
Report To:	Inverclyde Integration Joint Board	Date:	1 November 2021
Report By:	Allen Stevenson Interim Chief Officer Inverclyde HSCP	Report No:	IJB/52/2021/AM
Contact Officer:	Anne Malarkey Interim Head of Mental Health, Alcohol and Drug Recovery and Homelessness Services	Contact No:	01475 715284
Subject:	INVERCLYDE ADRS – CONCLUSION OF SERVICE REDESIGN		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the IJB with a final overview of the work progressed within the Inverclyde Alcohol and Drug Recovery Service to conclude service redesign.

2.0 SUMMARY

- 2.1 Inverclyde Alcohol and Drug Recovery Service (ADRS) has undergone a service review over the past 2-3 years. The final phase – the implementation plan of service redesign was put on hold at the start of the Covid – 19 pandemic and recommenced again in September 2020. Four sub-groups have taken forward this work, reporting to a steering group.
- 2.2 We are in the final phase of the implementation plan, with all required elements of the workplan completed.
- 2.3 There is no longer a requirement for the continuation of the sub-groups therefore the role of the ADRS Steering Group has been fulfilled.
- 2.4 Ongoing service development will continue within a service operational plan, as national and board wide initiatives are developed and rolled out into practice.

3.0 RECOMMENDATIONS

- 3.1 The IJB is asked to:
- note the level and activity undertaken as part of the service redesign as detailed in the attached report (Appendix 1);
 - agree to conclude the ADRS Steering Group and associated sub groups; and
 - agree that future work will be delivered as part of the service operational plan and that future reports will be scheduled through the Alcohol and Drug Partnership.

Allen Stevenson
Interim Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 The ADRS Steering Group has overseen the implementation plan, taken forward across a range of sub groups to develop the new service model.

4.2 *Workforce Subgroup*

Amendments to the staffing model, identified during the pandemic have been fully implemented. A number of posts are being recruited to in order to conclude this element of the workplan. Ongoing engagement and wellbeing events are held with staff to support them in the change.

4.3 *Care and Treatment Subgroup*

We have developed, implemented and adapted a range of standard operating procedures to ensure safe, effective governance of new interventions and practice. By working alongside Board wide ADRS colleagues to support equity of access to emerging new treatments and ways of working against MAT Standards.

4.4 *Performance and Information Subgroup*

Implementation of DAISy reporting system is underway. The service will continue to review against other reporting arrangements in order to report on waiting times and provide service activity updates.

4.5 *Prevention and Education*

Moved out of ADRS as part of redesign to ensure wider community education.

5.0 PROPOSALS

5.1 This report seeks approval to conclude the ADRS Steering Group and associated workstreams. Ongoing service development will continue at operational level with regular reporting on activity via the Alcohol and Drug Partnership.

6.0 IMPLICATIONS

Finance

6.1 No financial implications
Financial Implications:

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 (If Applicable)	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?

	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.

6.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
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.	None
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.	None
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.	None

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.	None

7.0 DIRECTIONS

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

8.0 CONSULTATIONS

8.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP. It has been approved by the ADRS Steering Group, Health and Social Care Committee and ADP.

9.0 LIST OF BACKGROUND PAPERS

- 9.1 Inverclyde ADRS Review – Implementation Plan
- 9.2 Inverclyde ADRS Care and Treatment Milestones

Inverclyde HSCP Alcohol and Drug Review Implementation Plan

As at 01/09/21





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 Recommendation	Action required	Responsible Officer	Sub Group	Timescale	Progress (BRAG)
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 <ul style="list-style-type: none"> • 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. 	Service, HSCP Comms Group	Care & Treatment Sub Group	July 2019	COMPLETE
3	2,3	Phase 1-Develop a single point of access (SPOA); and one duty system for all service users requiring support with regard to their alcohol and drug issues. Phase 2-Integrate the SPOA into the HSCP Access 1 st service	SM-A&H SM-ACM team leads	Care & Treatment Sub Group	Phase 2- ON HOLD	COMPLETE



Appendix 1

4	15	<p>Agree Eligibility criteria and Access Criteria for access to the HSCP alcohol and drug services</p> <ul style="list-style-type: none"> • An eligibility criteria for the new model has been agreed • 3rd sector pathway and referral routes are in place. • Plan for sub group for coms and engagement <p> Access Criteria to ADRS version 1.0 Jun</p>	SM-A&H SM-ACM team leads	Care & Treatment Sub Group	August 2019 Meeting reconvened 24/2/21	COMPLETE
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5	3,6	<p>Develop one duty process; one allocations process and review process for implementation across the service</p> <ul style="list-style-type: none"> • A new integrated duty system has been developed 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. <ul style="list-style-type: none">  Provision of duty SOP version 1.1.doc. • 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 <ul style="list-style-type: none">  DNA Pathway.rtf • Joint Multidisciplinary team meeting for drug and alcohol cases have been established. <ul style="list-style-type: none">  SOP Escalation of case to MDT clinical • Single point of access screening/allocations meeting established for all new referrals. <ul style="list-style-type: none">  Screening and Allocations SOP.doc 	Operational manager/ Team Leads	Care & Treatment Sub Group	September 2021 September 2021 August 2021 August 2021 August 2021	COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE
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6	3,6,	Implement a single pathway model based on Intake and Core provision with appropriate staffing. On hold for 12 months for service redesign to be fully implemented and embedded. Determine if intake and core is required in future.	SM and team leads	Care & Treatment Sub Group	Review operational model Sept 22	Red
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7		<p>As part of the CORRA plan, start to expand alcohol and drug liaison services within acute setting with increased focus on ED and repeat attenders</p> <ul style="list-style-type: none"> E.D Repeat presentations standard operating procedure has been established a multidisciplinary team meeting to support the board wide initiative and encourage better integration with ED. <p> Inverclyde Alcohol and Drug Repeat Pr.</p> <ul style="list-style-type: none"> Links with clinical lead and charge nurse within ED have been re-established. Pathway for referral reviewed and highlighted to ED staff. Standardised acute addiction training plan will be delivered commencing July 2021 with added sessions focusing on repeat attenders and NFOD with specific ED awareness sessions. New pathways for non-fatal over dose referrals have been agreed with the Scottish Ambulance Service and will be operationalised by the liaison nurse. Information sharing process is in place. <p> SOP Non fatal OD final.docx</p> <p> NFOD referral flowchart final.doc</p> <p> local ambulance pathway.doc</p> <p> 2020-11-06 Caldicott Letter Incic</p>	NHS Operational manager/ Team leads	Care & Treatment Sub Group	Commence October 2018 Meeting reconvened 24/2/21	COMPLETE
		CORRA Team Lead	18 th June 2021		COMPLETE	

8	5	<p>As part of the CORRA plan, start to work with primary care colleagues to commence development alcohol and drug liaison within primary care liaison.</p> <ul style="list-style-type: none"> • CORRA lead has attended GP forum to agree new pathways into service, location of the test of change and service specification has been agreed • SOP complete • SOP and pathways to GPs 2nd March 2021 for feedback before roll out on the 5th March 2021. • Plan to go live 8th March 2021. <p>  Primary care SOP.docx  Primary care referral flowchart drug use.referral flow chart.d </p>	NHS Team leads and CORRA Team lead	Care & Treatment Sub Group	Meeting reconvened 24/2/21	COMPLETE
9	6,7	<p>Commence development of a test of change to determine need for extended hours/7 day service for services users requiring drug and alcohol treatment.</p> <p>Actively developing staff model to deliver extended service.</p> <p>Links to CORRA Imp Group</p>	CORRA team lead and team leads	Care & Treatment Sub Group	Commence October 2018 Meeting reconvened 24/2/21	Green
10	4,7	<p>Reshape the current alcohol day service into a Tier 4 service and extend availability to all clients with complex health issues.</p> <p>Extended to cover drug Dependency – DTTO, Benzodiazepine, Bupival initiation/ Depot clinic</p>	NHS Team leads Consultants	Care & Treatment Sub Group	November 2019 Meeting reconvened 24/2/21	Green

11	7	<p>Commence the development of opportunities for alcohol home detox and develop appropriate risk processes and procedures.</p> <ul style="list-style-type: none"> • Staff are now trained in home detox procedures, • standard operating procedure has been developed • Final discussions with medic regarding implementation and commencement date.  <p>Guidance to Support Service Deli</p>	CORA Team lead	Care & Treatment Sub Group	Commence October 2018 Meeting reconvened 24/2/21	COMPLETE
12	6,11	Develop a Complex Needs Team to support most vulnerable clients	SM A&H and team leads alcohol drugs homeless and Criminal justice	Care & Treatment Sub Group	November 2019 Meeting reconvened 24/2/21	Red
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	COMPLETE
14	12	<p>Review of the current psychological therapies approaches within services to ensure appropriate access across all alcohol and drug service users.</p> <ul style="list-style-type: none"> • Meeting arranged with Dr Mooney to discuss training needs • Psychology post/structure update • 	SM A&H Lead Psychologist alcohol and drugs	Care & Treatment Sub Group	Meeting reconvened 24/2/21	On going 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 SM C&F	Young Peoples Sub group	September 2019	Green

16	3,6,17	<p>Develop interface protocols and processes with each HSCP service</p> <p>Criminal Justice;</p> <ul style="list-style-type: none"> • DTTO standard operating procedure completed. • Structured deferred sentencing pathway • Team leaders interface meeting commence • Progression towards staff interface meetings <p>Health and Community Care;</p> <ul style="list-style-type: none"> • Service manager level integration • Progression of team leader interface <p>Community Mental Health Team</p> <ul style="list-style-type: none"> • Integrated team lead meetings • Joint caseload review • Sharing of duty team lead and huddle information <p>Homelessness</p> <ul style="list-style-type: none"> • Joint caseload reviews • Joint team leads meeting 	SM-A&H SM from each service	Care & treatment sub group	November 2019 Meeting reconvened 24/2/21	COMPLETE
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17	20,21,22,23,24	<p>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</p> <ul style="list-style-type: none"> • Consulted with Chief Social Work Officer regarding social care governance and structure • Social Worker team lead - appointed • Consulted with professional nurse lead & practice develop nurse for support for nursing staff to identify role specific tasks • Job description updated with “occasional out of hours working” added • Mock rota sent out to staff • Four open/drop in sessions arranged for staff to speak with ops manager and service manager • Staff training records collected and sent to performance & information – new training plan to be developed • Meeting arranged with performance and information analyst to look at training needs analysis. • Training for all staff to access SWIFT is underway 	SM-A&H HR Staff reps	Workforce Group	First meeting July 2019 Reconvened 11/2/21	COMPLETE
18	8,10,16	<p>Develop a recovery strategy and implementation plan as part of the wider recovery framework across the HSCP.</p> <p>Review and continue to develop the financial framework to support the implementation of the integrated service</p>	HOS-MHAH HSCP Recovery Lead	Recovery Implementation Group	Oct 2019	Green
19			HOS-MHAH CFO SM-A&H		Ongoing	Green

