

The Quality Principles: Alcohol & Drug Partnership (ADP) Validated Self-Assessment and Improvement West Dunbartonshire

Introduction

To support effective implementation of the Quality Principles, the Scottish Government commissioned the Care Inspectorate to undertake a programme of validated self-evaluation across Alcohol and Drug Partnerships (ADPs) in Scotland. The aim of the project was to provide an evidence-informed assessment of local implementation, measurement and quality assurance of ADP and service compliance with *The Quality Principles: Standard Expectations of Care and Support in Drug & Alcohol Services*.

To find this out we gathered the views of staff across services providing treatment, care and support and from individuals accessing drug and alcohol services. We carried out two online surveys in January and February 2016, aimed at gathering both the views of staff and users of services in relation to each of the Quality Principles. The staff survey was completed by 21 staff members and the service user survey was completed by 32 individuals.

We read the files of 10 individuals who received treatment and support from health, statutory and third sector services delivering drug and alcohol services. We met with 10 individuals receiving services to listen to their views about their experiences of services. We also spoke to 13 staff who work directly with individuals and to members of the Alcohol and Drugs Partnership responsible for strategic planning. We are very grateful to everyone who talked to us as part of this validated self-evaluation process.

The Care Inspectorate validation team was made up of a Strategic Inspector working with an Associate Assessor with knowledge and practice experience in alcohol and drugs services and support from staff from the Scottish Drugs Forum, National Quality Development team.

In the course of the validated self-evaluation process, we identified a number of strengths which were making a positive difference to individuals and families, as well as areas for improvement. These are identified within this feedback summary.

1. Key performance outcomes

Quality Principle 1.

You should be able to quickly access the right kind of drug and alcohol service that keeps you safe and supports you throughout your recovery.

Strengths

- The majority of individuals using drug and alcohol services experienced timely access to statutory and commissioned services that were meeting their needs. Reporting arrangements were in place enabling effective monitoring of waiting times and reporting of the HEAT standard and ensuring that positive performance across services was maintained.

Areas for improvement

- Whilst a range of approaches were used across services to help measure improvements in individuals' wellbeing, the ADP recognised that there could be benefit in having the ability to consolidate some of the reporting once the use of the Recovery Outcome Web (ROW) is embedded across participating services.

2. Getting help at the right time

Quality Principle 2.

You should be offered high quality, evidence-informed treatment, care and support interventions which keep you safe and empower you in your recovery.

Strengths

- The majority of individuals accessing services benefitted from high quality treatment and support that met their needs and empowered them throughout their recovery.
- Services worked effectively together to ensure appropriate and efficient referral pathways met individuals' needs. A Recovery Orientated System of Care (ROSC) was in place and continuing to develop. Staff were clear about the variety of services contained within ROSC and the links between them. This was beneficial for individuals using services as they had access to a range of recovery models and therapies and were supported to move forward at their own pace.
- A range of harm reduction advice, interventions and initiatives were available across services and the majority of individuals that used services had benefitted from accessing these throughout their recovery.

Areas for improvement

- We heard from individuals' receiving treatment and support, that they initially found out about services through word-of-mouth or from professionals once they had accessed services. Enhancing information about services and how to access these within wider communities could strengthen access to services.

3. Impact on staff

Quality Principle 3.

You should be supported by workers that have the right attitudes, values training and supervision throughout your recovery journey.

Strengths

- Individuals accessing services were made to feel welcome and valued from respectful and committed staff. Individual's had regular, meaningful contact with workers who provided treatment and support. An individual that we met with told us that contact with workers and services had "transformed my life" and another stated that "I've got my life back".

Areas for improvement

- Whilst most staff indicated that they received effective support and challenge from their line manager, demonstration of staff supervision or manager oversight in individual cases was evident in less than half of the case files that we read.

4. Impact on the community

Strengths

- West Dunbartonshire ADP had a strong strategic partnership approach to community engagement, capacity building and commitment to a whole population approach. There was a wide range of services and initiatives that utilised creative approaches which were helping to build and promote positive community capacity through education, training and local campaigns. There were numerous examples of effective joint working between the ADP and community planning partners.

Areas for improvement

- There was a lack of awareness about the Quality Principles amongst individual's using third sector services. Whilst staff from third sector organisations demonstrated an understanding of the Quality Principles and felt that these were embedded in their work; we heard that they did not specifically discuss the Quality Principles with individuals who accessed their services. Ensuring that individuals who access third sector services are made aware of the Quality Principles through discussion and increased visibility could strengthen awareness of the standards.
- Despite the fact that individuals we met felt that recovery from addiction was more visible in the community and that this has had a positive impact in reducing stigma within the wider community, people continued to feel stigmatised in some community settings such as Job Centre Plus.

5. Delivery of key processes

Quality Principle 4.

You should be involved in a strength based assessment that demonstrates the choice of recovery model and therapy is based on your needs and aspirations.

Quality Principle 5.

You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on safety throughout your recovery journey.

Quality Principle 6.

You should be involved in regular reviews of your recovery plan to demonstrate it continues to meet your needs and aspirations.

Quality Principle 7.

You should have the opportunity to be involved in an ongoing review of how services are delivered throughout your recovery.

Quality Principle 8.

Services should be family inclusive as part of their practice.

Strengths

- The majority of individuals were meaningfully involved in their assessment which was based on their strengths but also recognised current or previous trauma. Individuals received responsive, timely support from services which helped to ensure that key services were identified and accessed without delay. Individuals that we met with indicated that they directed their own pace and recovery journey.
- Collaborative goal setting ensured that individuals who had a recovery plan were fully involved in developing and reviewing their plan. Case file analysis indicated that all recovery plans read contained the individual's desired outcomes.
- Recovery plans were regularly reviewed and the majority included an evaluation of current treatment or interventions. The majority of reviews considered the wider needs of individuals who were supported to access wraparound services as part of their recovery.
- There were helpful examples of family inclusive practice in individual's treatment and recovery plans and in seeking support for family members and carers in their own right.

Areas for improvement

- Assessments, including risk assessments were evident in almost all case files that we read. Analysis of case files indicated that there could be benefit in the ADP remaining focused on improving the overall quality of assessments.
- Whilst co-produced recovery plans were in place in most cases, less than half were SMART.
- Although the majority of individuals indicated that they had been offered a copy of their recovery plan, this was not evident in any of the case files that we read.
- Whilst the majority of staff and individuals indicated that had been informed about independent advocacy services, this was evident in less than half of the case files that we read.

- The majority of individuals and staff were in agreement that people were supported to understand and exercise their rights to express comment and dissatisfaction. However, this was less evident in case file analysis and there could be benefit in considering approaches to ensure this information was recorded.

6. Policy, service development and planning

Strengths

- West Dunbartonshire ADP had well-established governance arrangements and sound mechanisms in place for reporting progress on its delivery plan, through the Integration Joint Board (IJB) and Community Planning Partnership.
- Implementation of the Quality Principles was a priority for the ADP. These were embedded in service level agreements and formed the basis of a continuous improvement programme undertaken by statutory addiction services. This had resulted in a two-year improvement plan that was being implemented.
- A strategic commissioning plan underpinned a robust approach to contract monitoring with mechanisms in place to ensure that identified improvement work was progressed.
- There was a strong commitment to involving and engaging individuals at service and strategic levels with various approaches being utilised. Individuals we met with were confident that their views informed service developments.

Areas for improvement

- Whilst commissioned services' implementation of the Quality Principles was monitored through service level agreements, the ADP recognised that there could be benefit in commissioned services demonstrating progress with implementing the Quality Principles through a programme of continuous improvement.

7. Management and support of staff

Quality Principle 3.

You should be supported by workers that have the right attitudes, values training and supervision throughout your recovery journey.

Strengths

- The ADP had utilised a range of approaches to achieve greater staff awareness and knowledge of the Quality Principles. Almost all staff indicated that they felt that they had a sound knowledge and understanding of the Quality Principles and that this had improved their work.
- Statutory addictions services were progressing workforce development through their continuous development programme.

Areas for improvement

- Increasing access for staff to have an annual appraisal or performance review could further support professional development.
- Whilst statutory addiction services were progressing workforce development through their continuous improvement programme, there could be benefit in coordinating workforce development activity strategically across ROSC.

8. Partnership working and resources

Strengths

- The ADP was a strong collaborative partnership and was working effectively with all stakeholders across all sectors to further progress ROSC. Positive examples of partnership working demonstrated effective links between strategic planning and operational service delivery.
- There were strong working relationships across the Community Planning Partnership and with appropriate thematic groups associated with ADP interventions such as Child Protection Committee (CPC), Adult Protection Committee (APC), children and families and other public protection agendas.
- A rigorous approach to financial planning and monitoring was in place which was open and transparent.

Areas for improvement

- Whilst the ADP was working well in partnership with its stakeholders, staff survey findings indicated that staff could benefit from greater clarity regarding the distribution of resources between acute/specialist services, support services and community-based support.

9. Leadership and direction

Strengths

- West Dunbartonshire ADP had a clear strategic direction and a framework which reflected a diverse range of partners from a number of services that supported the ROSC approach.
- The ADP was meeting and exceeding key performance targets indicating that they were successfully delivering accessible services.
- The ADP was innovative, committed to self-evaluation and continuous improvement. The leaders that we met supported this culture well.
- Staff were clear about the ADP's vision, values and aims and agreed that the vision was shared across services. The ADP benefitted from a culture where staff were motivated, mostly felt supported by managers and evidenced person-centred approaches to their work.

Areas for improvement

- Whilst it was clear that staff understood and supported the vision for the ADP, survey analysis and staff focus group indicated that there could be benefit in senior managers communicating more effectively with frontline staff.

Examples of good practice

As part of the validated self-evaluation process, we asked partners to nominate some examples of good practice which can be shown to have a positive impact on the lives of individuals, families and communities. During the onsite visit we assessed these examples to identify those which we consider would be useful to other alcohol and drugs partnerships across Scotland.

- **West Dunbartonshire HSCP Addictions' Blood Bourne viruses (BBV) Outreach Team.** West Dunbartonshire Health and Social Care Partnership Addictions' Blood Bourne viruses Outreach Team provided community-based treatment to people with Hepatitis C Virus to improve the numbers of hard to reach population accessing and completing essential treatment and support. The team was unique within Greater Glasgow and Clyde health board area being the only community outreach service actively treating chronic Hepatitis C Virus positive patients out with the hospital setting. There was a strong partnership ethos and approach involving colleagues from the Health and Social Care Partnership, partner addiction services, GPs, other primary health, third sector, public health, consultant physician's and specialist pharmacists. The service had received two formal evaluations and improvement in wellbeing was evident; with a previous, 'did not attend' rate of 89% changing to over 70% attendance rate and 150 individuals successfully treated.