

WEST DUNBARTONSHIRE COUNCIL

Report by the Executive Director of Social Work and Health

Social Work and Health Improvement Committee: 21 November 2007

Subject: Addictions Service Improvement Plans - Alternatives

1 Purpose

- 1.1** This report provides an overview of recent developments by Alternatives, a community drugs project part-funded by West Dunbartonshire Council, highlighting the contribution of that service to the overall performance plan of Addiction Services. These developments will maximise the amount of time workers spend with clients and provide a more intensive programme of care.

2 Background

- 2.1** The performance of Addiction Services within West Dunbartonshire is currently monitored through the Care Commission, Social Work Inspections and NHS Governance systems. Additionally, Addiction Services have established four Local Improvement Targets (LITs) (see also Report to Social Justice Committee, 17 January 2007, *Addiction Services – Performance Framework*) :
- 2.1.1** *A1. Increase Number of individuals accessing addiction services by 5% per annum*
- 2.1.2** *A2. Reduce waiting times between referral to service and first appointment – 90% of clients seen within 14 days*
- 2.1.3** *A3. Improve access to integrated addiction services through increasing the number of Single Shared Assessments, by 10 in year one and subsequently by 20% per annum*
- 2.1.4** *A4. Focus groups and client surveys to be used to test perceptions of clients and range of service choice relative to client need*
- 2.2** Achieving these targets relies on the close partnership working between the NHS and Social Work Services (as delivered through integrated Community Addiction Teams) and with the voluntary sector, service users and the community.
- 2.3** This partnership approach is planned by and monitored by the West Dunbartonshire Alcohol and Drug Forum.
- 2.4** All addiction service providers within this partnership collectively monitor performance and have begun to establish additional performance targets tied to the quality of services and the outcomes for those using services.

- 2.5** Alternatives have been reviewing their service provision arrangements and identified opportunities to improve their contribution to current LITs and extending the quality of service provision.

3 Main Issues

- 3.1** Alternatives have undertaken a redesign of services, with an aim to provide an intensive health and personal development programme for adults who have significant substance misuse problems and who are looking for solutions that will support them to initiate change in their lives.
- 3.2** The new service will build on the intensive support offered by Alternatives since 1996 to residents struggling with addiction.
- 3.3** The redesign has a link to research conducted in 2006 Dr David Best of Birmingham University, measuring the average time spent with a client by workers in the therapeutic process. He found that on average a worker saw the client for 1 hour per fortnight, of which only 15 minutes was genuine therapeutic input. The other 45 minutes were spent on introduction, information sharing, form filling and making notes. This added to an approximation of 6 hours therapeutic input per year to effect change.
- 3.4** Dr. Bell compared this with the 5 day Intensive Support model in the USA which offers approximately 16-20 hours per week of therapeutic input and the results proved that the intensive therapeutic input reinforced coping mechanisms and confidence issues much more successfully.
- 3.5** Initially, Alternatives consulted with its service users. When asked to comment on the “best things” about the services people mentioned the obvious, getting help to address their addiction problem; issues associated with their own confidence and self esteem; the ability to speak freely to either their worker or other service users.
- 3.6** There was also an emphasis by service users on the importance of the diversionary element associated with regular attendance i.e. “keeps me occupied”, “keeps my mind off drugs/alcohol”. This emphasis mirrored Dr. Bell’s findings.
- 3.7** Alternatives also ran three focus groups from within their own service user group and two stakeholder events, to test the proposed changes. This consultation process led to the current services, allowing a 5/6 day intensive support programme to be established.
- 3.8** Initially Alternatives ran a pilot programme and measured client contact on the month previous to taking part in the 5 day programme compared with the month following participation. The pilot supported the extension and Alternatives have now moved onto an intensive programme in 3 levels reflecting clients in the different stages of their transition from substance abuse to abstinence
- 3.9** See Appendix for outline of service.

4. Personnel Issues

- 4.1 There are no personnel issues for the Council.

5. Financial Implications

- 5.1 At present there are no financial implications, with funding requirements to Alternatives current Service Level Agreement remaining unchanged.
- 5.2 The Council continues to support Alternatives to attract external funding, with a Lottery bid currently being prepared.

6. Risk Analysis

- 6.1 Failure to show improvement against the agreed Local Improvement Targets (LITs) could result in a diminishing respect for local services by clients and other stakeholders.
- 6.2 It is feasible for the Scottish Government to cease or reduce some funding streams if there is a failure to deliver against specific performance indicators. This is unlikely unless there is a prolonged failure to demonstrate progress.
- 6.3 Failure to establish outcome based improvement targets, reflecting client progress, could lead to performance drivers based largely on numbers rather than quality. If performance drivers fail to promote an outcome led, quality service, the services and staff will fail to focus on outcomes for individuals.

7. Conclusions

- 7.1 Progress against current improvement targets has continued steadily since the last report to Committee (17 January 2007 – Report to Social Justice Committee).
- 7.2 Service developments at Alternatives, although still at an early stage in development, appear to be well designed to improve both access to services and the quality of the services.
- 7.3 Local Improvement Targets generally, and the redesign of Alternatives specifically, will be monitored on a quarterly basis, to ensure these changes do contribute to the wider benefit of residents of West Dunbartonshire.

8. Recommendations

8.1 Members of the Committee are asked to:

8.1.1 Note the developments of services offered by Alternatives, in line with current and evolving performance standards.

8.1.2 Support ongoing analysis of service user views of the services they access at Alternatives.

8.1.3 Refer this report to the West Dunbartonshire Alcohol and Drugs Forum which is Chaired by Councillor Jonathan McColl, for their ongoing monitoring of services generally and of the developments by Alternatives specifically.

8.1.4 Attend a visit to Alternatives for a presentation on initial findings of the revised service.

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Appendix: Appendix 1: Outline of Services

Background Papers:

Report to Social Justice Committee, 17 January 2007
Addiction Services – Performance Framework

Wards Affected: All wards

Appendix 1

Outline of Alternatives Intensive Support Programme:

Referral to the programme would be as part of a care plan already agreed with each individual's case manager. Assessment for the programme would initially be done by using West Dunbartonshire's Single Shared Assessment, an assessment tool specifically designed to be used by partner agencies when working with chaotic substance misusers providing a seamless service eliminating gaps or duplication of service provision for clients.

Once a referral is received, the groupworkers will carry out an assessment using "The Rickter Scale", a motivational and assessment evaluation tool, which allows the workers and client to benchmark soft indicators including self esteem and self confidence and to set targets for the individuals/group. It will also monitor their progress throughout the programme and assist staff in adapting the programme to suit the needs of individual participants.

The components of this programme will include one-to-one counselling sessions, groupwork inputs, outdoor activities, individual/group therapies programme, bi-monthly reviews and inputs from the local college and other service providers.

The course will have three levels – each building on the previous level:

- Level 1: DAWN (Developing Alternative Ways Now)
- Level 2: RISE (Reflecting In a Safe Environment)
- Level 3: CALM (Choosing Alternative Lifestyle Maturity)

Level 1 DAWN

This is a 4 week, 3 days per week introduction programme. It is made up of a group of core workshops assessing suitability of participants to manage the intensive inputs within the RISE-programme and increasing their understanding of the RISE and CALM programmes. The programme focuses on group rules and behaviour; identification of personal barriers to learning; problem solving and team building exercises. Participants will also be able to access individual and group therapies helping them to de-stress and practice relaxation exercises.

Level 2 RISE

This is a 12 week, 6 days per week programme for those on illicit or prescribed drugs and stable running. The main aim of this programme is to create with the client, in partnership with other agencies, an intensive and comprehensive action plan that is tailor made to the individual, enabling the person to explore ways of making the transition from dependency into citizenship and community integration.

Level 3 CALM

This is a 12 week, 3 days per week programme for participants of the RISE programme who manage to become abstinent to drugs. The core elements of the RISE programme will be continued in this course along with more elective modules. The main addition to this course is the focus on change and on the future. Participants will be encouraged to explore educational/ vocational opportunities through

partnership with Clydebank College who will offer two workshops a week, one within Alternative's premises and the second at the local campus, thus gradually re-integrating them into the educational system.

Agencies including, Careers, Rathbone, Tell training, Wise group, Fairbridge, Princes Trust and Com Ed will also be invited to give an input to the course. The aim of this would be to provide opportunities to engage with some of these agencies as part of the ongoing careplan

Alternatives will run two DAWN groups, two RISE groups and one CALM group each year and estimate that 50 beneficiaries would pass through the DAWN phase each year of which 80% (40) will move through the RISE groups of which 75% (30) will go on to the CALM phase. This means that over the 3 years Alternatives will work with a total of 150 beneficiaries.

Alongside this programme, a range of one to one and group based services will continue to be available to those more chaotic individuals who are not yet group-ready.