

# Effective Interventions Unit

## Integrated Care in Rural and Remote Areas

### Summary Report of Consultation Seminars

#### Introduction

In October 2004, the Effective Interventions Unit (EIU) held two consultation seminars in Stirling (7 October) and Inverness (19 October) on *Integrated Care in Rural and Remote Areas*. Seminars included presentations on integrated care and topics specifically related to rurality, but the main activities were workshop discussions on key questions led by facilitators. Those with experience of working with drug users in rural and remote areas were targeted to share their experience with us. 63 people in total from a range of service providers and agencies attended the events; 22 in Stirling and 44 in Inverness.

#### Background

In 2002, the EIU published *Integrated Care*<sup>1</sup> which sets out the rationale for integrated care; effective practices on planning, designing and delivering integrated care; and offers practical guidance and tools. In the course of developing *Integrated Care* and subsequent guides on *Needs Assessment*<sup>2</sup> and *Advocacy*<sup>3</sup>, we identified some specific issues for rural areas.

We are now examining in more detail the key factors that influence the effective commissioning, planning and delivery of integrated care for drug users in rural and remote areas. In line with our usual practice, we undertook a number of evidence gathering exercises. These include a literature review, a qualitative study involving service users, commissioners and providers, consultation seminars and advice and information from a working group drawn from health, social care and the voluntary sector.

#### Structure of the Seminar Summary Report

This summary report sets out the main points raised in the discussions. Focal points are highlighted in bold to reflect their significance and we have attempted to categorise common themes. Feedback from discussions at both seminars, including the various workshops, has been amalgamated.

The main seminar report provides a more comprehensive record of workshop discussions based on key questions posed and suggests ways to develop an integrated care approach for drug users in rural and remote areas.

Copies of the main seminar report and PowerPoint presentations used in both seminars can be viewed and downloaded from the EIU website: [www.drugmisuse.isdscotland.org/eiu](http://www.drugmisuse.isdscotland.org/eiu). Alternatively, paper copies can be requested by contacting [EIU@scotland.gsi.gov.uk](mailto:EIU@scotland.gsi.gov.uk) by email or telephoning 0131 244 5117.

#### Aim of seminars

The aim of the seminars was to explore the key issues and factors associated with the commissioning, planning and delivery of integrated care for drug users in rural and remote areas; and to identify, where possible, practical examples of good/innovative approaches.

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<sup>1</sup> *Integrated Care for Drug Users: Principles and Practice*, Effective Interventions Unit, 2002

<sup>2</sup> *Needs Assessment: A Practical Guide to Assessing Local Needs for Services for Drug Users*, Effective Interventions Unit, 2004

<sup>3</sup> *Advocacy for Drug Users: A Guide*, Effective Interventions Unit, 2004

## Specific issues and other factors that affect treatment, care and support for drug users

### Positive Issues/Factors

- The country and small towns and villages are a **nice place to stay**.
- Close knit and **supportive** of traditions and values and all its citizens.
- **Good socio-economic factors** imply less crime and lower unemployment.
- Unique opportunities, e.g. **private sector** employers willing to employ difficult folks.
- Conflicting perceptions, e.g. less drugs available or area will help people stay clean.
- Travel complexities can help service users **focus** better on recovery.
- Range of specialist services, e.g. needle exchange are being expanded.
- There is a resource of **knowledge** and **experience** within current resources.
- Partnerships **working** easier to develop and sustain due to low numbers of services.
- **Trust** and professional integrity in an setting where people know others' business.
- More **personalised 1-1 care** due to lower staff case loads.
- Increased **flexibility** in delivering services: taking services to customers.
- Increased staff time can lead to **multi-tasking**.

### Negative Issues/Factors

- Cultures and morals - **denial** and unwillingness to accept drug-related problems.
- **'Zero tolerance'** attitudes discourage harm reduction approaches.
- Alcohol is tolerated but drug users are **stigmatised** and associated with **incomers**.
- High levels of **disposable incomes** are often spent rapidly on drink and drugs.
- **Poor transport** links.
- **Service accessibility**, compounded by weather, distance, time, transport and costs.
- Difficult for drug users to **'move on'** due to **discernment** with past reputation.
- General rises in crime creates **negative attitudes** towards drug services and users.
- Current **funding formula** are based on population sizes **no rural proofing**.
- **Adverse cost implications** in delivering services to few people.
- Unrealistic to provide **equitable** services similar to those in urban areas.
- Limited service **range**, especially specialist services, culminating in mainland access.
- A lack of affordable and/or suitable **accommodation**.
- **Supervised dispensing** regulations have an adverse effect on many service users.
- Maintenance of **confidentiality** and **anonymity**.
- Staff working **out with limitations** and/or professional boundaries.

### The viability of an integrated care approach in light of identified factors

Participants generally felt that, in principle, **yes**, integrated care is viable. However, a number of particular factors affecting the practical development and implementation of integrated care in rural and remote areas were identified. These include:

- All key stakeholders and services must be fully **connected**, including outlying areas.
- **Territorialism** must be overcome and real partnership working must prevail.
- Services must demonstrate more **flexibility** and adopt a holistic user led approach.
- **Co-location** may help, although some clients oppose this model.
- Use **levers**, e.g. Joint Future agenda and Community Health Partnerships.

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<http://www.drugmisuse.isdscotland.org/eiu/eiu/htm>  
or from 0131 244 5117 or [EIU@scotland.gsi.gov.uk](mailto:EIU@scotland.gsi.gov.uk)

## Impact identified factors have on the ability of agencies/service providers to commission, plan and deliver integrated care

- Small populations **limit** the possible range of services.
- Staffing **skill shortage** in many rural areas.
- An integrated care approach is more **expensive!**
- **Equitable** services across whole DAAT areas cannot be achieved.
- Lack of **housing** opportunities adversely affect the 'moving on' stage.

## Requirements to plan and deliver integrated care

Below is a summary of the key requirements identified from the perspectives of hypothetical commissioners' and 'service providers'. Participants highlighted that the same requirements are applicable to both commissioners and service providers; and to both urban areas and rural and remote areas.

### Commissioners

- Think 'outside the box' and focus on positive local **innovations**.
- Promote and manage **change** and continuous **improvement** – involve stakeholders.
- Pool or align and manage **budgets**.
- Submit **funding** bids for joint services to national and local funding agencies - avoid duplication of bids, where possible.
- Encourage, design and commission **joint services**.
- Ensure **exit strategy** for non recurring short term funding allocation.
- Conduct ongoing **needs assessment** to determine aggregated client needs.
- **Review** services - establish provision, gaps, duplication, results including successes.
- Develop links with **private sector** regarding joint funding, employability.
- **Consult** the local community, especially hard to reach people including service users.
- Agree shared **outcome measures, mission statement, principles and actions**.
- Ensure robust **monitoring** and **evaluation** systems to measure results.
- Monitor differential between theoretical and operational integrated care system.
- Consider sharing facilities and/or **co-location**.
- Develop and implement a **single shared assessment** tool and process.
- Invest in **training and development** to attract/retain staff and improve service quality.

### Service Providers

- Appropriate funding commitments, both nationally and locally.
- Commitment from partners to provide **joint** financial and people **resources**.
- **Good networking** – know what others are providing, and can and cannot provide.
- Negative cultural and organisational **attitudes** need to be challenged and shifted.
- Be realistic and take **time** to plan and implement new approaches to service delivery.
- Provide drug-related **awareness** to the local community using joint approaches.
- Ensure better provision for **diverse groups**, e.g interpreters, staff training.
- Increase **support** to voluntary service providers, e.g. on funding, tender proposals.
- Improved **monitoring** and **evaluation** systems and increased **accountability**.
- Maintain **user focus** – plan and deliver services to meet client, not provider, needs.
- Availability and accessibility of **'fit for purpose' premises** with shared access.

- Adopt a **family centred** approach – take account of influencing factors.
- Agree a joint multi-agency **mission statement** using common language.
- Improve **links** between specialist services and between specialist and generic services.
- **Pilot** new service(s), e.g. Locality Clinic, ensuring monitoring and evaluation.
- **Co-ordination** of planning and delivery of care (care management) is crucial.
- Maximise **IT** use, e.g. complementary web-based interventions and shared **databases**.
- Agree joint **information sharing** protocols.
- Joint **training and development**– develop competent/multi-skilled staff workforce.
- Ensure **flexibility**, e.g. outreach, mobile services, home visits, use of internet.
- Learn from **experience** and innovations from other areas – tailor locally.

### Current practices to develop an integrated approach to treatment, care and support services

Below are anonymised examples of current good and/or innovative practices in rural and remote areas.

- Formal integrated care systems have been developed and **implemented**.
- **Amalgamation of alcohol and drug services** and related planning frameworks.
- Services planned and delivered to reflect **local cultures** and traditions.
- **Co-location** - health, SW/CJS including prisons, generic services, voluntary sector.
- Development of locally tailored **information literature** for service users and others.
- Creation of a **shared care** substitute prescribing clinic with GP input.
- Joint community **mental health and addiction** (dual diagnosis) services.
- Creation of **local telephone help lines**.
- **Local events**, conferences, seminars, workshops, skills exchange.
- Joint **training and development** opportunities, e.g. prison based secondments.
- Proposal to Scottish Executive to pilot **internet based treatment and support**.
- Establishment of **user involvement** groups.
- Commissioning of **local research**.

### Conclusion

Some of the key points highlighted in this report are applicable to non rural areas. Equally, some of the features outlined are not exclusive to drug users; they affect other community care groups and in some cases, the entire local population, albeit to varying degrees.

The consultation seminars have proved invaluable to elicit the views of a large number of key stakeholders involved with planning, commissioning, delivering and evaluating services for drug users in rural and remote areas. The findings in this report reinforce the key messages identified during the EIU commissioned qualitative study on 'Service Provision for Drug Users in Rural and Remote Areas' which was completed in December 2004. An executive summary of this research is also available on the EIU website. Furthermore, this report embraces many of the findings from published literature relating to service provision for this client group in rural and remote areas.