

Response to the Residential Rehabilitation Working Group: Recommendations on Drug and Alcohol Residential Treatment Services

February 2021



Scottish Government
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Ministerial Foreword



As a Government, it is our national mission to improve lives and save lives. We know that more than half of people at risk of drug-related death are not making use of drug services. This must change. Across Government and our public services we will do things differently, better and faster to support and save the lives of those with problem drug use. This life-saving work cannot be done by Government alone or just by any one part of Government. What is needed is genuine partnership-working within Government and across Parliament, with people with lived experience and families at its heart, working with services in all sectors.

Residential rehabilitation is one part of the solution to the challenges we face. I am grateful to Dr David McCartney and the membership of the Residential Rehabilitation Working Group Report for their time and commitment towards producing recommendations for improvement and change. I am also grateful to our service providers for helping us to establish a national estimate of number of beds and services provided by drug and alcohol rehabilitation facilities. This was the first time this exercise was done and it will be invaluable to how we plan the way ahead.

This report raises a number of questions which we need to do more on. We must overcome the divide that sometimes exists in public debate, between harm reduction and recovery - because both are vital to making sure we have a range of services for different people with different needs and also their children and families. We must improve pathways into drug and alcohol residential rehabilitation - this must include looking at how an individual accesses treatment; professional support; funding arrangements; the impact of waiting times; importance of aftercare; and the role of family support. And we must support services to look after people after residential rehabilitation - we know that this is one of the times where people are most risk and so it's something we need to do more on.

We have already begun to make progress in some areas. I'm particularly pleased that a good practice guide on pathways into and out of residential rehabilitation is already underway through a sub group of the Residential Rehabilitation Working Group; we continue to see referrals through our prison to residential rehabilitation pathway; and Scottish Recovery Consortium, through Scottish Government allocated funding, are leading a test of change to help people most at risk following near fatal overdose to access residential rehabilitation treatment services and save lives.

As we move forward on these recommendations I will continue to be guided every step of the way by the lived experience of people whose lives have been touched by drug use and the front line services who support people.

A handwritten signature in black ink, appearing to read 'Angela Constance'.

Angela Constance MSP
Minister for Drugs Policy

Background

Purpose

This paper sets out the Scottish Government response to the set of recommendations presented to Ministers, and other partners involved in reducing the harms caused by problematic use of alcohol and drugs, on 4 December 2020 by the Residential Rehabilitation Working Group.

This response should be read in conjunction with the [full paper of the Residential Rehabilitation Working Group](#) which sets out further background and context to the work.

Residential Rehabilitation Working Group

The Residential Rehabilitation Working Group recommendations set out immediate work required on improving access to treatment and use of existing capacity. In the medium term the Group recommended a review of funding models, the establishment of shared principles on standardisation, sustainable, effective pathways to treatment with a view to having national guidance for treatment provision. For the longer-term the Group highlighted the need for significant changes. The recommendations were based on evidence, existing examples of good practice and the context of the problems being experienced now in Scotland.

The Scottish Government response to these recommendations is set out in this paper as Annex A. These actions will be supported by significant additional and immediate resources as part of government's National Mission to tackle drug-related deaths.

National Mission to Reduce Drug Deaths

In her [statement](#) to Scottish Parliament on 20 January 2021 the First Minister set out additional investment as part of a National Mission to reduce drug deaths. This included an immediate investment of £5 million extra in the financial year 2020-21 – until the end of March. A significant proportion of this will be used to increase the number of residential rehabilitation placements and associated aftercare across the country to make sure there is capacity to meet demands. The expectation is that funding will flow to grassroots and community organisations to effect the change needed.

Beyond that, over the next session of Parliament, government intend to allocate an additional £20 million a year for residential rehabilitation and associated aftercare. This funding – a total of £100 million over the five years of the next parliament - will support further investment in and expansion of residential rehabilitation. A significant proportion of the extra funding will go towards developing sustainable capacity in regional centres across the country, and this work will be inclusive of different models of care. The Scottish Government is clear we need to see residential rehabilitation in the context of wider community services and community rehabilitation. We also need to consider what happens to people when they return to their local community, including aftercare. We will work with partners across the country, including grass roots and third sector, to take forward the actions set out in this paper, as well as ensuring this work is embedded across all areas of Government.

ANNEX A

Scottish Government Response to the Residential Rehabilitation Working Group: Recommendations on Drug and Alcohol Residential Treatment Services – February 2021

Working Group Recommendation	Scottish Government Response	Progress
1. Access: Principle - There should be access to residential treatment on an equitable basis across Scotland		
<p>a. The Scottish Government should continue to address equality of access and discrepancies of provision in local areas to create an even and equitable playing field.</p>	<p>Accept: We agree with the principle that there should be access to residential treatment on an equitable basis across Scotland.</p> <p>This recommendation links to recommendation 5a. We will consult partners and stakeholders on equality of access and discrepancies of provision in local areas.</p> <p>We will review known and emerging issues around equality of access through established ADP engagement and monitoring routes.</p>	<p>Ongoing: We are working to ensure that residential rehabilitation is available to everyone who wants it – and for whom it is deemed to be clinically appropriate – at the time they ask for it, in every region of the country.</p> <p>The initial mapping analysis has been completed and provides a firm basis to consider issues around local provision.</p> <p>A significant proportion of the extra funding for allocation over the next session of Parliament will go towards developing sustainable capacity in regional centres across the country, and this work will be inclusive of different models of care.</p>

<p>b. ADPs should ensure residential treatment is available as an option for people who require this intervention in their local area and monitor demand and access.</p>	<p>Accept: Scottish Government will monitor ADP supported access to for residential rehab through the Drug and Alcohol Information System (DAISy).</p> <p>DAISy is a national database which will gather key demographic and outcome data on people who engage in alcohol/drug treatment services. It will improve the understanding of the impact of alcohol/drug treatment services at both a local and national level. The project has been led by Public Health Scotland.</p>	<p>Ongoing: This is in line with existing national requirements on treatment provision and can be monitored through DAISy. DAISy went live on 1 December 2020 and all ADPs will have implemented DAISy by 1 April 2021.</p>
<p>c. The Scottish Government should ensure that an up-to-date definitive list of treatment providers should be developed and made available to local areas.</p>	<p>Accept: We will work with national organisations in Scotland to ensure that existing treatment service directories include information on residential rehabilitation services provided by the private, public and third sector.</p>	<p>Planned: The recent mapping work and capacity analysis will be shared with ADPs to help them with the referral process.</p> <p>Going forward we will ensure that treatment services are included in existing national directories in 2021. This will include information on performance against existing standards and requirements set by the Care Inspectorate and Healthcare Improvement Scotland.</p>
<p>d. The Scottish Government should ensure that DAISy captures and reports key data on all residential treatment episodes.</p>	<p>Accept: This recommendation is linked to recommendation 9a.</p>	<p>Ongoing: DAISy will capture information on residential treatment episodes.</p>

		As noted DAISy went live on 1 December 2020 and all ADPs will have implemented DAISy by 1 April 2021.
e. Barriers to accessing residential treatment should be better understood through stakeholder consultation.	Accept: This recommendation links to recommendation 5a. We will consult partners and stakeholders on local barriers to accessing treatment as part of work to develop the good practice guide.	Ongoing: We propose to undertake further analytical work in early 2021 to map the pathways into and following on from residential rehab to identify barriers and enablers. This will inform the development of Good Practice Guide on Pathways into and from Residential Treatment. See 5a.
2. Capacity Planning: Principle - There is a clear understanding of need, demand and capacity		
a. Consideration should be given by the Scottish Government to undertaking a needs assessment with regard to residential treatment. It is recommended that people with lived experience, families and practitioners are involved this work.	Accept: The report estimates that about 830 people who were resident in Scotland prior to their placement, accessed residential treatment in 2019-20. In addition the report exposed wide variation in referral rates by different ADPs which could not be fully explained by their population size or estimated need. It also identified variation within residential treatment providers themselves in terms of staffing complement, roles, programme duration and waiting times. As a result we will work with local areas collectively to produce needs assessment which establish the level of residential	Planned: The further analytical work around understanding pathways into rehab will provide more detail on regional variation and will help under pin regional needs assessment. We will work with local areas collectively to deliver a needs assessment to inform local delivery arrangements.

	<p>rehabilitation services required alongside and integrated into community services .</p> <p>We will link this work to recommendations 3a and 7a to ensure that residential treatment models and approaches to funding these services are included in our work to better understand need.</p>	
<p>b. Further work should be developed by the Scottish Government to measure current capacity accurately, understand and monitor waiting times, anticipate demand and monitor bed usage to maximise efficiency.</p>	<p>Accept: This is linked to recommendation 1b. Scottish Government and Public Health Scotland have developed DAISy to measure current capacity accurately, understand and monitor waiting times, anticipate demand and monitor bed usage. This will help us to maximise efficiency.</p>	<p>Ongoing: See 1b.</p>
<p>3. Best value: Principle - Funding models for residential treatment need to ensure value for money</p>		
<p>a. Funding models should be comprehensively mapped by the Scottish Government and the relative advantages and disadvantages understood.</p>	<p>Accept: We accept that costs of services and funding models must support equity of access to services at the time they are needed.</p> <p>We accept that funding models can play a significant role in determining the availability of rehab within a local area and across Scotland.</p> <p>We will link the work to map these models to recommendation 2a. This will ensure that this work is included in our overall</p>	<p>Immediate. See recommendation 2a.</p>

	<p>approach to undertaking needs assessment. This will enable us to draw conclusions on the level and type of residential rehabilitation services that are required alongside the funding models needed to secure their delivery.</p>	
<p>b. The cost of treatment and its relationship to provider treatment models and corresponding value for money should be further explored with the aid of health economists.</p>	<p>Accept: The group highlight that the cost of rehabilitation treatment varies substantially depending on the nature of the programmes offered, the staffing mix and the funding model of the facility with data suggesting an average minimum cost per treatment place in Scotland in 2019-20 around £17,800. Understanding value for money from residential rehabilitation requires consideration of initial costs offset against reductions in subsequent healthcare and criminal justice costs. Further research into the health and social economics of the intervention will be undertaken to inform decision making.</p>	<p>Planned: We will monitor costs and variations as part of a monitoring and evaluation framework for the new investment.</p>
<p>4. Standardisation: Principle - A standardised approach to support good practice should be developed.</p>		
<p>a. The Scottish Government should consider the establishment of specific standards to support the commissioning of residential placements. This should include, but not be limited to; minimum time in treatment, mental health support including for complex</p>	<p>Accept: This recommendation links to recommendation 5a. Work is already underway to produce a draft Good Practice Guide on Pathways into and from Residential Treatment through a subgroup of the Scottish Government Residential Rehabilitation Working Group. We will develop the detail of the guidance through</p>	<p>Planned: We will explore this with the Care Inspectorate and Healthcare Improvement Scotland following, and subject to, the development of Good Practice Guide on Pathways into and from Residential Treatment.</p>

<p>trauma, relationship with communities of recovery, embedded harm reduction principles, housing, education and employability, outcome monitoring, aftercare etc.</p>	<p>public consultation and further stakeholder engagement and use this for the basis for identifying standards for commissioning residential placements.</p>	
<p>5. Pathways: Principle - Referral pathways should be clear, consistent and easy to navigate</p>		
<p>a. The Scottish Government and Alcohol and Drug Partnerships should work together to scope and compare current referral pathways including referral criteria and inclusions/exclusions. There should be a focus on vulnerable groups and those with the greatest need. Best practice should be developed on pathways into and from residential treatment. Shared learning and examples of good practice should be used to improve these.</p>	<p>Accept: The group point to a high level of consensus from existing guidance that residential rehabilitation treatment is best suited to those with higher problem severity. While decisions on the most appropriate treatment for alcohol/drug use are for clinicians and practitioners to make in partnership with their patient/client and their families, we agree that no one, particularly the most vulnerable, should be arbitrarily excluded from residential treatment due to complex needs or higher problem severity.</p>	<p>Ongoing: As detailed in section 1e above we are committed to further research to understand existing referral pathways.</p> <p>Work is already underway through the Residential Rehabilitation Working Group to explore current examples of good practice and develop a Good Practice Guide on Pathways into and from Residential Treatment. This includes giving specific consideration on pathways for vulnerable and under-represented groups. The detail of the guide will be developed through consultation and engagement including with people with lived / living experience and their families to ensure pathways meet their needs.</p>

		We will further develop and trial the guide with ADPs ahead of giving consideration to developing this into a set of standards (see recommendation 4a).
b. Work should be developed which explores diversion from the criminal justice system or in acute healthcare settings directly to residential rehabilitation. This could be done through tests of change, pilots or specific research.	Accept: Scottish Government will engage with the Drugs, Justice and the Law Subgroup of the Drug Deaths Taskforce who will lead work to explore options.	Planned: Scottish Government will explore and facilitate opportunities for closer working with this group on the role of residential services at the beginning of 2021.
6. Research: Principle – The approach to providing residential treatment should be underpinned by the evidence		
a. The Scottish Government should facilitate research into residential treatment pathways, models, outcomes, value for money and service user experience to understand who will benefit most from it.	Accept: Scottish Government will engage with Drug Research Network Scotland and the Scottish Alcohol Research Network to explore opportunities to commission research into residential treatment pathways, models, outcomes, value for money and service user experience to understand who will benefit most from it.	Planned: Scottish Government will explore opportunities for research with these organisations in early 2021. (as detailed in section 1e above)
b. Researchers should map local community-based resources such as mutual aid and other recovery initiatives by ADP with a view to researching their relationship to residential rehabilitation services.	Accept: Scottish Government will engage with the Drug Research Network Scotland and Scottish Alcohol Research Network to develop a scope for this work.	Planned: Scottish Government will explore opportunities for research with these organisations in early 2021.

<p>c. A dialogue should be opened on these subjects with the Drugs Research Network Scotland and Scottish Alcohol Research Network with a view to sharing knowledge and to develop research projects.</p>	<p>Accept: We will engage with the Drug Research Network Scotland to develop a scope for this work.</p>	<p>Planned: Scottish Government will explore and facilitate opportunities for further research on residential rehabilitation with these organisations in early 2021.</p>
<p>7. Models of delivery: Principle - The diversity of residential treatment interventions across Scotland needs to be understood</p>		
<p>a. Further scoping work should be commissioned by the Scottish Government on the detail of the variety of treatment models available and on their components (medical, psychological and social approaches) and of the evidence base underpinning these.</p>	<p>Accept: this will be developed as part of Recommendation 2a.</p>	<p>Planned: See 2a.</p>
<p>8. Support to the Drugs Deaths Task Force: Principle - The work to improve access to residential treatment should support the work of the Drug Deaths Task Force</p>		
<p>a. It is recommended that the Scottish Government facilitate the development of a relationship between the work to improve access to residential treatment and the Drugs Death Task Force Multiple Complex Needs Subgroup to explore the place of residential treatment and in</p>	<p>Accept: This recommendation links to recommendation 5a. We will liaise with the Drugs Death Taskforce secretariat to explore opportunities for engagement with the Drugs Death Task Force Multiple Needs Subgroup.</p>	<p>Planned: Scottish Government will explore opportunities for the development of a relationship at the beginning of 2021.</p>

<p>reducing drug (and alcohol) deaths.</p>		
<p>b. The work to improve access to residential treatment should continue to support tests of change to improve access to residential rehabilitation for at-risk groups and learning from these should be disseminated.</p>	<p>Accept: As part of our investment of £20 million per annum over the next session of Parliament for residential rehabilitation and associated aftercare we will test and develop new approaches as required. We will use the forthcoming Good Practice Guide on Pathways into and from residential treatment to inform the development of tests of change.</p>	<p>Ongoing: We have already invested £150,000 in testing the Prisons to Residential Rehabilitation Pathway to allow people leaving prison to access residential treatment to continue their recovery journey.</p> <p>The Continuum of Recovery for Near-Fatal Overdose (CORNFO) project has been awarded £288,088 over 2 years by the Drug Deaths Taskforce. Facilitated by the Scottish Recovery Consortium and hosted by South Lanarkshire ADP, this pathway is targeted directly towards those people most at risk from drug related death who have experienced a near-fatal overdose. It combines an urgent community-based response with direct access to residential rehabilitation treatment. The CORNFO test of change will begin in January 2021 and is expect to be completed January 2023. It will be evaluated during the project to inform how we proceed.</p>

		We will continue to assess where TOC are appropriate and invest on an ongoing basis.
9. Explore the potential for a national approach to measuring the success of residential rehabilitation services: Principle – Outcomes should be measured, published and monitored		
a. It is recommended that the Scottish Government explores a national approach to establishing and agreeing commonly agreed outcome measurements.	<p>Accept: The work of the group point towards a gap of evidence on longer term outcome evaluation. One of the benefits of Scottish Government’s introduction of DAISy will be to allow for conformity on outcome measurements and a central way of gathering and analysing data. This will allow us to broaden learning and evidence around residential rehabilitation on an ongoing basis.</p> <p>We will work with partners to ensure that the DAISy dataset remains fit for purpose to measure key outcomes for people accessing residential treatment. This includes their outcomes on leaving residential treatment as well as throughout their treatment journey.</p>	<p>Planned: Scottish Government will work with partners to ensure that the DAISy dataset remains fit for purpose to measure outcomes for this who access residential treatment ADP.</p>
b. The measurement of these outcomes should be recorded within the DAISy database to support local service planning.	<p>Accept: This recommendation is linked to recommendation 9a.</p>	<p>Planned: This will be delivered in line with the implementation of DAISy.</p>



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