

Effective Interventions Unit

INTEGRATED CARE FOR DRUG USERS: Principles and Practice

WHAT IS IN THIS DOCUMENT?

- The rationale for integrated care and its wider context.
- Definitions and concepts of integrated care and its key elements: accessibility, assessment, planning and delivery of care, information sharing, monitoring and evaluation.
- Evidence from research literature, focus groups and consultation on the key issues that influence effective practice in integrated care.
- Key principles and elements of effective practice drawn from the evidence.

WHAT IS THE AIM?

To provide information and support:

- to DATs and partner agencies in the planning, design and delivery of integrated care for drug users
- to service providers, managers and practitioners who are delivering services to people with drug misuse problems

WHO SHOULD USE IT?

Anyone involved in developing, designing, commissioning, implementing and evaluating services for drug users.

WHO PRODUCED THE DOCUMENT?

Andy Rome, Anita Morrison, Linsey Duff, Jane Martin and Patricia Russell gathered evidence and wrote the document. Scottish Drugs Forum conducted the service users' focus groups.

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FOREWORD

Across Scotland, there has been an increasing interest in recent years in the development of integrated care services for people with drug misuse problems. This has grown from a recognition that people with drug misuse problems will, in many cases, have a range of other difficulties in their lives. A range of treatment, care and support services, for example, housing, training and employment services, may be needed to help the individual to make progress towards recovery and to improve their relationships with their family, friends and community. In DAT areas, planning for integrated care is at various stages from early discussions to quite advanced planning while in a small number of areas a model of integrated care is in place.

The **Effective Interventions Unit (EIU)** undertook to examine the principles and practice of integrated care in our first Work Programme. We have collaborated with a wide range of agencies and organisations including health, Joint Future, social work and the voluntary sector through a Reference Group, Working Groups and consultation workshops. We have also sought the views of service users through focus groups conducted on our behalf by Scottish Drugs Forum. The other major part of the work was to review the relevant research literature and policy documents from the drug field and other sectors.

In the last 18 months, we have examined a number of aspects of integrated care. However, the concept of integrated care for drug users is still relatively new and, consequently, knowledge and expertise is developing all the time. We found, for example, in examining the planning and delivery of care, that there is a need for more evidence about the most effective approach to care co-ordination. The Models of Care initiative in England is exploring this issue through the Enhanced Treatment Outcome pilots and there will be lessons to be learned from those in due course.

The design of the document as a loose leaf binder will enable EIU to update existing chapters and to add new material as it becomes available. We hope it will also enable the document to be used in a practical way, allowing material to be extracted and copied for ease of use.

The role of the EIU is to provide the evidence, as far as it is available, to support the development of effective integrated care for drug users. The Executive has now set up an Implementation Group with wide representation to advise on implementation of integrated care for drug users based on that evidence.

THANK YOU

We should like to thank all those who contributed to the work on integrated care through membership of groups and attendance at workshops for their knowledge and expertise, ideas and comments. We should also like to thank those who participated in the Scottish Drugs Forum service users' focus groups.

Effective Interventions Unit
September 2002

ABOUT THIS DOCUMENT

What methods did EIU use?

We undertook a number of exercises to draw together this work on integrated care:

Reference Group

A Reference Group was established to draw on expertise from health, social care and the voluntary sector to support the EIU in the development of the integrated care work. This group met on six occasions during the course of the work. Membership of the Reference Group is set out in Appendix 1. The EIU is very grateful for their support and contributions.

Review of the research literature

EIU conducted a review of the relevant research and policy literature on integrated care systems, accessibility of drug services, assessment tools in the drugs field, the effectiveness of drug services and interventions and good practice in monitoring and evaluation. Some of this review work was conducted by members of the EIU Working Groups (see below). Key sources of health and social care research were searched including Medline, EMBase, PsychInfo, ASSIA, CINAHL, Social Sciences Information Gateway, Cochrane Library, Campbell Collaboration, Evidence Base 2000 and the NHS e-library.

Primary research studies

The EIU commissioned and conducted a number of research projects as part of the integrated care work. The Scottish Drugs Forum (SDF) were commissioned by EIU to conduct a series of focus groups with service users on both assessment and planning and delivery of care. Further SDF focus groups commissioned by the Scottish Executive with stimulant users provide information for the accessibility section. Andy Rome from the EIU conducted a study of the use of assessment tools in Scotland. Finally, studies commissioned as part of the Scottish Executive Drug Misuse Research Programme have also informed this work, including a systematic review of the international literature on the effectiveness of treatment.

EIU Working Groups

Through the Reference Group, three Working Groups were established by EIU to look at three components of the integrated care approach: accessibility of services, assessment practice and the planning and delivery of care. The membership of these groups is set out in Appendix 1. These groups met on at least three occasions and provided a wealth of practical experience and expert knowledge in each area. The EIU is grateful to participants for their support and contributions.

EIU Consultation Workshops

Five consultation workshops were organised across Scotland in March/April 2001. The views and experiences of practitioners, service providers and commissioners elicited at these seminars are presented throughout this document. In June 2002, a further 2 workshops were held with service providers to discuss the preliminary findings of specific elements of integrated care and identify further examples of innovative practice.

How is the evidence presented?

We have divided the evidence collected into five main 'types' and (where applicable) used these types throughout the document. Please note that there are some instances where sources, principally policy documents, are difficult to categorise. In these cases references alone have been provided. The types are as follows:

Type 1 Systematic reviews

These reviews systematically examine and appraise the level of evidence provided by well-designed primary research studies. These studies typically focus on one question and tend to look at the effectiveness of interventions.

Type 2 Narrative Reviews

Narrative reviews look across the information provided by a number of studies but do not systematically look at the level of evidence presented. These reviews commonly address a number of related questions or issues.

Type 3 Primary research studies

Primary research studies that are relevant to the work on accessibility, assessment and planning and deliver of care are included in this type. These include randomised controlled trials (RCTs), cohort studies, cross-sectional studies, service evaluations and qualitative research projects.

Type 4 User consultations

User consultations include the series of focus groups conducted by SDF on behalf of EIU and other user surveys that have been conducted in Scotland and across the UK. These generally include data on the users' views of different aspects of treatment and care.

Type 5 EIU Working Groups / Consultation Workshops

Data collected in the course of the EIU Working Groups and consultation workshops that are not included in the types above. These are mostly the views and experiences of service providers and commissioners.

Use of terms

We have tried to be consistent in the use of terms. In some of the research studies and other policy documents that we have reviewed terms are used interchangeably. For example, the terms 'agencies', 'organisations' and 'services'. Throughout the document, we have used:

the term '**service provider**' to describe any agency or organisation involved in directly providing treatment, care or support to service users.

the term '**agency**' to describe any organisation involved in the planning and commissioning of services for drug users.

the term '**service user**' to describe any individual who has (in the past) or currently uses a health or social care service.

n.b. in some, limited, instances and depending on the context, the term 'agency' also refers to a provider role

There is some variation in the terms used to describe individuals who may benefit from an integrated care approach. In some cases, this reflects the terminology used in the research literature and policy documents. This document is primarily concerned with those individuals who need services because their use of drugs is causing significant levels of harm to themselves, their families or their communities.

What is in this document?

Chapter 2 examines and discusses the **definitions and concepts** of integrated care for drug misusers. It also sets out the key principles that underpin an integrated care approach and the key elements of the integrated care process. This chapter also introduces Harry – the case study that runs throughout the document.

Chapter 3 discusses the importance of **accessibility** of drug services. The key service and individual service user characteristics that determine accessibility are presented. These are followed by key principles and elements of practice. An Annex which specifically examines the issue of waiting times for drug services is attached to the Chapter.

Chapter 4 examines and discusses the process of **assessment** and describes the key principles of evidence-based, effective assessment placing the service user at the centre of the process. It also describes the different levels of assessment, discusses self-reporting and sets out further information on assessment tools. The key results of a Scottish survey of assessment practice and a core assessment data set are provided in Annexes.

Chapter 5 examines the process of **planning and delivery** of care for the individual drug user and discusses care co-ordination. It also highlights issues to be addressed in the planning, design and delivery of services at a local level. It introduces the concept of an integrated care plan and offers an example in an associated Annex.

Chapter 6 examines the process of **information sharing**. It offers practical guidance to DATs and service providers on the exchange of personal client information across treatment, care and support services drawing on examples from health and social care. Key principles of information sharing are also set out.

Chapter 7 discusses **monitoring and evaluation** within the context of integrated care. It examines the type of monitoring and evaluation that could be conducted at strategic level and service level. This chapter also discusses the importance of building an evaluation culture within and across services.

Appendices at the end of the document provide additional supporting information. These include: research summaries, summaries of the findings from service user focus groups, an outline of the training offered by Scottish Training on Drugs and Alcohol (STRADA) and an outline of the current criminal justice initiatives that apply to drug users.

How do I use this document?

This document is designed as a '**bench document**'. By this we mean you should be able to pick up and use each chapter as a standalone section, and pull out relevant sections to use or copy. We have tried to keep duplication to a minimum but, if the chapters are to be read in isolation, a certain amount of repetition is essential.