

WEST DUNBARTONSHIRE COUNCIL

Report by the Executive Director of Social Work and Health

Social Work and Health Improvement Committee: 21 May 2008

Subject: Quarterly Progress Report – Addictions LITS

1. Purpose

2. Background

- 2.1** Improving access to Addiction Services is a local priority, and is confirmed within the West Dunbartonshire Corporate Action Plan (CAP) for Alcohol and Drugs. It is also a national priority and is measured in terms of waiting times for first appointment and for the start of treatment.

3. Main Issues

- 3.1** Waiting times from date of referral (phone call, letter or drop in) to the date of a first appointment has been continually improving in West Dunbartonshire. Partners have set the most ambitious target across the NHS Greater Glasgow and Clyde area, seeking to offer a first appointment within 14 days with a target for 90% of referrals to be within this timeframe.
- 3.2** In 2006/07 (quarter 1 figures), the overall waiting times for an appointment within the specified 14 days was 57.7%, with some individual services having waiting times in excess of 4 months. By Quarter 1 of 2007/08 waiting times had improved to over 75% being seen within 14 days, and have remained consistently close to that figure during the year.
- 3.3** Waiting times in West Dunbartonshire compare favourably to other areas with similar drug and alcohol problems. Most other local areas measure waiting times for first appointment against a 21 day target. The percentages offered appointments within 21 days for Renfrewshire, Inverclyde and West Dunbartonshire are as follows (Quarter 3 2007/08):
- ◆ Renfrewshire 47.1%;
 - ◆ Inverclyde 55.6%; and
 - ◆ West Dunbartonshire 83.7%.
- 3.4** The number of individuals able to receive support also reflects service access. Another Addiction LIT within West Dunbartonshire is a measure of the number of people referring or being referred and being offered a service. The volume of referrals affects capacity to achieve waiting times targets. Again, in comparison with other similar areas, West Dunbartonshire provides services for a comparable or higher volume of activity (Quarter 3 2007/08):

- ◆ Renfrewshire 606 referrals;
- ◆ Inverclyde 348 referrals; and
- ◆ West Dunbartonshire 574 referrals.

3.5 Taking into account estimated, annual Health Board expenditure on addiction services in those three areas (data on other spend within neighbouring authorities not available), it is also evident that this activity takes place within more constrained financial circumstances:

- ◆ Renfrewshire – £1.37 million;
- ◆ Inverclyde - £1.07 million; and
- ◆ West Dunbartonshire - £0.91 million.

3.6 Working to a set target for service access does not take into account individual needs, where some individuals require urgent appointments – such as pregnant women, those leaving prison, those with co-morbid health issues and other particularly young or vulnerable individuals. Through further analysing Quarter 3 waiting times targets for first appointment in West Dunbartonshire, it is possible to further break down the waiting times to consider whether service processes allow flexibility for urgent access.

3.7 While 72% received a first appointment within 14 days, 21% received an appointment within 1 to 3 days and 16.6% received a first appointment within 1 day. The need to provide some urgent appointments, and the more involved work required for those presenting with urgent needs, does hamper meeting more general targets, but is still critical to understanding and assessing service access.

3.8 Members will be aware that Council agreed at the Council meeting on 30 April 2008 to provide additional funding (£45,930) to be targeted to improve service performance. It is expected that this will assist in improving performance in this area.

4. Personnel Issues

4.1 There are no personnel implications relating to the above, though the additional funding approved recently will increase numbers of personnel.

5. Financial Implications

5.1 There are no financial implications arising from the performance noted above, other than the note regarding the additional funding allocated by Council.

6. Risk Analysis

6.1 The risk created by perceived poor achievement on any Performance Indicators is that external bodies may make judgements about the performance of the Department and the Council and that service users and carers will have less confidence in our services.

6.2 In order to lessen this risk we have initiated improvement action plans for each area of our services. Ongoing monitoring and reporting to Social Work Management Team and Committee via the Quarterly Performance Reporting cycle will assist in monitoring progress.

6.3 In addition to the above, our ongoing programme of consultation with service users and carers should help to ensure public confidence in the service provided.

7. Conclusions

7.1 Addiction Services in West Dunbartonshire are committed to improving access to our services and ensuring the most vulnerable people are given the relevant level of priority.

8. Recommendations

8.1 Committee is asked to note the content of this report and to request further updates on progress as part of the Quarterly Reporting process for all Social Work and Health services.

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Appendices: None

Background Papers: Report to Council, 30 April 2008: Drug and Alcohol Rehabilitation - Proposals

Wards Affected: All