
Report To:	Health & Social Care Committee	Date:	22 August 2019
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/39/2019/DG
Contact Officer:	Deborah Gillespie Head of Mental Health, Addictions and Homelessness	Contact No:	01475 715284
Subject:	Prevalence of Drug Misuse in Inverclyde and the Alcohol and Drug Service Response		

1.0 PURPOSE

1.1 The purpose of this report is to provide the Health and Social Care Committee with:

- Summary information from the recent report of the Scottish Government's Estimated Prevalence of Problem Drug Use in Scotland study published in March 2019.
- Details of the progress of the Inverclyde HSCP Review of Alcohol and Drug Services.

2.0 SUMMARY

2.1 Drug Misuse Prevalence

In March 2019 the Scottish Government published national estimates for Problem Drug Use in Scotland. The data was collated in 2015/16. The Scottish Government has commissioned an estimation of problem drug use in Scotland since 2000 with estimates being produced every three years. The methodology used has changed over this time and for this reason trend comparisons are not recommended.

The full document can be located at : <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf>

2.2 **Appendix 1** of this report provides a summary of key findings for Scotland and Inverclyde. The study estimated that in in 2015/16 in Scotland there were **57,000** individuals who fall within the problematic drug misuse definition which represents **1.62%** of the population aged 15-64. For Inverclyde there were an estimated **1,500** individuals representing **2.91%** of the population aged 15-64.

2.3 Review of Inverclyde HSCP Alcohol and Drug Services

A Review of Inverclyde HSCP Alcohol and Drug Services was commenced in late 2017 with an aim to develop a coherent and fully integrated model for the services in Inverclyde. This work has included consideration of the changes in demand and nature of demand for services, and the wider context within which the service operates.

2.4 Phase One of the review set out to review the current delivery models and was completed in June 2018. Phase Two has now been concluded which establishes the future model for the service. Phase Two has been taken forward by workstream groups focused on: Prevention and Education; Assessment, Treatment and Care; Wider Multi-disciplinary Services; Recovery; and Workforce. Work is also being concluded on the financial framework for the services, including commissioned services.

- 2.5 The Phase Two report sets out a number of recommendations which will be taken forward through the implementation plan. This will be overseen by the Alcohol and Drug Review Programme Board which was established at the start of the review and continues to meet regularly to oversee this work.
- 2.6 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 It is recommended that the Committee :

1. Notes the content of the briefing note at Appendix 1 which outlines key findings from the National Problematic Drug Misuse Prevalence report.
2. Notes the data which is specific to Inverclyde Local Authority area.
3. Agrees that the Alcohol and Drugs Partnership should review prevention, education and recovery.
4. Agrees that the Action Plan that will be developed for the Inverclyde Alliance Board in October is shared with the Health and Social Care Committee.
5. Notes the progress and recommendations being made in terms of the review of the HSCP Alcohol and Drug Services and agrees to a further report in January 2020 to the Health and Social Care Committee as implementation of the integrated service progresses.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The new Scottish Government Drug/Alcohol Strategies were both published in 2018. Rights, respect and recovery: *Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths (November 2018)*; and Scottish Government Alcohol Framework : Preventing Harm November 2018.

4.2 The Scottish Government Ministerial priorities, including the basis for the additional investment in services, focus on the following areas for action:

- Prevention and Early Intervention.
- Improved access to drug/alcohol treatment services amongst those accessing inpatient hospital services.
- Reduce waiting for treatment and support services, particularly waits for opioid substitution therapy (OST) including where these are reported as secondary waits under the LDP Standard.
- Improved retention in treatment particularly those detoxed from alcohol and those accessing OST.
- Continued development of recovery communities.
- Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services.
- Whole family approaches to supporting those affected by problem drug/alcohol use.

4.3 The Scottish Government has set national outcomes for Alcohol and Drug Partnerships which have informed the Inverclyde Alcohol and Drug Partnership focus for current work:

1. Fewer people develop problem drug use.
2. People access and benefit from effective integrated person-centred support to achieve their recovery.
3. Children and families affected by alcohol and drug and will be safe, healthy, included and supported.
4. Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported.
5. Inverclyde is a place where less harm is caused by alcohol.

4.4 These strategies together with the prevalence and drug related death information have informed and shaped the considerations of the Alcohol and Drug Service Review. Inverclyde HSCP has also 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”.

5.0 Drug Misuse Prevalence

5.1 The misuse of drugs is a significant issue in Scotland and it leads to a variety of social and health problems which impact on individuals, families and communities. People with problematic drug use are often amongst the most marginalised in society and can have multiple complex needs due to the circumstances in which they live.

5.2 The Scottish Government's Drug Misuse Prevalence Study is part of a wider needs assessment which aims to identify needs associated with drug misuse. The Scottish Government has

commissioned drug misuse prevalence studies every three years since 2000. Changes in methodology used over the various studies make it difficult to make comparisons between studies.

Much of the problem drug using population is hidden. There are many reasons for this including the illegality of the use of certain drugs and the stigma associated with drug misuse. This hidden nature of substance misuse makes it difficult to assess its extent in the population.

5.3 The prevalence study provides estimates of the national and local prevalence of problem drug use for those aged 15 to 64 living in Scotland between April 2015 and March 2016. Drug prevalence figures can only ever be estimates, combining available data on observed cases with an estimate of the unknown population.

For the purpose of the estimates being discussed in this paper, problem drug use is defined as:

- The problematic use of opioids (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines, and implies routine and prolonged use as opposed to recreational and occasional drug use.

It is important to note that other drugs can be involved with problematic drug misuse, in particular, cannabis and cocaine.

5.4 The Drug Misuse Prevalence Estimates have been prepared by NHS National Services Scotland – Information Services Division (ISD). Data included:

- **Specialist Treatment Services:** Each Alcohol and Drug Partnership (ADP) in Scotland was asked to provide data on individuals who had registered for treatment and/or were in receipt of specialist drug treatment during the period 1st April 2015 to 31st March 2016.
- **Drug-Related Hospital Admissions:** Information was extracted from centrally held data within the NHS National Services Scotland. The data relates to inpatient and day case admissions to general acute and mental health specialties.
- **Criminal Justice Social Work Reports:** These are prepared by Social Workers, at the request of a Court, to assist in sentencing. They include information on an offender's personal background and circumstances, their physical and mental health, alcohol or drug use, and all relevant offence related information.

Combining available data on observed cases with an estimate of the unknown population.

5.5 Key Findings

- The estimated problem drug use prevalence rate for Scotland was **1.62%** of the population aged 15-64. The estimated number of Individuals was **57,000**.
- The estimated problem drug use prevalence rate for Inverclyde was **2.91%** of the population aged 15-64. The estimated number of Individuals was **1,500**.
- Inverclyde was reported as the Council area with the highest problem drug use prevalence rate in Scotland.
- In Scotland **70 %** of the estimated number of people with problem drug use were **male**, for Inverclyde the gender distribution was similar.
- Inverclyde has the highest rate of prevalence for younger people aged between 15 and 24 in Scotland (for both males and females).
- The Inverclyde rate at 3.09% of male population aged 15-24 is twice that for the Scotland-wide rate for this age group and gender.
- The Inverclyde rate at 0.65% of female population aged 15-24 is twice that for the Scotland-wide rate for this age group and gender (0.33).

5.6 Drug Related Deaths

The Office for National statistics reported that there were 1,187 drug related deaths in Scotland in

2018, a 27% increase in the number of deaths reported in 2017. Across NHS Greater Glasgow and Clyde (NHS GGC) there were 394 drug-related deaths, an increase of 40.7% on 2017. In Inverclyde there were 24 drug related deaths in 2018 an increase of 4% from 2017. National data considers the rate of drug related deaths across whole populations within areas. Dundee City Council area has the highest rate in Scotland at 0.31 per 1,000 of the population, closely followed by Glasgow 0.30 and Inverclyde 0.25. The rate for Scotland as a whole was 0.16.

The number of drug related deaths in Inverclyde has (along with the National trend) been increasing significantly over the past 10 years.

- 5.7 There has been a growing trend in females dying of drug related death. In 2018 females made up one third of those who died of drug related deaths.

The age distribution of drug related deaths over the past 5 years reflects a slightly higher percentage of Inverclyde deaths within older age groupings compared to Scotland as a whole. Particularly for the 55-64 age group. Over the past five years there were no deaths in Inverclyde within the 0-14 age group.

- 5.8 The following drugs were implicated in or contributed to drug related deaths in Inverclyde in 2018 (Selection of most common cited drugs)

- Methadone 17 cases (71%)
- 19 Benzodiazepines (80%) (of which 17 "Street Benzodiazepines and 13 Etizolam)
- Heroin/Morphine 8 cases (33%)
- Cocaine 8 Cases (33%)

It is important to note that polydrug use is present in most of the information around drug related deaths.

Across Scotland there is an increasing issue of what is known as "Street Benzodiazepine" use. These drugs have been implicated in an increasing number of drug related deaths over most recent years.

- 5.9 People at risk of drug related deaths are a highly vulnerable group. Within Inverclyde some people will have moved in and out of treatment services and others have not sought treatment and are within hidden populations which we aim to target through outreach and enhanced services. Effective links with acute services through acute nursing liaison, links with homelessness, criminal justice and mental health services, Police Scotland (through the Persistent Offenders Project) and prison healthcare services continue to be key in identifying the hidden population.

6.0 Inverclyde Drug and Alcohol Services Review

A Review of Inverclyde HSCP Alcohol and Drug Services was 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.

- 6.1 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

6.2 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 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.

6.3 The Phase 1 report demonstrated a high number of people within the Alcohol and Drug service; with many particularly those receiving drug treatment remaining in the service for very long periods of time, with a primary focus on harm reduction.
The current data demonstrates a continuing high caseload:

	Number of Referrals Annual 2018/19	Case Load @ August 2019
Drugs Team	308	815
Alcohol Team	546	457

6.4 Within Phase 2 of the review work, groups were established to focus on key elements of service provision and consider how this needs to change going forward. Membership of the groups includes people from the HSCP services and partners, and action plans were developed with regular reporting back to the Alcohol and Drug Service Review Programme Board. This work has contributed to identifying a new model for delivery. Core to this will be a tiered approach which helps identify the key areas of focus of the HSCP Alcohol and Drug service going forward.

6.5 **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 the group has 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 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.

6.6 **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.

6.7 **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 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.

6.8 **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.

6.9 **The Workforce Workstream** has been working to ensure staff are supported in the transition to a new integrated service model and to 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 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.

- 6.10 The Phase Two report has now been finalised with a number of recommendations emerging from the workstream discussions. These are included within (**Appendix 2**).
- 6.11 An Implementation Plan has been developed (**Appendix 3**) with three key overarching areas to be progressed as follows:
- Prevention- through the Alcohol and Drug Partnership.
 - Assessment and Treatment-through the Alcohol and Drug Review Programme Board.
 - Recovery- through a wider HSCP recovery development approach with mental health supported self-care and commissioning.

The plan sets out the timeline for the key elements over the next 6 months, with the intention to have implemented the integrated model of delivery by early 2020.

- 6.12 A professional “critical friend” has been identified to ensure that the work to review the service is robust, and all potential recommendations and changes have been identified.

6.13 **Outcomes:**

The Inverclyde Alcohol and Drug Partnership Delivery Plan 2019/20 outlines actions across the partnership agencies to deliver the Scottish Government Ministerial Priorities and national outcomes. The Inverclyde Alliance planning meeting in August will consider each agencies current and planned response to drug misuse in Inverclyde.

- 6.14 The HSCP through the service review has identified key actions to support improving outcomes for people who use our services. These include:

- Exploring opportunities for access to drug and alcohol services within HSCP online pathway options, linked to the Digital Strategy;
- Increase the number of people accessing specialist treatment services who present into the acute hospital setting by extending capacity within the specialist Alcohol and Drug liaison service to widen reach across acute wards and A&E;
- Increase the number of people accessing specialists treatment services who present to their GP by developing a Alcohol and Drug liaison service into primary care;
- Increase the Alcohol and Drug services capacity to offer recovery pathways for people using the service through staff development in recovery oriented systems of care, and focusing the skills of the disciplines, for example Occupational Therapy toward recovery interventions;
- Develop a recovery model across Inverclyde, with a preferred hub and spoke model to enable easy access to recovery support within local communities, in partnership with the third sector;
- Implement peer support based within the Alcohol and Drug Service, and link to developing recovery communities based on peer support;
- Transfer 15-20% of existing service users to new peer support, both one to one and other support models.

7.0 IMPLICATIONS

Finance

7.1 Financial Implications:

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

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 There are no specific legal implications arising from this report.

Human Resources

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

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	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.

Repopulation

7.5 The rate of drug related deaths and problematic misuse of drugs is impacted by statistics as the population numbers fall. The number of premature deaths impacts on the Inverclyde Repopulation Strategy. The repopulation group is currently considering the impact of both prevalence rates of drug misuse and the mortality rate on Inverclyde and the actions to address this.

The HSCP Joint Commissioning Strategies take account of demographic trends to inform current and future plans for services for the people of Inverclyde.

8.0 CONSULTATIONS

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.

The HSCP has consulted the local community in the development of the Strategic Plan 2019-2024, which includes actions to reduce the harm from Tobacco, Drugs and Alcohol, Big Action 5.

9.0 LIST OF BACKGROUND PAPERS

- 9.1 Estimated Prevalence of Problem Drug Use in Scotland 2015/16- Information Services Division, An Official Statistics Publication for Scotland, published March 2019
<https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf>
- 9.2 Health & Social Care Committee Report Update on the Addictions Review dates April 2019.



Review of Alcohol &
Drugs Services Updat

Prevalence of Problem Drug Use in Scotland 2015/16 - Estimates: Briefing Note

Information Services Division (ISD) - An Official Statistics publication for Scotland. Published March 2019.

Link to Publication: <https://www.isdsotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf>

1.0 Introduction

This report provides estimates of the national and local prevalence of problem drug use for those aged 15 to 64 living in Scotland between April 2015 and March 2016.

Definition of Problem Drug Use

Problem drug use within the report is defined as the problematic use of opioids (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines, and implies routine and prolonged use as opposed to recreational and occasional drug use.

How reliable are these estimates?

Drug prevalence figures can only ever be estimates, as drug use is often hidden. These estimates look beyond counts of individuals seeking treatment for drug problems. They combine available data on people who are known to use drugs in Scotland (specifically opioids and benzodiazepines), with an estimate of the unknown population.

Prevalence Rates

The estimates are presented as a prevalence rate, i.e. a proportion of the population, together with an associated range within which it can be reasonably inferred (with 95% confidence) that the true prevalence rate should lie. They attempt to show, with a high degree of confidence, the range of values within which the actual underlying number of problem drug users is likely to fall within the given year.

2.0 Background

Estimates of problem drug use have been undertaken in Scotland every three years since 2000. Scottish Government Information Services Division (ISD) undertook the two previous national drug prevalence studies for 2009/10 and 2012/13. Prior to that, drug prevalence estimates for Scotland were produced by researchers from the University of Glasgow in a three-yearly cycle between 2000 and 2006.

Caveat:

there have been some notable changes to the methodological approach for the 2015/16 study, which mean that direct comparisons with the results from previous studies are difficult to fully interpret.

Estimates:

As much of the problem drug using population is hidden, drug prevalence figures can only ever be estimates, combining available data on observed cases with an estimate of the unknown population.

Data Source:

Three data sources that could potentially record problem drug use consistently across all Council areas of Scotland have been interrogated for the 2015/16 study, these are:

- Clients registering with specialist drug treatment services
- Drug-related hospital admissions
- Criminal Justice Social Work (CJSW) reports.

Data is reported at the following geographic and administrative levels:

- Scotland
- Health and Social Care Planning Regions (3)
- NHS Boards (14)
- Council Areas (32)

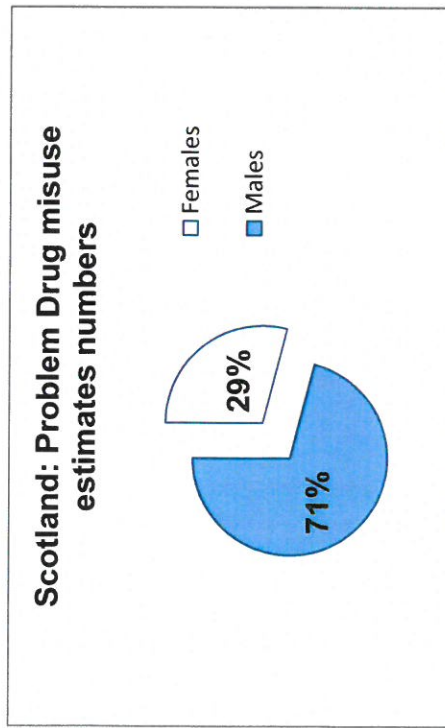
This report provides a focus on National data and data reported at local Council area level, in particular for Inverclyde.

3.0 Estimates: National Data

The number of individuals with problem drug use in Scotland was estimated to be in the range 55,800 to 58,900 during 2015/16. (95% confidence interval). This represents an estimated prevalence rate and number:

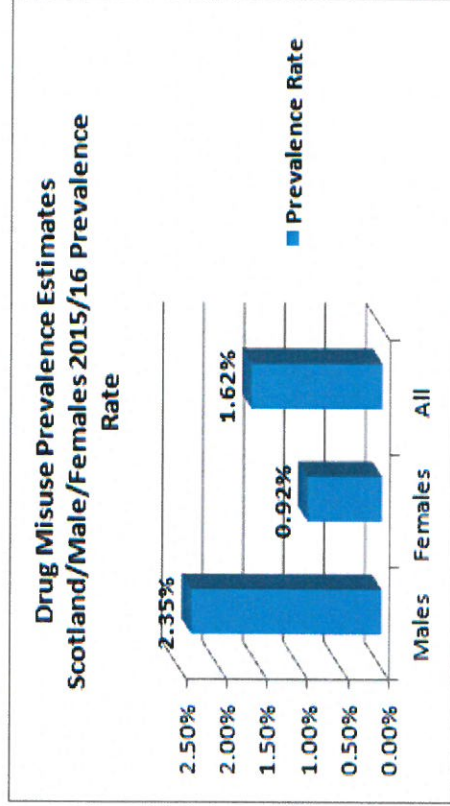
Scotland: Estimated Prevalence Rate 1.62%. Scotland: Estimated Number of Individuals 57,000

3.1 Gender



Numbers:

- The majority of individuals with problem drug use were male 71% of the 57,000 individuals.



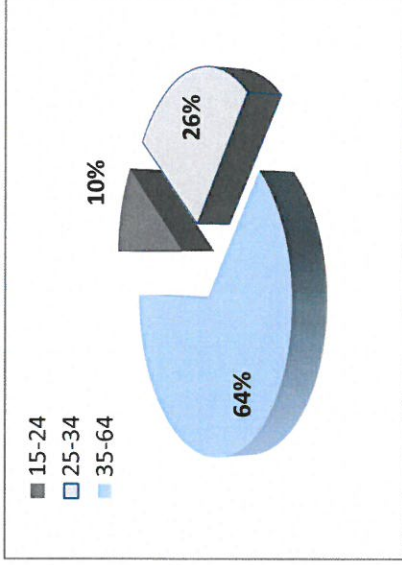
The prevalence rate amongst:

- males was 2.35%,
- this compares to 0.92% for females.
- 1.62% for population 15-64.

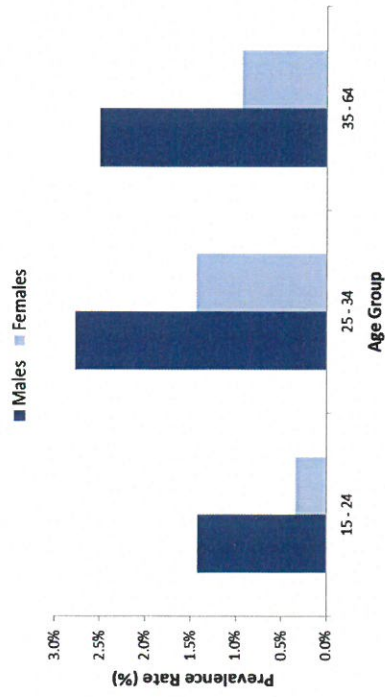
3.2 Age and Gender Profile

Of the estimated number of problem drug use cases in Scotland (57,000)

- Two thirds of estimated prevalence are between the ages of 35 and 64
- One quarter were between ages of 24-34
- One in 10 were aged between 15 and 24



Scotland : Prevalence rates by age and gender



Prevalence rates by age and gender:

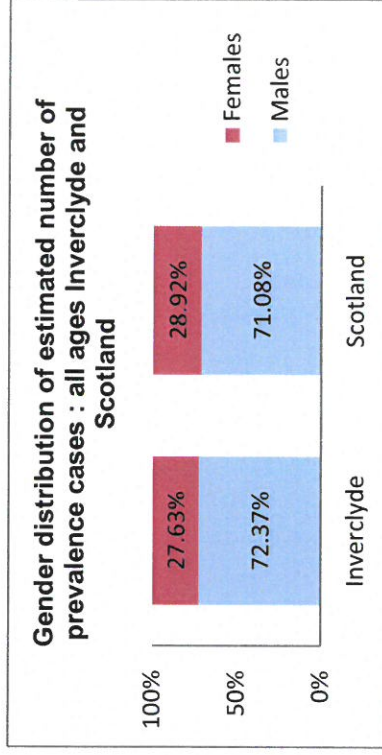
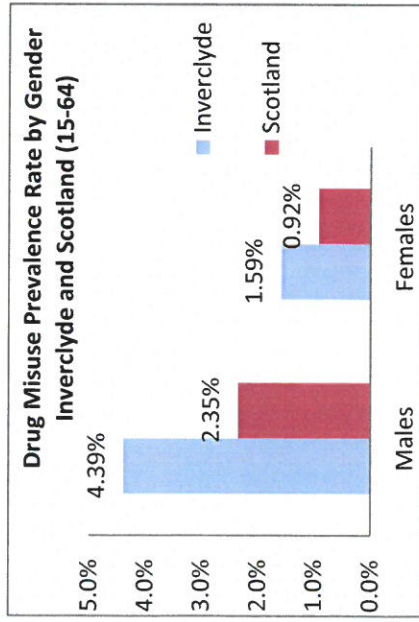
- Prevalence rates for males are higher than for women across all age groups considered:

The rate for males in the youngest category (15-24) is four times that of the rate for females.

4.2 Inverclyde Age and Gender profile

Estimated Rate: In Inverclyde the estimated drug misuse prevalence **rate** for males is considerably higher than that for women. The patterns in similar to that for Scotland as a whole

Estimated Number: The distribution of estimated **number** of cases of drug misuse across males and females in Inverclyde is similar to that of Scotland: with almost one third of the estimated numbers being female.

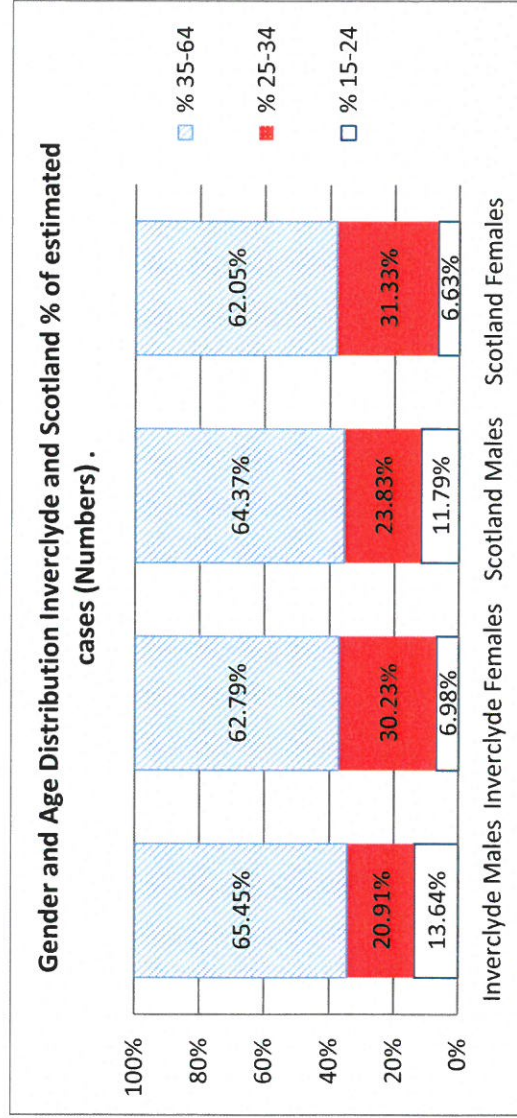
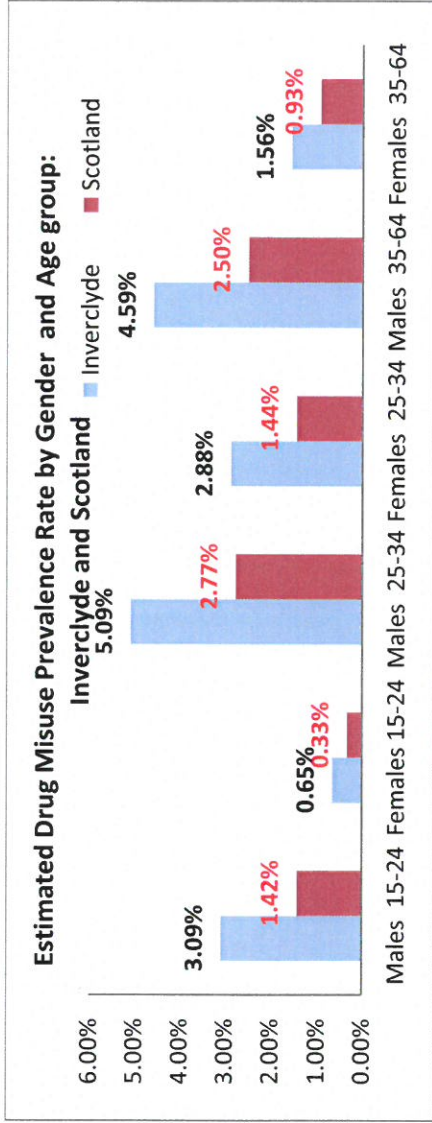


4.3 Inverclyde and Scotland Gender and Age Group – Rates and number of cases.

Age profile information is reported across gender groups at local authority level.

Key differences for Inverclyde data are:

- The difference in prevalence rates for both male and females within the 15 to 24 age group. Which are double the rates for Scotland.
- In Inverclyde younger males make up a higher proportion of total estimated number of males with problematic drug misuse (13.6% compared to Scotland (11.8)%)
- The profile for the distribution of women (numbers) across Inverclyde and Scotland is similar.



5.0 Data sources: Data collection and who is included.

The following sources of data were used to establish the problem drug misuse estimates:

- Clients registering with specialist drug treatment services
- Drug-related hospital admissions
- Criminal Justice Social Work (CJSW) reports.

Detailed data source analysis is not yet available at Council area level. This section reports on Scotland wide profile of data source information.

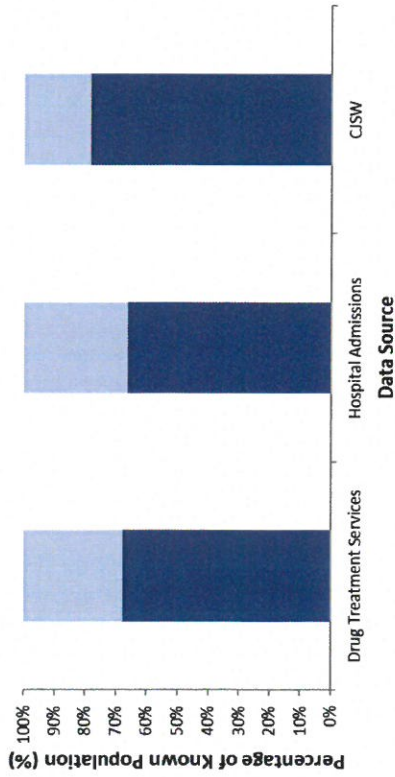
Specialist Drug Treatment Services: Each Alcohol and Drug Partnership (ADP) in Scotland was asked to provide data on individuals who had registered for treatment and/or were in receipt of specialist drug treatment during the period 1st April 2015 to 31st March 2016. Individuals were eligible for inclusion if they problematically used opioids and/or benzodiazepines. Similarly, legitimate prescribing, where the drug was being prescribed as treatment for an ongoing drug problem, including Opioid Replacement Therapies (ORTs) such as methadone, should also have been included.

Drug-Related Hospital Admissions: Information was extracted from centrally held data within NHS National Services Scotland (NSS). The data, which was initially sourced from NHS hospital administration systems across Scotland, relates to inpatient and day case admissions to general acute and mental health specialities.

Criminal Justice Social Work Reports: Criminal Justice Social Work Reports (CJSWRs) are prepared by Social Workers, at the request of a Court, to assist in sentencing. They include information on an offender's personal background and circumstances, their physical and mental health, alcohol or drug use, and all relevant offence related information. Data collection guidance stipulated that the context should be considered to establish current drug use. In general this included

- cases where the offence involved or was related to relevant drug(s) misuse
- cases where the client was in treatment for relevant drug(s) misuse
- cases where the individual's relevant drug(s) misuse had been assessed to be a problem, even if the client/offender had stated that they were not currently using drugs or they were in withdrawal or were substituting with another drug.

Data Source: Gender and Age Profile: Scotland



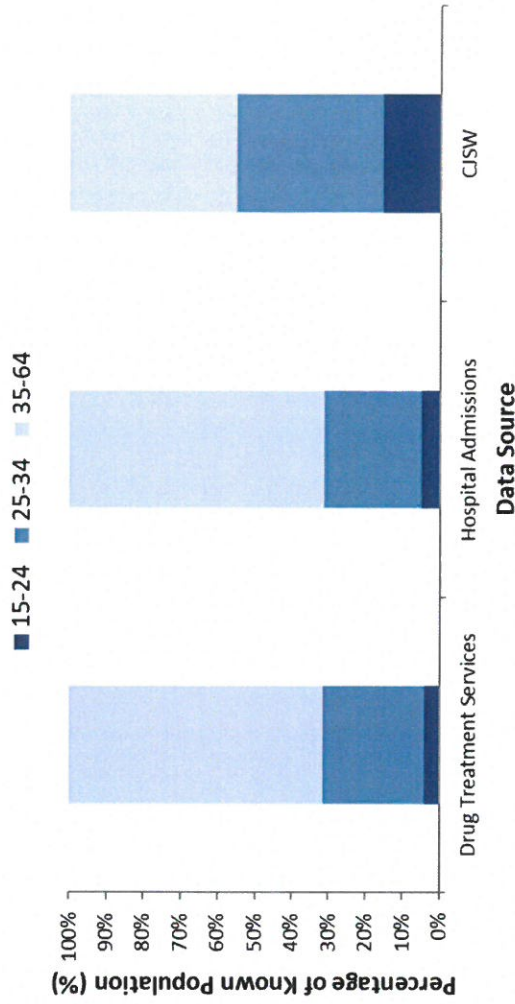
There is an almost identical age demographic in those identified through specialist drug treatment services and through hospital admissions:

- just over 30% were aged between 15 and 34 years.
- By contrast, more than half (55.0%) of all those identified through Criminal Justice Social Work Reports were aged between 15 and 34 years.

These data suggest that the age and gender demographic for Scotland overall is very similar for those identified through specialist drug treatment services or through hospital admissions.

The profile is different for those identified through Criminal Justice Social Work reports, **where a younger, more male dominated cohort emerges.**

- 67.7% of the observed population receiving specialist drug treatment services during 2015/16, were male.
- This compares to 66.0% of all those identified through hospital admission records and
- 78.4% for all those identified through Criminal Justice Social Work (CJSW) Reports were male .





Inverclyde HSCP Alcohol and Drug
Service Review
Phase 2 Report
Final

2/6/19

OBJECTIVES AND RECCOMENDATIONS

The conclusion of this review is to establish the direction of travel and vision for the Inverclyde HSCP Alcohol and Drug Services within a wider system of care; which will implement an integrated recovery oriented treatment and care model, built around effective liaison with acute and primary care; effective and efficient pathways through the core service; and closer working with third sector providers through formal commissioning and effective partnerships.

The review is governed by three overarching principles which anchors the service user at the heart of the new delivery model.

Overarching Principles

- 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.

Objectives

Through the development of the new service we will:

- Ensure those individuals in the greatest need are prioritised in terms of access to services.
- Ensure that services users and the wider community can benefit from the full range of care and treatment options available to meet their individual needs
- Ensure that individual needs are fully assessed by a competent, multi- skilled and multi-disciplinary team with full access to a wide range of intensive specialist services as required
- Improve the efficiency and effectiveness of addiction related intervention and pathways by effective multidisciplinary working which minimises duplication and uses shared resources to best effect.
- Ensure that service users have a robust recovery plan from the start of their addiction support journey.
- Ensure that the service and services users have a clear focus on outcomes
- Ensure that there is a joint approach to the planning and development of new services, which meet local unmet need.

Recommendations

In order to meet this vision the following recommendations have been developed and grouped under three headings:

Service Delivery Approach

1. The service will be known as the Inverclyde HSCP Alcohol and Drug Recovery Service
2. A tiered approach to care is proposed which includes:
 - a. Tier 1- Prevention and Education across all age groups and wider community- delivered by wider ADP partners
 - b. Tier 2- Effective Liaison with acute and primary care to develop effective in reach and outreach and pathways into recovery-delivered by the HSCP Alcohol and Drug Service
 - c. Tier 3- Effective pathways for treatment and care, and pathways into recovery through the INTAKE and CORE service-delivered by HSCP Alcohol and Drug Service
 - d. Tier4- Day Service/Partial Hospitalisation –delivered by HSCP Alcohol and Drug Service
3. Establish a clear and visible single service model which includes a single point of access (SPOA); a single pathway through the service; and effective duty system for all service users requiring support with regard to their alcohol and drug issues.
4. Expand the current acute addiction liaison service to cover all of acute services, with an increased focus on liaison within emergency care. (ED).
5. Develop the current liaison service to deliver effective liaison with primary care and progress discussion on the current challenges with GP shared care interfaces.
6. Implement a core service pathway which will include Intake/Core provision for statutory services including a move in the future to 7 day service.
7. Extend the model of care provided by the current Day Service to include actively offering Alcohol Home Detoxification, and extend this day service to provide treatment and support to service users with drug issues.
8. Commission a 3rd sector Recovery approach with appropriate governance, to provide a range of recovery programmes with psycho-social, training, volunteering, and employment opportunities which are available as a seven day service.
9. Undertake a review of Family Support to ensure families affected by addiction issues, and those caring for others, are appropriately supported, regardless of whether in core treatment services or not.
10. Consider the development of Recovery Link workers within the service to ensure seamless pathways and support for clients at every stage of their journey.
11. Integrate the current Persistent Offenders Project (POP) staff; Drug Treatment and Testing Order (DTTO) staff and Homelessness Health team into a

Complex Needs teams as part of the Core team to ensure ongoing support to the most vulnerable service users

12. Develop a tiered approach to Psychological Therapies which will include a review of the current counselling approaches within services and psychology staffing to ensure appropriate access across all addiction service users.
13. Ensure there is a robust whole population cohesive approach to prevention and education within schools and the wider community, and in order to do so, it is recommended that the role and remit of the current Healthier Inverclyde Team is considered within the overall review of Prevention and Education to be taken forward by the Alcohol and Drug Partnership Communities and Culture Change Group.

Process Improvements

14. Request that there is a robust review of all Prevention and Education requirements and that this should be undertaken by the ADP Communities and Culture Change Group to ensure a whole system approach is adopted.
15. Agree Access Criteria for access to the HSCP alcohol and drug services and ensure other clear routes for support are available for those that don't meet the criteria.
16. Develop Recovery Orientated Systems of Care (ROSC) approaches to ensure recovery outcomes are integral at all stages of the service user's journey.
17. Develop interface protocols and processes with HSCP services-Children and Families; Criminal Justice; Health and Community Care; Mental Health and Homelessness to ensure robust joint working and pathways to support service users.
18. Develop specific protocols and seamless pathway with Children and Families to ensure a coordinated approach to providing early support; treatment and care for young people experiencing issues with alcohol and drugs.
19. Develop a performance management framework to show progress against the Strategic Plan Big Action 5 and key national and local performance indicators.

Workforce

20. Ensure all staff are adequately equipped and supported to transition to the new delivery model to effectively deliver recovery orientated treatments and interventions across both alcohol and drugs.
21. Develop a staffing framework for the INTAKE Team and the CORE teams which includes both NHS and social care staff with leadership from appropriately qualified team leads and medical staff.
22. Consider what skill mix and range of roles (both new and existing) are required in order to deliver the new model to ensure the service is delivering across the quality and care standards.
23. Continue to develop an appropriate business support staffing structure to ensure business support staff are an integral part of the alcohol and drug service.

24. Consider whether the new Alcohol and Drug Service core model requires more qualified social work staff to ensure statutory functions in relation to child protection and adult protection are central to the team's role.

BACKGROUND

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.

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. The work is now concluded to co-locate the two separate teams within the Wellpark Centre from April 2019.

In 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. The overall aim of the review of addiction services was to develop a cohesive and fully integrated model for Addiction services in Inverclyde. The review was to be undertaken in two phases.

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

The discrete actions related to alcohol and drugs are:

Working with the Wider System

- In 2019 we will continue to work with partners to ensure our focus on alcohol, drug and tobacco prevention continues across all life stages, including developing digital support
- In 2019 we will complete the review of alcohol and drugs and implement an integrated addiction services for Inverclyde, located within the Wellpark Centre
- In 2020 we will review the role and function of the Alcohol and Drug Partnership to develop engagement with carers and those that use alcohol and drug services
- In 2020 we will develop further support to families with caring responsibilities for those with alcohol and drug problems.

Ensure Appropriate Treatment

- In 2019 we will develop further the addictions primary care model and other community based interventions
- By 2020 we will work to develop a 7 day service to better support people with alcohol and drugs problems
- By 2021 we will reduce the impact on A&E from people with alcohol and drugs problems

Focus on Recovery

- In 2019 we will deliver a recovery strategy that outlines the vision to support people on the road to recovery
- By 2020 we will commission a robust recovery network across Inverclyde for people who need support to recover from illness
- By the end of 2020 all adults will have a recovery plan in place to ensure a recovery focussed approach is at the forefront of all client journeys.

Phase One Findings

The first phase of the Alcohol and Drug Review had a focus on reviewing 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. This work concluded in mid-2018 with the following key finding and considerations reported to the Inverclyde HSCP Alcohol and Drug Service Programme Board:

Current and future demand - The demands on the services are high. The client group within the services is ageing with multiple morbidities; there are less 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 service users who are continually 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 focussed 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 service users 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 service users 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 Alcohol and Drug Service 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.

PHASE TWO

Phase Two of the Alcohol and Drug Review set out to build upon the Phase One work and develop options for a new model of working with a fully integrated pathway, which will lead to the recommissioning of a whole system of care for drug and alcohol services. Inherent in this will be the utilisation of existing relationships, and the development of new and changing partnerships, within a robust governance and financial framework.

Workstreams

The workplan for Phase Two, whilst taking cognisance of actions; principles; and considerations from Phase 1, was 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.
- Wider Multidisciplinary Services - To consider a range of services to best support service users and consider internal and external commissioning models.
- Recovery- To develop a recovery model which ensures recovery outcomes are built in at every stage.
- Workforce- To ensure the new model has a competent; multi-disciplinary and skilled workforce working within the wider system of care
- Finance- To consider all models and options within the current and future financial framework.

Central to all workstream development was the requirement to ensure all stakeholders, including staff, partner organisations and service users were involved and communication is open, transparent and timeous. Workstream groups were established; suitable chairs and members identified; and action plans developed with regular reporting back to the Alcohol and Drug Service Programme Board.

A Service User Reference Group for the Review was established and supported by YourVoice and will continue meeting to ensure that service users have an opportunity to have their views heard as part of the ongoing work around alcohol and drug service remodelling.

The work of these groups has been utilised to develop the future vision; direction of travel; and proposed new ways of working for Inverclyde HSCP alcohol and drug services.

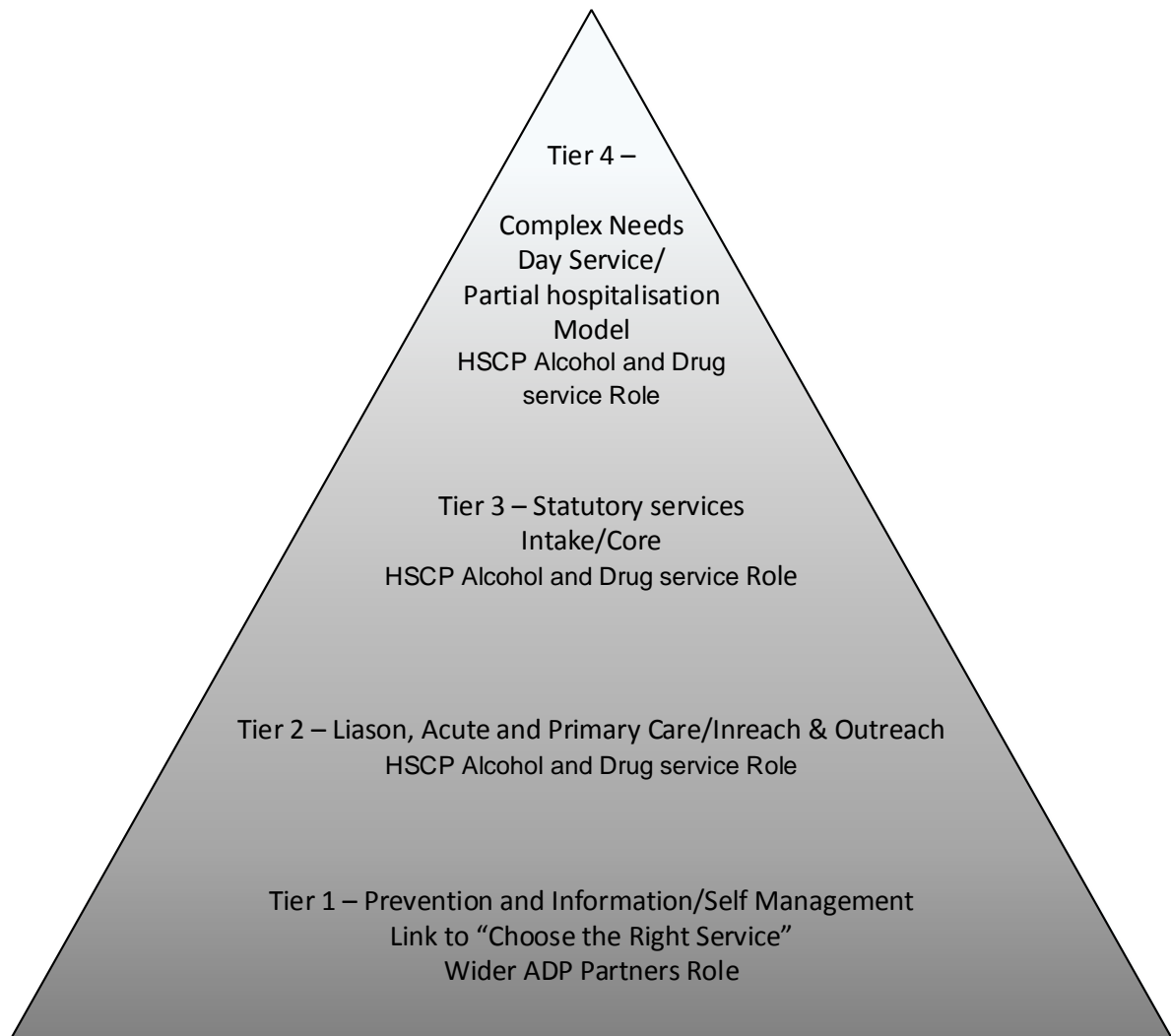
Tiered Model of Care

Pathways for alcohol and drug services are predicated on a four tiered model of delivery with the proposal that the new HSCP Alcohol and Drug Recovery Service having roles within tiers 2-4.

Diagram 1



Alcohol & Drug Tiered Model of Care



PREVENTION AND EDUCATION WORKSTREAM

The purpose of the Prevention and Education Sub group was to develop options for future delivery of Alcohol and Drug prevention and education work. The work stream met and was co-chaired by representatives from Education and Health Improvement. The main priority areas were:

1. To scope current delivery of prevention and education related to alcohol and drugs
2. To scope evidence base for these interventions
3. To develop proposals for future delivery model
4. Identifying who best to deliver.

Initial actions were as follows:

- To devise an Action Plan to look at mapping activities
- To carry out Prevention and Education scoping by looking at what was available in relation to prevention and education (adults and young people)
- Examine evidence available including “Improving Scotland’s Health Alcohol Framework” (2018).

Currently the alcohol prevention work in the main is carried out by HSCP Healthier Inverclyde Project whilst Inverclyde Council, Community Learning and Development carry out the drugs prevention work mainly in schools and wider community along with a range of other interventions related to wider health issues e.g. sexual health; tobacco use etc. Locally the Health Improvement Team has undergone a service redesign and no longer delivers on operational work but provides more strategic support. Across NHSGGC the model varies, however the prevention and education agenda generally sits at community level and separate from service provision.

The Communities and Culture Change Group established within the ADP Governance structure has a role to ensure a cohesive approach is taken by many partners to challenging the local culture towards drugs and alcohol through a variety of ways including wider community work; influencing through the Licencing Forum etc. NHSGGC are carrying out a review of Prevention and Education and in light of this it was deemed that this board wider review would be beneficial locally once completed.

As this work has developed, and further information published, e.g. the recent Scottish Government Drug Misuse Prevalence study figures for 2015/16, which shows prevalence within 15-24 years old in Inverclyde to be the highest across Scotland; it is evident that a wider review of prevention, education and intervention, particularly for young people is required. A more joined up approach to prevention across the whole population, including schools network and wider communities, can only strengthen progression of the prevention model. The Healthier Inverclyde Team

staff do valuable work that needs to be continued, however a more joined up approach to this would be advisable.

There is agreement that the Prevention and Education remit should not sit within the HSCP alcohol and drug service model and the Inverclyde ADP Communities and Culture Change Group should be tasked to review all aspects of prevention and education.

Recommendations from Prevention and Education workstream

- Request that there is a robust review of all Prevention and Education requirements and that this should be undertaken by the ADP Communities and Culture Change Group to ensure a whole system approach is adopted.
- Ensure there is a robust whole population cohesive approach to prevention and education within schools and the wider community, and in order to do so, it is recommended that the role and remit of the current Healthier Inverclyde Team is considered within the overall review of Prevention and Education to be taken forward by the Alcohol and Drug Partnership Communities and Culture Change Group.
- Ensure linkages to the recommendation within Assessment, Treatment and Care workstream- Develop specific protocols and seamless pathway with Children and Families to ensure a coordinated approach to providing support; treatment and care for young people experiencing issues with alcohol and drugs.

ASSESSMENT TREATMENT AND CARE WORKSTREAM

The Assessment Treatment and Care Group had a range of staff from within the current alcohol and drug services, and from children and families and criminal justice, and health and community care. The group met a number of times and focussed on developing criteria and worked through the development of a proposed new pathway as detailed in Diagram 2.

Access to HSCP Alcohol and Drug Recovery Services

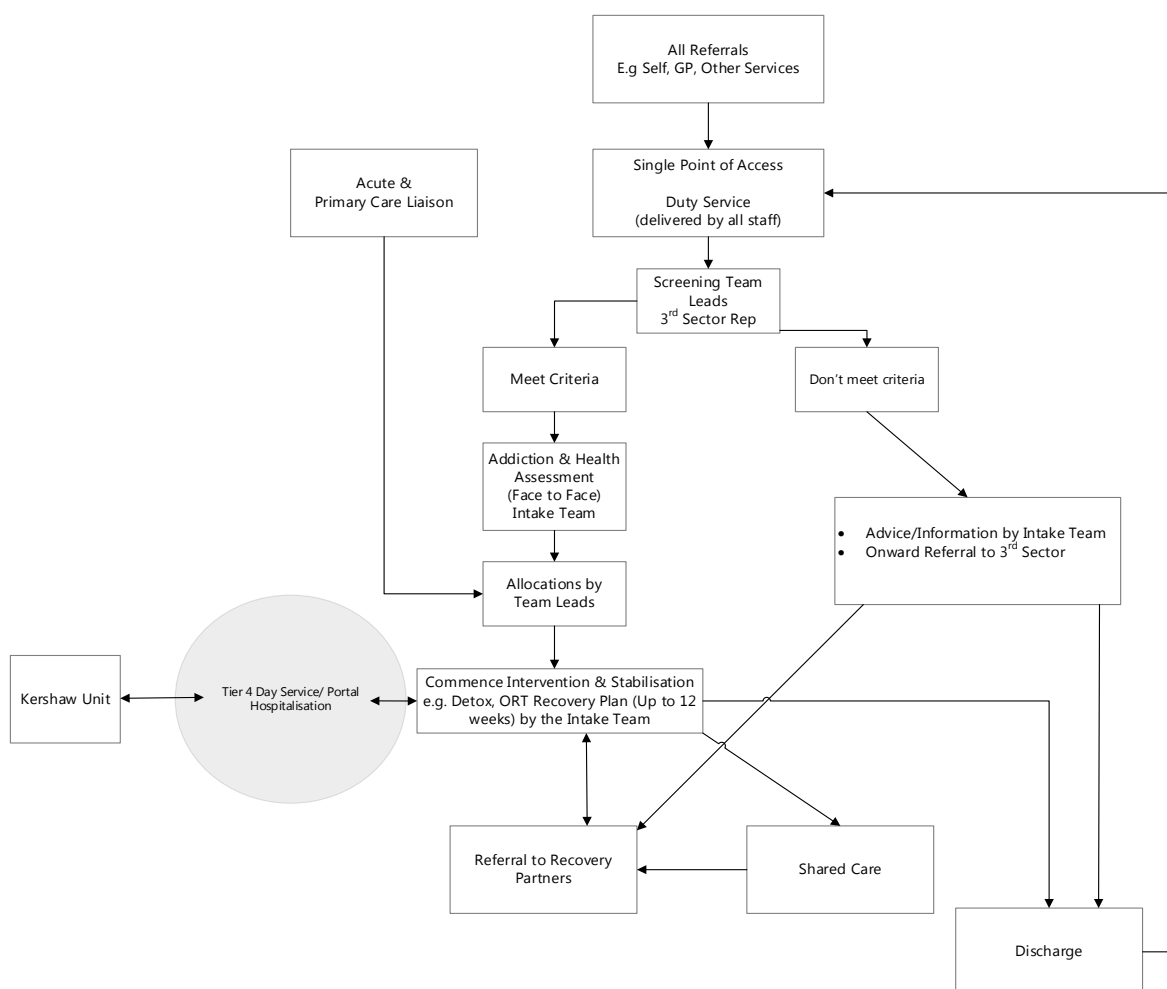
Access criteria are essential to address the crucial issue of individuals being referred to the correct relevant service to best support their needs. By introducing these criteria it will enable the core Alcohol and Drug Service to focus resources on those with most complex needs. Integral to this however, is the requirement to ensure that adequate provision is available through other partners, including the proposed 3rd sector Recovery commissioned services, to support those who don't meet the criteria.

Access Criteria for core HSCP services:

- Dependent Opiate Users - who require stabilisation, maintenance on opiate replacement therapy and/or detoxification
- Poly Drug User
- Dependent Alcohol Use - who require detoxification (community and assessment for in-patient), harm minimization, vitamin replacement therapy and protective medications
- Harmful use of alcohol and/or drugs which is impacting on self/ family or complex social needs who may fall under the following priority groups:
 - Child Protection concerns due to harmful or dependent alcohol and/or drug use
 - Special Needs in Pregnancy where drug and or alcohol use is a factor
 - Commercial and Sexual exploitation where drug and or alcohol use is a factor
 - People who are vulnerable and are subject to Adult Support and Protection legislation process, where alcohol or drug harmful or dependent use is a contributing factor
 - New/long term injectors at high risk of infections and transmission of BBV's, overdose or drug related death
 - Criminal Justice where dependent or harmful use of alcohol and drugs is a factor, Including liberation from prison
 - Mild to moderate mental health where drug and alcohol use is a factor
 - Hospital discharges following detox or other treatment intervention.

New Pathway Diagram 2

Alcohol and Drug Pathway



Intake & Core:

- Delivered by Addiction Nurses and Addiction Workers, supported by a range of multi disciplinary staff at every stage of pathway
- Recovery outcomes built in at every stage from duty onwards

The proposed model is based on a Single Point of Access (SPOA) being developed for all referrals (GP; self; other services etc.) which will then be reviewed by the duty worker. For self-referrals, initial details will be required to be collected by the duty worker to ensure the Screening Team can make informed decisions. The Screening team will comprise of senior alcohol and drug staff (Team leads) and also representation from 3rd sector to determine whether the client should be seen within the HSCP services or best supported by 3rd sector partners. This will ensure a robust risk assessment is in place to mitigate service users being referred to other inappropriate services. In the first 6 months of the implementation of this new model it is proposed that all service users referred through to screening are progressed to full assessment. Service users meeting the criteria will proceed to the **INTAKE** team.

- The **INTAKE** team will be multidisciplinary/ multi-agency with social care, nursing, medical staff, recovery and linkages to 3rd sector staff
- Screening by the duty worker may be the first face to face contact with the service user. Signposting will be given those deemed not appropriate for the service
- Assessment will include addiction assessment, SMR25a, risk assessment; physical health assessment and mental health assessment.
- This will also include meeting the requirement of the national waiting times targets
- Recovery planning will begin at first point of contact and continue with the service user throughout their engagement with the service.
- Interventions will have a combined approach of harm reduction and promoting recovery
- This model seeks to treat service users at the lowest appropriate service tier in the first instance only stepping up as clinically required.
- Each staff member of the access team will care manage a smaller caseload of service users
- ORT new patient clinics and alcohol care and treatment will be aligned to the **INTAKE** team to provide efficient pathways into treatment.
- Alcohol home detox will be undertaken as part of the **CORE** team, with any services unable to be safely detoxed at home supported by the day service
- Depending on need, service users may be transferred to the **CORE** team; referred to a 3rd sector provider for ongoing recovery support; supported by Tier 4 Day Service, referred to shared care, or have a planned discharge from the team. Service users will be have a maximum stay of 12 weeks within the **INTAKE** team.

The **CORE** team will deliver the ongoing care needs for those individuals who require more intensive interventions after a period of assessment and treatment by the INTAKE Team.

The **CORE** team will be multidisciplinary/ multi-agency with social care, nursing, medical staff, recovery and linkages to 3rd sector. It will include staff working with complex needs including DTTO; Homelessness and POP.

The **CORE** team will deliver services to the service users with complex and enduring needs.

Recommendations from Assessment Treatment and Care workstream

- A tiered approach to care is proposed which includes:
 - Tier 1- Prevention and Education across all age groups and wider community-delivered by wider ADP partners
 - Tier 2- Effective Liaison with acute and primary care to develop effective in reach and outreach and pathways into recovery-delivered by the HSCP Alcohol and drug recovery service
 - Tier 3- Effective pathways for treatment and care, and pathways into recovery through the INTAKE and CORE service-delivered by HSCP Alcohol and drug recovery service
 - Tier4- Day Service/Partial Hospitalisation –delivered by HSCP Alcohol and drug recovery service
- Agree Access Criteria for access to the HSCP alcohol and recovery drug services and ensure other clear routes for support are available for those that don't meet the criteria.
- Establish a clear and visible single service model which includes a single point of access (SPOA); a single pathway through the service; and effective duty system for all service users requiring support with regard to their alcohol and drug issue.
- Expand the current acute addiction liaison service to cover all of acute services, with an increased focus on liaison and better integration within emergency care. (ED).
- Develop the current liaison service to deliver effective liaison with primary care and progress discussion on the current challenges with GP shared care interfaces.
- Implement a core service pathway which will include Intake/Core provision for statutory services including a move in the future to 7 day service.
- Extend the model of care provided by the current Day Service to include actively offering Alcohol Home Detoxification, and extend this day service to provide treatment and support to service users with drug issues.

WIDER MULTIDISCIPLINARY WORKSTREAM

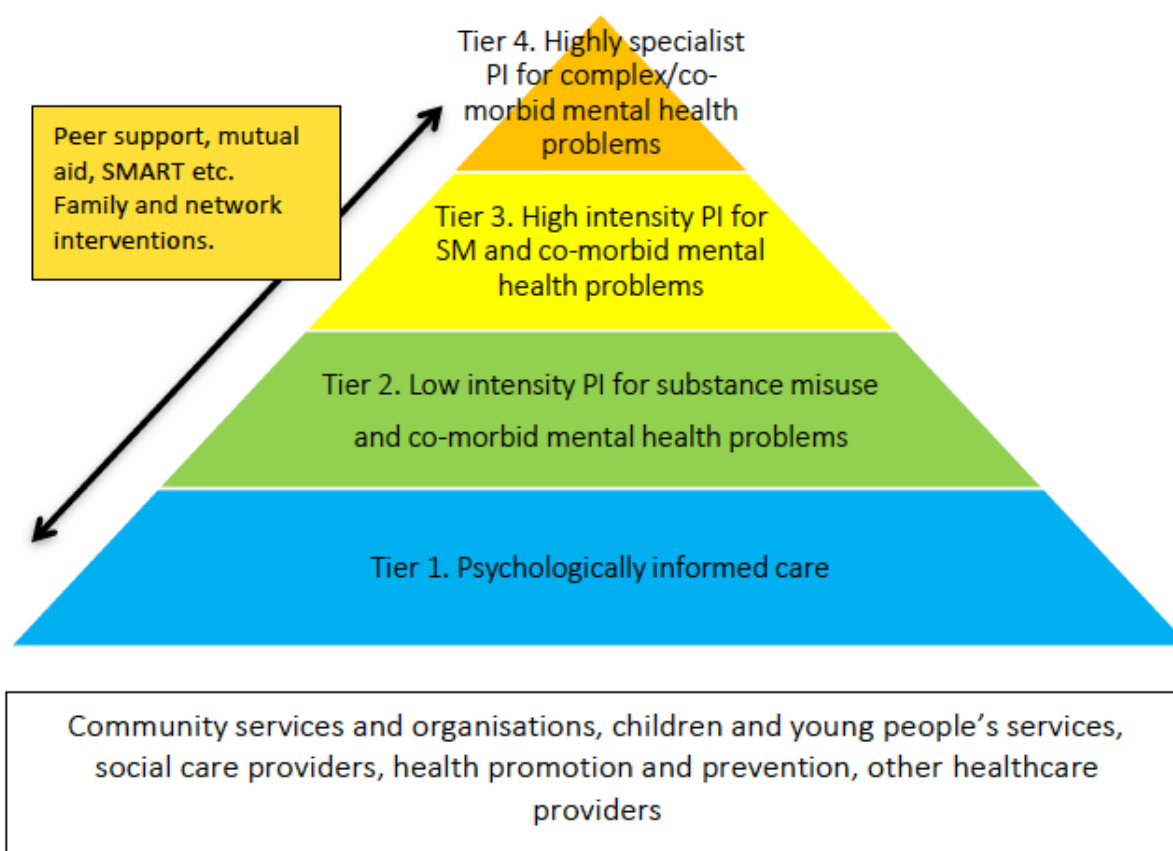
In the main the discussions regarding the wider multidisciplinary supports took place with team leads and professional leads for OT and Psychology.

Occupational Therapy-Currently there is a 0.4wte Band 6 OT post delivering a service to clients with drug issues. No OT support is available to the Alcohol service. Professional management is currently through the NHSGGC Glasgow lead for Addictions, with line management through the Drug Service nurse team lead locally. Additional funding from the ADP has been secured to extend the OT input to 1wte in order to deliver across both alcohol and drugs within the new model. In order to utilise this to best effect, it is proposed that a review of the OT role and function, particularly within recovery is undertaken. The HSCP is currently reviewing all the OT provision locally therefore this will consider the alcohol and drug remit, and appropriateness of line and professional management, as part of this wider review.

Family Support-Currently there are 2 wte family support workers within the drugs service, with no support available currently to the alcohol service. The requirement for enhanced support to families affected by alcohol and drug issues has been identified and funding resources through the ADP. Whilst there is this internal resource that supports family members of those within treatment, there are a range of other supports within Inverclyde that provide family support to family members, through the HSCP Children and Families team and other 3rd sector organisations. Consideration is also required to ensure people caring for those affected by drugs and alcohol are supported in their carer responsibility with a particular emphasis on kinship carers and young carers caring for parents. In order to best coordinate the range of current provision, and determine best use of additional resource, it is proposed that a review of Family Support is undertaken to ensure families affected by addiction issues are appropriately supported, regardless of whether in core treatment services or not.

Psychological Therapies-Currently there are 3.4wte Counselling posts and 0.4wte psychology input, within Alcohol service. A number of the counsellors are highly skilled and CBT trained however are currently not using this approach due to the lack of the required appropriate professional supervision. Within the drugs service, counselling is delivered as part of the ongoing interventions with service users by their key workers. The recent document- "The delivery of psychological interventions in substance misuse services in Scotland" proposed a matched care approach to the delivery of consistent high quality psychologically informed care and psychological therapies across both alcohol and drug services, based on four tiers

Diagram 3



In order to ensure there is a psychologically and trauma informed workforce within the new alcohol and drug service, it is recommended that we develop this tiered approach to Psychological Therapies which will include a review of the current counselling approaches within services and psychology staffing to ensure appropriate access for all alcohol and drug service users. This will include the development of structured group programmes in addition to the 1:1 interventions.

Interfaces

Discussion at the Assessment Treatment and Care Group highlighted the main issues of robust initial assessment (who should do a community care assessment); risk assessment (in particular for those clients who fail to continue to engage with

alcohol and drug services, but are receiving other HSCP supports e.g. Homecare) and communication between the internal HSCP services, require to be worked through. There is a need to review and implement the current Mental Health and Alcohol and Drug Service protocol; develop protocols for working with the other client groups to ensure a seamless pathway of care.

Within the current alcohol and drug services there are 2 wte POP (Persistent Offenders workers); 0.6wte Drug treatment and Testing Order (DTTO) worker, and 2wte Homelessness addiction workers. It is proposed that these staff come together to form a Complex Needs team within the new alcohol and drug service.

Recommendations for Multidisciplinary Workstream

- Undertake a review of Family Support to ensure families affected by addiction issues and those caring for others are appropriately supported, regardless of whether in core treatment services or not.
- Integrate the current Persistent Offenders Project (POP) staff ; Drug Treatment and Testing Order (DTTO) staff and the Homelessness Health team into a Complex Needs teams as part of the Core team to ensure ongoing support to the most vulnerable service users
- Develop a tiered approach to Psychological Therapies which will include a review of the current counselling approaches within services and psychology staffing to ensure appropriate access across all addiction service users.
- Develop interface protocols and processes with HSCP services-Children and Families; Criminal Justice; Health and Community Care; Mental Health and Homelessness to ensure robust joint working and pathways to support service users.
- Develop specific protocols and a seamless pathway with Children and Families to ensure a coordinated approach to providing treatment and care for young people experiencing issues with alcohol and drugs.

RECOVERY WORKSTREAM

The Addictions Review Recovery Workstream group met several times and discussed a range of key issues around the nature of supporting recovery within a new model of service

The group considered the following:

- Principles from which a recovery service would be delivered
- Discussions around what should be included within a recovery services model which has a focus on Recovery Orientated Systems of Care (ROSC). Nature of recovery services within a new model: When services are provided? Where services are provided?
- Examples of Recovery Models: Members of the group had visited or scoped other examples of recovery models. This information was fed back to the group for discussion and to help support thinking around what would fit for Inverclyde.

The group held a workshop in January 2019 with a full range of partners from across Inverclyde to focus on the following key areas which had emerged from the previous discussions and links with ROSC:

- Person Centred Care
- Recovery Pathways
- Recovery Hub

A full report from this work is currently being written and will be available in the near future.

Recommendations from Recovery Workstream

- Develop ROSC approaches to ensure recovery outcomes are integral at all stages of the service user's journey.
- Consider the development of Recovery Link workers within the service to ensure seamless pathways and support for clients at every stage of their journey.
- Commission 3rd sector Recovery approaches with appropriate governance, to provide a range of recovery programmes with psycho-social, training, volunteering, and employment opportunities which are available as a seven day service.

WORKFORCE WORKSTREAM

The main focus of the Workforce Group at this stage (until a proposed team structure is developed) was identifying what support would be needed for staff as part of the transition to working across alcohol and drugs.

There was agreement that all posts in the new structure will require to be reviewed, new job descriptions developed and evaluated as per procedure once roles identified.

New posts may require to be developed to ensure appropriate roles and skill mix is in place to deliver the new model. Consideration will be given to the merits in developing more innovative ways of delivery utilising models from other areas e.g. the use of pharmacists, Advance Nurse Practitioners etc. to support the overall delivery model.

Acknowledgement that NHS posts will be easier to review as generic job descriptions in NHSGGC for addictions available for all grades.

The workforce group agreed that the 4 areas identified initially are key to ensure an integrated approach across drugs and alcohol:

- Assessment
- Person Centred approach(care plans/documentation)
- Values/beliefs and assumptions (refresher)
- Understanding of dependencies

In addition to the new delivery model and subsequent impact on roles and remits, there are a number of additional challenges which will impact on the future delivery model.

Loss of team lead-As part of the wider Inverclyde Council financial review, a Team Leader post across Alcohol and Drugs had to be identified as a saving in 2018/19, which will be reflected in the new model and associated management structure.

Social Work Qualified Staff-Currently there are no qualified social workers working within the alcohol service and soon will be only two QSW within the drugs service. This has implications for adult and child protection and also review and care management of complex cases within commissioned services. Consideration will need to be given as to whether the new Alcohol and Drug Service core model requires more qualified social work staff to ensure statutory functions in relation to child protection; adult protection and adult welfare concerns are central to the team's role.

Medical staffing-Two of the four consultants delivering sessions across both alcohol and drug services have indicated their plans to retire within 2019. This will therefore require a review of current medical posts to ensure appropriate treatment and governance for service users.

Business Support-Business Support staff are an integral part of the delivery of the current alcohol and drug service. Currently there are 6.9wte staff across both NHS and Council across a range of grades who all have distinct roles and remits. Therefore there is a need to ensure these staff are supported to work across the future integrated service to enable appropriate robust business support is delivered.

Recommendations from Workforce Workstream

- In order to deliver the new model the workforce will require to be supported through the transition phase to ensure all staff are adequately equipped and supported to deliver recovery orientated treatments and interventions across both alcohol and drugs.
- Develop a staffing framework for the INTAKE Team and the CORE teams which includes both NHS and social care staff with leadership from appropriately qualified team leads and medical staff.
- Consider what skill mix and range of roles (both new and existing) are required in order to modernise the new model to ensure the service is delivering across the quality and care standards.
- Consider whether the new Alcohol and Drug Service core model requires more qualified social work staff to ensure statutory functions in relation to child protection, adult protection and adult welfare concerns are central to the team's role.
- Continue to develop an appropriate business support staffing structure to ensure business support staff are an integral part of the alcohol and drug service.

FINANCE WORKSTREAM

Values and Principles

The entirety of the budgets delegated through the IJB to Addictions Services will be spent on ensuring:

- Service users receive the right assessment and treatment, at the right time centred on their needs.
- Service users are fully involved and able to participate in planning their own sustainable recovery with a focus on a recovery pathway.
- Safe, effective and evidence based practice that is person centred and delivers good outcomes.

Services will be developed and delivered in an integrated manner regardless of initial funding sources.

Addictions budget 2018/19

	Council Spend		Health Spend		TOTAL SPEND				
	Total £000	% of overall budget	Total £000	% of overall budget	Emp Costs £000	Admin £000	PTOB £000	Total £000	% of overall budget
DRUGS									
Prevention Work	78	4.2%	23	1.3%	93	6	3	101	5.4%
Assessment & Treatment	208	11.2%	625	33.6%	800	33	1	834	44.7%
Internal Support Services	193	10.4%	95	5.1%	272	14	1	288	15.4%
Recovery Services	125	6.7%	21	1.1%	49	8	88	145	7.8%
DRUG TOTAL	604	32.4%	764	41.0%	1,214	60	94	1,368	73.4%
ALCOHOL									
Prevention Work	84	4.5%	12	0.6%	68	25	3	96	5.1%
Assessment & Treatment	142	7.6%	450	24.2%	545	46	2	593	31.8%
Internal Support Services	116	6.2%	37	2.0%	47	19	86	153	8.2%
Recovery Services	755	40.5%	42	2.3%	433	27	338	798	42.8%
ALCOHOL TOTAL	1,098	58.9%	541	29.1%	1,094	116	429	1,639	88.0%
ADP									
Prevention Work	40	2.2%	9	0.5%	47	0	2	49	2.6%
Assessment & Treatment	40	2.2%	183	9.8%	216	6	2	224	12.0%
Internal Support Services	40	2.2%	18	1.0%	56	1	2	59	3.1%
Recovery Services	40	2.2%	19	1.0%	58	0	2	60	3.2%
ADP TOTAL	162	8.7%	230	12.3%	377	8	7	391	21.0%

OVERALL TOTALS										
Prevention Work	202	10.8%	44	2.4%	208	31	7	246	13.2%	
Assessment & Treatment	391	21.0%	1,259	67.6%	1,561	84	5	1,650	88.6%	
Internal Support Services	349	18.7%	150	8.0%	376	34	89	499	26.8%	
Recovery Services	920	49.4%	82	4.4%	540	35	428	1,003	53.8%	
OVERALL TOTAL	1,863		1,535		2,684	184	529	3,398		
% of overall budget					144.1%	9.9%	28.4%			

In addition the IJB will receive additional non recurring funding for the ADP over the next 4 years. The Financial framework will continue to be developed in respect of focus of spend to support the delivery of the recommendations within this review.

(Note this financial framework doesn't include business support staff funding which is currently being developed)

PERFORMANCE MANAGEMENT

In order to show progress and success of the new delivery model we will require to develop a robust performance management framework to show progress against the Strategic Plan Big Action 5 and key national and local performance indicators. This

work has already commenced through the HSCP Mental Health, Addictions and Homelessness performance workstream.

CONSULTATION AND ENGAGEMENT

Central to the development of this Phase Two work there has been ongoing engagement with staff, partners and service users through a variety of ways including staff engagement events and development days; the Service User Reference Group supported by YourVoice; and the ROSC work with partners supported by Scottish Drugs Forum. In the spirit of continued partnership working this will be continued into the implementation phase.

TIMESCALES

Addictions Review Programme Board	20 th February 2019
Service User Reference Group supported by YourVoice	14 th March 2019
Alcohol and Drug Staff Briefing Sessions	22 nd March 2019
Addictions Review Programme Board	26 th March 2019
HSCP Transformation Board	27 th March 2019
Inverclyde Health and Social Care Committee Progress Update	25 th April 2019
Inverclyde IJB Progress Update	14 th May 2019
Service User Reference Group supported by YourVoice	TBC
Staff briefing Sessions	TBC
Development of EQIA	TBC
Report to Inverclyde Strategic Planning Group	TBC
Report to Inverclyde IJB	TBC
Report to Inverclyde Health and Social Care Committee	TBC
Service User Reference Group supported by YourVoice	TBC
Staff briefing Sessions once report receives final approval	TBC

Inverclyde HSCP Alcohol and Drug Review Implementation Plan

As at 4/7/19

The review has identified three main strands of work which will be progressed as follows:

- Prevention- through the Alcohol and Drug Partnership (Action 1)
- Assessment, Treatment and Care -through the Alcohol and Drug Review Programme Board (Actions 2-17&19))
- Recovery- through a wider HSCP recovery development approach with mental health; supported self-care and commissioning. (Action 18)

Action No.	Link to Recc No.	What is action required	Responsible Officer	Sub Group	Timescale	Progress (RAG)
1	13,14	Develop a robust whole population cohesive approach to prevention and education within schools and the wider community	ADP Chair and Coordinator	Alcohol and Drug Partnership	January 2020	Green
2	1	Rebrand the current alcohol and drugs services into the Inverclyde HSCP Alcohol and Drug Recovery Service	Service , HSCP Comms Group		July 2019	Green
3	2,3	Phase 1-Develop a single point of access (SPOA); and one duty system for all service users requiring support with regard to their alcohol and drug issues. Phase 2-Integrate the SPOA into the HSCP Access 1 st service	SM-A&H SM-ACM team leads	Assessment/ Treatment and Care Group	Phase 1- August 2019 Phase 2- TBC	Green
4	15	Agree Eligibility criteria and Access Criteria for access to the HSCP alcohol and drug services	SM-A&H SM-ACM team leads	Assessment/ Treatment and Care Group	August 2019	Green
5	3,6	Develop one duty process; one allocations process and review	Team Leads	Assessment/	August	Green

		process for implementation across the service		Treatment and Care Group	2019	
6	3,6,	Implement a single pathway model based on Intake and Core provision with appropriate staffing and ensure 12 month review	SM and team leads	Assessment/ Treatment and Care Group	November 2019	Green
7	4	As part of the CORA plan, start to expand alcohol and drug liaison services within acute setting with increased focus on ED and repeat attenders Links to CORA Imp Group	NHS Team leads Acute leads CORA Team lead	CORA Implementation Group	Commence October 2018	Green
8	5	As part of the CORA plan, start to work with primary care colleagues to commence development alcohol and drug liaison within primary care liaison. Links to CORA Imp Group	NHS Team leads and CORA Team lead CD SM-PC	CORA Implementation Group	Commence October 2018	Green
9	6,7	Commence development of a test of change to determine need for extended hours/7 day service for services users requiring drug and alcohol treatment. Links to CORA Imp Group	CORA team lead and team leads	CORA Implementation Group	Commence October 2018	Green
10	4,7	Reshape the current alcohol day service into a Tier 4 service and extend availability to all clients with complex health issues.	NHS Team leads Consultants	Assessment/ Treatment and Care Group	November 2019	Green
11	7	Commence the development of opportunities for alcohol home detox and develop appropriate risk processes and procedures. Links to CORA Imp Group	CORA Team lead	CORA Implementation Group	Commence October 2018	Green
12	6,11	Develop a Complex Needs Team to support most vulnerable clients	SM A&H and team leads alcohol drugs homeless	Assessment/ Treatment and Care Group	November 2019	Green

			and Criminal justice			
13	9	Commission SFAAD (Scottish Families affected by Alcohol and Drugs) to review current range of family support and identify future provision	ADP Lead SM H&A	Family Support sub group	September 2019	Green
14	12	Review of the current psychological therapies approaches within services to ensure appropriate access across all alcohol and drug service users.	SM A&H Lead Psychologist alcohol and drugs			Amber
15	18	Review current pathways and develop specific protocols and seamless pathway for young people experiencing issues with alcohol and drugs.	SM A&H SM C&F	Young Peoples Sub group	September 2019	Green
16	3,6,17	Develop interface protocols and processes with each HSCP service Criminal Justice; Health and Community Care; Mental Health Homelessness	SM-A&H SM from each service	Assessment/ Treatment and Care Group	November 2019	Green
17	20,21,22, 23,24	Develop a staffing framework for the integrated service which includes clear roles and remits for both NHS and social care staff and ensure all are appropriately trained and supported to deliver	SM-A&H HR Staff reps	Workforce Group	First meeting July 2019	Green
18	8,10,16	Develop a recovery strategy and implementation plan as part of the wider recovery framework across the HSCP.	HOS-MHAH HSCP Recovery Lead	Recovery Implementatio n Group	Oct 2019	Green
19		Review and continue to develop the financial framework to support the implementation of the integrated service	HOS MHAH CFO SM A&H		Ongoing	Green