

---

<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b>	<b>22 October 2020</b>
<b>Report By:</b>	<b>Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/38/2020/AH</b>
<b>Contact Officer:</b>	<b>Andrina Hunter Strategic Service Manager Mental Health, Alcohol and Drugs and Homelessness</b>	<b>Contact No:</b>	<b>01475 715284</b>
<b>Subject:</b>	<b>Alcohol and Drug Review Update</b>		

---

## 1.0 PURPOSE

- 1.1 The purpose of this report is to update Health and Social Care Committee on the progress of the Inverclyde Alcohol and Drug Review; activity in relation to tackling drug deaths in Inverclyde; and the recent funding from the Scottish Government Drug Death Taskforce.

## 2.0 SUMMARY

- 2.1 Previous reports to the Committee have outlined the background to and ongoing work in relation to reviewing and redesigning the support for people affected by alcohol and drug related harm.
- 2.2 The three key areas of prevention and education; assessment, treatment and care; and recovery have all been progressed with significant work undertaken to date, with a range of 3<sup>rd</sup> sector organisations now delivering services alongside the statutory service. The internal workforce redesign of the HSCP alcohol and drug service (ADRS) has unfortunately been impacted by Covid-19, with the focus being to deliver safe services based on risk and vulnerability to service users. The redesign has been paused as no organisational change is taking place during the pandemic.
- 2.3 Drug related deaths are a significant concern for Inverclyde with the 2019 figures due to be released by the Scottish Government in December 2020. Drug Related Deaths Monitoring Group has been established within Inverclyde to develop better multiagency understanding of, and efforts to, reduce drug deaths.
- 2.4 Inverclyde has been awarded £78,439/year for two years from the national Drug Death Taskforce to support activity in relation to reducing drug deaths, with a key focus locally to increase Naloxone supply and availability; and ensure assertive outreach and immediate support into ADRS services for anyone who has experienced a non-fatal overdose.

## 3.0 RECOMMENDATIONS

- 3.1 That the Committee notes the activity undertaken to date in relation to the review and redesign of wider alcohol and drug services, and notes that the impact of Covid has resulted in the redesign being paused.
- 3.2 That a further report is submitted to the Committee following the publication of the 2019

drug death figures and an update of progress on actions taken to address drug deaths.

**Louise Long**  
**Corporate Director (Chief Officer)**  
**Inverclyde HSCP**

## **4.0 BACKGROUND**

### **4.0 Alcohol and Drug Review**

The review of alcohol and drug service provision within Inverclyde has been ongoing for a period of time with an aim to develop a cohesive and fully integrated whole system approach for services users affected by alcohol and drug issues. There are three main areas of focus within the review:

- Prevention
- Assessment, Treatment and Care
- Recovery

The review is now in the final (3<sup>rd</sup>) phase and is well underway with substantial progress being made against all actions within the implementation plan however the review was paused due to Covid.

### **4.2 Prevention**

The review identified the need to implement a robust whole population cohesive approach to prevention and education within schools and the wider community. The Alcohol and Drug Partnership (ADP) Committee endorsed the creation of an Inverclyde Prevention and Education Steering Group which commissioned an external consultant to review the current prevention and education support offered by ADP partners. Rocket Science have now concluded this review with a range of recommendations across both young people and wider communities.

4.3 This work has now been remitted to the Prevention and Education Group to implement and develop an action plan, led by the Council's Inclusive Education, Culture and Communities directorate and feeds into the Alcohol and Drugs Partnership.

### **4.4 Assessment Treatment and Care**

The review highlighted a need for redesign within the HSCP Alcohol and Drug Teams and to date good progress being made with the implementation plan, bringing together two separate teams and a number of singleton posts together to develop a single integrated Alcohol and Drug Recovery Service.

A number of processes have been implemented:

- A single duty system of service access;
- Merging of two teams within one building and capital works associated with it.
- An allocations process with 3<sup>rd</sup> sector involvement to ensure services users receiving the right support by the right service at the right time;
- Improving waiting time to access treatment;
- Testing for Blood Borne Viruses at all assessment appointments, ongoing regular testing ongoing and where required onward referral for treatment and support;
- Implementation of a Standard Operating Procedure for people who routinely present at emergency department (ED) to improve access to timely assessment and support;
- The new workforce structure and job descriptions developed and consultation has taken place with staff.

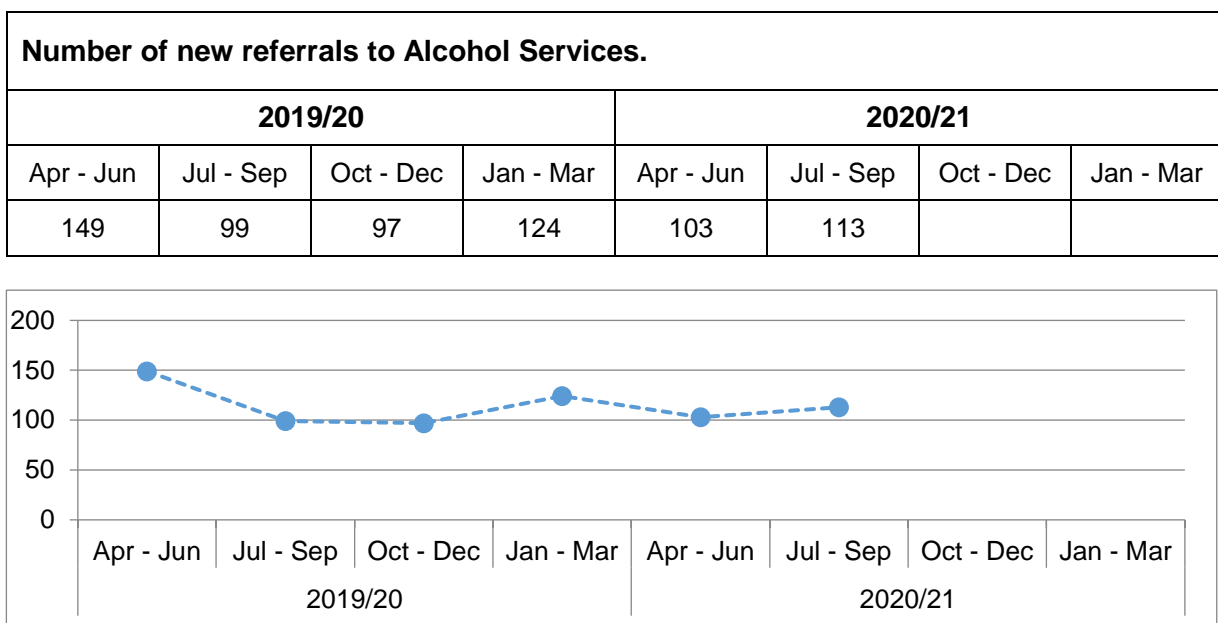
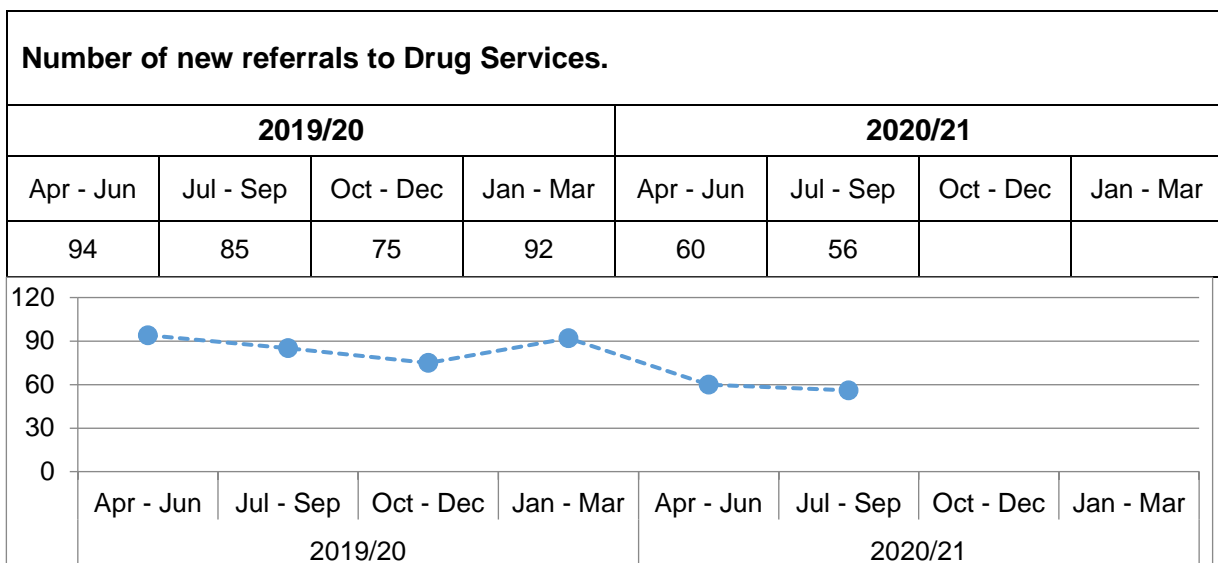
Full implementation of the review was paused at the beginning of the pandemic.

4.5 Throughout Covid, the key principle underpinning service delivery during this period has been the safe delivery of essential services based on a dynamic assessment of risk and vulnerability. This resulted in Red, Amber and Green categories being assigned to around 1100 service users to determine the level, frequency and type of contact.

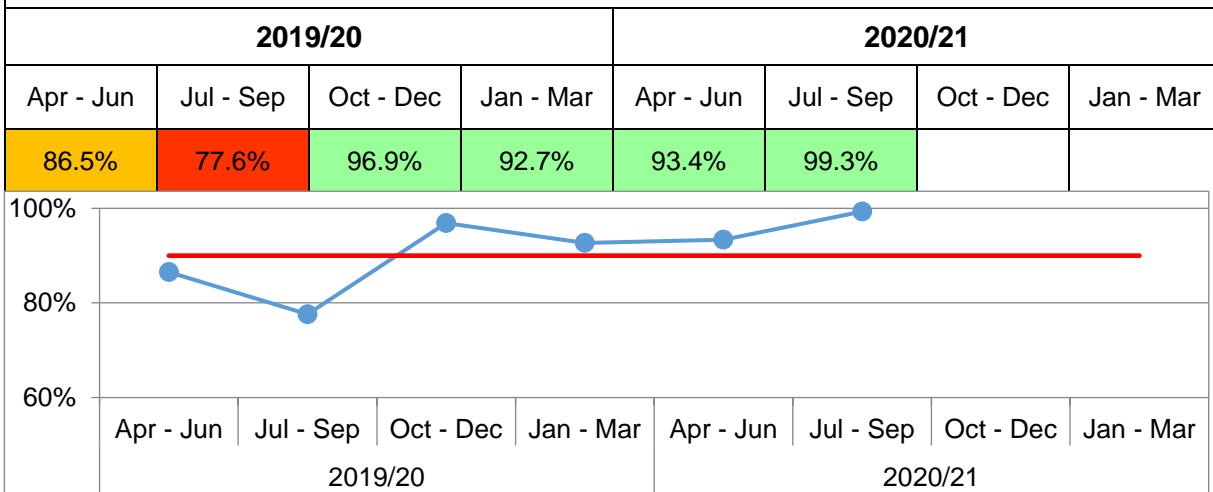
The most essential elements of the service have been:

- maintain a prescription management service and ensure the safe frequency of collection of Opiate Replacement Therapy (ORT) plus other controlled and medication for 580+ service users;
- delivery of ORT to service users self-isolating or on the shielding list;
- the supply of Injecting Equipment Provision, Locked Boxes and Naloxone (the injection used to treat an opiate overdose in an emergency situation) to service users; (in the 3 months, April to June 2020, 58 Naloxone kits had been distributed within Inverclyde compared to 133 for the full 2019/20 year).
- liaising with other teams and agencies when identifying other complex needs such as homelessness, mental health, community care and/or adult and/or child protection issue;
- Incrementally increasing face to face service contact.
- In line with NHS GG&C guidance Blood Borne Virus testing and Inpatient Alcohol Detox was immediately suspended at the beginning of the pandemic. As guidance has developed we have incrementally increased access to these, commensurate with other HSCP's.

#### 4.6 Performance Measures for ADRS

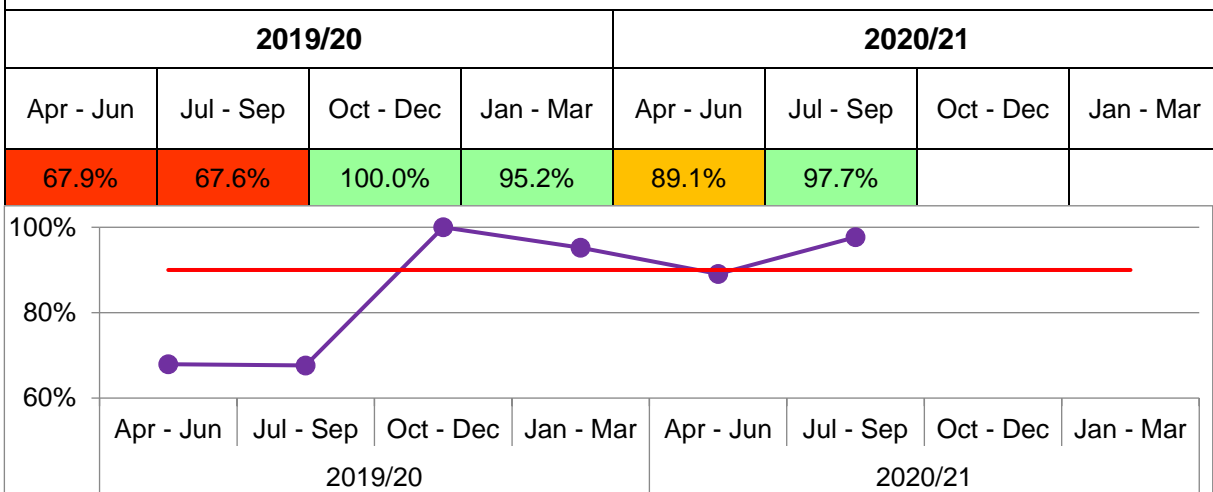


**90% of clients will wait no longer than 3 weeks from referral received to an appropriate drug or alcohol treatments that supports their recovery. % Seen Within 3 Weeks (Completed Waits).**

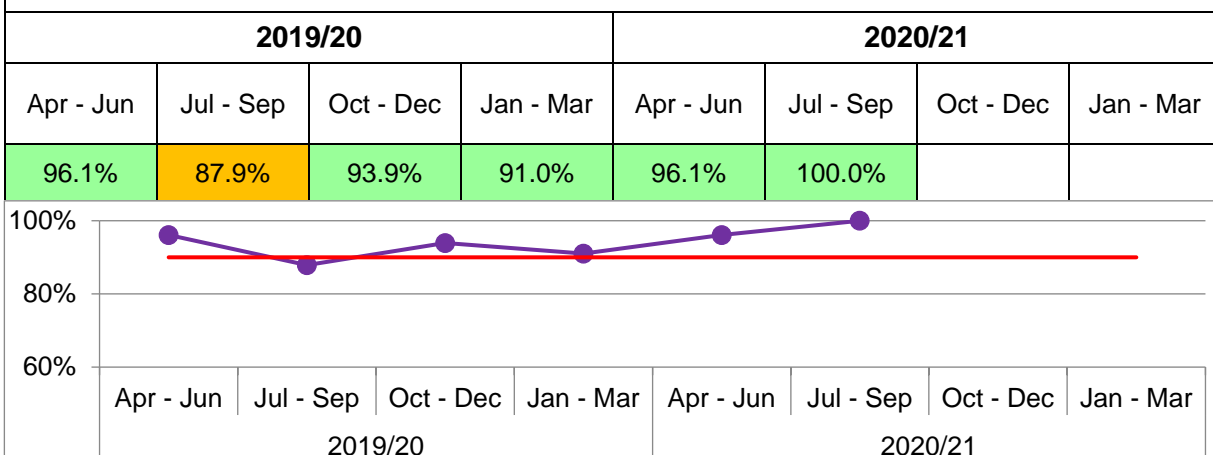


Red line is national target

**Referral to 1<sup>st</sup> Treatment: Drug Services (Completed Waits).**



**Referral to 1<sup>st</sup> Treatment: Alcohol Services (Completed Waits).**



## 4.7 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 underway with an Inverclyde Recovery Development Group being established and Scottish Drugs Forum 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. The Recovery Strategy and associated action plan are currently in development and are key components of the ADP delivery Plan.

This focus on 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.

- 4.8 Three contracts have been awarded to support recovery within Inverclyde (in addition to ongoing recovery activity) and are at various stages of delivery:

**YourVoice - Recovery Development Coordinator Service.** To further develop recovery communities and volunteer peer mentors across Inverclyde, with 15 peer mentors with lived experience now having being trained within the community. 12 are active at this time, this includes 6 newly trained peer mentors with 8 mentors supporting one mentee each by:

- Provide information to mentees on community services and supports that are available to them which may support their recovery journey
- Help build confidence and capacity of mentees to progress their recovery journey
- Assist people to access services / supports / initiatives to aid their recovery The mentors have supported wider work throughout Covid and supported over 50 referrals from the HSCP for support.
- The Inverclyde Recovery Café is now open on a Friday evening running at full capacity - 12 /14 people attending on a weekly basis with plans for online support. Other activities being progressed include Recovery walking group; Women' s Group and Men's Group

This activity will continue to grow and develop with the plan for the peer mentors to become more active and linked to services.

**Moving On - Early Intervention Service.** To provide support for people at early stages of developing alcohol and drug related conditions.

**Scottish Families affected by Alcohol and Drugs (SFAD) Family Support Service.** To provide a range of support services in partnership with and for families who are affected by someone else's alcohol or drug use. The post has been recruited to and will commence on 1<sup>st</sup> November 2020

One further contract, to develop Employment/Education and Meaningful activity opportunities for individuals recovering from alcohol or drug use has yet to be awarded.

## 5.0 DRUGS DEATHS

- 5.1 Tackling drug related deaths is a strategic priority for Inverclyde Alcohol and Drug Partnership. The latest figures regarding confirmed drug deaths are the 2018 figures of 24. Add in how relates to 2017 figures and wider GGC figures.

From the 2018 data we know that

- 67% of those who died were male and 33% female.
- The average age at death was 46.

- There was slight fall in people who have died being under 35 - for both women and men compared with previous years data.
- 37% of those who died were currently undergoing Opiate Substitute Treatment. This was a significant fall from over 60% in the previous two years.
- 37.5% of individuals had underlying health conditions, which reflects a steadily rising trend – in 2015 this figure was 12.5%.
- 87.5% of individual who died in 2018 were living in the poorest 20% of communities within Inverclyde.
- In 50% of cases toxicology reported three or more drugs present.
- High presence of Benzodiazepines and Atypical Benzodiazepines (Etizolam) which were both found in 80% of cases in 2018.
- Cocaine was present in 30% of deaths in 2018, increased from 18% in 2015.
- Of those who died in 2018, 44% had at some point been in prison and 26% had been in police custody within the 6 month period prior to their death.

5.2 Verified drug related death data for 2019 which was original due in July 2020, is not yet available due to the national issue around toxicology capacity. These figures are expected to be released in December 2020.

5.3 An Inverclyde Drug Related Deaths Monitoring Group has been established to develop better multiagency understanding of, and efforts to, reduce drug deaths locally.

Specifically this group will:

- Monitor trends in Inverclyde in drug-related deaths, including selected risk factors.
- Facilitate the review of drug-related deaths where the person was known to services.
- Facilitate the review of drug-related deaths where the person is not known to services.
- Scrutiny of current practice and lessons learned which will shape future service response.
- Identification of multiagency responses to reducing drug related deaths.
- Direct the strategic development of non-fatal overdose response as an important part of prevention and early intervention.
- Act as the steering group for the implementation of the Inverclyde Drug Death Prevention Strategy.
- Inform planning and strategic development of drug related death prevention plans.

5.4 This group has had its initial meeting and is currently developing processes including a multiagency approach to reviewing all drug related deaths, and in particular, deaths of people who were not known to ADRS services at the time of their death to ascertain learning, and required changes in practice and actions for all partners.

5.5 The Scottish Government has established the national Drug Death Taskforce with the aim to co-ordinate and drive action to improve the health and wellbeing outcomes for people who use drugs, reducing the risk of harm and death. The Taskforce has awarded Inverclyde £78,439 per year for two years for specific work related to delivering the Taskforce's six evidence-based strategies to help reduce drug-related deaths:

1. Targeted distribution of Naloxone;
2. Having an immediate-response pathway for non-fatal overdose;
3. Optimising medication-assisted treatment (MAT);
4. Targeting people most at risk;
5. Optimising public health surveillance; and
6. Ensuring equivalence of support for people in the criminal justice system.

5.6 Inverclyde ADP will utilise this funding to focus on key areas:

1. Increase Naloxone supply and distribution across Inverclyde including our statutory and 3<sup>rd</sup> sector partners. A part time dedicated Naloxone support officer to develop and oversee all Inverclyde ADP plans to increase Naloxone supply and delivery across all sectors will be recruited.
2. Extend the current ADRS liaison service to become the Liaison and Assertive Outreach Service to provide quick response times to undertake assertive outreach to bring people into treatment,

particularly following a non-fatal overdose, and support those most vulnerable to stay in treatment services.

3. By taking the joint approach of a nurse who can undertake a range of interventions with individuals who may not initially be in treatment (i.e. Mental health and physical health assessments; wound management; Blood Borne Virus (BBV) testing, supply and/or administration of a range of pharmacotherapies under the Patient Group Direction (PGD), provision of injecting equipment, harm reduction advice, referral pathways to other health care professionals etc.); working collaboratively with a 3<sup>rd</sup> sector peer support worker whose approach will be based on assertive outreach and peer to peer support; will prove to be a proactive approach to supporting those most at risk.
4. Develop protocols and quick access pathways with the local ED and through time Police Scotland, Scottish Ambulance and Fire and Rescue to ensure that anyone who has had a non-fatal overdose is referred within 48 hours to ADRS liaison and assertive Outreach service.
5. To implement a joint partnership approach with Police Scotland to primarily target those people whose crimes have been committed in order to sustain their dependency on drugs and/or alcohol. When arrested or held in custody, the aim would be to ensure swift referral and access into the ADRS Liaison and Assertive Outreach team.

5.7 The actions taken to reduce drug deaths will take time and may be impacted on by Covid.

## 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)
√	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.



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.

**8.0 LIST OF BACKGROUND PAPERS**

8.1 None.