Inverclyde council

AGENDA ITEM NO: 6

Report To:	**Health & Social Care Committee**	**Date: 7 January 2021**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: SW/05/2021/AM**
Contact Officer:	**Anne Malarkey** **Head of Service** **Mental Health, Addictions and Homelessness**	**Contact No: 01475 715284**
Subject:	**Alcohol and Drug Recovery Services Update – January 2021**	

1.0 PURPOSE

1.1 The purpose of this report is to provide an update to the Health and Social Care Committee on the detail of how of the Alcohol and Drug Recovery Service redesign service is being taken forward. The review was in progress prior to the Covid pandemic and was put on hold by NHS GG&C, agreement to progress was reached in October.

2.0 SUMMARY

2.1 Committee members requested that the service provides a regular update. Previous reports to the Committee have combined the activity of the Alcohol and Drug Partnership (ADP) and the work of the Alcohol and Drug Recovery Service (ADRS). The report in October 2020 provided performance information on ADRS, performance data for quarter 3 is not yet available therefore the previous performance data is included as appendix 1.

2.2 This report will give a brief narrative on how the ADRS fits into the wider support and recovery work across Inverclyde with the key focus being on outlining the plan of work to redesign the Alcohol and Drug Recovery Service. The redesign requires significant changes to the way the team works.

2.3 A process of engagement with staff and staff partnership is required to make changes to job descriptions, pathways within services and expansion of treatment options.

2.4 The expansion of pharmaceutical and non-pharmaceutical treatments requires processes and robust governance arrangements to be developed and embedded within team to ensure patient/service user safety and monitor effectiveness.

2.5 National Records of Scotland are planning for release the Drug-related Deaths in Scotland in 2019 on 15th December 2020; a further report on Drug-related Deaths for Inverclyde will follow pending the publication of this information.

3.0 RECOMMENDATIONS

3.1 The Health & Social Care Committee is asked to approve the contents of the report and specifically:

- Approval of staff moving from the HSCP to Community Learning Development

- Agree the programme redesign for alcohol and drugs recommenced
- Agree the programme and sub-groups supporting the redesign

3.2 The report for next Health and Social Care Committee will focus on measuring outcomes and the new national drug and alcohol information system (DAISy) will be implemented in April 2021.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Implementation Phase of the alcohol and drug review was paused at the beginning of the pandemic, however a number of changes have already taken place to increase supports within the community and these are noted below.

4.2 **Prevention and Education** – this work is being led by the Inclusive Education, Culture and Communities directorate, reporting directly to the Alcohol and Drugs Partnership. Two posts previously sat within the Alcohol and Drug Recovery Service to provide a whole system response. These posts will move to CLD to support the wider prevention agenda. Although the Alcohol and Drug Recovery Service is represented on this group, the service governance will now rest with CLD to take prevention/education for children and adults forward.

4.3 **Recovery** – this work is being undertaken through the Recovery Development Group, which also reports directly to the Alcohol and Drug Partnership. This includes the support undertaken by commissioned providers across the wider community and within ADRS. This included the commissioning of tests of change for recovery including family support, peer support and recovery services.

4.4 Staff in ADRS will work with service users to identify recovery oriented goals, develop a support and recovery plan with an emphasis on achieving an effective transition from the statutory service to continue their ongoing recovery in the community within a supportive environment. ADRS will embed the underpinning ethos of recovery within the service as part of the redesign going forward.

4.5 **Assessment, Treatment and Care** – this is the main activity of the service which will focus on working towards achieving to Big Action 5 within the Strategic Plan. Getting this right will also contribute to all the other Big Actions. The work of the service must be underpinned by the aspiration of potential recovery for everyone and therefore is a key area of development for the service and will continue to be an area of focus going forward.

4.6 Tackling drug-related deaths is a key priority for all ADP Partners and communities. However, the Alcohol and Drug Recovery Service will specifically work to ensure that we expand access to a range of pharmacological and non-pharmacological treatments, including increasing Cognitive Behaviour Therapy support, ensuring that prescribing and dispensing arrangements are tailored to individual needs. This includes the rollout of Buvidal which is a new slow release formulation of 7 day or 28 day depot injections, resulting in service users no longer attending chemists daily for supervised methadone dispensing.

4.7 It is hoped this will allow patients to focus on improving their lives and overall health rather than managing their dependence; increase the distribution of naloxone; empower service users to identify urgent, short, medium and long term recovery goals and promote cultural change within the service.

4.8 Since the beginning of the pandemic, the service has implemented a hub model which has provided an opportunity to peer review every caseload and reassess the level of vulnerability and risk of each service user.

4.9 In collaboration with service users and other services, staff are undertaking refreshed reviews to develop joint support plans, prioritising those identified as being most vulnerable and at risk.

4.10 The aim is to provide support to service users in an outcome-focused way to re-establish daily living skills and community connections. Where longer-term support is needed, the service is developing a revised standard operating procedure to empower and enable service users, including options to uptake service from commissioned providers to meet medium and longer term support needs where this is deemed

appropriate. The service is currently reviewing assessment and care management arrangements and will also be developing a revised standard operating procedure in these areas.

4.11 The service has also identified a number of people who remain stable and could successfully be supported with community prescribing and support arrangements. The service will review the existing GP Shared Care arrangements to determine if there is any additional capacity as well as consider other models of care such as Independent Prescribers and Advanced Nurse Practitioner roles within the community.

4.12 A number of workstreams have been developed to lead on the final phase of implementation to modernise the service which are outlined below:

4.13 *ADRS Steering Group*

- Chaired by the Head of Mental Health, Alcohol and Drug Recovery and Homelessness Services to provide oversight of the following sub-groups, including action plans and timescales for delivery.

4.14 *Workforce Sub-group*

- Identified priority areas include finalising social care job descriptions, staffing structure and teams within ADRS;
- Develop staffing model/structure across all disciplines in the service - social care, nursing, occupational therapy, psychology and medical staff;
- Align service to professional leads and Chief Social Work Officer roles;
- Embed governance structures into service delivery;
- Support culture change to create Recovery Oriented Systems of Care in practice;
- Identify suitable solutions for learning and development needs of the workforce.

4.15 Although medical staff were not included in the review, imminent changes in personnel requires the service to develop a new medical staffing model. This provides an opportunity to consider the role of independent prescribers and advanced nurse practitioners to the Inverclyde ADRS workforce.

4.16 *Care and Treatment Sub-group*

- Service definition, access criteria, referral pathways;
- Personal support and recovery plans to include urgent, short, medium and long term goals;
- Defined pharmacological and non-pharmacological interventions;
- Clarity of the care management role and interface with other services, teams and partners.

4.17 *Performance and Information Sub-group*

- Quality assurance processes to ensure accuracy of data, clarity of reporting arrangements.
- Develop a performance matrix linked to local and national reporting requirements and influence priorities in service activity.

4.18 *Communication and Engagement Sub-group*

- Engagement plan developed in collaboration with ADRS staff and service user
- Service User Reference Group
- Recovery Community and Peer Workers to influence work within other sub groups,

- Communication strategy to inform staff, service users and wider community of service and partner activity.

5.0 Next steps

5.1 Appendix 1 contains current performance data related to ADRS services.

The new national drug and alcohol information system (DAISy) will be implemented in April 2021 in Inverclyde. The new system will collect much more detailed information than previous systems, including:

- Service User details- demographics etc.
- Referral details
- Full assessment details including social circumstances waiting times; drug and alcohol use; prescribing information; naloxone use.
- Reviews
- Recovery Outcomes (still to be developed by Scottish Government)

5.2 The Committee is asked to note and comment on the contents of the report. The report for next Health and Social Care Committee will focus on measuring outcomes and the new national drug and alcohol information system (DAISy) will be implemented in April 2021.

6.0 IMPLICATIONS

Finance

6.1

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

Annually Recurring Costs / (Savings)

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

Legal

6.2 There are no legal issues within this report.

Human Resources

6.3 There are no Human Resources issues within this report.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)

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

Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

x	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. Many of the service users affected by drug and alcohol issues are from areas of deprivation and suffer greater inequalities. Through delivering more recovery orientated care should bring positive impact on service users ability to engage more meaningfully within the community.
	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO

6.5 **Repopulation**

All of the steps undertaken by Officers seek to support the long-term interests of the Inverclyde economy and to provide a secure and safe environment for its workforce.

7.0 CONSULTATION

7.1 As part of the review, a reference group has been established supported by Your Voice and staff representatives have been involved in all workforce change elements. This will move forward in the Communication and Engagement Sub-Group.

8.0 LIST OF BACKGROUND PAPERS

8.1 None.

Appendix 1 Performance Data

As at 5th December 2020 there are 1079 service users within the ADRS service.

Fig.1

Number of new referrals to Drug Services.							
2019/20				**2020/21**			
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
94	85	75	92	60	56		

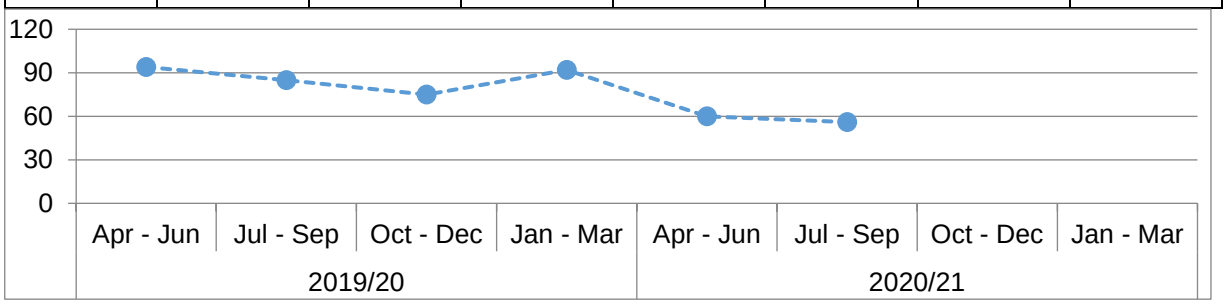


Fig.2

Number of new referrals to Alcohol Services.							
2019/20				**2020/21**			
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
149	99	97	124	103	113		

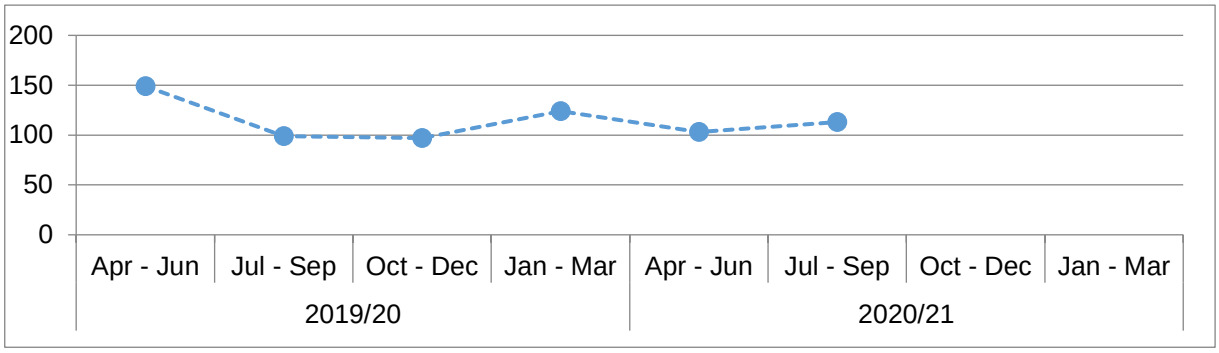


Fig.3

90% of clients will wait no longer than 3 weeks from referral received to an appropriate drug or alcohol treatments that supports their recovery. % Seen Within 3 Weeks (Completed Waits).

2019/20				2020/21			
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
86.5%	77.6%	96.9%	92.7%	93.4%	99.3%		

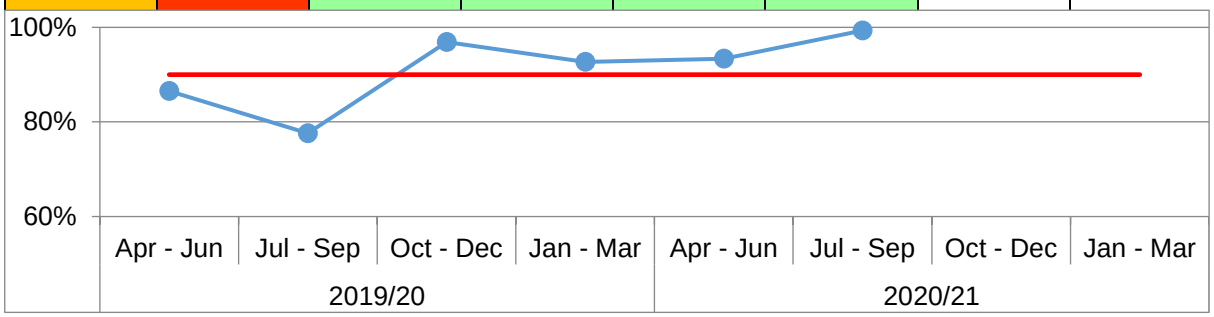


Fig.4

Referral to 1st Treatment: Drug Services (Completed Waits).

2019/20				2020/21			
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
67.9%	67.6%	100.0%	95.2%	89.1%	97.7%		

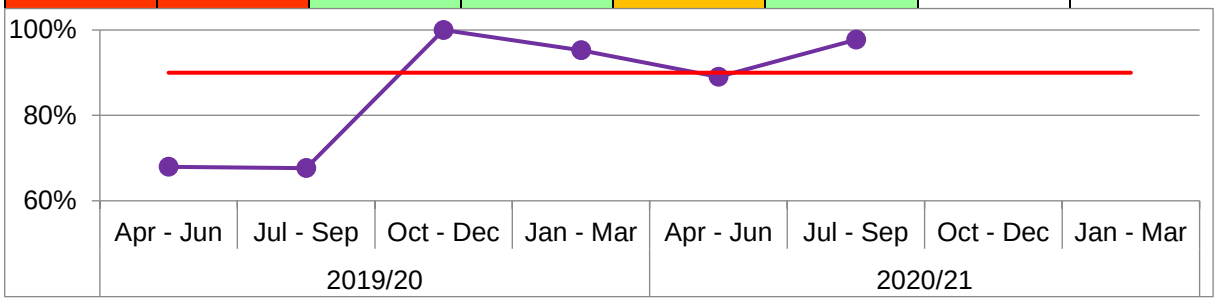
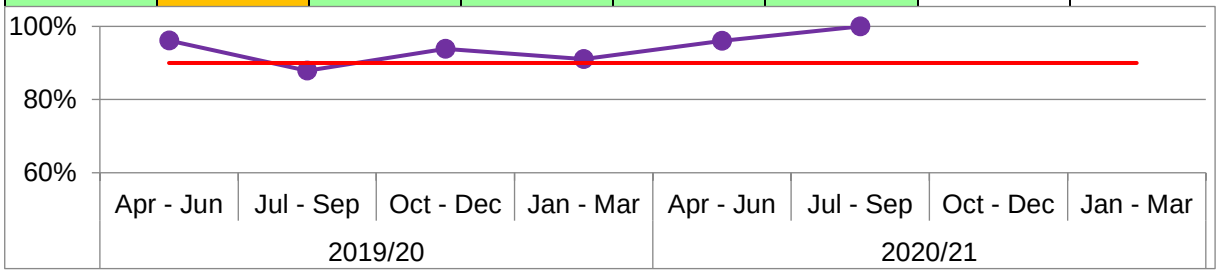


Fig. 5

Referral to 1st Treatment: Alcohol Services (Completed Waits).							
2019/20				2020/21			
Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
96.1%	87.9%	93.9%	91.0%	96.1%	100.0%		



The solid red line in above charts (Fig. 3,4 &5) is the national target therefore Inverclyde is now performing well against the national targets