

ADAT RURAL AND REMOTE AREAS SUB GROUP MEETING

STIRLING, 29 SEPTEMBER 2004 – UPDATE ON EIU GUIDE

1. Background

As part of the EIU's work programme for 2004/05, we are examining the issues that influence the planning, design and delivery of integrated care for drug users in rural and remote areas. This study will build on some of the findings presented in *Integrated Care for Drug Users: Principles and Practice* (EIU, 2002). That document and subsequent EIU reviews identified some specific issues involved in the delivery of services to drug users, and barriers to accessing services encountered by drug users in rural and remote areas.

Integrated Care highlighted the importance of providing accessible services for drug users. Factors influencing accessibility will affect, and in some cases determine, the extent to which integrated care can be delivered in any area.

To make services accessible, it is essential to remove the barriers, real and perceived, that individual's experience. *Integrated Care* identified a number of factors that may affect accessibility for people in rural and remote areas. These include the following:

- the location of services, and logistical problems in travelling to services
- cultural barriers to travelling to services in different areas
- the range of accessible and available local services
- maintaining anonymity in small communities

Following completion of the evidence gathering, the EIU will publish a document setting out the evidence about service provision for drug users in rural and remote areas, and about effective approaches to address these issues.

2. Defining Rural and Remote Areas

What do we mean by rural Scotland?

Defining 'rural and remote areas' is not straightforward! The Scottish Executive's has updated its **Urban Rural Classification** which provides a definition of rural Scotland that is agreed by Ministers and is widely used across the Executive. This was formerly known as the Scottish Household Survey Urban Rural Classification but has been renamed the Scottish Executive Urban Rural Classification in recognition of its widespread use across the Executive and its agencies.

Rural Scotland is defined as **settlements with a population of less than 3000**. We further understand the differences between remote and more accessible rural areas by classifying settlements as:

Remote rural – those with a greater than 30 minute drive-time to the nearest settlement with a population of greater than 10,000

Accessible rural – those with a 30 minute or less drive-time to the nearest settlement with a population of greater than 10,000

Other definitions related to rural areas and settlements are used (General Register Office for Scotland, Randall, Henderson).

3. Methods of Gathering Evidence

The EIU will use a variety of methods to gather evidence for the document. These include **(3.1-3.6)**:

3.1 EIU Rural and Remote Areas Reference Group

A reference group has been established incorporating broad membership. The agreed remit of the group is:

‘To examine and identify the factors that influence effective commissioning, planning and delivery of integrated care for drug users in rural and remote areas; and to offer information and advice to support the EIU review’.

3.2 Literature Review

A literature review is being conducted. Although there is worldwide literature on this theme, there seems to have been little published literature in Scotland. It is known that the following research/studies have been undertaken in Scotland:

- Scottish Drug Forum’s Report on Young People in Oban.
- Various reports by The Department of Sparsely Populated Areas in Aberdeen University.
- Work in progress by the National Treatment Agency in England regarding equality and diversity issues for drug users.
- Neil McKeganay’s study on young people in Angus.
- Work done on homelessness in Dumfries and Galloway.
- Work done in the Borders on children affected by substance misuse.

3.3 Qualitative Research

Following open tender, the EIU have commissioned Clear Plan UK Ltd to carry out the qualitative research phase of the evidence gathering process.

Study aims and objectives

The overall aim of the qualitative study is to identify and investigate the issues that influence the effective planning, design and delivery of integrated care for drug users in rural and remote areas, from the perspectives of service planners, service providers and service users.

The objectives of the study are to identify and explore the following:

- Barriers to accessing appropriate services for drug users in rural and remote areas.
- Other issues affecting service provision for drug users in rural and remote areas.
- Ways of overcoming barriers to accessing services in rural and remote areas.
- Examples of effective and innovative practice in the planning and delivery of services to drug users in rural and remote areas.

4 DAAT areas have been selected, namely Dumfries and Galloway, Forth Valley, Highland and Orkney Islands. It will not be possible to provide information that is fully representative of all rural and remote areas in Scotland. The research Report will be completed by early December 2004 and will inform some of the content of the EIU document.

3.4 Consultation Seminars

The EIU is to hold two half-day consultation seminars on 7 October 2004 and 19 October 2004 (**see Annexes 1 and 2 for draft programmes**). The aims of the events are based on seeking practical examples of the key issues and factors that influence the commissioning, planning, and delivery of integrated care for drug users in rural and remote areas; in addition to looking for examples of good

and/or innovative approaches you employ locally to overcome these barriers. Examples of these can be sent to us prior to the event but the programme has been designed to maximise the opportunity for interactive discussions on the day.

3.5 Visits to services

An attempt will be made to visit a few projects that provide services for substance misusers.

3.6 Questionnaire to DAATs

An option for *discussion* at the ADAT meeting on 29 September 2004 is whether there would be added value if the capacity existed to survey all DAAT support teams (a representative from each) using a simple questionnaire, whilst acknowledging that 4 DAAT support teams are taking part in the qualitative research whilst 2 other DAAT support teams are represented on the EIU reference group (from the ADAT sub group).

4. Issues specific to the planning and delivery of services for drug users in rural and remote areas.

From preliminary examination of the literature and from discussions at the inaugural EIU reference group meeting, the following important points can be highlighted. Whilst acknowledging that there are a number of positive factors for commissioners, service providers and service users in rural and remote, a number of issues exist. These include:

- Definition
- Unwillingness to accept problems
- Accessibility
- Geography
- Transport
- Financial resources
- People resources
- Treatment options and equity
- Competencies, training and development
- Confidentiality
- IT and communications
- Needs assessment

5. Projected timescales

It is planned that the document will be published by January 2004. The literature review is due to be completed by the end of October and the qualitative research by the beginning of December 2004.

Effective Interventions Unit

29 September 2004

Annex 1

EFFECTIVE INTERVENTIONS UNIT

CONSULTATION SEMINAR ON RURAL AND REMOTE AREAS

THURSDAY 7 OCTOBER, SCOTTISH FURTHER EDUCATION UNIT, STIRLING

Draft Programme

09.15 Registration and refreshments

09.45 Welcome and Introduction

Patricia Russell

09.55 Developing the evidence base for integrated care in rural and remote areas

David McCue

10.10 Introduction to Workshops

Emma Harvey

10.15 Workshop 1

11.10 Break

11.30 Examples of effective and/or innovative practice

Speaker to follow

11.45 Workshop 2

12.35 Feedback from workshops

Facilitators

12.50 Summary, next steps and close

David McCue

13.00 Lunch

Draft Questions for Workshop

Workshop 1

- What are the specific issues and other factors that effect the treatment, care and support for drug users in rural and remote areas?
- How do these impact on the ability of agencies/service providers to commission, plan and deliver integrated care?

Workshop 2

- What has to be in place to implement integrated care in rural and remote areas?
- What are agencies/service providers currently doing in terms of planning and delivery of care?
- Are there local examples of good and/or innovative approaches you can share?

Annex 2

EFFECTIVE INTERVENTIONS UNIT

CONSULTATION SEMINAR ON RURAL AND REMOTE AREAS

TUESDAY 19 OCTOBER, ROYAL HIGHLAND HOTEL, INVERNESS

Draft Programme

12.30	Registration and refreshments	
13.15	Welcome and Introduction	Patricia Russell
13.25	Developing the evidence base for integrated care in rural and remote areas	David McCue
13.40	Introduction to Workshops	Emma Harvey
13.45	Workshop 1	
14.40	Break	
15.00	Examples of effective and/or innovative practice	Speaker to follow
15.15	Workshop 2	
16.05	Feedback from workshops	Facilitators
16.20	Summary, next steps and close	David McCue
16.30	Lunch	

Draft Questions for Workshop

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- What are the specific issues and other factors that effect the treatment, care and support for drug users in rural and remote areas?
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