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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>10 September 2019</b>
<b>Report By:</b>	<b>Louise Long Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/49/2019/DG</b>
<b>Contact Officer:</b>	<b>Deborah Gillespie Head of Mental Health, Addictions and Homelessness</b>	<b>Contact No:</b>	<b>01475 715284</b>
<b>Subject:</b>	<b>Review of Inverclyde HSCP Alcohol and Drug Services-Progress Update</b>		

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## **1.0 PURPOSE**

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

## **2.0 SUMMARY**

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

## **3.0 RECOMMENDATIONS**

- 3.1 That the Integration Joint Board agrees the recommendations being made in terms of the review of the HSCP Alcohol and Drug Services and agrees to a further report being submitted as implementation of the integrated service progresses.

3.2 That the Integration Joint Board notes the progress made and that the review is part of Big Action 5 due to be delivered by 2020.

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

## 4.0 BACKGROUND

4.1 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.

4.2 Phase One of the review set out to review all aspects of the current model for delivery of services to people with alcohol and drug use within the Inverclyde population and was completed in June 2018. The five key areas for consideration and further action from the Phase One work were :

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

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

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

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

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

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

## 5.0 PROGRESS TO DATE

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

- 5.2 **The Prevention and Education workstream** has carried out-scoping to look at what was available across Inverclyde in relation to prevention and education (adults and young people) and what partners/services are delivering this area of work. In addition, they have examined the most up-to-date national and local policies available to ensure current and future delivery meets evidence-based practice. The initial findings, including the concerning data from the recently published drugs prevalence study highlighted above, indicate that a more joined-up and active approach to prevention across the whole population, including schools network and wider communities, is required.
- 5.3 **The Assessment Treatment and Care Workstream** has identified new access criteria for the service. In addition, they are developing new models of delivery to establish a clear and visible single service model which includes a single point of access (SPOA); a single pathway through the service; and ensure effective liaison with acute and primary care colleagues to best support service users with drug and alcohol issues.
- 5.4 **The Wider Multidisciplinary 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 co-produce the appropriate response and identify changes required in this area.
- 5.5 **The Recovery Workstream** has included work being undertaken by the Scottish Drugs Forum with the Alcohol and Drug Partnership. This has identified areas to focus on for development of Recovery Orientated Systems of Care (ROSC) across the whole system of support including with our third sector partners and the community.
- 5.6 **The Workforce Workstream** has been working to ensure staff are supported in the transition to a new integrated model and identify training and development requirements to ensure staff are adequately equipped and supported to deliver recovery orientated treatments and interventions across both alcohol and drugs. Development days, shadowing and other opportunities for joint learning are underway. The delivery of both alcohol and drug services on the newly refurbished collated site of Wellpark and the new service name of Inverclyde Alcohol and Drug Recovery Service will enhance these opportunities for closer working ahead of full integration.
- 5.7 The Phase Two report has now been finalised with a number of recommendations emerging from the workstream discussions. These are included within Appendix 1.
- 5.8 An Implementation Plan has been developed (Appendix 2) 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.
- 5.9 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.

## **6.0 IMPLICATIONS**

### **6.1 FINANCE**

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

Annually Recurring Costs / (Savings)

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

## LEGAL

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

## HUMAN RESOURCES

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

## EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

<input type="checkbox"/>	YES
<input checked="" type="checkbox"/>	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

6.5 How does this report address our Equality Outcomes?

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

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

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

## 6.7 NATIONAL WELLBEING OUTCOMES

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

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

## 7.0 DIRECTIONS

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

## **8.0 CONSULTATION**

- 8.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

Staff have been involved in a number of the workstream groups with staff representation on the overall Programme Board. Staff briefings are ongoing and a newsletter is currently in development.

## **9.0 BACKGROUND PAPERS**

- 9.1 None.



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 3<sup>rd</sup> 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 3<sup>rd</sup> 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.



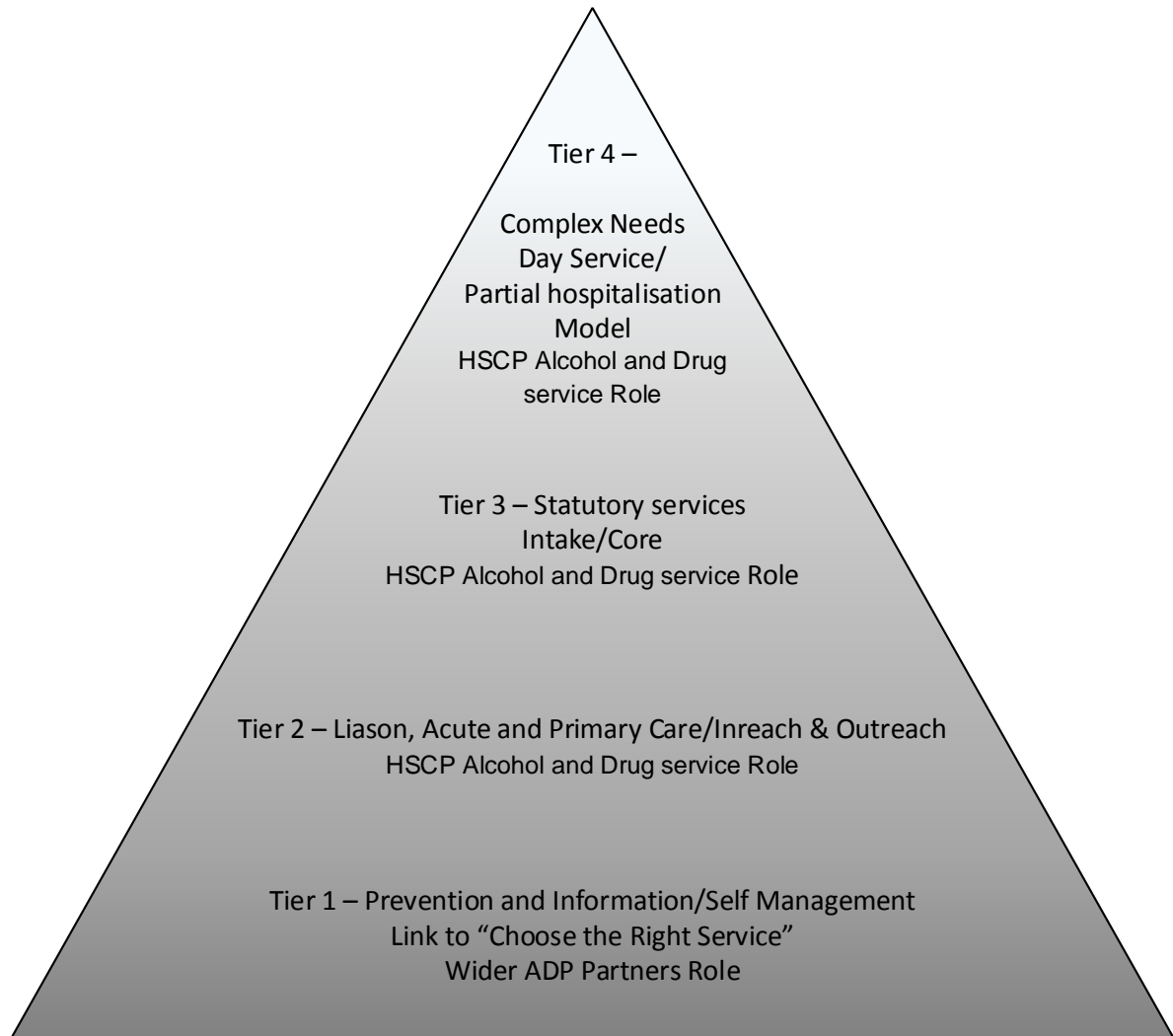
## Tiered Model of Care

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**

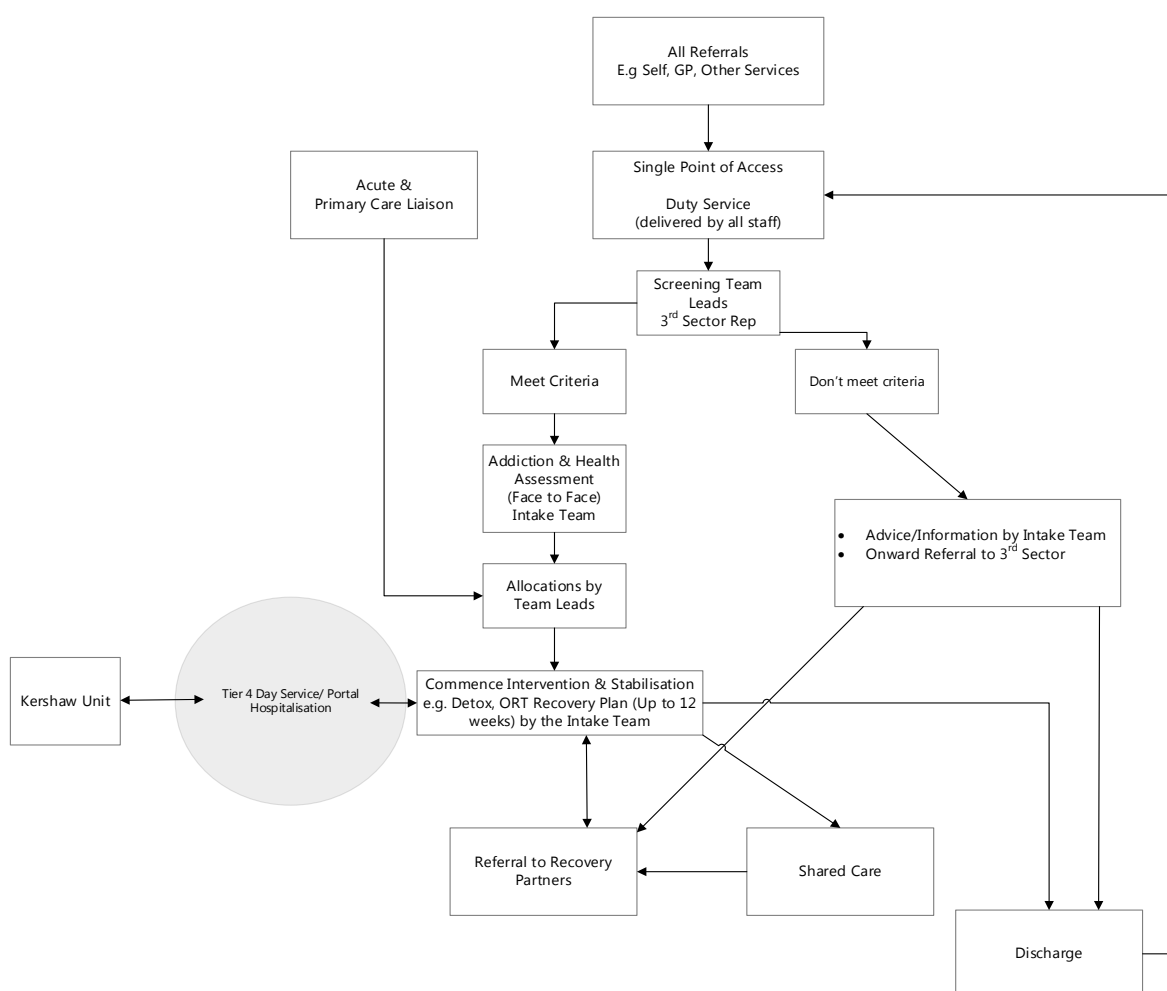
Access criteria are essential to address the crucial issue of individuals being referred to the correct relevant service to best support their needs. By introducing these criteria it will enable the core Alcohol and Drug Service to focus resources on those with most complex needs. Integral to this however, is the requirement to ensure that adequate provision is available through other partners, including the proposed 3<sup>rd</sup> 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 3<sup>rd</sup> sector to determine whether the client should be seen within the HSCP services or best supported by 3<sup>rd</sup> 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 3<sup>rd</sup> 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 3<sup>rd</sup> 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 3<sup>rd</sup> 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.

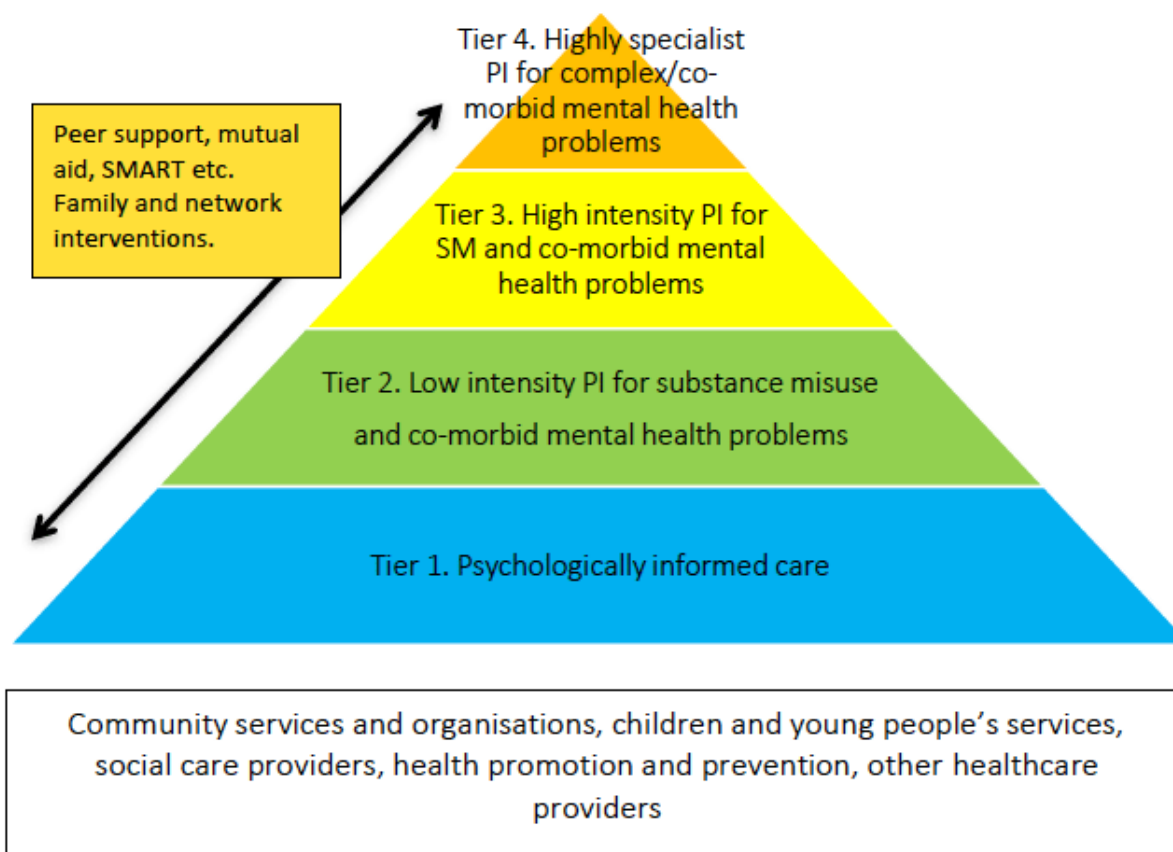
**Occupational Therapy**-Currently there is a 0.4wte Band 6 OT post delivering a service to clients with drug issues. No OT support is available to the Alcohol service. Professional management is currently through the NHSGGC Glasgow lead for Addictions, with line management through the Drug Service nurse 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 3<sup>rd</sup> 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 3<sup>rd</sup> 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
<b>DRUGS</b>									
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%
<b>DRUG TOTAL</b>	<b>604</b>	<b>32.4%</b>	<b>764</b>	<b>41.0%</b>	<b>1,214</b>	<b>60</b>	<b>94</b>	<b>1,368</b>	<b>73.4%</b>
<b>ALCOHOL</b>									
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%
<b>ALCOHOL TOTAL</b>	<b>1,098</b>	<b>58.9%</b>	<b>541</b>	<b>29.1%</b>	<b>1,094</b>	<b>116</b>	<b>429</b>	<b>1,639</b>	<b>88.0%</b>
<b>ADP</b>									
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%
<b>ADP TOTAL</b>	<b>162</b>	<b>8.7%</b>	<b>230</b>	<b>12.3%</b>	<b>377</b>	<b>8</b>	<b>7</b>	<b>391</b>	<b>21.0%</b>

<b>OVERALL TOTALS</b>									
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%
<b>OVERALL TOTAL</b>	<b>1,863</b>		<b>1,535</b>		<b>2,684</b>	<b>184</b>	<b>529</b>	<b>3,398</b>	
% 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 <sup>th</sup> February 2019
Service User Reference Group supported by YourVoice	14 <sup>th</sup> March 2019
Alcohol and Drug Staff Briefing Sessions	22 <sup>nd</sup> March 2019
Addictions Review Programme Board	26 <sup>th</sup> March 2019
HSCP Transformation Board	27 <sup>th</sup> March 2019
Inverclyde Health and Social Care Committee Progress Update	25 <sup>th</sup> April 2019
Inverclyde IJB Progress Update	14 <sup>th</sup> 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 <sup>st</sup> 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