



Scottish Advisory Committee on
Drug Misuse-Essential Care Working Group
Report. Essential Care: a report on
the approach required to maximise
opportunity for recovery from problem
substance misuse in Scotland

THE SCOTTISH GOVERNMENT'S RESPONSE

Scottish Advisory Committee on
Drug Misuse-Essential Care Working Group
Report. Essential Care: a report on
the approach required to maximise
opportunity for recovery from problem
substance misuse in Scotland

THE SCOTTISH GOVERNMENT'S RESPONSE

© Crown copyright 2008

ISBN: 978-0-7559-1706-8 (Web only)

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

Produced for the Scottish Government by RR Donnelley B56430 05/08

Published by the Scottish Government, May, 2008

1. Introduction

The Scottish Government welcomed *Essential Care* (1) when it was first published on 26 March 2008. The report complements other documents commissioned by the Scottish Advisory Committee on Drug Misuse (SACDM) addressing treatment and care for people with problem drug use, which have been influential in the development of the Government's new vision for tackling drug use in Scotland.

Essential Care builds on work carried out as part of the review of the place of methadone in drug treatment in Scotland. The SACDM Methadone Project Group produced *Reducing harm and promoting recovery* (2), published in July 2007. Its main conclusion was that methadone has a key role to play in treating opiate dependency, but that the quality, consistency and delivery of methadone could be improved.

In scrutinising *Reducing harm and promoting recovery*, SACDM considered that there was a need for some work around delivery of additional support. Accordingly, a working group was set up under the auspices of the SACDM Integrated Care Project Group, chaired by Tom Wood, chair of Edinburgh Alcohol and Drug Action team (ADAT) and of the Scottish Association of Alcohol and Drug Action Teams (SAADAT). The aim of the working group, was:

- to review current Scottish and UK guidance on the range and effectiveness of available interventions;
- to clarify the evidence base;
- to comment on what we know about Scottish services, including examples of good practice; and
- to identify gaps and make recommendations on solutions

The working group included professionals and representatives of service providers from the statutory and voluntary sectors in the fields of physical and mental health, social work, employment, criminal justice and legal services. They met five times between September and December 2007. In reviewing the current position the group came to three major conclusions which are at the heart of their recommendations. These are:

- that recovery should be the main focus of treatment and rehabilitation for people with problem drug use and that this focus should be embedded at all levels, from national strategies to local commissioning and monitoring of services and assessment and care of individuals;
- that generic services have as much of a role to play in the recovery of these clients as services treating the more immediate impact of

addiction, since the recovery process means addressing the whole of people's lives; and

- that systems of governance and accountability both locally and nationally need to ensure that people with problem drug use can expect the same prospects for recovery as other people seeking help to overcome other complex needs.

The Government accepts the recommendations of *Essential Care*. The central vision of Scotland's new drug strategy *The Road to Recovery* (3) is built around them and considers that implementing these recommendations is critical to our future success in tackling problem drug use. Chapter 3 of the strategy outlines how the Government will continue to promote and make the case for adopting this approach. Chapter 6 describes how recovery is built into the reform of delivery arrangements which is necessary to bring about the changes needed.

We are extremely grateful to the members of the Essential Care Working Group who took time out of busy lives to produce this report in the space of only four months. The report has both reflected widespread opinion that a new philosophy of care is needed for people with problem substance use and provided a clear direction towards a recovery-based approach. Its influence on *The Road to Recovery* is clear.

The recommendations outline opportunities to make improvements in both strategic and more practical terms. The challenge now is for all stakeholders to be involved in addressing the issues raised, to establish a person-centred approach based on the belief that people can use the strengths they already possess to move into recovery and rebuild their lives. This should become the accepted goal of treatment and care.

This response addresses each of the 15 recommendations, outlining both current and planned action by the Government and its delivery partners. Parallel work in policy areas across the Government which support the implementation of the recommendations have also been highlighted. Recommendations which require strategic planning at national and local levels are dealt with in Section 2. Those which deal more directly with the care and support given to individuals in order to maximise recovery are grouped together in Section 3.

2. Strategic Context

This section contains the Government's response to recommendations which have been made to improve strategic planning of essential care.

Recommendation 1 – Governance and accountability processes

In its strategic approach to problem substance use, the Scottish Government should develop and introduce governance and accountability processes which scrutinize local performance in terms of both reducing harm and promoting recovery. These processes must ensure that all elements of care which may be required to support recovery have in place agreed contractual levels of activity and performance monitoring – including relevant outcome measurement.

These governance and accountability processes could be delivered through a national quality improvement unit working in association with reconstituted ADATs.

Government response

A joint “delivery group,” consisting of members of SACDM and the Scottish Ministerial Advisory Committee on Alcohol Problems (SMACAP) has been established to advise on the future of delivery arrangements. Key elements of the group's remit are to:

- Develop and propose an outcomes based framework for assessing and managing performance at a local level; and
- Develop and propose robust accountability arrangements between central Government and partner organisations.

The Government will publish and respond to the conclusions of the group in time to allow its work to inform accountability arrangements from April 2009.

The Road to Recovery outlines the Scottish Government's intention to establish a national support function as a means of taking forward the developments contained in the strategy – in particular, the development and implementation of a recovery approach to treatment and rehabilitation. The delivery reform group will be invited to propose specific functions and priorities which the national support function should provide.

Recommendation 2 – Availability of interventions

In its strategic approach to problem substance use, the Scottish Government should require that all areas demonstrate the local availability of a full range of the essential interventions listed in this document and that service providers are engaging service users in approaches aimed at promoting recovery.

Government response

A key aim of the delivery reform group is to develop and propose arrangements for delivery which, as far as possible, ensure that local decisions on the mix of treatment and rehabilitation services are based on evidence, including how effective they are in meeting identified need.

Recommendation 3 – Recovery network

In its national strategy, the Scottish Government should bring forward options for establishing a Scottish Problem Substance Use recovery network.

Government response

The Road to Recovery outlines the Scottish Government's intention to establish and support a **Problem Drug Use Recovery Network** designed to bring about changes similar to those achieved by the Scottish Recovery Network in the mental health field.

We will bring forward proposals for activity related to a drug misuse recovery network to promote and support the concept of recovery among local partners, service providers and people with problem drug use.

Recommendation 6 – National strategies

The Scottish Government should ensure that problem substance use is addressed explicitly in its national strategic plans addressing general health improvement, health inequalities and social exclusion/regeneration programmes. In response, local health improvement partnerships must have in place a coherent plan which clearly states the priority given locally to issues associated with problem substance use and lays out the local actions which will be taken to address these.

The Road to Recovery recommends better integration of problem drug use within other national and local plans and strategies.

The Scottish Government is working with national partners to revise advice to Health Boards, Community Health Partnerships, Local Authorities and Community Planning Partnerships on planning to improve health and reduce health inequalities. This will be aimed at enabling effective collaborative working to meet national and local health improvement priorities.

The Ministerial Task Force on Health Inequalities, chaired by the Minister for Public Health and involving Ministers across government portfolios, is considering the underlying causes of key health inequalities, such as drug and alcohol problems. The Task Force will comment as part of its conclusions on delivering improvements at national and local levels. *Better Health, Better Care* (4) also outlines the Scottish Government's commitment to support drug treatment services and work with partners to introduce a new drugs strategy and delivery framework in 2008.

Recommendation 7 – Involvement of primary care

The Scottish Government should bring forward plans to improve primary care involvement in the full range of General Medical Services interventions relevant to problem substance use. Scottish Government plans should include exploration of and the use of the GMS governance arrangements to improve performance and encouraging synergy between the elements of care addressing problem substance use and substance use/Blood Borne Viruses.

Government response

Substance misusers are entitled to and should receive general medical services from their registered GP practices as for other patients. Specialised or specific drug use related treatment such as substitute prescribing, screening and vaccination for blood borne viruses and liaison with other services is provided by GP practices through the National Enhanced Service for patients suffering from the effects of drug use. Boards should ensure that practices providing these services comply with the requirements of the enhanced service. This could be through specific monitoring and feedback to practices about their treatment of drug users and ensuring compliance with staff training requirements.

NHS Boards have been provided with funding to deliver alcohol brief interventions with the aim of reducing alcohol consumption and related

harm. It is intended that these brief interventions should become part of the standard services offered by NHS Scotland and primary care is a priority setting for their delivery.

The Road to Recovery recommends that Health Boards ensure that there is an appropriate level of service capacity, to work with partners including pharmacies to provide co-ordinated and holistic care and to ensure that data collection and ongoing evaluation of treatment is carried out.

Recommendation 8 – Workforce development

The Alcohol and Drugs Workforce Development Action Plan should take due cognisance of the need to develop staff in the full range of competencies to assist recovery. Attention should be given to more skill-based approaches dealing with values, attitudes and the delivery of psychological therapies at all levels of staff engagement with service users.

Government response

The Road to Recovery requires the principles of recovery to be reflected in training and workforce development programmes, in particular the developing Scottish Alcohol and Drugs Workforce Development Strategy.

The Scottish Alcohol and Drugs Workforce Development Strategy Steering Group, chaired by NHS Health Scotland, is in the process of creating a co-ordinated national training and development strategy to support a competent, confident, valued and responsive workforce. The group aims to publish its strategy in late 2008 and an implementation plan in Spring 2009. This recommendation can be considered as part of this work.

Recommendation 11 - Housing and homelessness

Mechanisms should be put in place to consolidate a Scottish strategy for integrating local housing, homelessness and problem substance use services. This must include approaches which assist settlement of individuals and the maintenance of tenancies.

Government response

The Homelessness and Substance Misuse Advisory Group comprised of key stakeholders has commissioned research to investigate how effectively services accessed by substance misusers contribute to reducing the level of homelessness in Scotland. The main objective of the research is to identify

models or approaches that produce positive outcomes for people with substance misuse problems who are homeless or at risk of homelessness.

The Advisory Group will consider any recommendations from the research, disseminate them widely and work with the Government to consider future strategy.

Recommendation 14 - Criminal justice interventions

Community Justice Authorities (CJAs) in association with ADATs must have in place a written strategy which describes clearly how targeted criminal justice resources will be used to increase access to treatment services as an option for the courts and for those sentenced to custody. Priority must be given for them to access services on return to the [non-CJS] community.

Government response

CJAs are independent statutory bodies with a duty to consult their partner areas, including NHS Boards, in developing their area plans. CJAs cannot be instructed to have particular written strategies in place. Most CJAs will be developing better working links with relevant ADATs, as outlined in their 2008-2011 area plans. The Scottish Government endorses this approach and expects that publication of this report will encourage the development of links to allow CJAs and ADATs in partnership to determine how local needs might best be addressed.

3. Maximising Recovery

This section contains the Government's response to recommendations designed to improve the individual care which people need to receive to maximise recovery.

Recommendation 4 - assessment of need

All service users have the right to a comprehensive assessment of need which will lead to an inclusive recovery plan that is measurable, achievable, realistic and timeous (SMART) in design. The plan will place the service user - the owner of the plan - at its centre; be agreed and signed by both the assessor and service user; and include a timetable for ongoing formal review of changing needs. The plan will be coordinated by a named professional who will be responsible for assisting the person to achieve their goals; arranging, facilitating and recording reviews and updating the plan; and advocating for the service user when required to ensure that their needs are met.

Government response

A comprehensive care plan, regularly reviewed, is a core part of the National Quality Standards for Substance Misuse Services, published by government in 2006. We expect compliance with the National Quality Standards to be part of the new accountability framework being looked at by the SACDM/SMACAP delivery reform group.

Recommendation 5 - Meeting needs

Local strategic planning partnerships should regularly undertake a comprehensive needs assessment including service user views and a review of:

- *their current care, treatment and rehabilitation provision; and*
- *available funding and current spending - with a view to informing the future configuration of services.*

This must address ring-fenced substance use funding, other ring-fenced resources of special relevance to substance use and 'generic' funding. Any resulting reconfiguration should integrate specialist care and treatment services and the range of essential interventions described in this report.

This will require a plan to address workforce development. Best value principles should apply.

Government response

A key aim of the delivery reform group is to develop and propose arrangements for delivery which, as far as possible, ensure that resources are used efficiently and effectively and that local partners can demonstrate to Government that this is the case.

Audit Scotland is conducting a comprehensive study of the scale and effectiveness of spending on tackling drugs, and will report no later than spring 2009. We will consider any recommendations for improvement arising from the Audit Scotland report.

Recommendation 9 - Psychological health

In all areas, comprehensive packages of care - including a range of recognised psychological treatments - should be available locally. Psychological approaches to address the commonly occurring issues of trauma, abuse, sleep disorders, anxiety, depression and anger in the promotion of recovery are seen as a minimum requirement in all areas.

Government response

A comprehensive care plan, regularly reviewed, is a core part of the National Quality Standards for Substance Misuse Services (5), published by government in 2006.

In December 2007, the Scottish Government published guidance on the care and support for people with co-occurring substance misuse and mental health problems, with six practical recommendations focussing on delivering change and improvement for individuals, their carers and their families in prevention, care and recovery services (6). Progress will be monitored through the Mental Health Implementation Review process from 2008.

Recommendation 10 - Fertility planning

It must be recognised that medical and social interventions may increase fertility. All women attending services must receive care to help them protect and control their fertility to ensure optimal timing of pregnancies.

Government response

A comprehensive care plan, regularly reviewed, is a core part of the National Quality Standards for Substance Misuse Services, published by government in 2006.

Respect and Responsibility, Scotland's national sexual health strategy, covers the sexual health needs of everyone living in Scotland. The strategy states that the full range of contraceptive methods should be available to all patients, who will be supported to make an informed choice.

More specifically, each year we request and receive an update from NHS Boards on the services they provide for drug users.

Recommendation 12 - representation

National and local accountability arrangements should require ADATs to describe the mechanisms in place to ensure access to free independent specialist legal advice and representation which has expertise around the specific issues presented by those with substance use problems.

Government response

Proposals for activity related to a problem drug use recovery network will include consideration of how to achieve a shared understanding of how to build the capacity of advocacy services.

Recommendation 13 - Education, training and employment

In its strategic approach to address problem substance use the Scottish Government should prioritise the development of a robust strategy to improve prospects for employment or meaningful activity. Employability/meaningful activity issues must be part of assessment. Agreeing and setting a national employability referral target with consideration given to incrementally increasing this target to reflect the developing understanding of client aspirations should be a priority. To increase the employment rate of people with problem substance use, all local areas should agree employability performance measures and outcomes, including:

- *percentage of service users asked about employment, training, education or volunteering during assessment;*

- *number of clients referred to employability services; and*
- *measures of 'distance travelled'. Exploration of the potential for improving employment opportunities within public bodies should be considered.*

Government response

The Road to Recovery recommends that specific attention should be paid to Scotland's Employability Framework 'Workforce Plus' (8).

The Scottish Government considers transition to employment or training to be an integral part of the care planning process. The indicators described here should be part of both the needs assessment carried out locally and local monitoring arrangements under the accountability framework.

Recommendation 15 - Children and families

The role and approach of all services in relation to children of substance misusing parents needs to be explicitly stated to ensure consistency of approach and support across Scotland. Each area will agree and publish the support it offers substance-using parents. This statement will be designed to ensure consistency of approach within the locality and ensure support is available at the earliest opportunity - even before pregnancy; services must publish their confidentiality policy and informed consent process. Information-sharing between professionals should be in line with good practice (as articulated in GIRFEC). There must be a recognition that the needs of children at risk are paramount.

Government response

The Road to Recovery outlines a raft of actions in place, or planned, to implement the Government's agenda on Children Affected by Parental Substance Misuse (CAPSM). The Scottish Government believes that addressing the needs of children in substance misusing families should be incorporated into part of wider work on *Getting it right for every child* (9), and that in order to deliver the support, care and protection children affected by parental substance misuse need to share in the same aspirations and outcomes we want for all of Scotland's children, it is essential to build on this child-centred approach. In particular we will work to build the capacity and quality of local services and strengthen the role of both universal and specialist practitioners, as well as the management of risk.

4. References

1. *Essential Care: a report on the approach required to maximise opportunity for recovery from problem substance use in Scotland.* SACDM Essential Care Working Group. 2008
<http://www.scotland.gov.uk/Publications/2008/03/20144059/0>
2. *Reducing harm and promoting recovery: a report on methadone treatment for substance misuse in Scotland.* SACDM Methadone Project Group. 2007
<http://www.scotland.gov.uk/Publications/2007/06/22094730/0>
3. *The Road to Recovery* Scottish Government. 2008.
4. *Better Health, Better Care : Action Plan* Scottish Government. 2007
<http://www.scotland.gov.uk/Publications/2007/12/11103453/0>
5. *National Quality Standards for Substance Misuse Services* Scottish Executive. 2006
<http://www.scotland.gov.uk/Publications/2006/09/25092710/0>
6. *Mental Health in Scotland : Closing the Gaps - Making a Difference : Commitment 13* Scottish Government. 2007
<http://www.scotland.gov.uk/Publications/2007/12/10141643/0>
7. *Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health* Scottish Executive. 2005
<http://www.scotland.gov.uk/Publications/2005/01/20603/content>
8. *Workforce Plus : An Employability Framework for Scotland (2006)* Scottish Government
<http://www.scotland.gov.uk/Publications/2006/06/12094904/0>
9. *Getting It Right for Every Child - Proposals for Action : Analysis of Consultation Responses* Scottish Executive. 2006
<http://www.scotland.gov.uk/Publications/2006/03/13105254/0>