
Report To: Inverclyde Integration Joint Board **Date:** 17 March 2020

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Partnership **Report No:** IJB/17/2020/AH

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Subject: Inverclyde Alcohol and Drug Recovery Development Update

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on the progress of the Inverclyde Alcohol and Drug Partnership Recovery development workstream and to request the use of underspends to further develop local recovery communities.

2.0 SUMMARY

- 2.1 Inverclyde has significant issues with drug and alcohol misuse within the local community and the impact of this on morbidity and mortality.
- 2.2 The review of alcohol and drug service provision within Inverclyde is nearing completion with an aim to develop a cohesive and fully integrated whole system approach for services users affected by alcohol and drug issues.
- 2.3 Inverclyde historically has not had a well-developed recovery community, therefore developing more robust recovery opportunities has been identified as an area of required focus and attention. Work has commenced with a Recovery Strategy being developed; a Recovery lead post in recruitment; and a range of training in place to support the ROSC (Recovery Orientated System of Care).
- 2.4 In order to ensure continued focus of developing recovery communities, and ensure the embedding within Inverclyde, it is proposed that an Inverclyde 3rd sector Recovery hub is commissioned to support people with alcohol and drug related harm. This will work in partnership with the HSCP ADRS service and other agencies to support people in their recovery journey.
- 2.5 Funding of £825k over a three year period from the Integration Joint Board is requested to support the commissioning of a Recovery hub from 2021 onwards. Due to the commissioning lead in time, a range of 12 month programmes are currently being commissioned through a quick quote process, utilising Alcohol and Drug Partnership funding, to start to develop recovery opportunities locally. The commissioned service will incorporate all aspects of recovery into the service specification. Funding for ADP is confirmed for 2020/21.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to agree the following recommendations:

- Recruitment to a recovery post for 12 months to support the establishment of a recovery approach including commissioned services within Inverclyde and support development of recovery concepts within communities.
- The approach to commissioning of 4 tests of change to test out the model and learn from tests.
- The allocation of £825k across 3 years from the transformation fund to support the development of a commissioned community recovery hub, if future funding from the Scottish Government to Inverclyde Alcohol and Drug partnership is not confirmed.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Inverclyde has significant issues with drug and alcohol misuse within the local community and the impact of this on morbidity and mortality. The locality needs assessment found the following:

Alcohol

- Although improving alcohol related deaths (2016) in Inverclyde remain well above the Scottish average at 38 per 100,000, compared to Scotland at 23 per 100,000.
- Alcohol related admissions 2015/16 is higher than in the rest of Greater Glasgow & Clyde (GGC). Inverclyde 101.5/10,000; NHSGGC 83/10,000

Drug Misuse

- Inverclyde has nearly double the drug misuse prevalence rate in Scotland (1.62% Scotland, 2.91% Inverclyde) 2015/16 data.
- For young people within the 15-24 age group, rates in Inverclyde are the highest across all local authorities for both young men and young women.

Drug Related Deaths (DRD)

- There were 24 DRDs in 2018 compared to 23 in 2017, the third worst in Scotland.

Deprivation

- The latest SIMD data has indicated Greenock Central to be to most deprived data zone in Scotland.

4.2 In order to respond to the national and local alcohol and drug related issues, in 2018 the Scottish Government published both the new Drug/Alcohol Strategy; Rights, Respect and Recovery and the new alcohol framework, Preventing Harm. More recently, the Scottish Government Drug Deaths Taskforce (2020) has published an evidence base related to drug deaths.

4.3 Locally, 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”. Significant work has been undertaken to understand the issue and consider the Inverclyde response. Data analysis, work with communities and those that use services has helped to shape a new model.

4.4 A review of alcohol and drug service provision within Inverclyde has been ongoing since 2018 with an aim to develop a cohesive and fully integrated whole system approach for services users affected by alcohol and drug issues. Three main areas were identified:

- Prevention - through the Alcohol and Drug Partnership.
- Assessment, Treatment and Care - through the Alcohol and Drug Review Programme Board.
- Recovery - through a wider HSCP recovery development approach with mental health; supported self-care and commissioning.

4.5 Through the Alcohol and Drugs Partnership a new prevention strategy is being developed through a commissioned piece of work by Rocket Science, a company which has been involved in GGC NHS Board strategy. Ongoing work led by the Community Learning Development team involving all partners is taking place to support a refreshed approach to education and prevention.

4.6 The review of HSCP services is nearing completion with the new Alcohol and Drug Recovery Service now established to appropriately support assessment, treatment and care of service users. Regular reports to relevant committees have been ongoing throughout the review.

A key outcome from the Alcohol and Drugs Review was to develop a recovery approach and implementation plan as part of the wider recovery framework and development of the Recovery Orientated Systems of Care (ROSC). Inverclyde historically has not had a well-developed recovery community for people affected by alcohol or drug related harm, therefore this is a key area identified for development. A system wide approach to support, which must include a robust focus on recovery communities, is required in Inverclyde.

5.0 RECOVERY PROGRESS

- 5.1 Progress has now commenced on building recovery communities for people affected by alcohol and drug related harm. A recovery lead post was introduced within the HSCP to ensure appropriate capacity to lead and develop recovery strands of work. The post is currently vacant and is in the process of recruitment for a further 12 months.
- 5.2 The Inverclyde Recovery Development Group has been established and is meeting monthly. A short life working group has been established with a range of key partners to develop the Recovery Strategy for Inverclyde, which will form part of the overarching Alcohol and Drug Partnership Strategy.

The Recovery Development Group has identified the key elements to be included within the strategy. This includes the following five areas:

Alcohol and Drug Recovery Strategy

Needs Assessment

- An understanding of the national and local policy drivers relating to drugs and alcohol across Scotland and within Inverclyde.
- An analysis of the assessment and inspection work completed across Inverclyde in recent years relating to the provision of drug and alcohol services.
- An understanding of the views of people who make use of the current services.
- An understanding of the views of the current range of service providers.
- An understanding of the views of families and communities.

A vision for recovery in Inverclyde.

This will be based on the needs assessment and the views of those managing and providing services, those people who make use of services and their families and communities.

Values and principles

This will incorporate the values and principles identified within and across the range of services which are universally held and currently in place. However there may be specific areas which apply to recovery within drug and alcohol services. A key focus may be the previously identified areas of stigma and discrimination.

Strategic Priorities

The development of a recovery strategy will identify a range of actions which will have a consequence for a range of services beyond those provided by the drug and alcohol services across all sectors. The prioritisation of these actions will require significant consultation and agreement.

Outcomes and Review

It is vital that there are clear easily understood outcomes identified within the recovery strategy. In addition there requires to be a review system to ensure the identified outcomes are monitored and are met.

5.3 The 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 community training was delivered throughout December and January 2019 to train over 100 staff from across all partners. In addition, further training focused on tackling stigma is being delivered.

6.0 COMMISSIONING

6.1 A longer term and increased focus on recovery is required to fully develop and embed recovery communities within Inverclyde. This will require a commissioning approach to fully utilise the vital role 3rd sector organisations can make to the alcohol and drug related harm issues within Inverclyde.

6.2 It is proposed that Inverclyde aims to commission a large scale 3rd sector recovery hub for alcohol and drugs. The Recovery Hub will play a key role in Inverclyde's response to the problems caused by alcohol and drug misuse and provide tier 2 services alongside recovery support. The Recovery Hub will work in partnership with the statutory alcohol and drug care and treatment services (ADRS) and other agencies as part of a recovery-orientated system of care, aiming to reduce drug-related deaths and promote recovery in line with the Inverclyde Alcohol and Drug Partnership Strategy. It is envisaged the Hub will support service users at varying stages of recovery providing a service to service users both known and unknown to ADRS.

Service users will receive support through the Recovery Hub on a number of levels:

1. Service users jointly worked with ADRS who will have a care manager from ADRS as well as a designated keyworker from the Recovery Hub.
2. Service users not receiving ADRS support who are managed by the Recovery Hub with support co-ordinated via a Recovery Hub keyworker.
3. Service users mainly supported through Recovery Communities or other services who may access the Recovery Hub activities for specific time limited support or referral/signposting as and when required.

6.3 It is requested that if future funding to the Alcohol and Drug Partnership, from the Scottish Government is not agreed, the Integration Joint Board utilises the transformation fund to use £275,000 of funding each year for the next 3 years, alongside £90k of current commissioned budget, to commission a Recovery Hub for Inverclyde over a 3 year period 2021-2024. It would be the intention that a full recovery specification for the range of areas identified below in paragraph 6.5 would be developed throughout 2020, with a full tender and commissioning process being undertaken, ready for implementation from 1 April 2021.

6.4 This will take time to commission therefore in order to progress the development of recovery within Inverclyde for 2020/21, funding from the Alcohol and Drug Partnership of £190k is being utilised to commission three 3rd sector programmes to directly increase recovery opportunities locally.

6.5 There have been delays in commissioning due to ensuring robust procurement processes are being followed, however this is now underway in line with NHS procurement requirements. In order to commission these quickly, a short specification and quick quote process which is permissible for programmes under £50k is underway.

The three areas which are being commissioned for 12 months from 1 April 2020 are:

1. £50k for an early intervention service which identifies and supports people at the early stages of developing alcohol and drug related conditions. Currently this cohort is seen within statutory services however could be better supported by a tier 2 3rd sector community organisation. It will be available 7 days including weekends and evenings.
2. £50k for a Peer Support Service. This will deliver 1:1 recovery support and

planning to support service users in their recovery journey into meaningful activity, engagement in wider community activities, and routes to employability. It will be available 7 days including weekends and evenings. Referrals will come from the HSCP Alcohol and Drug Recovery Service. This will be delivered by workers with lived experience of alcohol and/or drug related harm.

3. £40k for development of a network of Voluntary Peer Mentors and wider recovery supports available 7 days including weekends and evenings. E.g. recovery cafes; increased fellowship meetings etc. This network will be supported by a worker with lived experience of alcohol and/or drug related harm.

All the above services will be within the service specification for the new service and ADP funding for £140k will be utilised going forward.

- 6.6 In addition, it is the intention to utilise a similar quick quote process for commissioning a 3rd sector based family support service for £50k to support the delivery of evidence based family support across all localities in Inverclyde, including identifying family members who require support whether their loved ones are in alcohol and drug services or not. The intention would be that future Alcohol and Drug Partnership funding will be utilised to fully commission this support and increase the delivery from 2021 onwards.

7.0 IMPLICATIONS

FINANCE

- 7.1 Request to fund a spend of £825,000 from Transformation Fund. It is anticipated that core budgets will be released at the end of the 3 years to support new service delivery/improvement.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Alcohol & Drugs Service	Payments to Other Bodies	20/21	190	N/A	ADP Core Funding - Health
	Payments to Other Bodies	21/24	1,245	N/A	£275k Transformation Fund £90k Core Funding – Council £50k ADP Core Funding Annual Cost of £415k

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

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
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.

7.5 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-developing recovery communities will ensure access for all
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact recovery communities 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 Inverclyde 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

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

7.7 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 Inverclyde 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 recovery network 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 and revising the funding and using a mix of statutory and 3 rd sector provision enables best use of resources in the future.

8.0 DIRECTIONS

8.1

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

9.0 CONSULTATION

9.1 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.

10.0 BACKGROUND PAPERS

10.1 Previous reports to Integration Joint Board outlining Phase 1, Phase 2 and Phase 3 ADRS Implementation Plan.