
Report To:	Inverclyde Health & Social Care Committee	Date:	8 June 2022
Report By:	Allen Stevenson Interim Chief Officer Inverclyde HSCP	Report No:	SW/25/2022/GB
Contact Officer:	Gail Kilbane, Service Manager Alcohol and Drug Recovery and Homelessness Services	Contact No:	01475 715284
Subject:	INVERCLYDE ADRS UPDATE – MAY 2022		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Health And Social Care Committee with an update of activity within Inverclyde Alcohol and Drug Recovery Service.

2.0 SUMMARY

- 2.1 As previously reported Inverclyde Alcohol and Drug Recovery Service (ADRS) completed a service redesign, delayed as a result of the COVID pandemic.
- 2.2 This report outlines the ongoing progress being made within the service to meet new and emerging challenges as we roll out Medically Assisted Treatment (MAT) Standards and outlines other up and coming guidance impacting on the service.

3.0 RECOMMENDATIONS

The Health and Social Care Committee is asked to:

- 3.1 Note ongoing developments within the service; and
- 3.2 Note key challenges in rolling out Medically Assisted Treatment (MAT) Standards and other new care and treatment initiatives.

**Allen Stevenson
Interim Chief Officer
Inverclyde HSCP**

4.0 BACKGROUND

- 4.1 Inverclyde Alcohol and Drug Recovery Service is based within the Wellpark Centre, Greenock. It is one, albeit the largest partner which makes up the Inverclyde Alcohol and Drug Partnership (ADP).
- 4.2 The service delivers a frontline service to those with the most complex needs from a core service budget. Delayed recruitment to posts during the pandemic impacted on the ability to spend the full budget allocated in the financial year April 2021 – March 2022. All core funding from April 2022 is fully committed within the service.
- 4.3 In addition, ADRS was the recipient of two small, time limited funding streams, via the ADP, from CORRA Foundation to pilot work at Dubbs Road, Port Glasgow to develop Primary Care Liaison via a Band 7 Team Leader/Co-ordinator and a Band 6 Senior Addictions Liaison Nurse, supported by a part time Band 3 Administrator. Funding for this came to an end so we have used service underspend to extend these posts until September 2022 as we recognise the need to continue the current support to Primary Care and look at ways to expand this support in line with Board wide guidelines in order to better meet MAT 7.
- 4.4 Funding from the SG Drug Death Task Force enabled ADRS to recruit a Band 6 Senior Addictions Liaison Nurse to respond to people identified by partners as being at high risk of overdose or who have taken and overdose and require a nursing assessment/ input until March 2023.
- 4.5 These fixed term singleton posts have joined with other liaison roles within an Assertive Outreach Liaison Team to provide a timely response to those who are reluctant to engage or have disengaged from the service, fallen out of treatment or potentially present as high risk of harm to themselves.
- 4.6 Referrals to date for addiction liaison assertive outreach team including NFOD response is 287 currently. These are from a variety of settings including SAS database, ADRS, Primary Care and homelessness (these figures don't include acute in patient referrals). There is scope to further develop this by providing reactive capacity and supporting infrastructure to offer crisis intervention on a 7 day basis to support full implementation of MAT Standard 1.
- 4.7 As Inverclyde ADRS works to develop and deliver a range of care and treatment options locally, collaboration with ADRS colleagues across the NHS GGC area on a range of workstreams to support practice development, clinical and care guidelines and governance arrangements. Inverclyde has led on the new Draft Alcohol Pathway and contributed to a range of practice developments including DNA Guidelines, Violence and Aggression Pathway, Drug and Alcohol Management in Acute Setting and Bereavement and Loss procedures.
- 4.8 Reporting on MAT Standards is a key challenge for Inverclyde ADRS and across the GGC Boardwide area. Some services have access to additional resource to undertake:-

Current Developments

- Final recruitment of Social Care staff/ Nursing staff following service redesign;
- Scottish Trauma Informed Leaders Training (STILT) completed for managers;
- Appointment system to ensure same day access to treatment (MAT 1);
- Buprenorphine clinics commenced – 20 patients currently on treatment;
- Increased community alcohol detoxification;
- Alcohol MDT established;
- Partnership with Justice to develop local Drug Testing and Treatment Order(DTTO) procedure;
- Structured deferred sentence pathway in collaboration with Justice and Moving On;
- Re-establish ADRS support to Shared Care Clinics in Primary Care – incremental increase from May 2022;
- 2 day service clinics established within Greenock Health Centre;
- 1 keyworker clinic within Port Glasgow Health Centre;

- Nurses identified to complete Non-Medical Prescribing course

4.9 Key Challenges

- Fixed term posts/lack of secure future funding increases risk of not being able to deliver on MAT;
- SG MAT Standards Template 1-5 collated by ADP's heavily reliant on ADRS data;
- Current ADRS recording and reporting systems do not align with SG reporting template;
- Completion of template is time and personnel resource intensive for existing ADRS /performance and information staff;
- Lack of infrastructure/GP's to expand Shared Care Model in Primary Care;
- Potential lack care and treatment space within Wellpark Centre as face to face contact with service users incrementally increases as COVID restrictions ease, alongside additional clinical developments.

5.0 PROPOSALS

5.1 Inverclyde ADRS will re-establish Care and Treatment Group, Performance and Information Group and Communication and Engagement Group to ensure we continue to develop and deliver on MAT Standards and other care and treatment developments; work through current and any emerging issues in relation to data collection and reporting; and develop a robust engagement plan with service users to inform them of service development and evaluate their experience of using the service.

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 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 None.