

## ALCOHOL AND DRUGS PLANNING FRAMEWORK

### 1. NATIONAL CONTEXT

- 1.1 Scotland continues to have the highest alcohol and drug-related death rates in the UK with drug and alcohol problems particularly affecting people who are socially excluded and/or those living in deprived areas. People with drug and alcohol often have other problems such as mental health issues, housing etc. Children of parents who misuse drugs and alcohol are often at increased risk of emotional and physical abuse and in the long term may be at risk of developing substance problems themselves.
- 1.2 This planning framework is particularly influenced by two key national policy documents; Changing Scotland's Relationship with Alcohol: A Framework for Action (2009) and Scotland's current drug strategy, The Road to Recovery (2008).
- 1.3 The planning framework takes into account national targets relevant to alcohol and drugs, including:-
  - No more than 18 weeks referral to treatment for Psychological Therapies by Dec 2014
  - sustain and embed alcohol brief interventions
  - 90% of clients to access alcohol or drug treatment within 21 days of referral (2013/ 14)
  - 12 week waiting time guarantee to access day place or inpatient care.

### 2. NHSGGC PLANNING CONTEXT

Alcohol and drug related ill health and deaths remains an issue that is closely correlated with deprivation and inequality.

- 2.1 NHSGGC is an active participant in Alcohol and Partnerships (ADPS) the main partnership delivery arrangements within each local authority area. It is anticipated that outcomes and actions within this framework that are relevant to ADPs should be reflected in their delivery plans.
- 2.2 Addictions services have performed very well in meeting waiting times target for both referral and treatment. This is particularly noteworthy given the large caseloads that teams often carry. Drug related death rates have remained fairly static over recent years and efforts continue to reduce that trend. Across NHSGGC, alcohol brief intervention targets have been met. NHSGGC and its partners also continue to meet performance targets to successfully secure national funding to implement ADP delivery plans.

### 3. FINANCE

- 3.1 Prevalence figures estimate that there are large numbers of the population with a significant alcohol and/or drug problem who do not engage with services or, if they do, it is usually in an unplanned way. Additional resources would therefore be required to address unmet need, from improved

engagement and preventative work, through to direct addiction service provision.

- 3.2 The impact of the Welfare Reform Act 2012 remains to be seen. This, along with the social impact of current austerity measures and the challenging state of the economy, may place additional demands on services that require additional resources.
- 3.3 Efforts will continue to ensure services continue to operate within agreed budgets and contribute effectively towards efficiency programmes.

#### **4. WORKFORCE**

- 4.1 The continuing shift to more recovery focused services will require staff to be provided with the right training and development opportunities to deliver this care, along with levels of caseloads conducive to offering increased service user contact time with those willing and able to participate in recovery focussed care. Staff training and development plans to be put in place to meet the requirements of 'Getting Our Priorities Right'.

**EARLY INTERVENTION AND PREVENTING ILL HEALTH**

<b>OUTCOMES</b>	<b>CHANGE OR DEVELOPMENT REQUIRED</b>	<b>MEASURES</b>
<p>Work with ADPs to ensure there is a consistent and shared approach to delivering prevention activity across services and partners to reduce the number of people developing problems.</p>	<p>Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others</p> <p>Ensure people with addictions have access to the range of health improvement programmes, with targeted harm reduction programmes for vulnerable people.</p>	<ol style="list-style-type: none"> <li>1. Reduce alcohol-related deaths</li> <li>2. Reduce drug-related deaths</li> <li>3. Maintain and embed number of ABI screenings in priority settings</li> <li>4. Reduce alcohol-related hospital discharges</li> <li>5. Reduce harmful levels of alcohol consumption</li> </ol>
<p>There is a better understanding of the levels of unmet need and the barriers to accessing services</p>	<p>Estimate levels of unmet need and review strategies to address this, including improved engagement with difficult to reach individuals and communities.</p> <p>Review service profile that would be required to respond to unmet need</p>	<p>Increased demand for services</p> <p>Profiles of service users versus estimated prevalence / population estimates</p>

<b>SHIFTING THE BALANCE OF CARE</b>		
<b>OUTCOMES</b>	<b>CHANGE OR DEVELOPMENT REQUIRED</b>	<b>MEASURES</b>
Continue to shift services towards more recovery focused care	<p>Greater service user involvement in care planning and reviews, offering greater choice around treatment and care options.</p> <p>More people successfully detoxed from alcohol misuse and achieved abstinence from drugs</p> <p>Offer appropriate recovery opportunities linked to longer term training, employment and social re-integration</p>	<ol style="list-style-type: none"> <li>1. Alcohol detoxification and drug abstinence numbers</li> <li>2. No. clients accessing education/ training/ employment</li> <li>3. Number of people discharged</li> <li>4. Care planning documentation reflects recovery focus</li> <li>5. Number of clients supported into housing or tenancies sustained</li> <li>6. Service user feedback</li> </ol>
Reduce the number of unplanned alcohol detoxifications that take place in Acute hospital settings in favour of more planned detoxifications within addiction services	<p>Improved prevention and engagement</p> <p>With Acute, review reasons for admission and whether those admitted were in contact with addictions services.</p> <p>Strengthen access to liaison psychiatry services</p>	Reduce the number of unplanned admissions to Acute

<b>IMPROVING QUALITY, EFFICIENCY AND EFFECTIVENESS</b>		
<b>OUTCOMES</b>	<b>CHANGE OR DEVELOPMENT REQUIRED</b>	<b>MEASURES</b>
Improve access to psychological therapy	Review current access arrangements and service changes necessary to achieve target.	No more than 18 weeks referral to treatment for Psychological Therapies by Dec 2014
Robust processes in place to engage service users and carers in care planning and service improvement.	Review current models of service user and carer engagement to maximise opportunity for participation and influence  Work with GPs, HVs, schools and nurseries to identify young carers early and help them to obtain appropriate support	Service user and carer feedback  Evidence of engagement processes and structures  Increase in the number of young carers identified
Improve access to services	Review current access arrangements and service changes necessary to achieve target.  Ensure services are inequalities sensitive and barriers to access are removed.	90% of clients to access alcohol or drug treatment within 21 days of referral (2013 – 14) HEAT target  EQIAs
Develop NHSGGC 'core' community addictions service specification and performance framework (with flexibility to suit local needs)	Local review and participation in NHSGGC process to develop Board-wide core specification and performance framework	Specification and performance framework agreed and implemented
Review pathway between GP Shared Care and community addiction services to ensure individuals receive effective care and support in the setting most appropriate to their needs.	Ensure service users in shared care have access to the appropriate range of primary care services; that specialist input from addiction services is targeted effectively; and that services are in line with the recovery agenda.	Increase the number of people supported in shared care  Locally Enhanced Service monitoring arrangements  Shared Care action plans
Improve occupancy and efficient bed usage within Tier 4 alcohol detox services, achieving	Review admission criteria and ensure that it is applied consistently	Bed Occupancy

12 week waiting time guarantee	<p>Reduce variations in practice to agree optimum lengths of stay</p> <p>Community addictions teams to play greater role in admission and discharge planning.</p>	<p>Length of Stay</p> <p>12 week waiting time guarantee</p>
The needs of service users with co-morbidity are met in an integrated way	Improved pathways in place for service users with co-morbidity	Service user feedback
Implement the recommendations within 'Getting our Priorities Right'	<p>Further develop multiagency information sharing protocols and pathways</p> <p>Further develop integrated assessments</p> <p>Ensure there is a 'whole family' approach when assessing need</p> <p>Ensure early identification of pregnant women using drugs and/or alcohol to ensure support is provided for mother and baby</p>	<p>Evidenced through integrated assessments</p> <p>The development of the 'Child's Plan</p> <p>Improve access to parenting programmes</p> <p>Reduced alcohol consumption or drug usage</p>

**TACKLING INEQUALITIES**

<b>OUTCOMES</b>	<b>CHANGE OR DEVELOPMENT REQUIRED</b>	<b>MEASURES</b>
Improved recording of equality related data within assessment and treatment plans, including sensitive inquiry	<p>Staff are made fully aware of the importance of information recording</p> <p>Systems are in place to support data recording and monitoring</p>	Audit of assessments and care plans
Improve the level and quality of addiction services provided to people in prison and effectiveness of throughcare	<p>Implement findings of prison health needs assessment</p> <p>Strengthen the treatment pathway for prisoners with alcohol and drug problems so that we are delivering continuity of treatment from prison and back out into the community.</p> <p>Review scope for additional resources provided to people in prison</p>	<p>Increased service activity within prisons</p> <p>Evidence of continued service engagement (including with non-Addiction services) upon release from prison.</p>