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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>6 January 2022</b>
<b>Report By:</b>	<b>Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>SW/06/2022/AM</b>
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<b>Subject:</b>	<b>Inverclyde ADRS Update – Benefits of Service Redesign</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Health and Social Care Committee with an update on the benefits of the service redesign following completion of the implementation plan.

## 2.0 SUMMARY

- 2.1 As previously reported Inverclyde Alcohol and Drug Recovery Service (ADRS) has undergone a service review and redesign over the past 2-3 years which concluded with the completion of the workplan.
- 2.2 Following the previous report to the Health and Social Care Committee the service was asked to provide an update on benefits of the redesign.

## 3.0 RECOMMENDATIONS

The Health and Social Care Committee is asked to:

- (a) note the benefits identified in relation to the aims of the review and service redesign; and
- (b) agree that a report be tabled in future following full service user consultation and data analysis on service activity.

**Allen Stevenson**  
**Interim Corporate Director (Chief Officer)**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 A review of Inverclyde HSCP Alcohol and Drug Services commenced in 2017. The aim was to develop a coherent and fully integrated model.
- 4.2 Phase 1 concluded in June 2018 which reviewed all aspects of service delivery at the time. It identified that the journey through HSCP addiction pathway was complex; with two very distinct teams - namely a Community Drug Team and Inverclyde Alcohol Service operating in very different ways; with separate client recording systems and an extensive range of tiered services being delivered within the HSCP.
- 4.3 It was identified that the two distinct alcohol and drug teams should co-locate, to provide an integrated model of care, with a single pathway through one service, with consistent streamlined assessment, risk assessment, support plans and recording systems.
- 4.4 The two services merged to become the Inverclyde HSCP Alcohol and Drug Recovery Service and co-located to the Wellpark Centre in April 2019. There was some initial Organisational Development work at that time to support the integration. In addition staff were involved with community partners in attending Recovery Orientated SC training to support recovery pathways between the service and community organisations.
- 4.5 A tiered approach to care and support was agreed, enabling ADRS to develop the knowledge, skills and resources to focus on those with the most complex needs requiring Tier 3 / Tier 4 support.
- 4.6 The tiered approach enables people with drug and/or alcohol issues and their families more choice and control to engage with a wider range of community supports being developed through the Alcohol and Drug Partnership Recovery Development Group.
- 4.7 The service has successfully established a clear, visible single service model which includes a single point of access (SPOA); a single pathway through the service; a single, responsive duty system for all service users with regard to their alcohol and/or drug issues, joint clinical reviews and discharge planning to support consistent practice across the two teams coming together.
- 4.8 The range of treatments has been extended with day service expanding to offer physical and mental health checks for all service users; development and roll out of Buvidal clinic; alcohol Home Detoxification and improved response to those with more complex needs and difficult to engage via Assertive Outreach Liaison to primary care
- 4.9 By focusing on Tier 3 /Tier 4 supports, it was identified that prevention and education work across all age groups and wider communities including schools could be delivered more appropriately by wider ADP partners. The staff from the Healthier Inverclyde team have transferred to and are now managed by the Education and Communities Directorate to ensure delivery. A separate workstream overseen by the Alcohol and Drug Partnership (ADP) is responsible for delivering the prevention and education agenda.
- 4.10 A review of Family Support moved this from within the statutory service and is now being provided by third sector partners. This ensures families affected by addiction issues, and those caring for others, are appropriately supported within the community regardless of whether the person with an addiction is in treatment through ADRS.
- 4.11 Inverclyde ADRS works alongside 3rd Sector Recovery Services who are commissioned through the Alcohol and Drug Partnership to provide a range of recovery programmes with psycho-social, training, volunteering, and employment opportunities. As more recovery support is commissioned through ADP, people will have a wider range of opportunities within the community, reducing their reliance on the statutory service. Moving On, community partners attend the service allocation meeting which enables people to receive support at the right time by the right service.

- 4.12 Initial development work has taken place across adult services to improve the interface across justice, mental health and homeless to create better pathways across different service areas.
- 4.13 CORRA funding received to engage with Primary Care for hard to reach individuals, paused during the pandemic, has enabled a more cohesive, efficient Assertive Outreach Liaison Service to be developed with response times currently within 24 hours of referral Monday – Friday.

### **EMERGING CHALLENGES**

- 4.14 Since the review, the Drug Deaths Taskforce established by the Scottish Government in September 2019 in response to the drug-related deaths across Scotland introduced a number of initiatives including the introduction of Medication Assisted Treatment (MAT) Standards for Scotland. The Standards were published in May 2021 to ensure consistent delivery of safe, accessible high quality care and treatment for people experiencing harm as the result of drug use regardless of where they live. MAT is the term for use of medication such as opioids, together with any psychological and social support.

The Standards adopt a rights-based approach, ensuring individuals have choice in their treatment and are empowered to access the right support for where they are in their recovery journey.

The service has self-evaluated current practice against the MAT Standards. ADRS is in a good position to evidence how we are working towards the standards. However there are a number of outstanding actions and challenges to address. The service is working with the ADP and wider NHS Greater Glasgow and Clyde ADRS partners to identify how to manage full implementation of the standards.

### **WHAT DO THE STANDARDS MEAN FOR PEOPLE WHO USE AND PROVIDE SERVICES AND SUPPORT?**

- 4.15
- People can get a prescription or other treatment support they request on the day they present to any part of the service. People have the right to involve others, such as a family member or nominated person(s) to support them in their journey throughout their care. Staff will help people to do this if they choose this form of support.
  - People are informed of independent advocacy services that are available and feel able to use them to discuss the issues that matter to them.
  - People are aware that treatment is not conditional on abstinence from substances or uptake of other interventions.
  - People who have stopped accessing MAT or who have undergone detox are supported to easily come back into services for the care they need.
  - If people miss appointments, services do not discharge them and actively get in touch to find out what people need to continue in treatment.
  - People are made aware that abstinence is offered as a choice along with other treatment options.
  - People will be given information and advice on recovery opportunities within their community.
  - People can expect support from community pharmacists, dentists and GPs as part of their care plan, including being able to ask to move their drug treatment to their GP when appropriate.
  - People are clear about what choices are available to them throughout their journey through services and are aware of their right to make their own decisions about their care plan.
  - People feel listened to and involved in all decisions. They understand the different medication options available, including appropriate dose options.
  - People feel able to talk about and review the choices they have made with their worker at any time. They have support if they choose from advocacy or a family member or nominated

person(s) and are encouraged to do so.

- People feel able to provide feedback, including complaints, to the service on the way they have been treated, through formal or informal channels.
- People can expect a service that is welcoming and treats them with dignity and respect, working with them to improve their health and wellbeing.
- People can get treatment and care for as long as they want to.
- People can expect that different organisations will work together to meet their needs and that information about them will be shared and stored appropriately.
- People feel involved in the design, delivery and evaluation of MAT services.

## 5.0 PROPOSALS

- 5.1 This report outlines the benefits of the service redesign against the aims the project set out to achieve.
- 5.2 Following on from a review of data and service user consultation and engagement will in future determine the impact on people who use the service.
- 5.3 ADRS in collaboration with the ADP provide a future update regarding MAT Standards.

## 6.0 IMPLICATIONS

### Finance

#### 6.1 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 No implications

### Human Resources

- 6.3 No implications

## Equalities

6.4 (a) Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	NO -

(b) 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?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
✓	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.
✓	NO

## Repopulation

6.5 No implications

## 7.0 CONSULTATIONS

7.1 None. This will be undertaken with Service users prior to any future reporting.

## 8.0 LIST OF BACKGROUND PAPERS

8.1 [Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot](#)