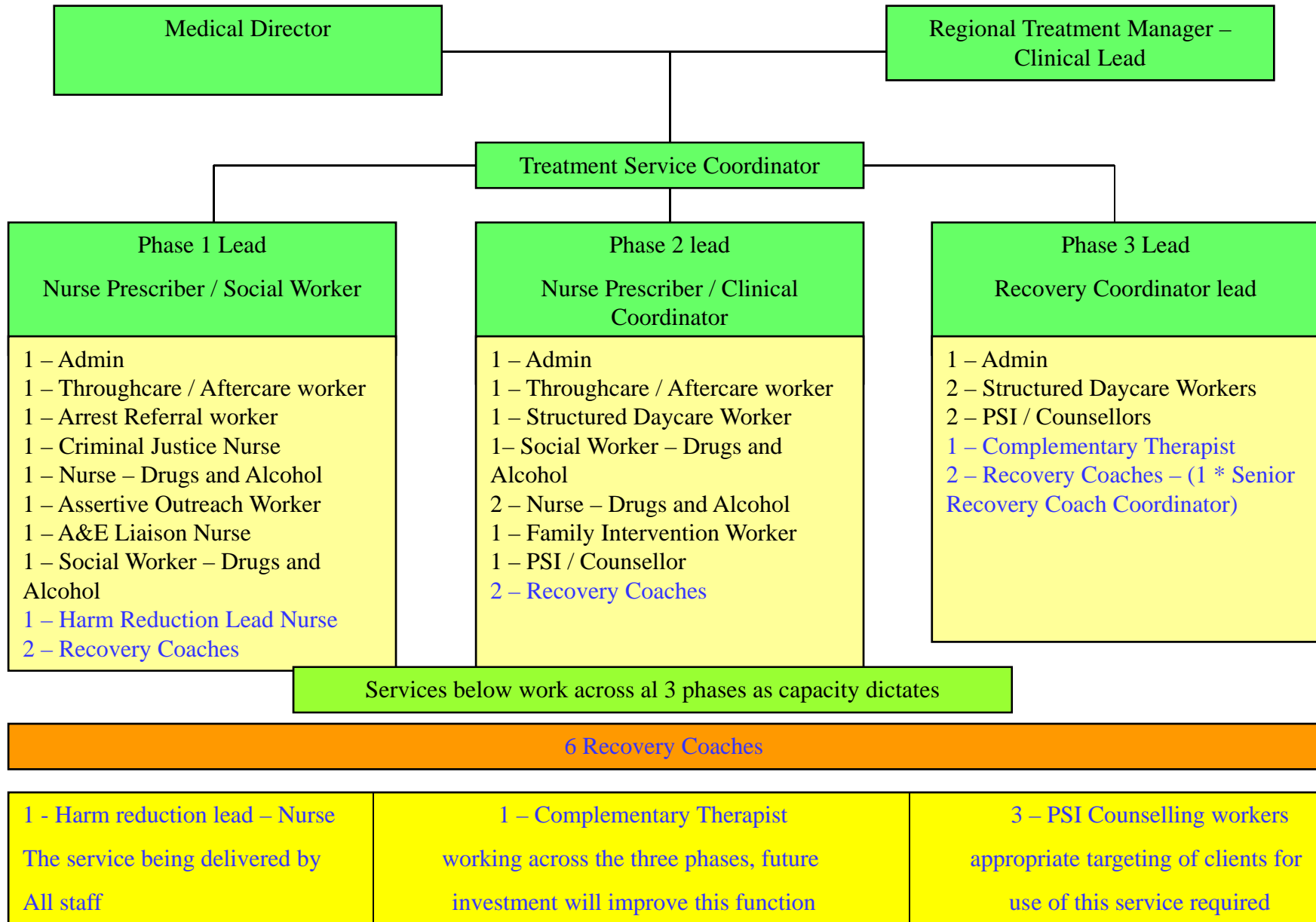
**Unit 3: Recovery and Reintegration phase:** focusing on those clients who are ready to progress towards discharge from services. This team would work entirely in an outreach way while maintaining links with the centre via recovery coordination process. Facilitation of reintegration is paramount to the success of delivery.

Unit Leader – Recovery Focussed  
Lead

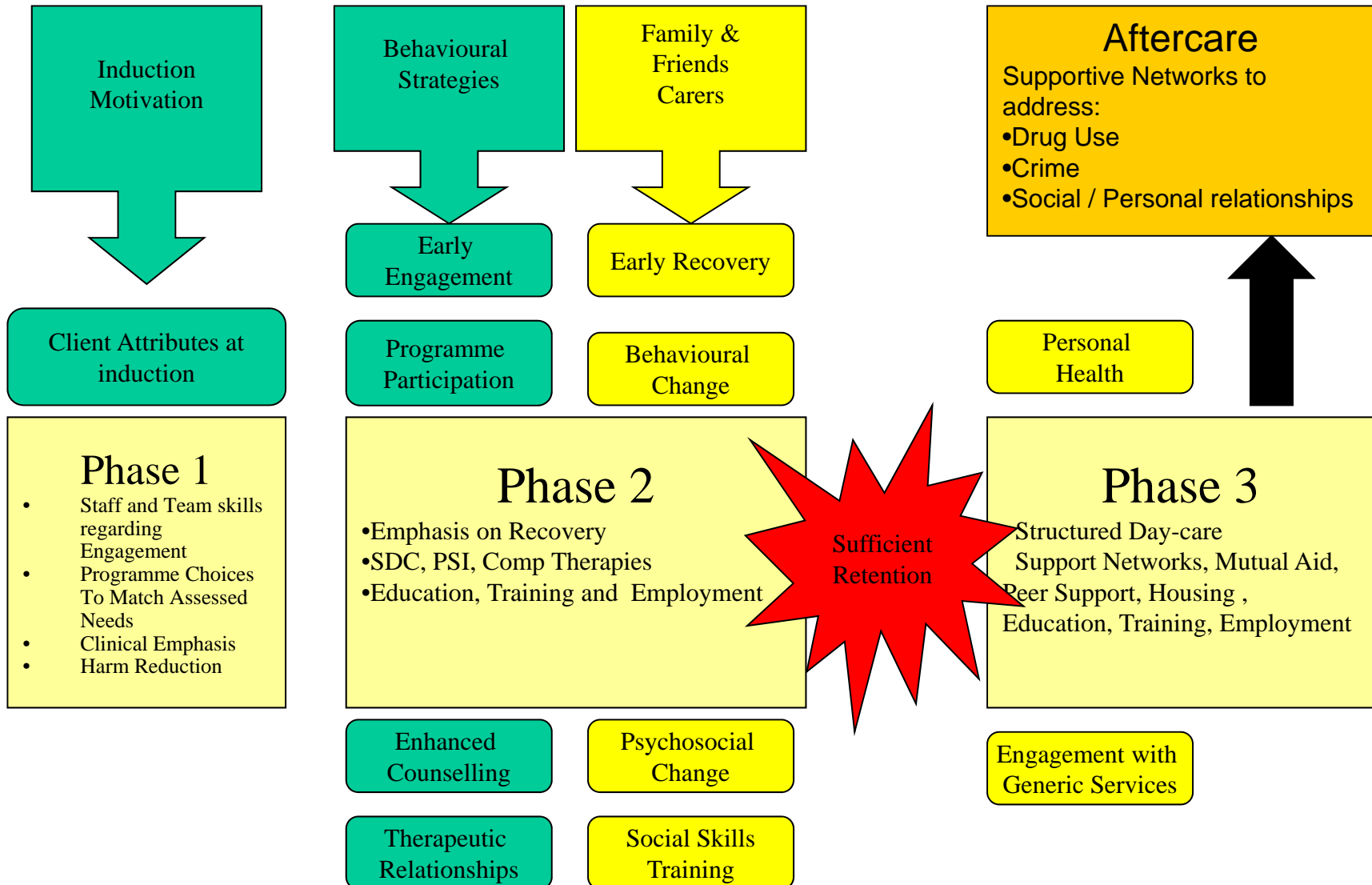
- 1- Admin
- 2 – Structured Daycare Workers
- 2 – PSI / Counselling worker
- 2 – Recovery Coaches
- 1 – Complimentary Therapist

← **RAG / Traffic light assessment to facilitate movement through the phases** and **Co-ordinated (Connected) recovery throughout the delivery** →

# Team Map



# Evidence Based Treatment







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# A New Paradigm?

- **Recovery as a new paradigm (experiences, beliefs, values and organisational change)– not a rebrand, not slogans and posters.**
- **Mark Gilman – “recovery is a long term endeavour, it’s communal in its nature and we have never been here before”**