INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 8

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/29/2019/DG**
Contact Officer	**Deborah Gillespie Head of Service**	**Contact No: 01475 715284**
Subject:	**SCOTTISH GOVERNMENT PROGRAMME FOR GOVERNMENT CHALLENGE FUND. INVERCLYDE ALCOHOL AND DRUG PARTNERSHIP (ADP) BID: "*NEW PATHWAYS FOR SERVICE USERS*".**	

1.0 PURPOSE

1.1 The purpose of this reports is to inform the Board of Inverclyde ADP's successful bid to the Scottish Government's Challenge Fund to support activities which tackle problem alcohol and drug use in Scotland.

2.0 SUMMARY

2.1 The Scottish Government's Programme for Government (PfG) 2018/19 - Additional Investment 2018/19 - included funding to support activities which tackle problem alcohol and drug use with a focus on seeking and supporting new innovative approaches, as well as responding to the needs of patients in a more joined up person centred way.

2.2 Part of the Government's PfG additional funding is being distributed through a Challenge Fund bidding process managed by the CORRA foundation. The Scottish Government Challenge Fund will be open twice. A total of £1.2million will be available in 2018/19 (Round 1). A similar investment (tbc) will be available in 2019/20 (Round 2, which is likely to open in October 2019).

2.3 Inverclyde ADP made a bid to the CORRA Foundation for Challenge funding for the "*New Pathways for Services Users"* project. The ADP bid was successful and has been awarded a grant of £141,200.

This grant will be paid over two years £54,065 in 2019-20 and £87,135 in 2020-21.

2.4 A full copy of the bid can be found in Appendix 1.

2.5 The project bid has been match funded from a successful bid to Inverclyde's Transformation Board. £150,000 was secured from this source to be allocated over two years with £75,000 per annum in 2019/20 and 2020/21.

2.6 The funding will support the test of change and was made within the Challenge Fund's funding category:

- ***Implementing Change***

with a funding priority around:

- ***Stepped Care: "right support at the right time"***

The "New Pathways for Services Users" project provides a focus on:

- Improving engagement with hard to engage, hard to reach and hidden population by providing new routes to access services from community outreach provision at GP practices and access to extended services across 7 day working and extended hours.
- Preventing alcohol and drug related admissions to acute services and presentations at emergency departments supporting a more appropriate response to people in crisis.
- Providing a community based treatment option for home detox.

The Alcohol and Drug Partnership Executive Group will oversee the implementation and the monitoring of the project. Regularly reporting to the Alcohol and Drug Partnership and evaluation will be presented to the IJB for consideration.

3.0 RECOMMENDATIONS

3.1 That the Board notes the outcome of Inverclyde ADP's successful bid for funding to the Scottish Government Challenge fund which supports reducing harm from problem alcohol and drug use.

3.2 That the Board agrees to receive future updates on progress of the test of change within the " New pathways for Service User projects".

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 The Scottish Government's Programme for Government (PfG) 2018/19 - Additional Investment 2018/19 - included funding to support activities which tackle problem alcohol and drug use with a focus on seeking and supporting new innovative approaches, as well as responding to the needs of patients in a more joined up person centred way.

4.2 Part of the £20 million investment through the 2017 Programme for Government (PfG) to support activities around seeking and supporting new innovative approaches to tackle problem alcohol and drug use included a Challenge Fund. The Challenge Fund provides space to re-think the system (or parts of the system), test change and implement new ways of working. The aim is to help break down barriers for people when accessing services or getting the right support, and as a result achieve better and more sustainable positive changes in people's lives.

4.3 Inverclyde ADP made a successful bid to the CORRA Foundation for Challenge funding for the "*New Pathways for Services Users"* project. The ADP was awarded a grant of £141,200 to be paid over two years, £54,065 in 2019-20 and £87,135 in 2020-21.

The funding will support the test of change and was made within the Challenge Fund's funding category:

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with a funding priority around:

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- Preventing alcohol and drug related admissions to acute services and presentations at emergency departments supporting a more appropriate response to people in crisis.
- Providing a community based treatment option for home detox.

4.4 Inverclyde has a number of particular challenges related to the misuse of alcohol and drugs. Inverclyde has a long history of people affected by alcohol and drug use and our rates are higher than most of Scotland. Recent drug misuse prevalence data indicates the rate of problem drug misuse in Inverclyde (2.91%) is almost twice that for Scotland (1.62%) as a whole. Inverclyde local authority area has the highest prevalence rate of problematic drug use when compared to all other authorities in Scotland.

Problematic alcohol and drug misuse harms individuals, families and communities. For example Inverclyde has shorter life expectancy and a higher proportion of child protection registrations are due to parental drug and alcohol use. Alcohol related deaths in Inverclyde are considerably higher than the rate for Scotland at 32 per 100K population for Inverclyde compared to 23 per 100K for Scotland as a whole. The rate of alcohol-related hospital admissions in Scotland in 2016/17 was 685.2 per 100K and for Inverclyde the rate was 991.7 per 100K population.

These issues impact on all communities; from the wellbeing of children to the increased demand on our local services; and on the ability for those affected to contribute to the local economy and community. People with alcohol and drug problems are more likely for example to have persistent difficulties sustaining their own home and be involved with the criminal justice system.

The "*New Pathways for Services Users*" pilot project will support us to better meet the complex needs of those affected.

4.5 **Improvement Themes and Service Developments**

Key improvement themes and change which will be supported by the project include:

Improved pathways:

- Primary care liaison will identify need and enable access to appropriate treatment. Home Detox development will extend access to treatment.

Enhanced model of service delivery:

- People will receive an appropriate response to need: in particular this relates to those who currently access acute and other crisis services due to the absence of alternative specialist alcohol and drug treatment services.
- Either in their locality or outwith 5 day working and 9 to 5 hours.
- Service users will be provided with a response to address substance misuse problems within the context of other health concerns by improved links with primary care.

Widen access:

- Primary care liaison developments will provide access to specialist support across GP practices.
- Hard to reach groups will be provided with improved opportunities to access services via primary care provision and extended hours and days when services are available.
- Extended hours and weekend provision will support those who work or have caring responsibilities to better access services

Early Intervention and Prevention:

- Links with primary care will provide the opportunity for people to experience reduced harm by the provision of earlier intervention and prevention responses**.**

4.6 Our proposal is aligned with Inverclyde HSCP IJB's Strategic Plan 2019-2024 "Improving Lives" which identifies a strategic priority under Big Action 5:

"Together we will reduce the use of, and harm from alcohol, tobacco and drugs"

The "New pathways for Service Users" project will support the HSCP strategic commitment to:

".. Promote early intervention, treatment and recovery from alcohol, drugs and tobacco and help prevent ill health. We will support those involved to become more involved in their local communities."

4.7 Strategically the test of change project supports a number of key workstreams across acute and primary care including the HSCP Primary Care Improvement Plan, which provides a focus on a stepped care approach where our community are supported to access the right service at the right time and place; our investment in the Action 15 Mental Health Strategy to more fully support clients with dual diagnosis; and the commitment through our local work on the Unscheduled Care

Collaborative to enable a concentrated focus on the current repeat presentations in ED and improving pathways from ED into our addiction service.

4.8 Our "implementing change" proposal is part of our wider system change model which is being driven via the Addiction Service Review. The review has identified early recommendations for better access to services and enhanced community response to treatment. Our project proposal to develop new provision to develop an enhanced clinical and extended access model will be important in order to support the establishment of the structures, skills and experience to move our services towards a more responsive comprehensive model of treatment and support.

4.9 The test of change project will be supported by a steering group of partner agencies. After discussion with the funder a project implementation plan will be agreed. An indicative implementation plan was included with the funding bid.

Effective project monitoring will support us to: ensure that tasks are being carried out as planned, that any unforeseen consequences that arise as a result of the changes we are implementing can be addressed, assess how implementation is being progressed across teams and partners at a given period of time and to identify what are the elements of the project that need changing if the SMART outcomes are to be achieved. Our project implementation plan will be the focus for monitoring progress.

- We will be directed by the establishment of SMART goals
- We will hold monthly project implementation meetings at which monitoring progress will be a standing agenda item
- Partners will be clear about expectation of reporting at each implementation meeting: our SMART plan will have identified responsibility for key actions and reporting responsibilities
- We will identify performance indicators and the data required to evidence progress towards outcomes
- We will identify a risk register for the key aspects to be delivered to provide a mechanism for early intervention where difficulties arise

Our monitoring progress mechanism will take account of the test of change aspect of the project which will require flexibility to respond to situations where processes prove to be less than effective and we can capitalise on any unplanned gains as we learn from the new processes being implemented and their impact on service user outcomes.

Reporting and Scrutiny - Progress will be report monthly to the project implementation group, quarterly to the Unscheduled Care Programme Board, ADP Executive Group and ADP Committee and evaluation will be presented to the IJB. These reporting routes will provide support and scrutiny of the project's progress. The implementation groups with service users via the stakeholder network will be a mechanism for reporting to service users.

5.0 IMPLICATIONS

FINANCE

5.1

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

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

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
NO	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.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
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.	None
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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 **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.	Key outcomes form the project aim to improve health and wellbeing and reduce early mortality from substance misuse by supporting participation in protective factors – engagement with services.
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.	None
Health and social care services contribute to reducing health inequalities.	Service user group face considerable health inequalities. The project targets improved involvement of these groups in treatment services.
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.	Project supports reduction of harm from substance misuse.
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.	None

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

7.1 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.

8.0 BACKGROUND PAPERS

8.1 None.

Appendix 1

Appendix 1

Scottish Government Challenge Fund
Programmed for Government

Inverclyde ADP “New Pathways for Service Users “

Funding Category

- Implementing Change

Funding Priority

- Stepped Care (right support at the right time)

Section 1. What change have you identified that needs implemented?

We have identified the need to change our service model to provide new pathways for service users with a particular focus on:

- Improving engagement with hard to engage, hard to reach and hidden population by providing new routes to access services from community outreach provision at GP practices and access to services across 7 day working
- and extended hours.
- Preventing alcohol and drug related admissions to acute services and presentations at emergency departments.
- Providing a community based treatment option for home detox.

We have identified the need to do something different in our distress responses. People with drug and alcohol needs are accessing Emergency Departments (ED) and coming to the attention of Police Scotland and mental health crisis response resulting in inappropriate pathways and pressures on the wider support systems. Many of these people are not known to addiction service.

Currently we have separate drug and alcohol teams delivering a 9 to 5 Monday to Friday service from one central location. The teams are multidisciplinary and deliver a small liaison service on an in-reach basis to our local acute hospital.

Our addiction services are currently under review and will be fully integrated and co-located within 2019. Our “implementing change” proposal is part of our wider system change model which is being driven via this service review.

Our project proposal to develop new provision to develop an enhanced clinical and extended access model will be important in order to support the establishment of the structures, skills and experience to move our services towards a more responsive comprehensive model of treatment and support.

Our proposal will support us to **pilot change** by providing capacity and skills development to:

- Develop an outreach community nursing liaison service across primary care.
- Provide capacity to test 7 day working and out of hour's service provision including shifting our current partial hospitalisation model for detox to a the community based approach (home detox).

Our proposed changes are important because they will support us to:

- Better meet the needs of hard to engage and reach and hidden populations including those in employment and those with caring responsibilities who cannot attend within normal working hours.
- Bring people into services in their communities via GP practices. In particular those not previously engaged well or at all with addiction services.
- Support our alcohol and drug related death prevention strategies by targeting high risk groups.

<u>Is this a novel approach?</u>

Yes

Section 2 <u>How did you identify need?</u>

The need for change has been identified from a range of strategic and service review improvement and performance management activities. Inverclyde ADP performance framework identifies:

- Higher than the national rate of mortality for drug and alcohol related deaths in Inverclyde

Alcohol Related Deaths 2017	(Rate 100K pop)
Scotland	23
Inverclyde	32
Drug Related Deaths Average Rate 2013-17	(Rate 1000pop)
Scotland	0.14
Inverclyde	0.22

The rate of drug and alcohol related hospital admissions in Inverclyde are considerably higher than the rate for Scotland. See tables in section 15 of this report.

Unscheduled Care Collaborative: The local Unscheduled Care Collaborative identifies high levels of emergency admissions from those with drug and alcohol related issues. Concerns around harms and risk associated with alcohol related withdrawals have been identified as an increasing reason for alcohol related emergency acute admissions rates. in 2018 60% of emergency department admissions to our local acute hospital identified alcohol and drug misuse issues.

Acute liaison: The Acute liaison service has identified an increase in admissions to acute services for alcohol withdrawal reasons and a rising trend in drug related referrals. Our analysis of acute sector admissions reflects a pathway which (for many) is disconnected from primary care and specialist treatment services.

Inverclyde addiction service review has included: a detailed review of our operating systems, analysis of current processes and needs and demands and consultation with service users and other key stakeholders. The recommendations from the review include:

- meeting unmet need, changing needs and improving access to services
- further development of integrated pathways
- better meeting the needs of people with co-morbidity
- more recovery focused care
- workforce development

ROSC: Inverclyde ADP has been working with Scottish Drugs Forum (SDF) to evaluate Recovery **Orientated Systems of Care (ROSC)** development in Inverclyde. Extensive consultation with ADP partner agencies and service users was carried out. Our service user consultation highlighted:

- a gap in services from the lack of out of hour's and weekend provision.

Service user consultation: around the impact of access to/ cost of transport and its impact on people's ability to attend services (Part of PADS work stream) indicated:

- The lack of community provision as a major barrier to accessing services

Community outreach is one mechanism of reducing barriers to engagement

Section 3. <u>Why is this change important to improving outcomes for people?</u>

Outcomes for our service users and wider community will be improved by the enhancement and improved access across 7 days:

Improved pathways

- Primary care liaison will identify need and enable access to appropriate treatment.
- Home Detox development will extend access to treatment

Enhanced model of service delivery:

- People will receive an appropriate response to need : in particular this relates to those who currently access acute and other crisis services due to the absence of alternative specialist alcohol and drug treatment services
- Either in their locality or outwith 5 day working and 9 to 5 hours.
- Service users will be provided with a response to address substance misuse problems within the context of other health concerns by improved links with primary care.

Widen access:

- Primary care liaison developments will provide access to specialist support across GP practices.
- Hard to reach groups will be provided with improved opportunities to access services via primary care provision and extended hours and days when services are available.
- Extended hours and weekend provision will support those who work or have caring responsibilities to better access services

Early Intervention and Prevention:

Links with primary care will provide the opportunity for people to experience reduced harm by the provision of earlier intervention and prevention responses.

Section 4. <u>How do you envisage this improvement/change being implemented?</u>

We request this funding to enable the following developments to be taken forward:

1. We will develop capacity for a nurse led liaison service within the acute sector (including ED) this post will support effective links with hospital discharge processes and pathways to drug and alcohol treatment.
2. We will develop addiction liaison services within the community which will provide outreach services within GP practices.
3. We will test 7 day working and extended service provision (outwith 9 to 5). This will support:

- The shift from a partial hospitalisation model for alcohol detox to a community based model (home detox).
- Improved access to services for hard to reach groups and hidden population.

If the model for 7 day access to services is a success the IJB will adopt the test of change learning and introduce more 7 day access to addiction services. Likewise our outreach primary care liaison will be extended across GP practices.

These developments are integral to allow “tests of change” to be established to support the realisation of our future vision for the integrated drug and alcohol delivery within Inverclyde. This supports our plans for redesign of the existing service delivery, along with a range of new developments being funded through the additional ADP investment.

Strategically our plans are part of a number of key work streams across acute and primary care including the HSCP Primary Care Improvement Plan, which provides a focus on a stepped care approach where our community are supported to access the right service at the right time and place; our investment in the Action 15 Mental Health Strategy to more fully support clients with dual diagnosis; and the commitment through our local work on the Unscheduled Care Collaborative to enable a concentrated focus on the current repeat presentations in ED and improving pathways from ED into our addiction service.

We have already established a Service User Reference Group as part of the wider Review of Addiction Services, and we aim to utilise this group to ensure our plans meets the needs of our service users.

Section 5. <u>How will you do this?</u>

As detailed below we view this programme as an opportunity to test a new way of working therefore the operational plan for Year 1 is set out below. We envisage that year one will be a testing phase, with a review after the 1st 6 month delivery to evaluate and consider any changes required to the model. We plan to utilise a continuous improvement approach (PDSA) to ensure the programme is flexible to adapt to change. As required. At the end of the two years we will be in a position to mainstream which will include the learning from the test of change including service user and other stakeholder feedback

<u>Operational Plan : Indicative Plan</u>

Actions	Lead	By When
<u>Workforce</u> 1. Recruit Band 7 team lead (consideration of advanced nurse prescriber post) 2. Recruit part time business support post 3. Establish a Staffing framework to test later opening and weekend provision of treatment and support services. (Consideration to trainee advance nurse prescriber posts) 4. Recruit additional staff capacity 5. Procure appropriate training for current staff to allow home detox opportunities to be delivered **6.** Develop and deliver continual training and education involving screening and ABIs to staff across acute and primary care	Service Manager Business Support Coordinator Team Lead Team lead Team lead/ Professional Nurse Advisor Liaison Team	**June 2019** **June 2019** **August 2019** **October 2019** **Sept 2019** **Sept 2019 ongoing**
<u>Pathways</u> 1. Process map current referral and patient flow for ED and acute wards to liaison team 2. Develop interface and pathways between ED and liaison team 3. Develop interface and liaison to extend across all IRH acute wards to support improved seamless discharge and joint working with home from hospital social work team **4.** Develop pathways for primary care to a range of appropriate treatment and support	Team lead Team Lead/Liaison team Team Lead/Liaison Team Team Lead/Liaison Team	**June 2019** **Sept 2019** **Sept 2019** **Oct 2019**

Performance 1. Identify performance information to allow baselines to be created 2. Agree appropriate milestones and targets **3.** Agree reporting templates and timescales	Team Lead/Planning &Performance Officer Implementation Group Implementation Group	**June 2019** **July 2019** **July 2019 ongoing**
Service Improvement 1. Establish Implementation Group- 6 weekly 2. Test extension to current 9-5 service 3. Develop standard operating procedures to support primary care colleagues when dealing with clients with addiction issues	Service Manager Team leads Team lead	**April 2019 ongoing** **Oct 2019 ongoing** **Oct 2019**

Section 6. What will be the Outcome?

Our overarching outcome and difference we would expect to achieve from our project is encompassed within the Action 5 Outcome from Inverclyde HSCP Strategic Plan:

".. Promote early intervention, treatment and recovery from alcohol, drugs and tobacco and help prevent ill health."

The difference this systems change will make to people who use our services are the benefits of an enhanced service model which will provide:

- improved pathways to services,
- increased choice and access to specialist treatment services including outreach provided within community settings
- a more appropriate response to distress and .
- more effective hospital discharge for our service users by better linking them to addition services and support

Our service users will benefit from a more holistic response to needs gained by GP practices providing direct access to specialist services via community addiction liaison nursing services. This will facilitate a partnership response between a specialist primary care service and general practice. Our model will enhance the opportunity for co-morbidities to be better identified and managed by this enhanced partnership approach.

Service users will have a more responsive and flexible service. Service users will have wider access to specialist treatment delivered locally (GP practice) and within extended hours of provision. This will help us to be more effective at retaining people in services and accessing hard to reach and hidden populations.

Service users will benefit from engagement strategies which will provide a focus on responsiveness and flexibility including the benefits of wider access and outreach to our communities.

Improved outcomes for service users include:

- People will receive improved quality of care
- People will experience less alcohol and drug related harm
- There will be less alcohol and drug related deaths
- Service users will have less acute admissions
- Service users will have less presentations at ED
- Service users will avoid the need for crisis intervention resulting from access to improved and appropriate pathways
- People who find it hard to access or engage with services will be provided with enhanced options to engage in treatment
- People who struggle to sustain engagement in treatment will be provided with enhanced support through the model.
- Less people will experience relapse.
- People will face less barriers to accessing and sustaining support from specialist treatment services.

These outcomes will be included within our project evaluation framework.

Section 7. <u>How will you share the success/learning from your project?</u>

We will share learning by ensuring that the project is reported and discussed across a wide range of practice and strategic groupings both locally and wider (NHS Board and National).

Inverclyde ADP Network The project looks to support more appropriate pathway and to improve the interface across ADP partner agencies. Any learning will be important for other HSCP services (including Mental Health,

Criminal Justice, Homelessness and Children's Services) and ADP partner agencies.

Addiction Team Development and learning will be included within our addiction services team meetings and practice development.

GP Practice Forum will provide a focus for sharing learning across GP Practices included within the pilot and the

wider GP primary care network.

Local Practitioners Forum provide the opportunity to raise awareness of the project and share learning across a wide range of agencies from local statutory and third sector organization.

Addictions Stakeholder Network We will share learning and seek scrutiny from our local service user engagement network to increase understanding of how we are implementing change to improve services and outcomes.

NHS GGC Board Wide Planning Group: Inverclyde ADP is represented on this Board Wide group with other ADPs within NHS GG&C (6 ADPs involved). The group is a forum for strategic and practice development with representation across a wide range of health and social care professional disciplines. This forum will provide valuable access to a range of expertise to which we will share the learning from the project and seek feedback

and comment on an on-going basis. This group will be a route to dissemination information across NHS Greater Glasgow and Clyde Addiction services.

NHS Unscheduled Care Programme Board Chaired by the Chief Executive NHS, GG&C group reviews all hospital unscheduled activities.

ADP National Network The ADP national grouping provides a mechanism for discussing and sharing across the

ADP network. This grouping will provide the opportunity to provide ADPs across Scotland with details of progress and learning from the project.

Nationally Commissioned Organisations We will use our network with NCOs to access routes to disseminate our learning across Scotland.

Knowledge Hub We would be interested in participating in a Knowledge Hub created for disseminating information around innovative practice from Challenge Fund projects this would provide the opportunity to learn from tests of change across Scotland.

Section 8. When will this start?

01/04/2019

When do you expect to complete?

31/03/2019

Section 9. Have you consulted with people who use services in the development of this application and proposed changes?

Yes

If Yes, How have you consulted with people?

Our service review service user reference group has appraised our current service model, identifying gaps and providing recommendations for change. Our development proposal is directly influenced by this service user feedback.

Inverclyde ROSC (supported by SDF) has included extensive consultation with service users: including questionnaires (130 returned from service users) and focus groups. Recommendations from this work have directed our development proposal. Example of service user feedback include includes:

“Major problem for anyone in addiction (lack of services) evening/weekend. Evenings and weekends are triggers.”

“I am currently unemployed for the first time in my life but I don’t know how the service would work if you were employed” (due to opening hours)”

“Money for travel is a major barrier even if you are motivated. Cost £15 a week and just don’t have that kind of money” -outreach to community links.

The ADP has a framework for ongoing engagement with service users and carers through the HSCP Inverclyde Advisory Group network (substance misuse sub group) This network brings people with a common interest together to create a stronger voice in influencing decisions about the delivery and development of services we have used feedback from this group to shape our proposal.

Section 10. Which partners are involved in this work?

Community/recovery groups, Primary care, Social services, Specialist drug and alcohol services, Third sector organisations.

Please detail the role and responsibility each partner will take?

ADP/HSCP: Inverclyde HSCP Director and ADP Chair Louise long.

Acute: Unscheduled Care Collaborative – Jonathan Best, Chief Operational Officer, GG&C NHS; Allen Stevenson, HSCP.

Primary Care: Primary Care Improvement Plan – Hector MacDonald, Clinical Director.

HSCP: Mental Health and Addictions and Homelessness Head of Service – Deborah Gillespie.

CVS Inverclyde: Bill Clements

There is a significant impact on the whole system due to prevalence of alcohol and drugs in Inverclyde. As part of unscheduled care activity at the local hospital we have identified more needs to be provided at the weekend. The GGC Unscheduled Care Programme Board and local USC groups have identified potential test of change supported by Acute Directors and local HSCP manager the application is requesting £147.700 money which will be matched by the HSCP. If after 2 years pilot has reduced activity at the hospital there may be opportunity to access the HSCP set aside to continue funding.

How will you develop this partnership?

How will you collaborate as the project progresses?

The test of change will be governed project implementation group which will report to Unscheduled Care Programme Board and link into ADP Executive Group and Addiction Programme Board. Activity linked to the project will be monitored through data analysis. The impact can be measured across 2 years to ensure it is robust however the learning will support the service moving to a 7 days service. Developing models, relationship and ways of working to transform addiction services in Inverclyde.

Section 11. **How will the project be governed and managed?**

The Addictions Service Manager will manage the project. A project implementation group will be established which will include decision makers from appropriate partners. Stakeholders including the addictions stakeholder network will be involved throughout the process.

The outline project implementation plan will be developed. This plan will be SMART and will be monitored at 4 weekly meeting of the implementation group and via ADP Executive group meetings.

The project will be directed by milestones and evaluation and monitoring criteria. Reporting of progress and evaluation of the project will be provided to ADP Committee and IJB.

How will you monitor progress?

Effective project monitoring will support us to: ensure that tasks are being carried out as planned, that any unforeseen consequences that arise as a result of the changes we are implementing can be addressed, assess how implementation is being progressed across teams and partners at a given period of time and to identify what are the elements of the project that needs changing if the SMART outcomes are to be achieved.

Our project implementation plan will be the focus for monitoring progress. Our project progress monitoring:

- Will be directed by the establishment of SMART goals
- We will hold monthly project implementation meetings at which monitoring progress will be a standing agenda item
- Partners will be clear about expectation of reporting at each implementation meeting : our SMART plan will have identified responsibility for key actions and reporting responsibilities
- We will identify performance indicators and the data required to evidence progress towards outcomes
- We will identify a risk register for the key aspects to be delivered to provide a mechanism for early intervention where difficulties arise

Our monitoring progress mechanism will take account of the test of change aspect of the project which will require flexibility to respond to situations where processes prove to be less than effective and we can capitalise on any unplanned gains as we learn from the new processes being implemented and their impact on service user outcomes.

Reporting and Scrutiny

Progress will be report monthly to the project implementation group, quarterly to the Unscheduled Care Programme Board, ADP Executive Group and ADP Committee and six monthly to the IJB. These reporting routes will provide support and scrutiny of the projects progress. The implementation groups in with service users via the stakeholder network will be a mechanism for reporting to service users.

How will you measure change (outcomes)?

Effective evaluation will allow us to understand what works and what does not work, and to build on this understanding for the future. Good evaluation will provide the evidence that supports the effectiveness of our project intervention's and will help build confidence across our partners and community in what we are doing. Our evaluation framework will include qualitative and quantitative information.

Data

- Numbers using enhanced services service
- Service user profile /drug use/ alcohol use drug and alcohol use/age/gender/employment status/postcode
- Drug and alcohol related hospital admissions
- Drug and alcohol related ED attendances
- liaison referrals
- Waiting times for services
- Home detox numbers

- Analysis of pathways – case studies will be uses to provide a detailed consideration of the services journey
- We will consider DNA information from those accessing services via our project
- We will analyse length of stay in service

Case study analysis will be used to consider detailed pathway analysis. Our project effectiveness is about more than numbers. It is about the quality of the outcome for service users involved.

We will consult with:

Service users who have used the enhanced services this will include consideration of past experience of services and reasons for people new to addiction treatment services engaging staff across partner agencies involved with the project to establish their experience of working with service users within the new model.

Outcomes

We will use Outcome Star to measure impact across recovery outcome measures at initial assessment, review and discharge where appropriate. This will be completed in partnership with service users. How will you ask service users about their experiences of this change?

People who will use our enhanced service model will be a combination of those returning to services and people who are new to drug and alcohol treatment (as we better target hard to reach groups and offer more flexible access) and support services.

We will seek service user's agreement for their support in helping us to evaluate their experience of the new service model. We want to ensure we have objective feedback from service users. Service user feedback will be supported by:

- Peer mentors –our third sector peer mentoring project will offer support for those who wish to provide feedback.
- Our peer will work with service users to identify what matters to them in terms of voicing their views this feedback wish shape our consultation.
- Our service review service user reference group

The ADP framework for ongoing engagement with service users and carers - the HSCP Inverclyde Advisory Group network (substance misuse sub group) will support service user feedback and provide wider scrutiny of the implementation of the new ways of working and their impact. Which will be obtained service users views from a combination of :

- Service user satisfaction surveys
- Face to face interviews
- Focus groups

In recognition that service user preference for engagement is varied. We will ensure that we capture the service users experience ensuring we learn about:

- service user experience of new delivery model compared to previous experience
- Seek details of what works well and how we can continue to improve
- For new service users, find out what has made the difference to their decisions around engaging with services and the role of our change model within this.

- Investigate the role of the new model in sustaining engagement with service.

What monitoring/learning/evaluation tools will you use to track change and improvements?

Our services currently have Outcome Star embedded within assessment and review processes. We will continue to use this tool to work in partnership with service users to support service users to identify their baseline, goals and progress across the range of recovery outcome areas. We will use Outcome Star information to benchmark improvements with existing service information. We will use service user questionnaires. We will involve our third sector partners in service user feedback to support objectivity.

Our model for change has been identified as part of our service improvement programme being taken forward by our Addictions Service Review, ROSC scoping and development and from our HSCP Needs assessment.

Our programme for change is being undertaken within the framework of Plan, Do, Study, Act (PDSA) model for improvement. Using PDSA will enable us to test out the changes we propose, building on the learning from the test cycle in a structured way. This gives stakeholders the opportunity to see if the proposed change will succeed providing a tool for learning from ides that do and don't work. This provides an environment for change which is less disruptive for patients and staff

Section 12. **<u>How does this fit within strategic intentions?</u>**

Our proposal is aligned with Inverclyde HSCP IJB's Strategic Plan 2019-2024 " Improving Lives" which identifies a strategic priority for action:

"Together we will reduce the use of, and harm from alcohol, tobacco and drugs"

The strategy makes a strategic commitment to

".. Promote early intervention, treatment and recovery from alcohol, drugs and tobacco and help prevent ill health. We will support those involved to become more involved in their local communities."

This priority need is identified within the HSCP Strategic Needs Assessment. This plan acknowledges the impact of alcohol and drug related harm on all communities.

Consultation for the Strategic Plan highlighted that communities felt the need for more support for families affected by alcohol and drugs. The IJB strategy identifies the need for actions to develop:

- clearer pathways for people into assessment and treatment and recovery
- different pathways that can provide appropriate support to people to prevent deterioration in their health and avoid unnecessary hospital admissions.
- solutions to address gaps in access to support, which impacts on where people can go to when they need urgent help
- better access and provision of support to families and carers.

key action areas by end of 2019 :

- we will develop further the addictions primary care model and other community based interventions
- we will work to develop services to better support people with alcohol and drugs problems
- we will reduce the impact on A&E from people with alcohol and drugs problems.

Our proposal reflects the commitments of the IJB strategic planning priorities and to Working with the

Wider Systems with a commitment to - continue to work with partners to ensure our focus on alcohol, drug and tobacco prevention continues across all life stages.

How will the success/learning from this work inform future strategy?

As previously described this proposal is integral to the ongoing transformation change we are currently undertaking as part of our review of Addiction Services. This review and its intended outcomes fit strategically into our 5 year IJB Strategic Plan. It will allow us to test models of working both internally and in partnership with a range of partners and commissioned services which will then enable consideration of future models of delivery. Undertaking this as part of a wider system of care will enable us to meet the outcomes set out in the strategic plan.

Section 13. If successful, how will these changes be mainstreamed to become more sustainable?

Inverclyde HSCP Addiction Services are currently being redesigned to move towards a fully integrated co-located drug and alcohol service which will operate as part of a wider system of care focused on appropriate assessment, treatment and care with recovery outcomes at the fore.

This project will allow us to “test” a model of extended and different delivery, to ascertain demand, test efficiency and assess client’s expectations and experiences. It will allow the capacity for the ground work to be undertaken

to develop more effective and sustainable pathways and relationships across acute and primary care.

Through having the opportunity to initially test these approaches over a two year period, the core service will be able to embrace new ways of working and take the opportunity to embed these working practices into their day to day substantive practice and working patterns.

Section 14. Costs Description

Please tell us about the matched funding sources for this work (including in-kind support).

Total Request From Challenge fund

Total =£141,200
Year 1= £42,200
Year 2= £87,145

Match Funding :
The intention is make an application to Inverclyde HSCP Integrated Joint Board’s Transformation Fund for £150.000 match funding. This will be paid over two years

Total = £150,00
Year 1= £75,000
Year 2= £7,500

Section 15. Needs Assessment tables