

---

**Report To:** Inverclyde Integration Joint Board      **Date:** 28 January 2020

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/16/20  
20/AH

**Contact Officer:** Andrina Hunter      **Contact No:** 01475 715284

**Subject:** REVIEW OF INVERCLYDE HSCP ALCOHOL AND DRUG SERVICES – PROGRESS UPDATE

---

## **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 The review of alcohol and drug service provision within Inverclyde is underway with an aim to develop a cohesive and fully integrated whole system approach for service users affected by alcohol and drug issues.
- 2.2 The review is now in Phase three - the implementation phase, with extensive progress made in all the key areas of Prevention; Assessment Treatment and Care; and Recovery. In addition, a workforce plan is underway to ensure the new integrated Alcohol and Drug Service (ADRS) has the appropriate roles and skills required to deliver the new service model.
- 2.3 The Inverclyde Alcohol and Drug Programme Board is continuing to oversee the implementation plan for the review with an implementation timescale of April 2020.

## **3.0 RECOMMENDATIONS**

- 3.1 That the Integration Joint Board notes the progress and actions being taken by the Alcohol and Drug Partnership to support the new approach to alcohol and drugs in Inverclyde and agrees to a further report being submitted as implementation of the integrated service progresses.

## **4.0 BACKGROUND**

- 4.1 A review of alcohol and drug service provision within Inverclyde is underway with an aim to develop a cohesive and fully integrated whole system approach for service users affected by alcohol and drug issues. The review is fully aligned to the Scottish Government Drug and Alcohol Strategy: Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths.
- 4.2 The review of the Inverclyde Alcohol and Drug Services has been undertaken in three distinct phases with Phases one and two now complete and reported previously. Phase two produced a number of recommendations for substantial transformational change to be considered. An implementation plan (Appendix 1) with 20 key actions has been developed with appropriate timescales for delivery and encompasses the three main areas of Prevention; Assessment Treatment and Care; and Recovery. It was agreed that these areas would be taken forward 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).
- 4.3 Inverclyde HSCP's Strategic Plan (2019-24) Big Action 5 is focused on "together we will reduce the use of, and harm from, alcohol, tobacco and drugs". This review will help deliver on the strategic outcomes linked to this action.
- 4.4 Phase three, the implementation phase, is now well underway with substantial progress being made against all actions within the implementation plan. In order to ensure the new service model has the required workforce to deliver new ways of working, a separate workforce workstream is also in place.

## **5.0 PROGRESS TO DATE**

### **5.1 Prevention**

The review identified the need to implement a robust whole population cohesive approach to prevention and education within schools and the wider community. This area of work is being undertaken by the Inverclyde ADP with a number of key streams of work underway:

- Inverclyde Prevention and Education Steering Group established by Service Manager – Community Learning and Development, Community Safety & Resilience and Sport
- The development of an Alcohol and Drug Prevention and Education Framework for Inverclyde. The ADP is currently commissioning an external consultant to review the current prevention and education support offered by ADP partners.
- Scoping undertaken by ADP to consider current pathways to service for young people experiencing problems related to their own substance misuse and how these can be improved to ensure seamless, accessible and timeous pathways.

### **5.2 Assessment Treatment and Care**

The majority of the actions in the implementation plan relate to the core service therefore to ensure steady progress is ongoing in this key area, additional team lead capacity has been introduced into the internal HSCP alcohol and drug

service. This has enabled a range of actions to be undertaken to integrate the separate alcohol and drug services into one integrated service co-located at the Wellpark Centre.

Key areas progress include:

- Rebranding of the service has been undertaken to “Inverclyde Alcohol and Drug Recovery Service” (ADRS). All external and internal communications now incorporate the new name and work to redesign leaflets/social media etc. for the service, which are being co-produced with the Service User Reference Group at Your Voice, is ongoing.
- A single point of access email address has been set up for receipt of all alcohol and drug referrals; updated referral forms for use by partners are now available. Discussion is ongoing with Access First regarding HSCP single point of access and the integration of alcohol and drugs services in 2020.
- A new integrated duty system is in development with appropriate paperwork to capture both alcohol and drug information and updated to incorporate a validated screening tool. Guidelines from point of self-referral to allocation have been developed.
- Systems are now integrated to provide a single service chronological account of care as opposed to the previous separate alcohol and drug service records. Screening and allocation of all cases are now jointly reviewed by team leads.
- New pathways into service, and combined assessment paperwork to provide holistic, recovery orientated assessment of both alcohol and drug use are now in place.
- An eligibility criteria for the new model has been agreed and will be implemented when appropriate 3<sup>rd</sup> sector pathway and referral route is in place.
- A single pathway has been agreed for individuals who do not attend (DNA) and criteria agreed for assertive outreach in line with Greater Glasgow & Clyde (GG&C) DNA Policy. Meetings are ongoing with team leads and medical staff to incorporate a single discharge pathway and multidisciplinary team meeting within this process.
- The alcohol and drug liaison team has introduced an emergency department (ED) repeat presentations standard operating procedure and put into operation a multidisciplinary team meeting to support the board wide initiative and encourage better integration with ED. This will link closely with the CORRA Foundation funded test of change project, New Pathways for Service Users.
- Work on the single pathway model of intake and core has commenced. Functions of intake, complex case, addiction liaison, shared care and core have been identified.
- A review of family support has been undertaken by Scottish Families affected by Drugs and Alcohol (SFAD) with a recommendation to consider a development post to build appropriate family support networks in Inverclyde. A test of change to develop this is currently being commissioned from the 3<sup>rd</sup> sector.

### 5.3 Recovery

A key outcome from the Alcohol and Drugs Review was to develop a recovery strategy and implementation plan as part of the wider recovery framework and development of the Recovery Orientated Systems of Care (ROSC) across the HSCP. This is a key area of focus and is well underway:

- A recovery lead post has been introduced within the HSCP to ensure appropriate capacity to lead and develop recovery strands of work.
- The Inverclyde Recovery Development Group has been established and is meeting monthly.

- Scottish Drugs Forum has been working with key partners in Inverclyde to develop the Recovery Orientated Systems of Care (ROSC) across the whole system of support including with our third sector partners and the community. Training is organised throughout December and January 2019 to train over 100 staff from across all partners.
- A number of third sector test of change programmes are planned to be commissioned to directly increase the recovery opportunities locally. There have been delays in commissioning due to ensuring robust procurement processes are being followed. Commissioning of the following recovery supports are underway in line with NHS procurement requirements:
  - Lived experience Peer Mentoring Project to develop recovery initiatives in Inverclyde.
  - Meaningful activity and community integration.
  - Scoping out of an early intervention service which identifies and supports people at the early stages of developing alcohol and drug related conditions.

The focus on implementing the ROSC will look to produce a range of positive outcomes including a decrease in the numbers of anticipated referrals; a decrease in the length of time individuals will remain in service, and an improved pathway for the co-ordination of joint allocation and the alignment of service provision with the Alcohol and Drug Recovery Service.

#### 5.4 Workforce

Work is ongoing to develop the new workforce profile for the HSCP Alcohol and Drug Service (ADRS). Working closely with HR and staff representatives, a draft structure, which details new and existing roles, within the service is in development; caseload profiling and redrafting of job descriptions underway. To ensure all staff are supported in the transition to a new integrated model, a training needs analysis is underway across the staff group. Development days, shadowing and other opportunities for joint learning are underway to fully integrate the alcohol and drugs services.

The timescale to have the workforce plan delivered is April 2020 however due to delays in draft proposed structures being agreed, this timescales is projected to June 2020.

- 5.5 The Alcohol and Drug Review Programme Board meets 6 weekly to ensure progress is being made. In addition, a professional “critical friend” is in place to ensure that the work to review the service is robust, and all potential recommendations and changes have been identified and are being implemented.
- 5.6 The Inverclyde Alcohol and Drug Review Service User Reference Group supported by Your Voice is still meeting and is instrumental to the delivery of new ways of working for alcohol and drugs.

## 6.0 IMPLICATIONS

### 6.1 FINANCE

#### Financial Implications:

The Inverclyde Alcohol and Drug Service is funded jointly by the Council and NHS with additional investment through the Scottish Government via NHSGGC to the Alcohol and Drug Partnership (ADP). This additional investment of £280,000/year for 3 years is being utilised to fund a range of initiatives related to this review.

Additional Alcohol and Drug Partnership Investment Spending Plan 2019/20

|  |  |
|--|--|
| <b>Prevention and Education</b><br>Digital Platform<br>Framework   | £<br>2,000<br>10,800   |
| <b>Assessment, Treatment and Care</b><br>Additional Liaison Nurse<br>Addition Drug Resource worker<br>Additional Team leader capacity to support the review<br>Pilot Pain Clinic                       | £<br>42,400<br>40,850<br>31,401<br>4,580                     |
| <b>Recovery</b><br>Recovery Commissioning Post<br>Development of Recovery Communities<br>Peer Recovery Worker<br>Development of Peer Mentor Programme<br>Peer participation training<br>Family Support | £<br>34,230<br>30,000<br>30,000<br>17,500<br>5,000<br>20,000 |
| <b>Critical Friend</b>   | 8,000  |
| <b>Total for 2019/20</b>   | £276,761   |

## LEGAL

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

## HUMAN RESOURCES

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

## EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

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

6.4.1 How does this report address our Equality Outcomes?

| <b>Equalities Outcome</b>   | <b>Implications</b>  |
|---|--|
| 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  |

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

## 6.6 NATIONAL WELLBEING OUTCOMES

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

| National Wellbeing Outcome   | Implications  |
|--|---|
| People are able to look after and improve their own health and wellbeing and live in good health for longer.   | 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

|     |  |                                       |   |
|-----|--|---------------------------------------|---|
| 7.1 | <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 & Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.2 Staff have been involved in a number of the workstream groups with staff representation on the overall Programme Board.

## 9.0 BACKGROUND PAPERS

9.1 None.

## Inverclyde HSCP Alcohol and Drug Services Review Implementation Plan

**As at 13/1/20**

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            | March 2020  | Green          |
| 2          | 1                | Rebrand the current alcohol and drugs services into the Inverclyde HSCP Alcohol and Drug Recovery Service   | Service , HSCP Comms Group  |   | December 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.<br><br>Phase 2-Integrate the SPOA into the HSCP Access 1 <sup>st</sup> service | SM-A&H<br>SM-ACM team leads | Assessment/<br>Treatment and Care Group | Phase 1-<br>Nov 2019<br><br>Phase 2-<br>June 2020 | Green          |
| 4          | 15               | Agree Eligibility criteria and Access Criteria for access to the HSCP alcohol and drug services   | SM-A&H<br>SM-ACM team leads | Assessment/<br>Treatment and Care Group | Nov 2019  | Green          |



|    |      |   |   |  |            |                       |
|----|------|---|---|--|------------|-----------------------|
| 5  | 3,6  | Develop one duty process; one allocations process and review process for implementation across the service  | Team Leads  | Assessment/<br>Treatment and<br>Care Group | Nov2019    | Green                 |
| 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/<br>Treatment and<br>Care Group | April 2020 | Amber Linked to No.17 |
| 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<br><br>Links to CORA Imp Group     | NHS Team leads<br>Acute leads<br>CORA Team lead     | CORA Implementation Group                  | March 2020 | 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.<br><br>Links to CORA Imp Group   | NHS Team leads and<br>CORA Team lead<br>CD<br>SM-PC | CORA Implementation Group                  | March 2020 | 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.<br><br>Links to CORA Imp Group | CORA team lead and team leads                       | CORA Implementation Group                  | July 2020  | 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<br>Consultants                       | Assessment/<br>Treatment and<br>Care Group | March 2020 | Amber Linked to No.17 |
| 11 | 7    | Commence the development of opportunities for alcohol home detox and develop appropriate risk processes and procedures.<br><br>Links to CORA Imp Group                              | CORA Team lead                                      | CORA Implementation Group                  | April 2020 | Green                 |
| 12 | 6,11 | Develop an Intensive Support Team to support most vulnerable clients  | SM A&H and team leads                               | Assessment/<br>Treatment and<br>Care Group | March 2020 | Amber Linked to No.17 |

|    |                    |  |  |  |            |   |
|----|--------------------|--|--|--|------------|---|
|    |                    |  | alcohol<br>drugs<br>homeless<br>and<br>Criminal<br>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<br>SM H&A   | Family Support<br>sub group                | Oct 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<br>Lead<br>Psychologis<br>t alcohol<br>and drugs    | Psychology and<br>SM                       | Nov 2019   | Green   |
| 15 | 18                 | Review current pathways and develop specific protocols and seamless pathway for young people experiencing issues with alcohol and drugs.   | SM A&H<br>SM C&F   | Young Peoples<br>Sub group                 | Nov 2019   | Green   |
| 16 | 3,6,17             | Develop interface protocols and processes with each HSCP service<br><br>Criminal Justice;<br>Health and Community Care;<br>Mental Health<br>Homelessness   | SM-A&H<br>SM from<br>each<br>service                       | Assessment/<br>Treatment and<br>Care Group | March 2020 | Green   |
| 17 | 20,21,2<br>2,23,24 | 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<br>HR Staff<br>reps                                 | Workforce<br>Group                         | March 2020 | Amber<br>Delay in draft<br>workforce plan<br>being agreed |
| 18 | 8,10,16            | Develop a recovery strategy and implementation plan as part of the wider recovery framework across the HSCP.   | HOS-MHAH<br>HSCP<br>Recovery<br>Lead                       | Recovery<br>Implementation<br>Group        | Dec 2019   | Amber<br>Delay in<br>commissioning                        |
| 19 |                    | Review and continue to develop the financial framework to support the implementation of the integrated service   | HOS MHAH<br>CFO  |  | Ongoing    | Green   |

|    |  |  |                              |                                  |                             |       |
|----|--|--|------------------------------|----------------------------------|-----------------------------|-------|
|    |  |  | SM A&H                       |                                  |                             |       |
| 20 |  | Develop a performance management framework to show progress against the Strategic Plan Big Action 5 and key national and local performance indicators. | HOS MHAH<br>SM G&D<br>SM A&H | Alcohol and Drug programme Board | Currently under development | Amber |