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**Report To:** Inverclyde Integration Joint Board      **Date:** 14 May 2019

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care  
Partnership      **Report No:** IJB/34/2019/DG

**Contact Officer:** Deborah Gillespie Head of Mental  
Health, Addictions and  
Homelessness      **Contact No:** 01475 715284

**Subject:** Review of Inverclyde HSCP Alcohol and Drug Services-  
Progress Update

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to update Inverclyde Integration Joint Board on the progress of the Inverclyde HSCP Review of Alcohol and Drug Services.

## **2.0 SUMMARY**

- 2.1 A review of Inverclyde HSCP Alcohol and Drug Services commenced in late 2017 with an aim to develop a coherent and fully integrated model for the services in Inverclyde. Phase One of the review set out to review the current delivery models and was completed in June 2018. Phase Two is now being concluded which will establish the future model for the service.
- 2.2 Phase Two has been taken forward by workstream groups focused on: Prevention and Education; Assessment, Treatment and Care; Wider Multidisciplinary Services; Recovery; and Workforce. Work is also being concluded on the financial framework for the services, including commissioned services.
- 2.3 The Alcohol and Drug Review Programme Board, established at the start of the review, is meeting regularly to oversee this work.
- 2.4 The co-location of both the Alcohol and Drug services on the refurbished Wellpark site since the end of March 2019 will aid the development of a cohesive and fully integrated new model of delivery.

## **3.0 RECOMMENDATIONS**

- 3.1 That the Integration Joint Board notes the progress being made in terms of the Review of the HSCP Alcohol and Drug Services and agrees to a further report to the Integration Joint Board once the Phase Two recommendations and associated implementation plan are agreed by Programme Board and Staff Partnership.

**Louise Long**  
**Chief Officer**

## 4.0 BACKGROUND

4.1 A review of Inverclyde HSCP Alcohol and Drug Services commenced in late 2017 with an aim to develop a cohesive and fully integrated model for the services in Inverclyde. The review was governed by three overarching principles which anchor the service user at the heart of the new delivery model.

- 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.

4.2 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 was completed in June 2018. The five key areas for consideration and further action from the Phase One work were:

- Current and Future Demand
- Outcome Focused Approach
- Tiered approach to service delivery
- Integrated pathways
- Workforce

4.3 Since the commencement of this work, the Scottish Government has published both the new Drug/Alcohol Strategy, Rights, Respect and Recovery (2018) and also the new alcohol framework, Preventing Harm (2018).

Inverclyde HSCP has developed its Strategic Plan (2019-24) which includes six big actions with Big Action 5 focused on “together we will reduce the use of, and harm from alcohol, tobacco and drugs”.

4.4 In addition, the recent report, Prevalence of Problem Drug Use in Scotland 2015/16 Estimates - Information Services Division (ISD) March 2019 An Official Statistics Publication for Scotland, has recently highlighted that Inverclyde has the highest prevalence of drug use in Scotland. Of concern is that Inverclyde has the highest rate of prevalence for young people aged between 15 and 24 in Scotland (for both males and females), whilst the Inverclyde rate at 3.09% within the male population aged 15-24 is twice that for the Scotland wide rate for this age group and gender.

4.5 This prevalence information and recent national strategies have informed and shaped the considerations of the workstreams.

4.6 Central to the work has been the requirement to ensure all stakeholders, including staff, partner organisations and service users are involved in shaping the future service, and to ensure communication is open, transparent and timeous. As a result of this approach a Service User Reference Group has been established supported by Your Voice to enable their engagement.

## 5.0 PROGRESS TO DATE

5.1 Workstream groups were established; suitable chairs and members identified from the HSCP services and partners; and action plans developed with regular reporting back to the Alcohol and Drug Service Review Programme Board. The workstream groups have undertaken a range of work to help identify a new model for delivery. Core to this will be a tiered approach which helps identify the key areas of focus of the HSCP service going forward (Appendix 1).

- 5.2 **The Prevention and Education workstream** has carried out scoping to look at what was available across Inverclyde in relation to prevention and education (adults and young people) and what partners/services are delivering this area of work. In addition they have examined the most up to date national and local policies available to ensure current and future delivery meets evidence based practice. The initial findings, including the concerning data from the recently published drugs prevalence study highlighted above, indicate that a more joined up and active approach to prevention across the whole population, including schools network and wider communities, is required.
- 5.3 **The Assessment Treatment and Care Workstream** has identified new access criteria for the service. In addition, they are developing new models of delivery to establish a clear and visible single service model which includes a single point of access (SPOA); a single pathway through the service; and ensure effective liaison with acute and primary care colleagues to best support service users with drug and alcohol issues.
- 5.4 **The Wider Multi-disciplinary Workstream** has identify a range of wider supports and interfaces across HSCP services that will ensure robust joint working and better pathways to support service users. This reflects the increasing needs of people with comorbidities in respect of the impact of alcohol and drug use on their physical and mental health. This work includes a review of support that is available to families affected by drug and alcohol issues. This is being undertaken in partnership with the ADP, which has commissioned Scottish Families Affected by Drugs to lead work to coproduce the appropriate response and identify changes required in this area.
- 5.5 **The Recovery Workstream** has included work being undertaken by the Scottish Drugs Forum with the Alcohol and Drug Partnership. This has identified areas to focus on for development of Recovery Orientated Systems of Care (ROSC) across the whole system of support including with our third sector partners and the community.
- 5.6 **The Workforce Workstream** has been working to ensure staff are supported in the transition to a new integrated model and identify training and development requirements to ensure staff are adequately equipped and supported to deliver recovery orientated treatments and interventions across both alcohol and drugs. Development days, shadowing and other opportunities for joint learning are underway. The delivery of both alcohol and drug services on the newly refurbished collated site of Wellpark and the new service name of Inverclyde Alcohol and Drug Recovery Service will enhance these opportunities for closer working ahead of full integration.
- 5.7 The Phase Two report is currently being finalised with a number of recommendations emerging from the workstream discussions. Three key overarching areas for the implementation plan have been identified and will be progressed as follows:
- Prevention - through the ADP Communities and Culture Change Group;
  - Assessment and Treatment - through the Alcohol and Drug Programme Board;
  - Recovery - through a wider HSCP recovery development approach with mental health, supported self-care and commissioning.
- 5.8 A professional “critical friend” is currently being identified to ensure that the work to review the service is robust, and all potential recommendations and changes have been identified.

## **6.0 IMPLICATIONS**

### **6.1 FINANCE**

One off costs

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

Annually Recurring Costs / (Savings)

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

## LEGAL

6.2 There are no specific legal implications arising from this report.

## HUMAN RESOURCES

6.3 There are no specific human resources implications arising from this report.

## EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

YES
X

YES

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

6.5 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact - the new service model will ensure access for all
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact - the new service model will ensure service users with alcohol and drug issues will not be discriminated
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Positive impact - refreshed training to ensure all staff working within the new service are aware of their values and beliefs to ensure non discrimination
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None

Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None
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## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.6 There are no clinical or care governance implications arising from this report.

## 6.7 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	By ensure a ROSC approach is embedded within the new delivery model will ensure service users have access to a range of supports.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The new delivery model will ensure service users have access to a professional evidence based service which will meet their needs.
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Reviewing the current delivery model will enable best use of resources in the future.

## 7.0 DIRECTIONS

7.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

## **8.0 CONSULTATION**

- 8.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP. Staff have been involved in a number of the workstream groups with staff representation on the overall Programme Board. Staff briefings are ongoing and a newsletter is currently in development.

## **9.0 BACKGROUND PAPERS**

- 9.1 None.

## Alcohol & Drug Tiered Model of Care

