SCOTTISH RECOVERY CONSORTIUM

A response paper to Scottish Government step change around residential rehabilitation

From the Recovery & Residential Providers Group and Scottish Recovery Consortium

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Contents

Paper on Residential Rehabilitation in Scotland 2
Funding 2
Proposal 2
Infrastructure 3
Workforce Development 4
Costings 4
Outcomes 5

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Paper on Residential Rehabilitation in Scotland

This paper has been written by the Scottish Recovery Consortium (SRC) in partnership with the Scottish Recovery and Residential Group.

Scotland can have a world leading approach to residential rehabilitation provision for drug and alcohol dependency. We can offer best quality treatment interventions and an effective introduction into the continuum of recovery as people transition back into the community. This pathway approach has been developed from the foundations of Rights, Respect and Recovery: a rights based and person-centred approach coupled with appropriate and on time treatment and support.

The Scottish Government's plans will direct significant resource towards reducing drug related deaths in Scotland. This marks a step change in relation to the funding of drug related services in Scotland. The ultimate outcome needs to be a reduction in Scottish drug deaths.

The national mission has a number of key objectives: saving lives; getting people into the right treatment more quickly; ensuring treatment is designed around individual needs; supporting people through their recovery and listening to those with lived experience.

This paper is intended to support these objectives and help to plan a route which ensures the best possible outcome for expenditure. The model of working described is based on the Continuum of Recovery for Non-Fata Overdose which is being run by South Lanarkshire ADP in conjunction with the Scottish Recovery Consortium and is based on the FIRST service which has been operating in Fife successfully for 6 years.

Funding

The addition of funding to support residential rehabilitation and reduce drug related deaths in Scotland is significant. It is evidence of a commitment to resolve a national crisis and a determination to rectify this national shame. It is crucial that these funds are allocated and spent wisely and that the focus is on the outcome of reducing drug deaths in Scotland.

The structure that has been created for the expenditure of funding for alcohol and drug services is through the Alcohol and Drug Partnerships (ADPs). They have a number of strengths in that they are responsive to local needs and demands and should be able to direct service provision towards the commissioning and development of specific services. There is a concern that in the past not all funds earmarked for expenditure by the ADP have been allocated to the ADP. It is also clear that within the current structure there is significant delay in approving funds for each individual person going into residential rehabilitation.

Proposal

The aspiration is a process that gives every ADP equal access to residential rehabilitation through a process that works for all. It is proposed that a sum is ringfenced solely for the purchase of residential placements on a national BLOCK CONTRACT basis. There would be an allocation for each ADP area. This fund would be managed by a designated national organisation whose responsibility is to pay the funding directly and immediately to the residential service on the direction of a designated officer in each ADP. This organisation will have the responsibility for the administration of the designated funding for each ADP and will oversee the collective national residential funding allocation. This development of a national

pathway would be able to offer choice, manage capacity and act as a fund holder for ADPs across Scotland. This model would also encourage the development of a more transparent cost-effective pricing structure for all residential providers.

This would prevent the delay in approving funding which currently exists within the ADP bureaucracy and supports the national mission objective of quick access to residential services. It also retains the decision making within the professional clinical structure locally within the ADP.

Infrastructure

Identifying, caring for and supporting people at risk of drug related death is complex. There is no single solution. Residential rehabilitation can make a significant contribution to reducing drug related deaths in Scotland. However residential rehabilitation does not exist in a vacuum. Further, there is an identifiable need to offer residential rehabilitation to many more people outside the categorisation of at risk of drug death. Substance use services are working with people with multiple dependencies and with alcohol dependency; the scope of this work should take this into consideration.

The process of successful recovery in residential rehabilitation is based around a three-phase approach. This has been developed by the Scottish Recovery Consortium and the Scottish Recovery and Residential network and is about to be delivered within South Lanarkshire ADP as a test of change funded by DDTF. This model is based on the successful FIRST project in Fife which has been operational since 2014 and is called the Continuum of Recovery for Non-fatal Overdose (CoRNFO).

Phase 1 The referral, assessment and preparation of the individual for admission to residential rehabilitation. Working with the individual, their family, statutory and voluntary services and residential services. The focus here is to prepare the person for this pathway by informing and creating a solid therapeutic alliance whilst fast-tracking the process of referral and admission into Residential Treatment.

Phase 2 The period of admission and stay in a residential rehabilitation service. There needs to be ongoing support, liaison and review between the residential service, the individual in recovery, family and community-based support services.

Phase 3 The period of return to the community from residential rehabilitation is crucial. This transition is an area of vulnerability. The preparation and support for this phase is important to ensure the return to the community is seamless, smooth and highly supportive. Operational matters such as access to benefits, housing, and GP registration require to be completed in advance. Individuals need to be able to return to a warm comfortable home. There needs to be a strong, supportive recovery community, immediate access to community support and treatment services and immediate access to training, employment, voluntary work or other meaningful activity. This work has traditionally between referred to as “aftercare”. It should now be viewed as a long-term commitment by all stakeholders involved in supporting the person through relapse prevention, engagement with services, mutual aid and recovery communities and onto self-managed recovery development.

This three-phase approach requires additional community-based services that will be working in partnership with the residential service. Recovery Communities have the expertise to provide the majority of this continuing support in partnership with service provision. SRC has

plans to upskill Recovery Volunteers in psychosocial interventions traditionally offered by psychology and substance use services. Recovery Community Volunteers with upskilling can provide low threshold psychosocial support and connect pro-actively with local S.U. and Psychological Services.

There also requires to be designated specialist staff who support the person through this life changing experience and provides a continuum of recovery from referral to return to the community and beyond. This worker will take responsibility for the support and preparation of the person in recovery through each phase. They will also be responsible for the practical operational requirements needed for a successful return and sustainable recovery in the community.

Workforce Development

This three-phase approach with designated community-based staff working in partnership with residential rehabilitation services is new. This model which describes a Continuum of Recovery is targeted specifically at people at risk of drug related death. One of the characteristics of this group is that while they may have previously been seen by community-based treatment services they are no longer receiving a service. This is a difficult group to engage and work with. In addition, there is a high level of intensity and commitment required of each worker. Each worker will have a limited number of people in recovery that they are supporting. This will be set at a maximum of five people.

The staff recruited to this service will require a period of workforce development to equip them with the skills inherent within this role. The Scottish Recovery Consortium has developed a training and development programme which accompanies this programme.

Costings

There are some key cost headings associated with this approach. The following figures are estimated indicative costs.

1. The cost of admission and stay within residential rehabilitation.
   Identifying an accurate cost is difficult due to the variability in funding models and fees charged across the residential sector. A six month stay in a residential rehabilitation can cost between £17,000 and £25,000 per person. If each ADP in Scotland supported five people though this programme the cost would be between £4.4m and £5m, this includes a 10% cost added for those people who did not complete the full programme.

2. The staffing requirements in each ADP area to support this model will be dependent upon the demands in each area. However, based on two additional staff members, a clinical worker at level 6 and a peer worker at £25k the annual costs would be £90k. There would require to additional costs associated with management, admin. Support and accommodation. Costed at £15k per annum per ADP.

3. This is a novel approach developed by the Scottish Recovery Consortium and the Recovery and Residential group. A workforce development programme has been created to accompany this model. There is a recognition that this model presents a significant change in approach for the staff recruited into these specialist positions and they will require some detailed training and development. There will also be a change

in the expectations of community-based services and associated change in the way they work with people in recovery, particularly during phase three of this service. There will be a requirement to engage with these services through a workforce development approach.
The costings will be dependent upon the number of staff participating in the workforce development.

Outcomes

Drug related deaths in Scotland for 2019 were 1,264. There are 32 ADPs in Scotland. If each ADP were to reduce the number of drug related deaths by an average of 5 people, then 160 less people would die. This approach should be accompanied by a target for each ADP which should match this number in year one. It is anticipated that this will increase in subsequent years. These estimations are easily scalable. The Scottish Government have earmarked substantial and significant funding to this work for the coming years. With this commitment to resourcing, it is the belief of the Recovery and Residential Group and Scottish Recovery Consortium that the above proposals pertaining to that commitment will bring Scotland from a position of "national shame" to having a world leading residential rehabilitation response embedded within services and the community. The opportunity to standardise approaches across the country; work collectively to realise peoples' human right to healthcare and improve the connectedness of our whole system approach to substance use treatment are evident from this paper.

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