APPENDIX 2

Perth and Kinross
Health and Social Care
Partnership

ADP – BITE WRITE UP

Thursday 14 and Friday 15 December 2017

AK Bell Library, York Place, Perth, PH2 8EP

09:00-16:30

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Group 1 – Engagement	Group 2 – Preparation
Colin Paton	Ann-Marie Kennedy
Danielle Millar	Hazel Robertson
Kathryn Baker	Laura Kerr
Ross McLennan	Sandra Campbell

Group 3 – Change	Group 4 – Completion
Anne Fleming	Alan Arundel
Maureen Donnelly	Kenny Ogilvy
Russel Goldsmith	Louise Glover
Tim Elworthy	Richard Lister

Group 5 – Reintegration	Facilitators/Support
Liam McLaughlin	Paul Smith
Pauline McIntosh	Clare Mailer
Ian Burge	Eleanor Mackintosh
Dawn Wigley	Mary Begbie
Erin Martin	

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DAY 1		
Time	**Item**	**Who**
08:45 – 09:00 -	Arrival and Refreshments	
09:00 – 09:15	Welcome and Introductions Housekeeping / Rules for the BITE	Clare Mailer / Kenny Ogilvy
09:15 – 09:45	Ice Breaker	Paul Smith
09:45 – 10:45	**Overview and Presentation:** • ADP role • Reporting Structures • ROSC • ROSC Model • Quality Principles • Redesign Process • Pipeline	Clare Mailer / Kenny Ogilvy
10:45 – 11:00	Break	
11:00 - 11:40	**Breakout Session 1:** 5 Groups for Pipeline Model Workstreams What are the current issues?	
11:40 – 12.00	Feedback from Groups	
12.00 – 12.40	**Breakout Session 2:** 5 Groups for Pipeline Model Workstreams What currently works well?	
12.40 - 13.00	Feedback from Groups	
13.00 – 14.00	Lunch	
14.00 - 14.40	Breakout Session 3: 5 Groups for Pipeline Model Workstreams What Improvements can we make?	
14.40 – 15.00	Feedback from Groups	
15.00 – 15.45	Breakout Session 1 - 4 Groups: 1. Process 2. Comms & Engagement 3. Performance Framework / Outcome, Monitoring 4. Prevention	
15.45 – 16.00	Break	
16.00 – 16.20	Feedback from Groups	
16:20 – 16:30	Summary and Close	

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DAY 2		
Time	**Item**	**Who**
08:45 – 09:00 -	Arrival and Refreshments	
09:00 – 09:30	Recap on day 1	
09:30 – 10:15	Breakout Session 1 - 4 Groups: 1. Process 2. Comms & Engagement 3. Performance Framework / Outcome, Monitoring 4. Prevention	
10:15 – 10:45	Feedback from Groups	
10:45 – 11:00	Break	
11:00 – 11:45	Breakout Session 2 - 4 Groups: 1. Process 2. Comms & Engagement 3. Performance Framework / Outcome, Monitoring 4. Prevention	
11:45 – 12:15	Feedback from Groups	
	Rest of day TBC	

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What are the current issues at each stage of the ROSC?
Group 1: Engagement

• Need to recognise loss / change for workers
• Poor understanding no common understanding of what 'engagement' is and **who** does the engagement
• When does engagement become preparation? Pre-contemplation stage?
• Not necessarily taking the time to stop listen and really understand what people are saying / what are the issues for them
  o Perhaps a lack of understanding of substance misuse issues? Across the broader workforce
  o Time pressures
• We don't always understand and value the importance of effective engagement
• We have lots of missed opportunities for engagement e.g. within justice services
• P&K website not easy to find info – people don't know where to go to start to ask for help
• Need clarity about the handover to next state – handover needs to be done well and supporting needs to change the language we use to value the stage of engagement

Group 2: Preparation

• Crisis or incident is usually the reason for people accessing services – does not always lead to a wish for change.
• Chemistry /personal connection is vital to this stage – this takes time and flexibility / capacity within the service
  o We don't tend to 'check in' with people to see how they feel about their working relationships (QP!!)
• Not a lot of options available to help people plan and prepare for their recovery journey
  o (Not connected to this but need to be using the Lloyds PD / research around recovery and children)
• Lack of relationships / joint working between services results in mixed messages. Being given prior to 'Treatment / service delivery'
• Separate care plans for children and parents does not help PPL Plan
• No common baseline assessment, makes it impossible to measure progress / outcomes
• Transitions between services is difficult i.e. LD MH, Prisons etc.
• Our services are not very 'stickable' but it's important to note that this is due to capacity / resources
• Should part of the initial assessment be around the 'style' and 'type' of intervention that the person feels would be best for them i.e. nurturing opposed to direct, structured counselling or support work.
• Do we have enough services that focus on helping people to establish routines, practical support that will enable them to move towards the preparation stage
  o Goal setting
• People not being aware / knowledge of options available

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What are the current issues at each stage of the ROSC?
Group 3: Change
• No access to contingency management and community detox • In prison – access to ORT is too limited/not prioritised • Inability to track patients' journey (outcome measures, treatment history. (IT systems) • Nursing staff taking on non-clinical tasks and doing it badly (i.e. coordinating benefits/housing/employment) • Currently no commissioned services for change in tier 1 & 2 • Poor links to tier 1 & 2 non-commissioned services • Challenging accessing mental health services, palliative care • Poor recording of co-morbidities • Capacity within commissioned services at breaking point (monitoring quality?) • Ensuring equality in funding across localities • Little opportunity to create capacity • More required to ensure optimum health of workforce.
Group 4: Completion
• Change Is a Must (CIAM) – Decision made re children, substance us worker changes – need continuity of worker • Resource issues in wider system – e.g. housing, 'safe' temporary housing • Resource issues core services • Attitudes generic services • Lack of clear pathway to other services • Rigid process driven system – not person centred or flexible • Lack of communication between services/supports • lack of ability to focus resources on people who may benefit most • blanket rules in parts of system re no-engagement – overall system ready to keep door open • People relapsing once return to own community • Need improved links between prison p&p and wider system • Therapeutic interventions need to be adopted before this stage. Often underlying issues related to trauma not addressed
Group 5: Re-Integration
• Barrier with employment • Stigma • Lack of resources • Lack of focus resources • Lack of opportunity for people to re-integrate • We are still doing rather than them being involved • Number of problems associated housing, family etc. • Need to create a new persona • Benefits create barrier • Recovery is invisible • Lack of engagement between us and employers • Scottish Government employment strategy not inclusive • Support for employers • Relapse = failure • Flexibility of appointments • Flexible treatment • Lowering expectation in regards to work being carried out

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What are the current issues at each stage of the ROSC?
Group 5: Re-Integration
• How to disclose gaps in employment history, criminal convictions / support needed in this area • Lack of openness / honesty • Isolation • Follows you around (addiction) • Language should be plain English and available in other languages

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What currently works well at each stage of the ROSC?
Group 1: Engagement
• Keep the different options, not just one point of contact – offer different pathways i.e. Social Work, TSMS, TCA and different locations • Phone and 'walk in' services – stigma and confidentiality • Out of 'business' house service to be held on to. • Continue relationships building between agencies – learning & developing a better service for clients. • Keep staff motivated who are open to and continuing to develop change. • Presence at Social Care & Health partnership forums/meetings – ECS
Group 2: Preparation
• Pockets of good exchange of advice and information (primarily specialist Substance Misuse Services (built on this) • Pockets of really good practice that we should learn from e.g. CIAM Service Misuse Worker, brilliant model replicate this across Children's Services – **DON'T** dilute by expanding their area of responsibility • Look at other areas to see if there are more examples of this • Trauma informed practice / ACES • Housing First model • Naloxone • Belief in the capacity to change • Understanding of the significance of deprivation and poverty in this area • Reflective and learning culture across the system • Hold on to the successes and accept small wins • (TCA) – aftercare monthly contact for up to a year • Harm reduction • IEP • Engagement with sexual health and BBV services • Dry Blood Spot Testing (DBST)
Group 3: Change
• Integrate but retain specialisms i.e. NHS; MH specialists; SW; psychology (- Prioritised – Training – Integration to Generic) • Accessibility (at a cost – capacity – retention) • Good Partnership working > (build/capitalise on this) • Strong foundations to build on • People **DO** achieve abstinence • People have reduced risk • Provide access to NHs services i.e. harm reduction; BBV; needle exchange; pain clinic; MH services • Evidence based interventions support by clinical governance • Evidence based pathway to other partners – (alcohol) • Provide equity of across large geographical area • Late night clinics to increase across for workers etc. (& early morning appointments)

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What currently works well at each stage of the ROSC?
Group 4: Completion
• Joint working ECS, LD, EIP, TSMS, TCA, CAIR • Co-location • Shared perspective – different teams, different models – there are relationships, confidence & trust for joint working • Professional standards & values. *Skills – committed workers willing to go above and beyond. • Flexibility to provide brief intervention at short notice • Period of stability whilst maintaining culture of continuous improvement • Specialist SW support/knowledge • Flexibility of service provision – employability > SMART recovery • Training/education • Sign posting • Agreeing pathways • The good working relationships.
Group 5: Re-integration
• A lot of agencies supporting people • Agencies doing good work • Local community organisations = life line • Peer support/development of peers • Mindspace recovery college • Through care agencies • Moving on service • Recovery cases • Work opportunities in prison • Peer support in the prison • Individuals in recovery involved • Passionate staff/keen to make a difference • SMART recovery • Skilled workforce • Andysman

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What Improvements can we make at each stage of the ROSC?

Group 1: Engagement

- What population group are you looking to engage with?
- L&D – Too all, in relation to "engagement"
- The value of engagement – Bolton to training that is already taking place. Learning about the process
- Opportunity
  - "Needle X"
  - "Welfare Rights"
  - Chemists
  - Justice
  - A&E – PRI
  - Website re-launch – Linked to other
- Collaborative routes to engagement – Lessons from other project
  - Triage example – TCA, CAIR
- Out of hours – Working more to meet supply & demand
- Culture – Public awareness
- Communication – messages – remove the stigma & myths
- School's & other youth/young people areas – look to mental health
- Understanding **trauma** – SDF course
  - We need champions to take this forward → MI
- Develop workforce to establish recovery plans to set groups
  - Hand held records
  - Personal passports
  - Wellness & Recovery Action Plan (WRAP)
- Engage with "whole family"
- Developing & investing in peer approaches
- Time set audits to ensure that the part of the pipeline is achieving
- *everyone's job*

Group 2: Preparation

- Improved liaison across services and clarity of realistic goals to achieve outcomes
- SHANARRI / RICKTER resilience matrix wellbeing web
- Prioritise a 'whole family approach'
- More holistic approach for those using services (avoid onward referrals where possible)
- Assertive outreach (desirable) but at a minimum ensure 'stickability' to help improve outcomes for individuals
- Acknowledge that therapeutic work is hard and will be difficult to make 'attractive' to stick with a service – need to give options to help people stay engaged
- Improved joint working – make contact with people where they feel comfortable – use of different settings
- Increase service awareness of resourced and how to access provision
- Reinforce the strengths of having specialist roles / understanding and access to appropriate resources
- General improvement of awareness of substance use
- Environment we work in
- Lack of investment infrastructure
- Sharing of information between services

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What Improvements can we make at each stage of the ROSC?
Group 3: Change
• Not continuing to push efficiency savings. (Now they are usually cuts). • All services need to improve PR • Act we invest in business infrastructure, (IT; admin functions & staffing) & systems which speak to each other! • Needs assessed & matched to right intervention at right time & right person delivering it. • TSMS needs to focus & invest on the prescribing interventions and the other partner agencies need to meet other needs.
Group 4: Completion
• Processes – reduce paperwork, single IT system • Co-location • Clearly defined roles with level of overlap (re supporting person) • Lead worker/named person – including CJS & Prison P&P • One person one plan • Sharing information / data protection • Improved pathway to 3rd sector to support re integration • Clearer pathway for people not meeting criteria for stat. support • Integrated care team – meetings for substance use workers/organisations (3rd sector?) • Dedicated worker to work regularly with prisoners 1 month before release re ongoing supports • Combine meetings- MARAC, unborn baby, NATAC, MAPPA, CCIG?
Group 5: Re-integration
• More workers in communities • More support for reintegration • Organisation taking on the role of work placements • Variety of workplaces • More support in regards to education • More family support educate family on recovery (whole family approach) • More emphasis on what recovery means • Improved drug education in schools • Early drug intervention in schools, picking up users early • More emphasis on mental health, early criminal justice, upskill staff, deliver psychosocial such as CBT • Link better with MH Services • Involving people such as pharmacists / nurses • Strengthen links between person and service such as churches • More collaboration between people using services • Holistic approach • Support for individuals to access local community groups

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Ann-Marie Kennedy	Chris Lamont
Liam McLaughlin	Colin Paton
Maureen Donnelly	Pauline McIntosh

Group 3 - Performance & Framework	Group 4 – Prevention
Kathryn Baker	Erin Martin
Laura Kerr	Hazel Robertson
Russel Goldsmith	Ross McLennan

Group 5 – Process	
Anne Fleming	Kenny Ogilvy
Danielle Millar	Louise Glover
Dawn Wigley	Richard Lister
Ian Burge	

Facilitators / Support	
Clare Mailer	Eleanor Mackintosh
Paul Smith	Mary Begbie

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Additional Information
Group 1 - Communications & Engagement

• Comms – Protocol
• Comms – Action Plan and Digital Action Plan
• Improving in some partners
• Inability to communication in the 'right language'
• At present:
  ○ Governance
  ○ Not good -
  ○ ADP – lack of feedback
  ○ Using old systems for new problems?
• Professionals really bad?
• Chose who we communicate with
• Embrace modern technology
• The way we run meetings
• Flexibility outwith 'office hours'
• Family approach
• Better liaison with families
• Communications – 1 way system
• Campaign for real English
• Maudsley Dual Diagnosis model
• Outreach / hard to reach people

Group 1 - Communications & Engagement Membership
• Comms & Engagement worker – Paul Turner • Liam McLaughlin • Service User – • Third / Church Sector – • Employers – • Prison – • Services –
Group 1 - Communications & Engagement GAPS
• Alcohol Briefing Interventions (ABI) training • Motivational Interventions (MI) training • Vulnerable People training • Whole Family training • Trauma training
Group 4 - Prevention
• Recognise value of engaging family / friends a earliest opportunity • Combat damaging effects of stigma • Acknowledge the importance of trauma and the impact of this on adult substance users • Reinforce hope and aspiration for the future • Brief intervention • Promotion of self-esteem in drug / alcohol education and impact of negative consequences • Improve awareness of specialist resources amongst universal services • Develop of 'softer' approach to offer assistance

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Additional Information
Group 5 - Processes

GAPS

- Lack of capacity to do motivational/prep work
- Lac of recording
- Group work
- Passing information
- Who does drop in?
- Naxolone
- Who does Harm Reduction
- Social Work & CAIR not in prison

Consideration:

- Explore Wellbeing Team
- Explore Relapse Prevention (WT) & Locality SW
- Recovery Plan travels with individuals
- Seek funding
    - Groups
    - CAIR relapse prevention/WRAP
    -

RESOURCES

- SW Team 0.5 WTE + 1.0 support worker
- Access generic
- CAIR 1.0 WTE
- TSMS 8.4 WTE + 3.0 HCSW

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Group 1 – Communications & Engagement Action Plan				
ITEM	**ACTION**	**WHO**	**WHEN**	**COMMENTS**
1	What we need to communicate? Formalise a Communication group	ADP Partners	March 2018	This would aid Communication Strategy and feed into wider Comms & Engagement Group
2	Some gaps in communications to all services Ensure Communications are circulated amongst **all** services	ADP Services	Mid 2018	Through Comms group. Information is circulated throughout all service. Use – My P&K website / NHS StaffNet Service Manager contacts
3	How do we 'lock' people into wanting info re D&A issues? Substance Misuse effects all Services Require to ensure engagement around communication and information Link in with OD & Training Pathway	ADP Services	March 2018	OD & Training Actin Plan Link in so that all services can be targeted
4	ADP launch Lack of overall knowledge re substance issues and Services Improve knowledge and information for all services regarding knowledge around issues. Services and health	ADP Substance Misuse Services	March 2018	Increase profile of Substance Misuse and available services. Impact upon health and social impact
5	Improve use of technology around Communications & Engagement Use TEC Care to communicate and engage. Link in with Schools IT departments to improve access	ADP IT Offices	Mid 2018	Link in with Health improvement TEC Care MOMO

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Group 2 – OD & Training Action Plan				
ITEM	**ACTION**	**WHO**	**WHEN**	**COMMENTS**
1	Ensure LD and Workforce training is standard item on ADP agenda	Delivery Groups	End March 2018 Young Persons Group already established	Ensure an agenda as opposed to commencing new group
2	Devise 2018 workforce development calendar	L McLaughlin / Partners	Mid 2018	Using existing resources to devise calendar. Ensure ROSC, SKT is incorporated
3	Implement 'toolbox talks' Topics to be decided e.g. ROSC, SKT	C Paton / Partners	April 2018	Aim to have 4 – 5 talks delivered to relevant people within 6 months of 2018
4	ADP launch Highlight role to other services	ADP Steering Group	By mid to end 2018	Continues to be some uncertainty around what ADP is and what's its role
5	Ensure ADP partnership working with Adult Protection, Child Protection and Community Safety to prevent duplication	L McLaughlin		Use other services. Vehicles to highlight and promote delivery
6	Monitor all learning and recommendation from reports. outcomes. Links in with Action 1	ADP Delivery groups	As Action 1	Monitoring and governance is lead by ADP delivery groups
7	Encourage shadowing and 'on the job' learning amongst services	All Services		ADP Shadowing Policy
8	Future internal audit to measure any success	All		Still to be further developed

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Group 3 – Performance & Framework Action Plan				
ITEM	**ACTION**	**WHO**	**WHEN**	**COMMENTS**
1	Tayside-wide audit of current data collection demands across ALL services.	Laura Kerr & Russel Goldsmith	Completed end of Jan '18	Questionnaire to be sent out (LK)
2	Evaluate above action	Laura & Russel	Completed end of Feb '18	
3	Write up evaluation & present to 3 ADP chairs for comment/sign-off.	Laura & Russel		Ask Chairs to present to IJB to prompt discussion re shared system. Ideally end up with one system that all services can use & what they need for funders.
4	Develop balanced score card	Laura Kerr & ADP members		
5	Develop contract monitoring form/framework of all services	Laura Kerr & Liam McLaughlin		Recognising added value. Review after a year!
6	Regular contract monitoring groups for all services	Laura Kerr, Liam McLaughlin & contracts		
7	Establish Finance & Commissioning sub group of ADP	Laura Kerr		
8	Map RON outcomes against SHANARRI			

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Group 4 - Prevention				
ITEM	**ACTION**	**WHO**	**WHEN**	**COMMENTS**
1	Positive engagement of family and friends at earliest opportunity	All	Immediate	Separate responses required for individuals who have substance problems and for family members who make independent contact
2	Combat stigma associated with substance use	Employers (via staf communications) Trainers	?	
3	Improved understanding of impact of trauma on adult substance users	ADP members to promote		Utilise existing training models and extend access to training
4	Encourage asset based approaches to help built self-esteem across all partner agencies	ADP members		
5	Promote Belief in Recovery / Hope and aspiration for future	? Peer support		
6	Develop brief intervention opportunities	Front-line universal services		
7	Improve awareness of specialist resources amongst universal services	PKC		Make use of existing comms teams in all organisations
8	Ensure there is an appropriate services for Young People who use substances			

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Group 5 – Processes Action Plan				
ITEM	**ACTION**	**WHO**	**WHEN**	**COMMENT**
1	Review drop in function & staffing	A Fleming	Mar ‘18	
2	Review triage com	A Fleming	Mar ‘18	
3	Increase capacity for motivation / prep work	K Ogilvy	Mar ‘18	
4	Increase capacity reintegration	K Ogilvy	Mar ‘18	
5	Develop lead worker role	C Paton	Mar ‘18	
6	Develop personal recovery care plan	C Paton	Mar ‘18	
7	Review triage prison	D Wigley	Mar ‘18	
8	Scope potential for developing ‘recovery community’			
9	Assessment docs & outcomes tools			
10	Need to consider needs of young person who misuses drugs & alcohol			
11	Need to consider special care need of elderly people with drug & alcohol issues			

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Group 2 – OD & Training - ADP Toolbox Talks	
TOPIC:	Engagement / Methadone Awareness . . .
OBJECTIVE:	To ensure engagement . . . . .
OUTCOME OF TALK:	Staff to . . . . .
KEY LEARNING POINTS:	1
	2
	3
	4
	5
ADDITIONAL LEARNING:	
ADP LEVEL COURSE	

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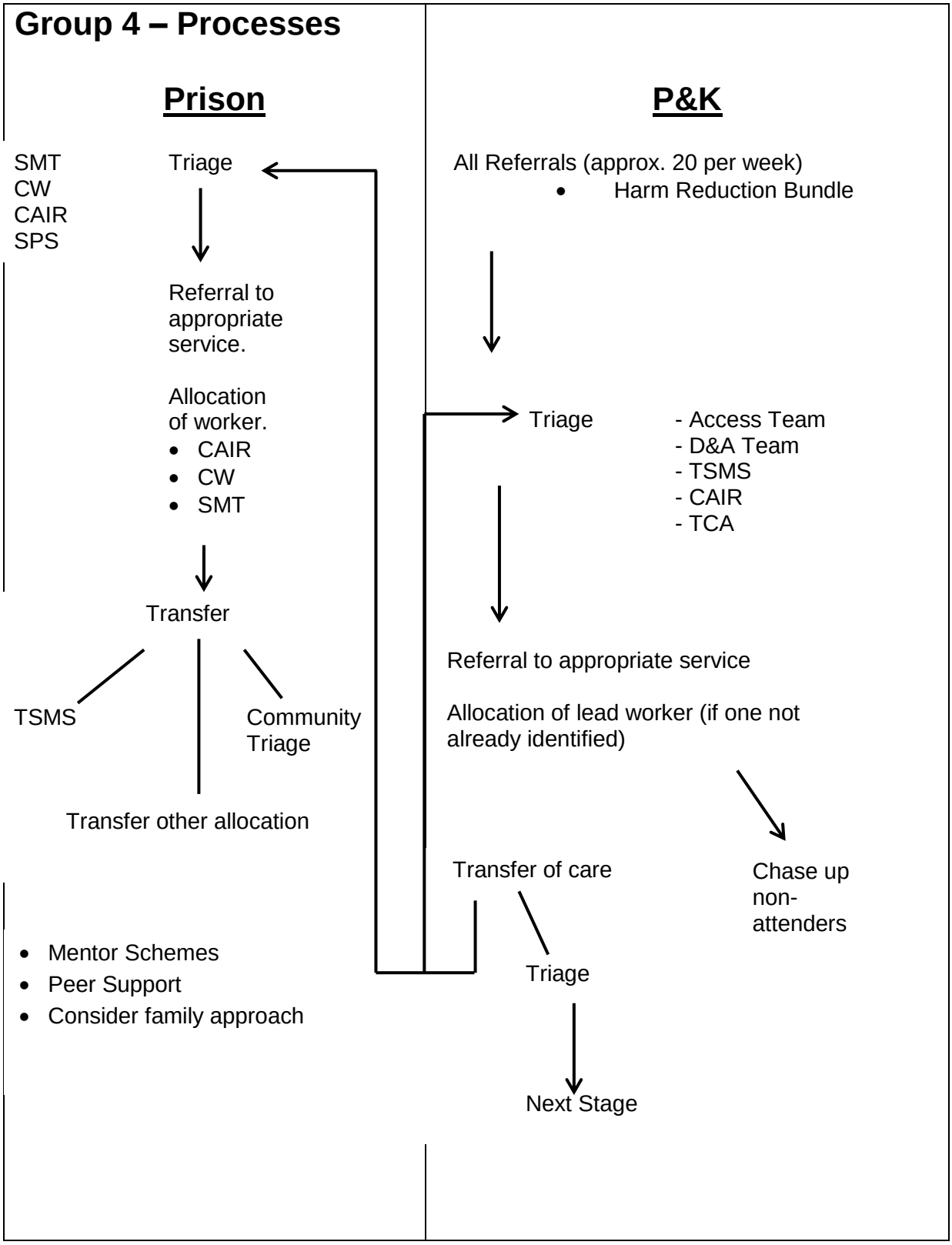

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Risk / Issues:

- No representation from Police Scotland and Community Justice Services
- Recruitment / rete ton of staff
- Training / Workforce Development
- Data quality
- Monitoring
- Tracking of clients
- Pharmacy / prescribing capacity
- Service secs / Memo of Understanding need updated to ensure they are reflective of ROSC and WFA
- No new contracts have been issued to commissioned services, only letters of comfort.
- H2 link with other relevant groups – strategic partnerships
- Not getting enough resource to implement re-design
- Un-met needs – no capacity to cope with an increase
- Are services really accessible – how do we measure?
- Not meeting waiting list target
- Providing for non-opiate users
- Losing focus on alcohol users
- Approval for CIAM D&A Social work
- Don't take opportunity to make changes