

# WEST DUNBARTONSHIRE COUNCIL

## Report by the Director of Social Work Services

Social Justice Committee: 17 January 2007

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**Subject:                   Addiction Services – Performance Framework**

### **1       Purpose**

**1.1**   This report provides an overview of the current Performance Framework for Addiction Services.

### **2       Background**

**2.1**   Addiction Services in West Dunbartonshire are monitored through a variety of local and national systems. At the last meeting (8 November 2006) of the Social Justice Committee, Members requested a report detailing those systems.

**2.2**   National and local performance commitments are encapsulated within the annual Corporate Action Plan for Alcohol and Drugs (CAP). The CAP is reviewed 6-monthly and updated annually, for submission to the Scottish Executive. The CAP is circulated to a wide range of stakeholders, as well as being available through the Council's Community Web Portal.

**2.3**   The CAP reflects a four-pronged approach towards addressing drug and alcohol related issues – Treatment (for those who develop problems), Availability (reducing access to substances), Education (for all ages) and Culture (shifting our acceptance of harmful behaviour, particularly in relation to alcohol).

**2.4**   National performance measurements cover the full approach. At a local level the focus has tended to be on Treatment, although there are commitments to develop the framework to encapsulate all four strands.

### **3       Main Issues**

#### **3.1   National Performance Contract**

The Scottish Executive, in releasing new funding streams, has set out performance expectations which relate to:

- Waiting Times
- Numbers of clients seen
- Choice for service users

- 3.2 While these performance areas are identified, there are no set national targets.
- 3.3 There exist national data systems for reporting waiting times for all addiction services and for new drug referrals (at present this does not include alcohol specific referrals).
- 3.4 The Executive has also recently set out further expectations through the *National Quality Standards for Substance Misuse Services* report. Guidance on monitoring the standards is anticipated.
- 3.5 **Local Improvement Targets**  
Partners in West Dunbartonshire, largely NHS, Social Work and voluntary sector addiction specialist services, set out in February of 2005 to agree a set of local performance measures, reflecting national expectations.
- 3.6 A set of Local Improvement Targets (LITs) was agreed (see *Appendix 1* for West Dunbartonshire Addiction LITs).
- 3.7 LITs from addiction partners fit within a wider strategic framework of targets for health and social care services which are submitted to the Scottish Executive on a six-monthly basis.
- 3.8 The agreement of the LITs is unique amongst addiction partnerships within Greater Glasgow and Clyde, in particular as the targets are for the collective of services, both statutory and voluntary sector, rather than for individual service.
- 3.9 **Analysis of West Dunbartonshire LIT's – as submitted November 2006**  
The first reporting of LIT progress by addiction partners was the six-month report, April through September 2006 (see *Appendix 1*).
- 3.10 During 2006/07, LIT baselines were being established for some targets, including the number of new clients.
- 3.11 All of the measurement areas are on target, with the exception of A2, reducing Waiting Times. The target is for all new referrals to services to be provided with a first appointment within 14 days. Currently, across partners this stands at just under 56% being offered a first appointment within the timeframe.
- 3.12 When the waiting times target was agreed, it was noted as ambitious. Other areas, notably Glasgow City, are focusing on offering first appointments within 21 days. Locally partners believe 14 days is the correct "window" in which to capture an individual's motivation to engage with services.
- 3.13 It is important to see progress against this target in light of the growing demand for services. Between September 2005 and the first quarter of 2006/07 (for which the Waiting Times target is measured within *Appendix 1*), there was an increase of referrals by 15% (from 572 referrals within a quarter to 658). The continued growth in referral rates poses a challenge to meet the waiting times target.

**3.14** Services with West Dunbartonshire remain committed to improving waiting times and individual service plans to reach the set target are being agreed through the West Dunbartonshire Alcohol and Drug Forum.

**3.15** The other target which remains to be set is A4, which draws upon the views of those who use local services. Following a first service user focus group in September 2006 and the first service user survey, which was completed in December 2006, partners will be agreeing specific measurements at the CAP review in February 2007.

**3.16** **Areas to Develop**

The current LITs reflect a first stage in performance management. Partners are in the process of establishing client outcome measures, based upon the new National Quality Standards (outcome headings currently under discussion are included as *Appendix 2*).

**3.17** Outcome measures will compliment the existing focus on numbers and waiting times, and will also fit closely with LIT A4, which will draw directly on the views of service users.

**3.18** At the February CAP review session, partners will be agreeing new client outcome measures, to add to the current LITs, enhancing the overall performance framework across not only Council services, but all partner services.

**3.19** The continued commitment for local improvement targets will need to work within the context of growing demand for services. There will also need to be commitments to develop targets reflecting the fuller CAP commitments to Education, Availability and Culture.

**4. Personnel Issues**

**4.1** There are no personnel issues.

**5. Financial Implications**

**5.1** These are no funding implications at present (see also 6.2 below).

**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 Executive to cease or reduce some funding streams if there is a continued 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** Addiction partners have established a preliminary set of local performance measures which are on track, with the exception of Waiting Times.
- 7.2** Local plans to meet the Waiting Times target are being developed through the West Dunbartonshire Alcohol and Drug Forum.
- 7.3** Further, client outcome based, targets will be reviewed as part of the review of the West Dunbartonshire Corporate Action Plan for Alcohol and Drugs. This review takes place in February 2007.

## **8. Recommendations**

- 8.1** Committee is asked to note the content of this report and ongoing developments.

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### **Background Papers:**

- Report by the Acting Director of Social Work Services, to the Social Justice Committee: 8 November 2006 - Integrated Care Planning for Addiction Services
- West Dunbartonshire Corporate Action Plan for Alcohol and Drugs, 2006-2007
- National Quality Standards for Substance Misuse Services (Scottish Executive, September 2006)

**Wards Affected:** All wards

## Appendix 1 – Local Improvement Targets (LITs), Addiction Services, April – September 2006

Local Improvement Area	Addiction Target	How Measured/First Measurements		How Reported
Ensuring people receive an improved quality of care through faster access to services and better quality services.	A1. Increase Number of individuals accessing addiction services by 5% per annum	New clients accessing addiction services	Baseline to be established during 2006 / 2007 using Waiting Times Referral numbers.  Baseline – 2,600 Quarter 1 April – June 2006= <b>658</b>	Quarterly Performance Reports to Alcohol and Drug Forum
Ensuring people receive an improved quality of care through faster access to services and better quality services.	A2. Reduce waiting times between referral to service and first appointment – 90% of clients seen within 14 days	Days between referral and first appointment	Baseline  July – September 2005 = 58% of individuals offered first appointment within 14 days of referral –  April – June 2006 = <b>55.9%</b>	Quarterly / Waiting Times Figures; Reports to Alcohol and Drug Forum
Ensuring people receive an improved quality of care through faster access to services and better quality services.	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	Number of Addiction SSA'S completed	Baseline 2004/05 = 2  20% per annum 2005/06 = 12 2006/07 = 14 2007/08 = 17  Apr 06 – Sept 06 = <b>64</b> (1 of which was completed by Housing)	Quarterly / Scottish Executive Returns
Improve range of service choice for individuals	A4. Focus groups and client surveys to be used to test perceptions of clients and range of service choice relative to client need	Completed Surveys and reports on outcome to Health Improvement and Social Justice Partnership.	To be set following first results of Focus Groups and Surveys	Reports to HISJP and to Alcohol and Drug Forum

## **Appendix 2 – Client Outcome Areas (currently under review)**

### **Individual/Emotional Outcomes**

- 1. Improve Mood**
- 2. Seeking Help re Emotional**
- 3. Seeking Help re Self-Harm**
- 4. Seeking Help re Sexual Abuse**
- 5. Seeking Stress Input From**
- 6. Improve Self Control**
- 7. Seeking Respite**
- 8. Seeking Support re PTSD**

### **Employment Outcomes**

- 1. Support into Education**
- 2. Assistance with Training**
- 3. Assistance with Benefits**
- 4. Assistance with Employment**
- 5. Assistance with Leisure**

### **Family Outcomes**

- 1. Improve Family Relations**
- 2. Help with Bereavement**
- 3. Pregnancy**
- 4. Separation from Partner/Parent/Children**

### **Groupwork Outcomes**

- 1. Assistance with Coping Skill**
- 2. Assistance with Self Esteem**
- 3. Assistance with Social Inter**
- 4. Preparation for Independent**
- 5. Relapse Management**
- 6. Residential Participation**

### **Housing Outcomes**

- 1. Assistance with practical skills**
- 2. Homeless**
- 3. Problems with current accommodation**
- 4. Roofless**
- 5. Seeking furnishings**
- 6. Seeking new accommodation**

### **Legal Outcomes**

- 1. Support re Charges Pending**
- 2. Support Children's Hearing S**
- 3. Support re Outstanding Fines**
- 4. Support re Deferred Sentence**
- 5. Support with Parole / Probation**
- 6. Support re Current Order/D**

### **Medical/ Outcomes**

- 1. GP Registration**
- 2. Prescription Issues (non-addiction)**
- 3. Support Re Physical Injury**

### **Substance Use Outcomes**

- 1. Reduce Drug Use**
- 2. Prescription Issues**
- 3. Harm Reduction Issues**
- 4. Seeking Residential Detox**
- 5. Stabilise Drug Use**