

WEST DUNBARTONSHIRE COUNCIL

Report by the Executive Director of Social Work and Health

Council: 30 April 2008

Subject: Drug and Alcohol Rehabilitation - Proposals

1 Purpose

1.1 This report provides a response to Councillor J McColl's motion at the March 2008 Council meeting, seeking a proposal to "increase resources and capacity within our addiction services". This report will provide an overview of issues of service access and identify two linked proposals to improve overall access to support for the population of West Dunbartonshire – an *Early Intervention Programme* and an *Out of Hours Support Programme*.

2 Background

2.1 At the March Council meeting, linked to a report on Drug and Alcohol Rehabilitation, Councillor J McColl made a motion calling for an investment in addiction services, to allow continued improvement in terms of access. This investment was to come from an underspend of £80,000 identified in a budget for cultural activities.

2.2 Service access is a key local priority, sitting 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 the start of treatment.

2.3 Within West Dunbartonshire waiting times from date of referral (phone call, letter or drop in) to the date of a first appointment has been continually improving. West Dunbartonshire partners have set the most ambitious target across the Greater Glasgow and Clyde area, seeking to offer a first appointment within 14 days (target is for 90% of referrals to be within this timeframe).

2.4 In 2006/07 (Quarter 1 figures), the overall waiting times for a first 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%, and have remained consistently close to that figure during the year.

2.5 Prompt access is not the only issue Addiction Services are seeking to address. In 2006 we asked service users what they thought of Addiction Services. Across the 175 returned surveys, the overall response was extremely positive (see report to Social Work and Health Improvement Committee, September 2007, *10 Questions to a Better Service: An Addiction Services Survey of Client Perceptions of Available Services*).

- 2.6** When asked about the “worst things” or “things that could be improved” the majority of responses were linked to the provision of out of hours support.
- 2.7** Since that survey, a service users group has been established, FAST (Future of Addiction Services Team). The FAST group has been developing proposals for out of hours support, noting that there are particularly vulnerable times when individuals need support. That group is still to report to partners through the West Dunbartonshire Alcohol and Drug Forum, but their work is focussing on providing telephone support in the evenings and weekends. Delivery would be from former and recovering service users. This model is not unique in the UK, but no comparable service has been identified within Scotland.

3 Main Issues

3.1 Improving Service Access

- 3.1.1** Service access is critical, particularly in relation to working with an individual's motivation to change and supporting them from relapsing as they make changes. This requires services to be prompt to engage an individual contacting the service. This also requires support for individuals during periods when they are vulnerable and might relapse.
- 3.1.2** Progress in relation to waiting times has been achieved over the past 2 years. It is the view of partners that the current target of 14 days from referral to access is a good one, and still allows services scope to support particularly vulnerable individuals more quickly – such as pregnant women, parents with young children, those with complex health needs and those leaving prison. Many individuals receive an appointment the same day or within 2-3 days.
- 3.1.3** After initial success, moving from 57% and ensuring no service had extensive waits, the ever increasing number of referrals has slowed continued waiting times progress. Services agreed new action plans to pick up the pace of progress. It is anticipated these will continue the positive trend, but reaching 90% compliance within the 14 day target, at current rates, will take much of 2008/09 to achieve.
- 3.1.4** Service access is however more than how quickly one is seen. Service users have been clear access is also about support at critical times. Both through the Service User Survey and directly from service users within the FAST group, the message is clear that other support, at weekends and evenings, would benefit those starting recovery.
- 3.1.5** There is an opportunity, in light of Councillor McColl's motion, to improve service access in relation to waiting times and out of hours support, and respond supportively to service users.

3.2 Key Issues in relation to Proposal

- 3.2.1** In developing a proposal, it has been necessary to tailor the response to the given practicalities. One of the practicalities has been the availability of a single

allocation of funding. The proposal has been tailored to demonstrate within this window of funding success and establish opportunities for future funding from internal and external sources.

3.2.2 Another practicality is the need to establish an early impact, to demonstrate to service users improved access.

3.2.3 The third practicality has been a focus on using these currently available funds to attract additional funding.

3.2.4 The two programmes work within the given practicalities and are designed to provide demonstrable impact within a relatively short period of time.

3.3 Early Intervention Programme

3.2.5 Addiction Services has already established an “Early Intervention” pathway for some new referrals. This was done by freeing some time of one member of staff to concentrate one day a week on providing assessment appointments for new referrals. This worker was able to expedite a percentage of new referrals and offer, through motivational interviewing techniques, direct support to treatment for individuals.

3.2.6 It is proposed to second one of the current staff members to a half-time post replicating this model on a wider scale. The funding would support this enhanced responsibility for the role and allow his substantive post to be backfilled. (funding is based upon assumptions of new pay scales being confirmed -See *Appendix 1* for full breakdown of costs)

3.2.7 The worker would spend one half of the week dealing with new referrals, provide initial counselling and brief interventions as appropriate, and through an assessment process agree with each individual a care plan of treatment and facilitate the initiation of the care plan. This should not only improve waiting times for assessment, but also ease routes into the appropriate treatment for each individual.

3.2.8 Funding would also allow for additional training in the skills necessary to administer brief interventions and for the printing of promotional materials.

3.2.9 The impact on waiting times, access to treatment and service user satisfaction would be monitored over the duration of the funding.

3.4 Out of Hours Support

3.4.1 The West Dunbartonshire Addiction Service User Group (FAST), have been developing a proposal to establish out of hours support for everyone using addiction services. Their working model is based upon mutual and self-help philosophies, with recovering service users and ex-service users playing an active role.

3.4.2 This proposal allows an initial development of the model. It would allow the model to be tested and provide a foundation for further developments.

3.4.3 While a 24 hour service in West Dunbartonshire may not be financially feasible at present, through a telephone support line, staffed by service users, it would be possible to provide additional support which complements existing services.

3.4.4 This is a new model for West Dunbartonshire and is relatively novel within the UK, with only a few working models to draw from. Funding would allow (see Appendix 1 for breakdown of costs):

- A review of other models and the establishment of safe working protocols. The FAST group would work with a consultant initially to draw together an operating plan;
- Recruitment, training and professional supervision for telephone support line operators;
- Out of hours support for the telephone operatives;
- Wages for telephone operatives;
- A functioning phone system; and
- Publicity materials.

3.4.5 The proposed funding would allow for 32 hours a week of evening and weekend support. The precise targeting of these hours is under review.

3.5 Getting Started and Attracting Further Funds

3.5.1 Funding is based upon 12 months delivery, including time to establish an operating plan for the Out of Hours Service.

3.5.2 Upon confirmation of funding, it will be possible to initiate both the secondment of the worker for *Early Intervention* and to expedite the work already begun by the Fast Group for *Out of Hours Support*.

3.5.3 The FAST group has already started plans to secure funding independent of Council. Council funding would assist as a lever for other funding streams.

3.5.4 This funding also links with bids submitted under Community Planning to European Funds for employability, and will assist in any additional leverage required to support employability funding for addiction services – based upon the employment of recovering drug and alcohol users.

3.5.5 Funding is pending from the Scottish Government for drug and for alcohol services. National funding amounts have been confirmed, but details on local allocations are still pending. It is reasonable to assume Council funding could assist in leveraging these new streams.

3.6 Funding Issues

3.6.1 The intention of Council is not presently clear as regards the permanence of the developments described above. The £80,000 identified is only useable once – as it is an underspend in 2007/08 only.

3.6.2 If it is the intention that the above developments are to be made part of the Council's establishment into 2009/10 and beyond then the following options are available to Council as regards the ongoing costs of the development:

- Council could decide that the cost of the development should be part of the revenue budget for the Council from 2009/10 onwards with the implication that this cost is an additional burden for 2009/10 onwards which would require to be funded;
- Council could decide that the cost of the development should not be met at present from the identified £80,000, and that the Social Work department should seek to fund the costs of the development from within the expected additional funds allocated via the NHS for 2008/09 onwards. There is a risk attached to this in that the NHS funding may come with restrictions on use which do not cover the development described above or that the additional funding allocated is insufficient to cover the costs identified;
- Council could decide that the cost of the development should be part of the revenue budget for the Council from 2009/10 onwards and that the Social Work department should seek to fund this development from within any additional funds allocated via the NHS regarding the expected additional Scottish Government funding. There is a risk attached to this in that the NHS may impose restrictions on the use of the funding to only new developments or that the additional funding allocated is insufficient to cover the costs identified; and
- Council could decide that the cost of the development should be part of the revenue budget for the Council from 2009/10 onwards and that the Social Work department be instructed to seek external funding to assist the funding of the development. There is a risk attached to this in that it may not be possible to obtain funds for an existing service and also that any funding which is able to be obtained is insufficient to cover the costs identified.

4. Personnel Issues

4.1 This proposal will prompt the temporary secondment of staff within Addiction Services.

4.2 The proposal will also result in sessional contracts for former and recovering service users.

5. Financial Implications

5.1 Full costs are indicated within Appendix 1. If fully implemented, the proposal comes to £45,930. Some costs are provisional and based upon assumptions about future pay scales within the Council. The costs of this proposal would be

funded from within the £80,000 identified in Councillor J. McColl's motion from the Council meeting on 26 March 2008.

- 5.2** As indicated in section 3.6.2 the £80,000 funding identified is only available for 2008/09. If Council decides that the new developments should be continued as part of normal Council services past 2008/09 then Council would require to provide instructions as to how the development should be funded in future years based on the options identified in section 3.6.2.

6. Risk Analysis

- 6.1** This proposal provides a unique opportunity to further progress the good work of Council staff in improving waiting times figures. It also provides a positive message to service users that their views on how to improve the services are listened to.
- 6.2** Failure to adequately implement the proposal could delay improvements to waiting times and dampen the commitment coming from the FAST group.
- 6.3** There is often raised a perceived risk in employing those in recovery from drug and alcohol misuse. This is a risk which is already successfully managed within West Dunbartonshire through a number of existing schemes. Local expertise makes this a manageable risk through careful recruitment, selection, training and supervision, as well as directly available support to each telephone operative.
- 6.4** At present the intention of Council on the permanence of this proposal is unclear. Should Council decide to make the development a permanent service provision and decide to instruct the Social Work department to seek external funding for the project there is a risk that the funding is not available for this project or any funding available does not fully cover the costs of the project. This risk would be mitigated through the proposed further report to Council when issues regarding any such funding decision could be reported and Council could consider the funding issue at that point.

7. Conclusions

- 7.1** The Council motion from March provides an opportunity to progress established practices and pilot unique models of practice for internal use as well as external funders.
- 7.2** It is expected that the proposals made above will allow faster access to services as was intended in the motion.

8. Recommendations

- 8.1** Elected Members are asked to:
- (i) Approve the proposed service development on the basis of the costs identified within Appendix 1;

- (ii) Authorise the developments as outlined within this report under the direction of the Joint Manager of Addiction Services;
- (iii) Provide guidance on the permanence of the proposed service development and on the issue around long term funding if required; and
- (iv) Instruct the Executive Director of Social Work and Health to provide an update report after 6 months of the development starting.

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Appendix: Appendix 1: Project Proposals Costings

Background Papers: Report to Social Work and Health Improvement Committee
19 September 2007
10 Questions to a Better Service: An Addiction Services Survey of Client Perceptions of Available Services

Report to Council
26 March 2008
Drug and Alcohol Rehabilitation

Wards Affected: All wards

Appendix 1

Drug and Alcohol Rehabilitation - Project Proposal Costings

Early Intervention Programme

Cost Component	12 month estimate
Salary and Oncosts	£16,435
Travel/telephone/postage	£500
Publicity	£100
Training	£400
Administrative Support	£1,745
TOTAL	£19,180

Out of Hours Support Programme

Cost Component	12 month estimate
Programme Development	£1,200
Recruitment	£200
Wages of Staff	£16,970
Training and Supervision	£2,400
Unsocial Hours Support	£3,575
Publicity	£350
Telephone	£2,055
TOTAL	£26,750

Total Proposal

Early Intervention	£19,180
Out of Hours Support	£26,750
Proposal Total	£45,930

**Salary costs based upon proposed new Council wage structure.
Some other costs pending confirmation.**