Healthcare Improvement Scotland

# Example Alcohol and Drug Partnership (ADP) Action Plan

## Pathways to Recovery: Redesigning Residential Rehabilitation Pathways

December 2024

NHS SCOTLAND

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# Introduction

EXAMPLE Alcohol & Drug Partnership worked in collaboration with Healthcare Improvement Scotland (HIS) to undertake a self-assessment of the current AREA Residential Rehabilitation pathway against the Scottish Government's Good Practice Guide for Pathways into, through and out of Residential Rehabilitation in Scotland

Following this, representatives from HIS undertook a thematic analysis of the completed self-assessment, triangulating the findings with existing data and evidence, key strategic planning insights and lived and living experience insights to identify the key areas for consideration to support future improvements to the Residential Rehabilitation pathway.

The thematic analysis report serves as the basis for the development of this action plan which aims to identify:

- The key actions required to support improvement
- Risks and barriers to delivery
- Resource implications
- Prioritisation of key actions

Drawing on the principles of the Essentials of Safe Care, the identified improvements to the residential rehab pathway detailed in this action plan aim to support:

- Design and delivery of services that are person centred and meet the needs of people within AREA
- Effective sharing of information that supports the coordination of care for people who use alcohol and or drugs
- Planners and decision makers to develop and commission services that support the needs of people who use alcohol and or drugs
- The delivery of safe and effective models of care for people who use alcohol and or drugs

# Approach

This plan has been designed to ensure a clear link between identified improvements to the pathway and the key high-level themes that exist within AREA for people who use alcohol and/or drugs. The format of this action plan follows the methodology used to develop the thematic analysis report.

### High level Themes

High level themes have been identified by the HIS Multidisciplinary Redesign and Improvement Team (MDRIT) through thematic analysis of population need profiles, community risk profiles, lived and living experience insights and the self-assessment return.

### Self-Assessment Themes

Self-assessment themes were identified from the HIS' analysis of the self-assessment, evidence and data, strategic planning insights and insights from people with lived and living experience and link directly to the high-level themes described above.

Undertaking this approach will ensure that identified improvement areas will influence not only the Residential Rehabilitation pathway but also the wider Recovery Oriented System of Care (ROSC) within AREA.

# Identification of key actions

The key actions contained within this report will support progress against the self-assessment themes detailed above.

# High level Theme 1: Certain demographics are disproportionately affected by substance use

| Self-Assessment Theme 1.1: Understanding current and future demand for Residential Rehabilitation. | | | |
|---|---|---|---|
| Area of Consideration 1.1: Develop a model to understand current and future demand for Residential Rehabilitation within the local population. Identify a methodology to understand wider health and social care needs of those seeking Residential Rehabilitation within AREA. To support this, it may be valuable to understand how Residential Rehab providers are able to support a range of needs and the models of care that best support people to achieve recovery. | | | |
| Aim – What are you trying to achieve? | | | |
| **Key Actions – What actions will you take to achieve your aim?** | **Lead** | **When** | **Priority** |
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| **Resourcing implications - What do you think you will need to complete these actions? That is, people, time, space, equipment** | | | |
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| Risks / barriers to delivery | How might we overcome these risks? |
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| Work already happening that may support this |
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| Interdependencies |
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| How will you measure and monitor progress? |
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| Self-Assessment Theme 1.2: Understanding the needs of people with protected characteristics. | | | |
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| Area of Consideration 1.2: To support a greater understanding of the needs of people with protected characteristics, an Equality Impact Assessment (EQIA) for the pathway should be completed to understand and highlight how people with protected characteristics are accessing the pathway and any negative impacts. The EQIA can highlight where future support can be developed, considering the varying needs of different people and groups. Healthcare Improvement Scotland can provide support in understanding the EQIA approach. | | | |
| Aim – What are you trying to achieve? | | | |
| **Key Actions – What actions will you take to achieve your aim?** | **Lead** | **When** | **Priority** |
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| **Resourcing implications - What do you think you will need to complete these actions? That is, people, time, space, equipment** | | | |
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| **Risks / barriers to delivery** | **How might we overcome these risks?** | | |
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| Work already happening that may support this |
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| **Interdependencies** |
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| **How will you measure progress?** |
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| Self-Assessment Theme 1.3: Consider barriers for men who use alcohol when accessing the residential rehabilitation pathway. | |
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| Area of Consideration 1.3: It would be beneficial to understand the available services for those who have experience of alcohol use. In ensuring people can engage with services, explore the role of third sector organisations such as advocates to help support men into services at the earliest opportunity. To consider the accessibility and suitability of services for men using alcohol it would be of value to understand outcomes as well as any barriers to residential rehabilitation that exist. | |
| Aim – What are you trying to achieve? | |

| Key Actions – What actions will you take to achieve your aim? | Lead | When | Priority |
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| Resourcing implications - What do you think you will need to complete these actions? That is, people, time, space, equipment |
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| Risks / barriers to delivery | How might we overcome these risks? |
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| Work already happening that may support this |
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| Interdependencies |
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| How will you measure progress? |
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| Self-Assessment Theme 1.4: Continue to understand the needs of women to access residential rehabilitation. | | | |
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| Area of Consideration 1.4: Noting the increase in drug and alcohol related deaths for women nationally, and the want from EXAMPLE ADP to develop their support service for women, it would be beneficial to consider this as an area of improvement support in action plan discussions. | | | |
| Aim – What are you trying to achieve? | | | |
| Key Actions – What actions will you take to achieve your aim? | Lead | When | Priority |
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| Resourcing implications - What do you think you will need to complete these actions? That is, people, time, space, equipment | | | |
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| Risks / barriers to delivery | How might we overcome these risks? |
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| **Work already happening that may support this** | |
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| **Interdependencies** | |
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| **How will you measure progress?** | |
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# High level Theme 2: Vulnerable communities have higher rates of unmet need in relation to substance use.

| Self-Assessment Theme 2.1: Understanding unmet need within vulnerable communities and reducing barriers to access. | | | |
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| Area of Consideration 2.1: To support more people to access residential rehabilitation, particularly from our most vulnerable communities, it is important to identify the barriers to access which would allow for a shared understanding of the availability and appropriateness of services and the actions required to address common barriers to access. | | | |
| Aim – What are you trying to achieve? | | | |
| **Key Actions – What actions will you take to achieve your aim?** | **Lead** | **When** | **Priority** |
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| **Resourcing implications - What do you think you will need to complete these actions? That is, people, time, space, equipment** | | | |
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| **Risks / barriers to delivery** | **How might we overcome these risks?** | | |
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| Work already happening that may support this | |
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| Interdependencies | |
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| How will you measure progress? | |
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| Self-Assessment Theme 2.2: Awareness of residential rehabilitation as an option in a person's care and treatment, including staff and public information. | |
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| Area of Consideration 2.2: To support residential rehabilitation as a treatment option, particularly within our most vulnerable communities, it is important to raise awareness where people already engage in their communities. Ensuring services can enable people to access the residential rehabilitation pathway would add significant value. | |
| Aim – What are you trying to achieve? | |

| Key Actions – What actions will you take to achieve your aim? | Lead | When | Priority |
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| Resourcing implications - What do you think you will need to complete these actions? That is, people, time, space, equipment | | | |
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| Risks / barriers to delivery | How might we overcome these risks? | | |
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| Work already happening that may support this | | | |
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| Interdependencies | | | |
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| How will you measure progress? |
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| Self-Assessment Theme 2.3: Development of the Prison to Rehab Pathway | | | |
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| Area of Consideration 2.3: To support increased knowledge of the Prison to Rehab Pathway and to build awareness of rehab being a care and treatment option for someone being liberated from prison. Consider the establishment of stronger communication and links with SPS staff and Scottish Recovery Consortium Prison co-ordinator to support training opportunities. | | | |
| Aim – What are you trying to achieve? | | | |
| **Key Actions – What actions will you take to achieve your aim?** | **Lead** | **When** | **Priority** |
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| **Resourcing implications - What do you think you will need to complete these actions? That is, people, time, space, equipment** | | | |
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| Risks / barriers to delivery | How might we overcome these risks? |
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| **Work already happening that may support this** | |
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| **Interdependencies** | |
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| **How will you measure progress?** | |
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# High level Theme 3: Lack of integration within the wider health and social care system means that individuals do not receive the right care at the right time to support their recovery from substance use

| Self-Assessment Theme 3.1: People are supported throughout the pathway through care co-ordination and planning. | | | |
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| Area of Consideration 3.1: To continue with the development of the intensive service model of care, building a more joined up and coordinated approach to care planning and the coproduction of care plans within the MDT. Consideration should be given to a monitoring and review process which is inclusive of the individual. | | | |
| Aim – What are you trying to achieve? | | | |
| **Key Actions – What actions will you take to achieve your aim?** | **Lead** | **When** | **Priority** |
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| **Resourcing implications - What do you think you will need to complete these actions? That is, people, time, space, equipment** | | | |
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| Risks / barriers to delivery | How might we overcome these risks? |
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| **Work already happening that may support this** | |
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| **Interdependencies** | |
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| **How will you measure progress?** | |
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| Self-Assessment Theme 3.2: Increasing links into localised inpatient detox facility to ensure seamless transition into residential rehabilitation. |
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| Area of Consideration 3.2: Taking into consideration the barriers in accessing local detox and a seamless detox to rehab pathway which can be impacted due to waiting times, it would be beneficial to consider detox provision for both alcohol and drug use in the local area, including community detox, whilst continuing to develop links and build relationships with staff at Midpark hospital to consider the option of accessing an in-patient detox bed. |

| Aim – What are you trying to achieve? | | | |
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| **Key Actions – What actions will you take to achieve your aim?** | **Lead** | **When** | **Priority** |
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| **Resourcing implications - What do you think you will need to complete these actions? That is, people, time, space, equipment** | | | |
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| **Risks / barriers to delivery** | **How might we overcome these risks?** | | |
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| **Work already happening that may support this** | | | |
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| How will you measure progress? |
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| Self-Assessment Theme 3.3: Providing safeguarding for those waiting for access to services. | | | |
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| Area of Consideration 3.3: Safeguarding those waiting to access services is considered as an area of support moving forward in action plan discussions. Given the strong recovery community within EXAMPLE, it may be beneficial to consider involving lived and living experience groups and build on current relationships with local third sector recovery organisations in the development of this. | | | |
| Aim – What are you trying to achieve? | | | |
| Key Actions – What actions will you take to achieve your aim? | Lead | When | Priority |
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| Resourcing implications - What do you think you will need to complete these actions? That is, people, time, space, equipment | | | |
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| Risks / barriers to delivery | How might we overcome these risks? |
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| Work already happening that may support this | |
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| Interdependencies | |
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| How will you measure progress? | |
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| Self-Assessment Theme 3.4: Developing a Peer Support Model for pathway to Residential Rehabilitation. | | | |
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| Area of Consideration 3.4: A peer support model for the Residential Rehabilitation pathway is considered and developed across AREA. Given the strong recovery community within AREA, it may be beneficial to consider coproducing an approach with people with Lived and Living Experience, building on current relationships with third sector recovery organisations such as We are With You. | | | |
| Aim – What are you trying to achieve? | | | |
| **Key Actions – What actions will you take to achieve your aim?** | **Lead** | **When** | **Priority** |
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| **Resourcing implications - What do you think you will need to complete these actions? That is, people, time, space, equipment** | | | |
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| **Risks / barriers to delivery** | **How might we overcome these risks?** | | |
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| Work already happening that may support this |
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| **Interdependencies** |
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| **How will you measure progress?** |
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| Self-Assessment Theme 3.5: Building relationships between Residential Rehab providers and the ADP to co-produce after care planning | | | |
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| Area of Consideration 3.5: Considering the importance of seamless after care support and access to the recovery community, it would be beneficial to build relationships with rehab providers and increase communication around aftercare support, building this into care plans early so the support is in place when exiting rehab. | | | |
| Aim – What are you trying to achieve? | | | |
| **Key Actions – What actions will you take to achieve your aim?** | **Lead** | **When** | **Priority** |
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| Resourcing implications - What do you think you will need to complete these actions? That is, people, time, space, equipment | | | |
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| Risks / barriers to delivery | How might we overcome these risks? | | |
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| Work already happening that may support this | | | |
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| Interdependencies | | | |
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| How will you measure progress? | | | |
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# High level Theme 4: Detrimental effects on families/carers and friends in relation to (their loved ones) alcohol and/or drug use

| Self-Assessment Theme 4.1: Development of family peer support model (including individualised family member support) | | | |
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| Area of Consideration 4.1: It would be beneficial to consider the development of a family peer support model with the AREA residential rehabilitation pathway within action plan discussions. | | | |
| Aim – What are you trying to achieve? | | | |
| **Key Actions – What actions will you take to achieve your aim?** | **Lead** | **When** | **Priority** |
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| **Resourcing implications - What do you think you will need to complete these actions? That is, people, time, space, equipment** | | | |
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| **Risks / barriers to delivery** | **How might we overcome these risks?** | | |
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| Work already happening that may support this | |
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| Interdependencies | |
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| How will you measure progress? | |
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| Self-Assessment Theme 4.2: Integration of family support and involvement | | | |
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| Area of Consideration 4.2: Continue to build on the current development of staff using CRAFT (Community Reinforcement and Family Training) to offer a whole family approach as part of the pathway alongside a trauma informed approach family support.<br><br>It would also be beneficial to consider reviewing when people can involve family members and carers in their recovery care plan and how this is revisited as they progress through their recovery journey. | | | |
| Aim – What are you trying to achieve? | | | |
| Key Actions – What actions will you take to achieve your aim? | Lead | When | Priority |

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| Resourcing implications - What do you think you will need to complete these actions? That is,  people, time, space, equipment |
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| Risks / barriers to delivery | How might we overcome these risks? |
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| Work already happening that may support this |
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| Interdependencies |
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| How will you measure progress? |
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## How will you ensure the involvement of people with lived and living experience in the design, delivery, and monitoring of identified improvements?

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## Governance and monitoring arrangements

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| *Consider the following:*<br>• *What is your approach to assuring progress?*<br>• *What are your arrangements for monitoring progress?*<br>• *Where will you report progress to?* |

# Summary of actions, timelines, and prioritisation

| High level Theme 1: Certain demographics are disproportionately affected by substance use | | |
|---|---|---|
| Action | Date | Priority |
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| High level Theme 2: Vulnerable communities have higher rates of unmet need in relation to substance use. | | |
| Action | Date | Priority |
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| High level Theme 3: Lack of integration and care coordination within the wider health and social care system means that individuals do not receive the right care at the right time to support their recovery from substance use. | | |
|---|---|---|
| Action | Date | Priority |
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| High level Theme 4: Detrimental effects on families/carers and friends in relation to (their loved ones) alcohol and/or drug use | | |
| Action | Date | Priority |
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