
Report To:	Health & Social Care Committee	Date:	23 August 2018
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/38/2018/DG
Contact Officer:	Deborah Gillespie Head of Mental Health, Addictions and Homelessness	Contact No:	01475 715284
Subject:	Review of Addictions Services		

1.0 PURPOSE

- 1.1 To inform the Committee of the completion of Phase One of the Addictions Review and the workstreams identified for the Phase Two workplan.

2.0 SUMMARY

- 2.1 A Review of Addiction Services was commenced in late 2017 with an aim to develop a coherent and fully integrated model for Addiction services in Inverclyde. Phase One of the review set out to review all aspects of the current model for delivery of services to people with alcohol and drug use within the Inverclyde population, and is now completed.
- 2.2 The five key areas for consideration and further action from the Phase One work:
- Current and Future Demand
 - Outcome Focused Approach
 - Tiered approach to service delivery
 - Integrated pathways
 - Workforce
- 2.3 Phase Two of the Review is to develop options for a new model of working with a fully integrated pathway across drugs and alcohol and has been developed around the key workstreams:
- Prevention and Education - To develop options for future delivery of Drug and Alcohol Prevention and Education.
 - Assessment, Treatment and Care - To develop an integrated model which includes a tiered approach based on risk and appropriate evidence based Intervention.
 - Support Services - To consider a range of services to best support clients and consider internal and external commissioning models.
 - Recovery- To develop a recovery model which ensures recovery outcomes are built in at every stage.

In addition the Finance workstream will continue from Phase One and a new one established to ensure the new model has a competent, multi-disciplinary and skilled workforce working within the wider system of care.

- 2.4 Consultation work with service users is ongoing by the Scottish Drugs Forum, and in order to ensure service users are involved and communication is open, transparent and timeous, there have been discussions to establish a service user reference group supported by Your Voice Advisory Network.

3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the progress made in the Review of Addiction Services and the considerations from Phase One of the Review.
- 3.2 That the Committee receives a further update on the outcome of Phase Two of the Addiction Services Review.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Inverclyde has significant issues with drug and alcohol misuse within the local community and the impact of this on morbidity and mortality is clear to see. The recently published *NHS GGC Director of Public Health Report: Healthy Minds 2017-19* highlights these issues.
- 4.2 Since 2012, the Council and NHS Drug and Alcohol teams have been steadily working to become more integrated with ongoing improvement work undertaken in these services, responding to changing demands. Plans are now underway to co-locate the two separate teams within the Wellpark Centre in late 2018. In spring of 2017 a review of the total service was proposed to enable the HSCP to capitalise further on integrated working, both internally and externally with a range of partners.
- 4.3 The aim of the review is to develop a coherent and fully integrated model for Addiction services in Inverclyde. A Programme Board was established which has been meeting 6 weekly chaired by the Head of Services for Mental Health, Addictions and Homelessness, with sub groups established as required.
- 4.4 Key principles were established to govern the vision and values for the review:
- •To ensure service users receive the right assessment and treatment, at the right time, that is centred on their needs.
 - •To ensure the focus on a recovery pathway in which the service user is fully involved and able to participate in planning their own sustainable recovery.
 - •To ensure safe, effective, evidence based and accountable practice focused on delivering quality outcomes.

5.0 PHASE ONE

- 5.1 The review was split into two phases with the aim of Phase One being: to review all aspects of the current model for delivery of services to people with alcohol and drug use within the Inverclyde population, including the current HSCP service delivery; 3rd sector delivery and any other delivery by other relevant partners.
- 5.2 Four workstreams: data analysis; current pathways; workforce and finance were developed in order to ensure all of the objectives of Phase One were achieved. A full range of work was undertaken to inform the workstreams including sessions with staff to undertake process mapping; meeting with key stakeholders; an externally commissioned report from Brand Improvement Solutions and Associates (BIS) which analysed the balance of capacity and demand within the integrated addiction system of care; the flow of services user referrals and discharges; and the knowledge, skills and experience of the addiction workforce. In addition, work by the Scottish Dugs Forum (SDF) was commenced to review Recovery Orientated Systems of Care (ROSC) with service users. In order to ensure all stakeholders were kept involved in the review process, the Addictions Review Programme Board meeting in March 2018 was extended to invite a full range of stakeholders including addiction staff to see and discuss the data and information that had been gathered at that point.

- 5.3 Phase One is now completed and the outputs and analysis from the workstreams were grouped under five key headings:

Current and future demand - The demands on the services are high. The client group within the services is ageing with multiple morbidities; there are fewer new referrals and a number of service users remaining longer term in services. There is also evidence of missed appointments and unplanned discharges. Within both services there is a cohort of clients who are continuously recirculating. Therefore we need to consider within a new model how this can be responded to. Within drugs there are new and emerging drugs which may require different treatment options in the future. There are small numbers of young people entering the system with no specific services for them. The demand and capacity analysis for the HSCP drug and alcohol services needs us to consider whether the staffing resource is being utilised to best effect.

Outcome focused approach - The services are delivering on a model based on harm reduction, minimising risk and keeping people safe with less of a focus on recovery. There requires to be an agreed view on what are the successful outcomes for clients at each stage of their pathway and for services as an overall whole system approach. There is the need for delivery of both treatment and recovery therefore the system needs to effectively manage to deliver on both. This dichotomy is not just unique to Inverclyde and is being debated nationally.

Tiered approach - The Alcohol and Drug Partnership works in partnership with a range of partners to deliver a coordinated approach. Further conceptualisation of the tiered approach for responses to drug and alcohol misuse Inverclyde which would be helpful to determine what is required at each tier and importantly, who is best placed to deliver. This will help determine the distinct roles and remits of the statutory services and allow commissioning of 3rd sector and other organisations.

Integrated Pathways - There are multiple referral pathways into the drug and alcohol services therefore consideration of a single point of access for assessment, as part of a whole system integrated pathway for all drug and alcohol referrals and enquiries, would allow clients to be diverted away from specialist services directly to community based support and interventions. There are many internal cross referrals, particularly within the alcohol services, and limited referrals onto other organisations. Developing a fully integrated system wide pathway, would allow for a clear outline of treatment and care with referral onto mid and final stage recovery-focused services swiftly and safely once individuals in statutory services are deemed as stable, with the safety net of quick re-access should individuals relapse. This would enable appropriate journeys of care for service users through the system.

Workforce - The analysis shows a dedicated, experienced workforce within the drug and alcohol services. Given the long length of service evidenced, it is likely that a significant number of staff from across the 4 services will be eligible for retirement within the next 5 to 10 years. It is important, therefore, to be pro-active with succession planning for the addictions workforce. By developing an integrated service, consideration will be needed as to the range of generic skills required across the drug and alcohol workforce, and identification of the roles that will require specialist skills. There is a requirement to consider the role of other disciplines e.g. pharmacists and other roles e.g. support workers, peer recovery volunteers within the system.

6.0 PHASE TWO

- 6.1 Phase Two of the Review is to develop options for a new model of working with a fully integrated pathway across drugs and alcohol which meets a common set of core professional and practice objectives. This will include a focus on current/ future demands related to emerging factors e.g. national policy; resource allocations; ageing population; new and emerging drug trends and also treatments.
- 6.2 At the Programme Board on 29th May 2018 it was agreed that the workplan for Phase Two; whilst taking cognisance of actions, principles and considerations, would be developed around the key workstreams of:

- Prevention and Education - To develop options for future delivery of Drug and Alcohol Prevention and Education.
- Assessment, Treatment and Care - To develop an integrated model which includes a tiered approach based on risk and appropriate evidence based Intervention.
- Support Services - To consider a range of services to best support clients and consider internal and external commissioning models.
- Recovery - To develop a recovery model which ensures recovery outcomes are built in at every stage.

In addition, the Finance workstream will continue from Phase 1 and there would be a new workstream taken forward regarding the Workforce to ensure the new model has a competent, multi-disciplinary and skilled workforce working within the wider system of care. These workstream groups are currently being established.

6.3 Central to all workstream development will be the requirement to ensure all stakeholders, including staff, partner organisations and service users are involved and communication is open, transparent and timeous. In addition to the ongoing service user consultation by the Scottish Drugs Forum on ROSC, there have been discussions to establish a service user reference group supported by Your Voice Advisory Network.

7.0 IMPLICATIONS

7.1 Finance

Financial Implications:

The review will provide opportunity to determine cross over/commonality and unique contribution of all roles/posts within the service, and it is anticipated that forming a single integrated service will provide opportunity to reduce employee costs across the current two teams. This is proposed at £40,000.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 No implications

Human Resources

7.3 This review will impact on existing staff within the Alcohol and Addiction Teams. This will include both Council and NHS employees. At this stage, there has been no work undertaken to determine specific mechanisms to deliver staff reduction.

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
x	NO -

Repopulation

7.5 No implications

8.0 CONSULTATIONS

8.1 None

9.0 LIST OF BACKGROUND PAPERS

9.1 None