

REPORT TO THE AYRSHIRE AND ARRAN ALCOHOL AND DRUG ACTION TEAM

‘An update report on Treatment and Rehabilitation developments amongst Ayrshire and Arran Specialist Addiction Services’

BACKGROUND

A Treatment and Rehabilitation Paper was submitted to and endorsed by the ADAT Steering Group in November 2004 which provided an explanation of treatment and rehabilitation activities and described a generalised pathway of care for those with alcohol and/or drug problems. A number of actions were agreed including the development of ‘A functional model of treatment and rehabilitation for addiction services in Ayrshire and Arran’.

A paper was produced in 2005 by the Treatment and Rehabilitation (Addictions) Group which outlined a new Functional Model for the planning, development and delivery of Addiction Services across Ayrshire and Arran. This model was presented to and endorsed by ADAT.

This report provides an update of the work undertaken by the Treatment and Rehabilitation (Addictions) Group from January 2005 until 31st May 2006. The report details specific actions undertaken by the Group and future actions still to be implemented. The original Functional Model has been updated in line with current evidence base and with the addition of new specialist Addiction Services. This updated model is presented to ADAT for continued implementation. (Please refer to Appendix A for copy of revised Functional Model).

CURRENT SITUATION

In 2005, the Functional Model was presented to, and endorsed by each of the three Joint Planning and Implementation Groups, the North Ayrshire Adult Strategic Services Action Group and the ADAT Steering Group.

The principles of the Functional Model have been used in a number of recent developments:

1. SERVICE PLANNING AND COMMISSIONING

- The preparation of a new service specification for a community based treatment and rehabilitation service in South and East Ayrshire. Turning Point (Scotland) were successful in securing this contract;

- The design and implementation of the new Alcohol Relapse Management Team located within NHS Addiction Services which commenced on April 1st 2006.
- The design and implementation of the new Substitute Prescribing Support Team located within NHS Addiction Services.
- The commissioning of and design of a new SMART Recovery Service which will be provided by ADDACTION and will commence in July 2006;
- The commissioning of and design of a new community based Alcohol Rehabilitation Service which will be provided by ADDACTION and will commence in July 2006.
- The review of Ayrshire Council on Alcohol and on-going discussions about the role and remit of the service.

2. DEVELOPMENT OF A SIGNPOSTING AND SCREENING TOOL AND SPECIALIST ADDICTION ASSESSMENT

Following the development of the Functional Model, it was acknowledged that whilst individuals will move from one service to another as they move through different phases of treatment and rehabilitation this should be a seamless transition within an overall integrated system.

It was agreed that as a minimum standard each specialist Addiction Service would complete an initial signposting and screening tool. If indicated a specialist addiction assessment would then be completed by the most appropriate agency/team. The Treatment and Rehabilitation Group consulted with service providers who helped draft both a signposting and screening tool and a specialist addiction assessment.

In order to allow all operational staff working across Ayrshire within specialist Addiction Services (NHS Addiction Services, Turning Point Scotland, Townhead Centre, Vernon Centre, Ayrshire Council on Alcohol and East Ayrshire Substance Misuse Team) the opportunity to become familiar with the protocols and paperwork, four 3 hour multi-agency protocol briefing sessions were held in January 2006. During this time over 110 Ayrshire Addiction Service staff attended.

An additional evening briefing session was arranged for 21st February 2006 at Ayr ACA Office for volunteer staff from ACA and any members of staff who were unable to attend the scheduled briefing sessions. Unfortunately this session was cancelled due to lack of uptake.

It was agreed that all Addiction Services would pilot the new signposting and screening tool and the specialist assessment in paper format during a 3 month period (February, March and April 2006). Each service agreed to provide the Information and Research Team with a monthly update report detailing numbers of referrals, numbers of completed signposting and screening tools, numbers of completed specialist addiction assessments as well as any questions or concerns about the new protocols and processes.

This electronic reporting procedure was explained and clarified at an Addiction Service Project Leaders meeting. Following final comments at the Project Leaders meeting, all required paperwork was electronically forwarded to all teams to incorporate in their procedures.

An evaluation report has been submitted to the Treatment and Rehabilitation (Addictions) Group which provides a detailed evaluation of this 'pilot' with a number of proposals for the Treatment and Rehabilitation (Addictions) Groups consideration.

3. INFORMATION MANAGEMENT – SHARED ADDICTIONS MANAGEMENT SERVICE (SAMS)

In the last year, SAMS development has been directed in support of the functional model as a cross-tier, multi-disciplinary information system that will facilitate integrated and informed care and help realise the Joint Future agenda.

- Joint work with ISD has seen Ayrshire & Arran become a pilot site for extraction of SMR25 data from local systems. This will initially be piloted across NHS Ayrshire & Arran Addiction Services and will be one of the first electronic SMR25 implementations in Scotland. Once the process is tried and tested within NHS, the rollout to North Ayrshire Council, Turning Point, Ayrshire Council on Alcohol and Addaction will create a mechanism for information sharing which has so far proven elusive at national level.
- Uniquely within Scotland, electronic SMR data and the Drug Treatment Waiting Times framework has been integrated on SAMS, making waiting times collection easier and the information more reusable.
- The next phase in the development of the Addictions Electronic Client Record is the linking of every electronic substitute medication record to support and treatment records on SAMS, currently in the second phase of migration and system testing.
- SAMS has been developed in line with the Ayrshire & Arran Information Sharing Protocol, signed up to by Health and the three local authorities, and the Data Protection Act.
- Turning Point Scotland are currently working with SAMS in a stand-alone capacity. Pending acceptance of their N3 application, access to a networked system will afford increased potential for electronic information exchange to replace current labour-intensive practices.
- Building on the work of the Screening & Signposting Tool evaluation and the Specialist Shared Assessment group, electronic development of SMR25 will be embedded within a shared screening and assessment process for specialist addiction services, streamlining current processes and reducing paperwork and duplication.

4. *WAITING TIMES FRAMEWORK*

Several meetings have been held to discuss the Scottish Executives 'National Waiting Times Information framework'. This framework was produced to provide a consistent structure for specialist drug agencies and Drug and Action Teams to monitor local waiting times for drug treatment and care.

From the information collected it became apparent that there were differences in interpretation regarding the waiting times definitions. As a result locally agreed waiting times definitions are being piloted amongst all specialist Addiction Services across Ayrshire.

5. *SERVICE REVIEW TEMPLATE*

NHS Addiction Services have used the principle of the phases of the Functional Model alongside the tiered model of interventions to develop a template which provides a detailed description of service activity.

This matrix will be used as a reflective tool for services to aid in their redesign and the identification of areas of development

FUTURE ACTIONS FOR THE TREATMENT AND REHABILITATION (ADDICTIONS) GROUP

- Develop action plan resulting from the comprehensive evaluation of the 'pilot' of the signposting and screening tool and the specialist addiction assessment;
- The production of a range of Integrated Care Pathways (ICPs) to describe service user movement through services;
- Evaluation of the impact of the recently locally agreed 'waiting times' definitions;
- Utilisation of a reflective tool to ensure an integrated delivery of treatment and rehabilitation through the identification of gaps and overlaps. This tool will also provide a more accurate modelling of capacity and financial demands.
- Sponsorship for Independent Sector bodies - Turning Point, Ayrshire Council on Alcohol and Addiction - to be written into Ayrshire & Arran's ratified multi-agency Information Sharing Protocol, thus maximising potential of access to SAMS.
- Extended access to SAMS and the Addictions' Electronic Client Record, including SMR25 and substitute prescribing, across services within each tier of the functional model, enabling shared information support for new and existing ICPs across phased care programmes.

CONCLUSION

These actions will be undertaken by the Treatment and Rehabilitation (Addictions) Group, with progress reports submitted to ADAT.

Report submitted by the Treatment and Rehabilitation (Addictions) Group

Group membership:

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July 2006

THE FUNCTIONAL MODEL OF TREATMENT & REHABILITATION FOR ADDICTION SERVICES IN AYRSHIRE & ARRAN (UPDATE – JULY 2006)

1. INTRODUCTION

This paper provides a review and an update on the Functional Model for the planning, development and delivery of Addiction Services across Ayrshire & Arran. (Refer to appendix 1 for flowchart)

The Functional Model is based on multi-agency agreement across specialist Addiction Services and recognises geographical and organisational factors and has incorporated these into the overall design.

The Model is based on the principle of improving access to services for all those that require it. Implicit within this is the responsibility of each agency within specialist Addiction Services to work to a range of agreements that are required to move people into service, locate them within the team that meets their assessed need, move people through the different phases in an inclusive and supportive way and have clear exit strategies for planned discharge from service.

The Model does not address specific issues of capacity and resourcing. However, information detailed in the Functional Model has been an essential driver in identifying the need and appropriate location of new resources.

2. SPECIALIST ADDICTION SERVICES (DETAILS)

Throughout this paper and as detailed in the Functional Model, the specialist Addiction Services referred to are:

National Health Service services – Home Detox Team, Harm Reduction Team, Substitute Prescribing Support Team, Community Dual Diagnosis Team, Residential Dual Diagnosis Team and Alcohol Relapse Management Team.

Joint NHS and Criminal Justice service – Drug Testing and Treatment Orders Team.

Joint NHS, South Ayrshire Council and East Ayrshire Council service – Turning Point (Scotland) and Ayrshire Council on Alcohol.

North Ayrshire Council service – Addiction Services.

East Ayrshire Council service – Substance Misuse Team.

Joint NHS, South Ayrshire Council, East Ayrshire Council and North Ayrshire Council service - Addaction SMART Recovery Project and Addaction Alcohol Community Rehabilitation Service.

3. BACKGROUND

Following work by the original Treatment & Rehabilitation Sub-Group of the Ayrshire ADAT Steering Group it was agreed that a small working group be established with representation from North, South and East Ayrshire Councils and NHS Addiction Services.

The initial remit for this working group was to produce a paper for the ADAT Steering Group which would more precisely explain treatment and rehabilitation activities and define and make distinctions between elements of each programme, describe a generalised pathway of care for individuals with alcohol and/or drug problems and make recommendations for future action.

The paper was prepared in November 2004 and was warmly endorsed by ADAT. The paper resulted in a number of agreements and actions and the re-convened Treatment and Rehabilitation sub-group were requested to develop a functional model for treatment and rehabilitation services across Ayrshire and Arran. The Groups brief was to develop the model and illustrate a clearer understanding and consensus of treatment & rehabilitation functions and a clearer understanding and agreement over the generalised pathway of care for service users.

A Functional Model was developed, presented to and was fully accepted and endorsed by each of the three Joint Planning and Implementation Groups (JPIGs) in North, South and East Ayrshire, the North Ayrshire Adult Strategic Services Action Group (ASSAG) and the ADAT Steering Group in August 2005.

4. FUNCTIONAL MODEL (please refer to Appendix 1 for flowchart)

Underpinning principles:

The Model identifies the Specialist Addiction Service Providers from the NHS, Local Authorities and the Independent Sector who make up the majority of providers of treatment and care in this area. It is recognised that the majority of service users will also be receiving support from a range of other services.

The Model provides the mechanism for individuals to 'move' between phases, thus accessing a service at the most appropriate stage for their needs. An individual can exit the process during any phase and at any time. The overall aim is to provide a planned discharge from service which is defined as

'The client has been referred onto another agency or discharged at the end of their treatment with the agreement of the client and the agency'. (ISD, Scotland, 2003)

Recognising that individuals may lapse/relapse, the Model allows for individuals to move quickly to another phase for early intervention.

The intensity of treatment support for an individual is greatest in Phase 1 and gradually reduces to Phase 3. The focus of rehabilitation work intensifies in Phase 2 and changes in Phase 3 to concentrate on moving on to training, education and employment.

Implicit in this model is the benefit of and the requirement of joint working between services.

Whilst individuals will move from one service to another as they move between Phases 1, 2 and 3 (this development is in itself seen as a motivating force for service users) this should be seen and act as a seamless transition within an overall integrated system.

The Functional Model describes a generalised pathway of care. It is anticipated that the components of each pathway will be described and dealt with in specific Integrated Care Pathways (ICPs) for all specialist Addiction Service interventions. Protocols, procedures and agreements must be in place to allow for the relapse/lapse of individuals to earlier phases.

Implicit to the Model is the acceptance by service users and specialist Addiction Services of information sharing and individualised care planning.

Signposting and screening tool and specialist addiction assessment information:

Whenever a service user presents at a specialist addiction service a signposting and screening tool should be completed (unless an already completed one accompanies the referral). This signposting and screening tool is the initial part of an overall assessment process but provides a straight forward mechanism to help identify the most appropriate specialist addiction service.

If, after completion of the signposting and screening tool, it is deemed that the referral is inappropriate then it is the responsibility of that service to facilitate a forward referral to most appropriate service with a copy of the completed signposting and screening tool. It is unacceptable to simply turn the individual away with a suggestion of somewhere else they could try.

The receiving service should then complete a more specialist addiction assessment and develop an individualised care plan. If, after completion of the specialist addiction assessment, the service is inappropriate for the service user and not meeting their assessed needs, then a forward referral to the most appropriate service should be made with a copy of all completed documentation i.e. signposting and screening tool and the specialist addiction assessment.

It is recognised that a Single Shared Assessment may have already been completed by those referring into specialist addiction services e.g. Social Workers, Housing Officers, and Health Visitors. The specialist addiction assessment does not duplicate any of the SSA process but enhances this process by collecting additional, valuable addiction related information necessary for the service to develop individualised care plans.

Information on each of the Phases:

Pre Phase 1

Pre Phase 1 is characterised by services specifically targeting individuals not engaged in treatment. Services will deliver brief intervention packages and will encourage individuals to link in with specialist addiction services, if required.

1st Phase

This aspect of service should focus on intensive support to service users and will include attendance at group and individual keyworker sessions focussing on supported detoxification and stabilisation (working with prescribers and other key support staff e.g. NHS Addiction Services, Primary and Secondary Health Services etc. on structured reduction regimes). These clients are characterised as having complex health or social care needs and require intensive treatment support.

For those clients whose substance use is causing problems but who are not in receipt of substance use related medication, other identified services will also conduct assessments, identify and develop individualised care plans and support the client moving towards stability.

Personal goal setting, motivational enhancement sessions, problem solving, relationship building, cognitive behavioural inputs, anger management, communication skills, amongst other approaches, will be key components of 1st phase intervention. There should be regular review of individual progress utilising outcome measures, such as CHRISTO scores, to measure progress and movement towards stability.

2nd Phase

The aim of 2nd phase interventions will be to focus on and further develop personal targets identified in the 1st phase element.

This phase will focus on working with individuals to continue towards personal development goals – but with a shifting emphasis on skills development and self-reliance. By this stage individuals will have attained a degree of sustainable and evidenced stability or will have completed supported detoxification.

This phase continues and develops interventions established in the 1st phase, but widens to capture life story and therapeutic reflection, relapse prevention programming, expanding on behavioural and cognitive behavioural intervention, anxiety and stress management, all of which contribute towards extending recovery.

The 2nd phase will prepare individuals to address independent life skills such as budgeting, household management, personal care and external interests and service users should be encouraged to link into other community supports that will extend personal development.

3rd Phase

This forms a critical part of the process in ensuring treatment and care gains are maintained. Attendance during this phase may be less regular. Key working will offer continuity of support and may develop on an outreach basis. At this stage individuals should be established within education, pre-employment training, voluntary work or full or part time paid employment where this is relevant. The support package will be agreed by the service user and key worker, and will be designed to meet individuals' needs.

At this phase service users should have benefited from real and measurable skill gains over a number of pre-planned domains, but in particular skills to support independent living.

The 3rd phase should offer service users a considerable safety net. At any stage if service users are assessed as vulnerable they should receive an enhanced package of support or be fast tracked into any 1st or 2nd phase service.

5. CONCLUSIONS AND RECOMMENDATIONS

This updated Model is recommended for continued implementation.

The broad concept of the structure is in line with the most recent evidence base. It links in with existing structures and reconfigures these where appropriate. The updated Model also incorporates recently implemented new Addiction Services i.e. Alcohol Relapse Management Team, SMART Recovery Service and the Alcohol Community Rehabilitation Service.

A number of other specific actions and agreements are currently being progressed which will enhance and improve the Model. These are:

- Finalisation of the signposting and screening tool;
- Finalisation of the specialist addiction assessment;
- Development of Integrated Care Pathways;
- Updating and improving the SAMS system.

Updated Model submitted by the Treatment and Rehabilitation (Addictions) Group

Group membership:

(Peter McArthur, Pat Lerpiniere, Diane Page, Liam Wells, Alastair Cairns and Sharon Flynn)

July 2006

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APPENDIX 1

FUNCTIONAL MODEL FOR TREATMENT & REHAB ADDICTION SERVICES IN AYRSHIRE & ARRAN

Pre Phase 1

Substance use impacting.
Not engaged with services
Brief Interventions/Self Help packs

1st Phase

Characterised by:
Chaotic/Complex;
Initiate Assessment
Care Planning
Intensive Support

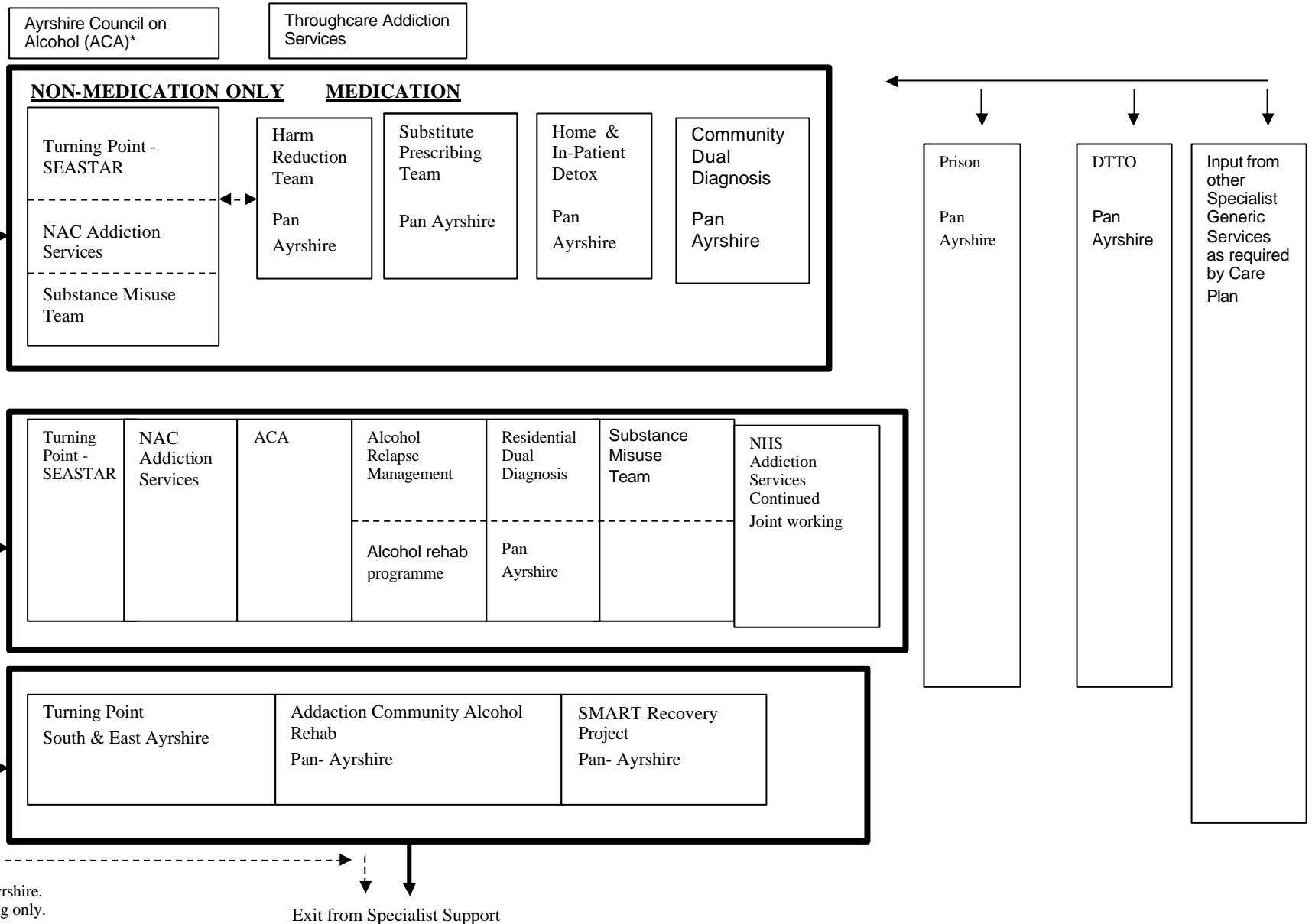
2nd Phase

Characterised By:
Stabilising/
Normalising;

Take Forward &
Enhance Assessment &
Care Plan

3rd Phase

Characterised By:
Moving On
Reducing Specialist
Support



*ACA services in South, & East Ayrshire.
In North Ayrshire via NHS funding only.

