

## SUPPLEMENTARY QUESTIONS FOR DRUG AND ALCOHOL ACTION TEAMS:

### SUPPORT TO CHILDREN AND PARENTS AFFECTED BY PARENTAL SUBSTANCE MISUSE:

<b>Strategic Links</b>	
Briefly outline the mechanisms for DAAT joint working and the resultant main benefits in relation to Children's Services Planning Structure:	
MECHANISMS:	MDAAT Young Peoples Sub Group is chaired by the Director of Education. It has 24 members representing key areas of the education division, social work, (planning and operations), other Council divisions, health and voluntary agencies. MDAAT Young Peoples Sub Group reports to both MDAAT Strategic Group and Children Services Planning Group. MDAAT Substance Misuse Strategy Co-ordinator is also a member of other children services sub groups i.e. Child Protection Committee, Youth Issues Sub Group, Evaluation Sub Group, Commissioning Sub Group.
BENEFITS:	Communication, joint planning and application of funding, interagency working, joint training/seminars.
Briefly outline the mechanisms for DAAT joint working and the resultant main benefits in relation to Child Protection Committees:	
MECHANISMS:	MDAAT Substance Misuse Strategy Co-ordinator is a member of the Child Protection Sub Group,
BENEFITS:	Communication between adult and children's services, joint planning and application of funding, interagency working, joint training/seminars.
<b>Implementation of National Guidance (DAATs and CPCs)</b>	
Written framework of common policies and protocols for work with families in which parents have substance misuse problems? <b>YES / NO</b>	
If no, please briefly outline proposals and timescales: The development of a Pan-Lothian protocol is in its final stages, completion date not yet confirmed.	
Agreed written protocols for information sharing? <b>YES / NO</b>	
If no, please briefly outline proposals and timescales: Protocols being developed, completion date not confirmed.	
Appropriate referral and response procedures in place? <b>YES / NO</b>	
If no, please briefly outline proposals and timescales: Awaiting completion of policies and protocols	
<b>Service Level</b>	
What, if any, minimal level information is gathered on children affected by parental substance misuse from every service? We currently do not collect this information routinely. However this will be addressed with Children & Families Social Work via the new client index system. The new joint future single shared assessment/IT system will also collect this information. Also the proposed new Integrated Substance Misuse service in Midlothian will be key to collecting a range of information including children affected by parental substance misuse.	

**HOMELESSNESS:**

**What specific action is being taken to address the substance misuse related aims of the NHS Board's Health and Homelessness Action Plan?**

The NHS Lothian HHAP adopts the definition of homelessness as set out by the Scottish Executive's Homelessness Task Force and one of its three priority areas for action is people who are substance misusers.

Health and homelessness issues in relation to drug and alcohol services are kept under constant review. The NHS Lothian local health plan for 2004 & 2005 has taken into account the issues raised in the LHHAP. Through the local Housing Strategy (Needs Group) of which the MDAAT Substance Misuse Strategy Co-ordinator is a member, strategic planning links are made in connection with homelessness, drug and alcohol related issues.

NHS Lothian Health and Homelessness Action Plan (LHHAP) seeks to ensure that plans are actioned within the overall context of:-

- Homelessness strategies;
- Drug & Alcohol action plans;
- Supporting People initiatives

Pursuant to the objective outlined in the LHHAP to support Local Authority actions to identify and target homeless prevention by outreach work in or from NHS facilities, NHS Lothian has in recent times, for example

- Introduced pilot outreach nursing to selected hostels and day centres
- Entered into partnership with Midlothian Council housing to provide an assessment service for vulnerable homeless people with personality disorders
- Introduced a targeted drug assessment and rehabilitation service for vulnerable homeless people resident in Midlothian Council temporary accommodation

**Please provide evidence of action taken to fulfil the substance misuse recommendations of the Homelessness Task Force?**

**How does the DAAT contribute to the Health and Homelessness Action Plan?**

Representatives from NHS Lothian and the Local Authority Housing Department are linked into the main Strategic DAAT or one of the sub groups. MDAAT Substance Misuse Strategy Co-ordinator is a member of the local Housing Strategy (Needs Group).

## INTEGRATED CARE FOR DRUG MISUSERS:

With reference to the evidence base produced by the EIU in 'Integrated Care for Drug Users' (EIU 2002), what progress has been made and plans agreed for the Design and Delivery of integrated services for drug users, in relation to:

	Progress Made	Plans Agreed
<p><b><u>Accessibility</u></b> eg. Range &amp; capacity of services to match identified need.</p> <p><b><u>Assessment</u></b> Cross reference to JF questions as appropriate.</p> <p><b><u>Information Sharing</u></b> eg. Development of protocols,</p> <p><b><u>Co-ordination of Care</u></b> eg. Integrated care pathways</p> <p><b><u>Monitoring &amp; Evaluation</u></b> eg. Monitoring &amp; Evaluation Systems in place</p>	<ul style="list-style-type: none"> <li>▪ SDF Review of services completed</li> <li>▪ Midlothian Stakeholders workshop held in February 2004, hosted jointly by MDAAT and Scottish Executive (Joint Future Unit &amp; Effective Intervention Unit)</li> <li>▪ Workshop to consider a new multi disciplinary core team held on 21<sup>st</sup> July facilitated by Dr Richard Simpson. Initially the team will comprise of an Integrated Care Co-ordinator, 2 CPNs, 1 social worker, sessional medical prescribing and admin support.</li> <li>▪ <b><u>The Overall aim</u></b> of the new Substance Misuse Service is to reduce individual and public health risks arising from substance misuse and enable people with drug and alcohol problems to overcome them and live healthier lives in a safer community.</li> <li>▪ <b><u>With specific aims (outcomes):</u></b> <ul style="list-style-type: none"> <li>- To improve the access, assessment, care planning/management of service delivery</li> <li>- To ensure an integrated, multi-agency and responsive service taking a person-centred, holistic approach</li> <li>- To ensure user and carer involvement in service planning and delivery</li> <li>- To gain a clearer understanding of expenditure and outcome re: residential detox and rehab</li> <li>- To contribute to a multi agency strategy on substance misuse</li> <li>- To increase knowledge of substance misuse issues, resources and promote good practice</li> </ul> </li> </ul>	<p>The role of the Integrated Care Co-ordinator will be to manage the change process from the existing model into a single multi agency integrated substance misuse service. This service includes all specialist statutory and voluntary agencies providing a substance misuse service in Midlothian.</p> <p>More specifically the role and remit of the Integration Co-ordinator will include:-</p> <ul style="list-style-type: none"> <li>▪ Facilitate and lead the operational plan for the new service framework.</li> <li>▪ Engage in effective change management.</li> <li>▪ Support staff through change process and thereby aid recruitment and retention.</li> <li>▪ Communicate effectively and provide sound information to others.</li> <li>▪ Ensure appropriate and adequate training.</li> <li>▪ Foster team ethos and promote synergy.</li> <li>▪ Engage in quality assurance practice.</li> <li>▪ Ensure workload management to promote through put.</li> <li>▪ Monitor and evaluate team performance.</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ <u>Objectives – Role of the Team</u></li> <li>- Assess the social, psychological, physical and health needs via Single Shared Assessment process</li> <li>- Agree care plans involving a wide range of support services.</li> <li>- Provide regular reviews of need and measure care plan outcomes</li> <li>- To offer brief interventions as appropriate</li> <li>- Offer substitute prescribing for drug users (assessment for those patients who would have been referred to CDPS and maintenance prescribing for patients who's GP has opted out of the GMS contract)</li> <li>- To form and maintain working links with service providers in relation to the purchase of services.</li> <li>- To identify and evaluate gaps in service provision.</li> <li>- To make effective use of existing resources and funding sources.</li> <li>- To seek ways of improving operational standards towards a more effective response to clients.</li> <li>▪ Pan Lothian Working Group looking at Prescribing Services Provision. Reviewing all current treatment provision and suggesting a 3 tier approach which would incorporate medical, voluntary agency and social work input for assessment and maintenance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Keep statistics to evidence need for development or change.</li> <li>▪ Foster robust links with other services in light of recommendations of the O'Brian Report and Scottish Borders Council Investigation (2004).</li> <li>▪ Build strong relationships with other agencies in all sector's which are not directly related solely to substance misuse.</li> <li>▪ Promote service brokerage role.</li> <li>▪ Ensure robust care planning function.</li> <li>▪ Keep abreast of relevant national advice and guidance and keep senior managers and practitioners appraised.</li> <li>▪ Ensure delivery of a consistent and equitable service.</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Proposed action plan to implement new Integrated Service.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Action</u></th> <th style="text-align: left;"><u>Timescale</u></th> </tr> </thead> <tbody> <tr> <td>Revise Budget</td> <td>30/8/04</td> </tr> <tr> <td>Prepare job descriptions</td> <td>30/8/04</td> </tr> <tr> <td>Discuss existing CPN</td> <td></td> </tr> <tr> <td>Staff remit</td> <td>30/8/04</td> </tr> <tr> <td>Identify accommodation</td> <td>30/8/04</td> </tr> <tr> <td>Recruitment of staff:</td> <td></td> </tr> <tr> <td>Advertising</td> <td>Sept'04</td> </tr> <tr> <td>Interviews</td> <td>Oct'04</td> </tr> <tr> <td>Staff in Post</td> <td>Jan'05</td> </tr> <tr> <td>Set up Operations Group</td> <td>Sept'04</td> </tr> <tr> <td>Start date for referrals</td> <td>Feb'05</td> </tr> </tbody> </table> </div>	<u>Action</u>	<u>Timescale</u>	Revise Budget	30/8/04	Prepare job descriptions	30/8/04	Discuss existing CPN		Staff remit	30/8/04	Identify accommodation	30/8/04	Recruitment of staff:		Advertising	Sept'04	Interviews	Oct'04	Staff in Post	Jan'05	Set up Operations Group	Sept'04	Start date for referrals	Feb'05
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#### **IMPLEMENTATION OF MIND THE GAPS:**

**What local progress is being made to advance 'Mind the Gaps' recommendations for improved joint working between Mental Health Commissioners and those planning and commissioning drug and alcohol services?**

NHS Lothian is one of the key partners on each of the four mental health community care planning groups in Lothian.

NHS Lothian held a Lothian wide event to raise awareness of the "Mind The Gap Report" in Feb 2004. This has enabled us to identify good practice where substance misuse and mental health needs are addressed together and to also make some recommendations for actions on a local basis in each of the four local authorities and consider Lothian wide actions.

New Midlothian Substance Misuse Service is being developed in line with the Joint Future Agenda and addressing "Mind the Gaps" publication. In January 2004 Midlothian Council appointed a Planning Officer to a post specifically for Mental Health. In recognition of the close links between Mental health and Substance Misuse it was decided to combine, in this post, the planning remit for both services. It is anticipated that such a move will facilitate the recommendations of 'Mind the Gaps'.

**How specifically are the issues raised in 'Mind the Gaps' being addressed through your Joint Local Implementation Plan?**

NHS Lothian is currently consulting on their Mental Health and Well being Strategy. This document acknowledges the needs of substance misuse patients and those with a mental health problem.

**What action, if any, is being taken to expand the role of the voluntary sector in the planning and delivery of services for this client group?**

The voluntary sector have always been represented around the planning tables for both substance misuse and mental health planning. NHS Lothian treatment and care services for people with alcohol problems includes the introduction of relapse prevention groups and the availability of counselling either within the primary care setting and/or from voluntary sector providers offering specialist 1:1 and group support.

#### **ALCOHOL RELATED BRAIN DAMAGE:**

**What local progress is being made to implement the recommendations of 'A Fuller Life – Report of the Expert Group on Alcohol Related Brain Damage'?**

Across Lothian there is a need for dedicated residential support for people with ARBD. Supporting People budgets are also helping to address the needs of clients with, amongst other things, ARBD and are now able to lead fuller more productive lives living in their own homes.

**What work is being undertaken or is planned to increase public and professional awareness of Alcohol Related Brain Damage?**

Raising awareness of specific issues is a priority area in Midlothian. Funding to address raising awareness has been identified.

**What local protocols and care pathways are in place or are being developed between addiction, neuropsychology, rehabilitation, psychiatry, children, family and older people's services and primary care / local authority partners?**

Local protocols and care pathways exist for each speciality.

**What training is being provided in the identification, assessment and management of people with Alcohol Related Brain Damage?**

Training needs are being identified with Midlothian and funding has been identified to provide specific training when appropriate.

**IMPLEMENTATION OF QIS GUIDANCE ON THE PREVENTION OF RELAPSE IN ALCOHOL DEPENDENCE:**

**What local progress is being made to implement the recommendations of the above advice?**

NHS Lothian is implementing the above guidance and recommendations. Relapse prevention is offered in most areas but resources/staff with this expertise are limited. However it is seen as very good practice to offer such support and NHS Lothian is aiming to provide such across Lothian as resources become available.

**IMPLEMENTATION OF SIGN GUIDELINE 74 ON THE MANAGEMENT OF HARMFUL DRINKING AND ALCOHOL DEPENDENCE IN PRIMARY CARE:**

**What local progress is being made to implement the recommendations and good practice points of the above Guideline?**

NHS Lothian is following the above guidance and recommendations.