Healthcare Improvement Scotland | ihub

North East Scotland Residential Rehabilitation Pathway Self-Assessment

February 2023

NHS SCOTLAND

Contents

Background

Improving access to residential rehabilitation as a treatment option for drug and alcohol use is a key part of the National Mission to save and improve lives. The Scottish Government is clear that residential rehabilitation should be part of the full range of drug prevention and treatment services available to people in all local authority areas. The Scottish Government has made a commitment to increase the number of publicly funded placements by over 300% so that by 2026 at least 1000 people receive funding to access residential rehabilitation per year. There are three strands to the national approach:

1. Significant increase in the capacity of residential rehabilitation services;
2. Improving pathways into and from rehabilitation services, for those with multiple complex needs;
3. Developing a standardised approach to commissioning residential rehabilitation services.

As part of this plan the Scottish Government has asked that all Alcohol and Drug Partnerships (ADPs) have an effective pathway to residential rehabilitation in place and to continue to demonstrate an increase in the number of people being referred through it.

Following the launch of the National Mission a national Residential Rehabilitation Working Group (RRWG) of experts across the system was established. The RRWG made a series of recommendations to improve access to treatment and utilisation of existing residential rehabilitation capacity. The RRWG recommendations include:

- **Access**: there should be access to residential treatment on an equitable basis across Scotland.
- **Standardisation**: a standardised approach to support good practice should be developed.
- **Pathways**: referral pathways should be clear, consistent, and easy to navigate.[1]

In April 2022, Healthcare Improvement Scotland (HIS) were commissioned by the Scottish Government to build upon work undertaken as part of the Residential Rehabilitation Pathways to Recovery Programme. The overall purpose of this project is to ‘improve the long-term health outcomes for people who seek recovery from

[1] https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2021/11/pathways-through-out-residential-rehabilitation-scotland/documents/guidance-good-practice-pathways/guidance-good-practice-pathways/govscot%3Adocument/guidance-good-practice-pathways.pdf

problematic use of alcohol, and/or drugs by redesigning pathways into, through and out of residential rehabilitation'.

Self-assessment method

The RRWG produced the Good Practice Guide for Pathways into, through and out of Residential Rehabilitation in Scotland, which identified emerging principles of good practice. These good practice principles formed the basis of the Residential Rehabilitation Self-Assessment Tool (RR-SAT) (appendix A), which has been piloted with two ADPs within different Health Boards, leading to refinements. Where identified, HIS will support ADPs and other involved parties to complete the RR-SAT. Responses will then be analysed by HIS to identify key strengths and areas for improvement. As indicated by the results, action plans will be developed on an individual ADP, regional or national level to support the development of residential rehabilitations pathways to meet the good practice principles as identified in the Good Practice Guide.

Timelines

Phase 1 (February to March 2023) – Assessment

HIS will meet with ADPs and other involved parties to discuss the RR-SAT. These discussions may include:

- Clarifying the purpose of the self-assessment
- Exploring how to complete the self-assessment
- Identifying what support is required from HIS
- Agreeing a completion date

Phase 2 (April to May 2023) - Analysis

HIS will review and collate the responses to the self-assessment on a multidisciplinary team basis, identifying key strengths and areas for improvement at an ADP, regional and national level.

Phase 3 (June to July 2023) - Action

HIS will meet with ADPs and other involved parties to co-produce an individual improvement plan, which will include actions, outcomes and timelines. HIS will develop general improvement plans to address issues on a regional or national level that are more commonly present throughout the residential rehabilitation pathway processes.

Appendices

Appendix 1 – Self-Assessment

Who is completing this self-assessment?

Name(s)	Contact Email address

In order to identify areas of strength and areas for improvement a Likert scale is used. For clarification regarding each scale, here is some guidance:

Score 1 if… **Not considered:** No thought has been given to the statement.

Score 2 if… **Considered but not implemented:** Thought has been given to the statement, a plan is in place to address it, but currently there is no practical implementation.

Score 3 if… **Somewhat implemented:** There is a plan in place for how to address the statement, and actions have started to be taken to make changes to the process.

Score 4 if… **Nearly implemented:** Actions are underway to meet the statement, however the process is not consistent.

Score 5 if… **Fully implemented:** The statement is fully implemented and working effectively and consistently in practice across your services.

Examples are provided for the first 3 questions, please delete these and replace them with your answers.

General considerations regarding your pathway					
1.1 Detail who is responsible for the care of the person at every step of their journey (from preparation for residential rehabilitation, referral to aftercare and connection with home services).					**Score** **5**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score? **Our referral process includes the allocation of a key worker, they are trauma informed trained and will provide continuous support for the whole of the person's journey. There is also secondary support measures in place to cover sickness and holiday periods.**					
What might you do to increase the score?					

General considerations regarding your pathway					
1.2 Include consideration of especially vulnerable groups. (see Appendix 2)					**Score** **4**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score? **Our pathway explicitly considers groups who face disadvantage in accessing services, including, people experiencing homelessness, disabled people, people with mental health issues, women with children, LGBT people. Although there is further work on raising awareness within the referrers to the pathway.**					

What might you do to increase the score? We have several training events developed to address this.

General considerations regarding your pathway					
1.3 Include specific pathways for people from multiple different settings and referrers (e.g. prison pathway, from homelessness, from community treatment, from NHS detox, returning to rehab after relapse etc.).					**Score** **2**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score? Our pathway only considers individuals being referred directly from the ADP Substance Misuse Service.					
What might you do to increase the score? Include in collaboration other referral pathways e.g. prison, detox and returning following relapse into our pathway document.					

General considerations regarding your pathway					
1.4 Seek to join detox pathways to rehab pathways and address barriers to complex detoxes, ensuring appropriate experienced clinical oversight.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	

What are your reasons for the score?
What might you do to increase the score?

General considerations regarding your pathway					
1.5 Tailor pathways to statutory, third-sector and private providers, where appropriate.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Referrals

2.1 Include different referral routes (e.g. health services (GPs, drug and alcohol community services, NHS detox, stabilisation units, mental health settings, A&E); criminal justice pathways (including prison and other criminal justice settings); homelessness settings; self-referral, etc.).					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Referrals					
2.2 Dedicated key workers are to be supported and empowered to include residential rehab in the "menu" of treatment options from the initial contact with services. There are protocols around discussion and expectation setting about what residential rehabilitation will involve, and what will be expected of the person throughout.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Referrals					
2.3 Include a pathway for people not deemed clinically appropriate to either work towards this or a pathway to established alternative treatment options.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Referrals	
2.4 The design of pathways considers how to address commonly cited barriers to accessing residential rehab, such as 'readiness', motivation and concerns about distance to services or loss of connection with supportive relationships. This includes work to overcome barriers encountered by those accessing Opioid Substitution Therapy (OST) who wish to access residential rehabilitation.	**Score**

1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Assessment					
3.1 Include information on waiting times, detailing when an assessment and decision should have taken place. These should also set out which people are to be involved in the assessment process (for each different type of referral pathway) and any required training/competencies for these people.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Assessment

3.2 Registration of all people assessed for rehab with ADP.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Assessment					
3.3 Pathways for people not currently clinically assessed as appropriate for rehab to other treatment options or support; a standardised appeals process for individuals who do not agree with this decision. Candour in presenting reasoning to clients.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Assessment					
3.4 Assessment involves awareness around protected characteristics and consideration of those with multiple complex needs (trauma and any other medical, social and mental health problems that may impede treatment); complications, risk assessment and the needs of dependent children.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Assessment					
3.5 All people requesting an assessment for residential rehabilitation to be offered an assessment for residential rehabilitation.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					

What might you do to increase the score?

Assessment					
3.6 Multi-agency assessment, joint where possible with provider and involving other professionals as appropriate.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Assessment	
3.7 Relationship building between providers, ADP and community services – work to improve links and streamline processes to reduce repetition.	**Score**

1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Pre-Rehab					
4.1 Preparatory programme for residential rehabilitation is incorporated into the pathway for those accessing rehab from all pathways (e.g. prison to rehab, homelessness, general referrals).					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Pre-Rehab

4.2 Protocols around choice of residential rehabilitation provider which empower the person. This involves discussion of the different modalities which are available, and what is suitable for the person.				Score
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented
What are your reasons for the score?				
What might you do to increase the score?				

Pre-Rehab				
4.3 Protocols around visits or open days (where possible) to the residential rehabilitation provider in order to establish relationships (introducing people to the programme community, using peers with lived experience, etc.) and give insight into the facility's model and philosophy.				Score
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented
What are your reasons for the score?				
What might you do to increase the score?				

Pre-Rehab					
4.4 Preparation delivered by/on behalf of the provider follows the model of treatment they are entering. Where possible, a regional approach (close to home/rehab site) could allow rehabs to provide prep for structured support using peers and staff. Clear lines of responsibility between ADP and provider on who is responsible for delivering this.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Pre-Rehab					
4.5 Work to identify and move towards addressing other needs (including health (mental health, trauma) and practical (financial etc.). Where these needs are not being met, this does not prejudice the client's opportunity to access residential rehabilitation.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	

What are your reasons for the score?
What might you do to increase the score?

Pre-Rehab					
4.6 Protocols around preparatory work with family (if appropriate). Families and loved ones are supported in understanding the benefits, challenges and risks of residential rehab and support is in place for families who may struggle with a loved one going to a residential facility.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Pre-Rehab

4.7 Timely access to detox and seamless integration between detox and rehab, with same-day access to rehab where detox is completed in a separate service.					Score
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Pre-Rehab					
4.8 Identify a specific contact person who remains in touch with the person in the lead up to rehab, during rehab and post rehab.					Score
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Rehab Phase					
5.1 The process of co-producing a plan for exiting/post-rehab with the person at an early stage in the rehab process is built into the pathway (e.g. planning for employment/ volunteering/training/ education and housing post-rehab/ aftercare started during placement to enable smooth transition).					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Rehab Phase					
5.2 Standardised protocols for the contact mentioned above around how contact with the person (or facility on behalf of the person) is maintained though the placement.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					

What might you do to increase the score?

Rehab Phase					
5.3 Allowing for engagement with external volunteering/employment opportunities, where appropriate, for those at the later stages of their placement. There should be clear agreement from the outset around whose responsibility this is – particularly where clients travel long distances for RR.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Rehab Phase	
5.4 Support provided to families and loved ones whilst the person is in placement (e.g., family therapy, if appropriate).	**Score**

1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Rehab Phase					
5.5 Continuity of care throughout the rehab process – referring agency attends reviews; ongoing access to advocacy during placement; links to recovery communities in home area					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Rehab Phase

5.6 Guidance provided on how a person can potentially move to a different rehab should this one not be right for them.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Post-Rehab Phase					
6.1 Pathways back into residential rehabilitation for those who relapse following a placement.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Post-Rehab Phase					
6.2 Standardised protocols around harm-reduction (e.g. the provision of Naloxone to those appropriate; overdose prevention training etc.).					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Post-Rehab Phase					
6.3 Need-responsive aftercare pathways for a person, including the identification of services which are available to the person, how long these will be available for and who is now responsible for the continued care of the person.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					

What might you do to increase the score?

Post-Rehab Phase					
6.4 Assertive referral to mutual aid and Lived Experience Recovery Organisations (LEROs).					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Post-Rehab Phase	
6.5 Protocols for ADP liaising with provider at end of placement to agree an appropriate aftercare plan.	**Score**

1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Post-Rehab Phase					
6.6 Aftercare plan with a dedicated member of staff allocated to the person.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Funding					
7.1 A standardised protocol for accessing statutory funding, the criteria for this, and for how long this funding is for (including standardised funding paperwork and a standardised appeals process).					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Funding					
7.2 Should a person be assessed as unsuitable for statutory funding, there is clear sign-posting to third sector organisations or other treatment options.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Funding					
7.3 The process of identifying funding does not impact on the person - as far as they are concerned the residential rehabilitation episode is free at the point of delivery (no funding panel 'dragons' den').					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Funding					
7.4 Financial assessments are conducted fully prior to a residential stay when people are required to make a contribution, in order to avoid distress to people and financial loss to other organisations.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					

What might you do to increase the score?

Funding					
7.5 Funding covers all care elements rather than adding 'contributions' from people which can often have an impact on someone's stay					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Funding

7.6 Block contracting or funding to service are preferable to spot purchasing in funding individual placements, in order to facilitate capacity planning among providers.					**Score**
1. Not considered	2. Considered but not implemented	3. Somewhat implemented	4. Nearly implemented	5. Fully implemented	
What are your reasons for the score?					
What might you do to increase the score?					

Appendix 2 – Frequently Asked Questions

The RR-SAT was tested with two ADPs. Some questions were asked during this process – the answers to which may support you to complete this document. Please add your own questions if you have any.

General Considerations

Q1.2 - Can you please clarify what is meant by the 'vulnerable group'? Who does this refer to?

> See Q3.4 for more detail on who the Scottish Government is referring to here.
>
> Further information: HIS are carrying out an equality impact assessment that will support thinking about how we might best meet the needs of people experiencing disadvantage.

Referrals

Q2.2 - Dedicated key workers are supported and empowered to include residential rehab in the "menu" of treatment options from the initial contact with services - **what if individuals are not suitable to access rehab on first contact with substance use services? How could we measure whether discussions are happening?**

> Although people may not be suitable for residential rehabilitation during initial meetings with substance use services, it is important to highlight it as a potential avenue to explore as early as possible.
>
> Further information: HIS will work with you to develop action plans that could use surveys or auditing tools to assess whether these conversations are taking place.

Q2.3 - Include a pathway for those not deemed clinically appropriate to either work towards this or a pathway to established alternative treatment options - **what does this look like?**

> Is it explicitly shown on your pathway the route people not deemed clinically appropriate for RR will take? What is the route people can go to become "clinically appropriate" for rehab, e.g. community-based programmes?
>
> Further information: Have you considered a pathway for those people not deemed appropriate at all? For instance, people with certain criminal convictions who will be denied access to residential treatment.

Assessment

Q3.5 - All requesting an assessment for RR to be offered an assessment for RR **- how can we evidence this?**

> During our action plan development stage we can support the production of a mechanism that will help evidence what conversations are happening in initial meetings.

Improvement Hub
Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.ihub.scot