

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

### 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 27 staff members and the service user survey was completed by 45 individuals.

We read the files of 11 individuals who received treatment and support from health, statutory and third sector services, delivering drug and alcohol services. We met with six individuals receiving services to listen to their views about their experiences of services. We also spoke to nine staff in these services 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 particular strengths which were making a positive difference for individuals and families as well as areas for improvement. These are identified in 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

- Most individuals had timely access to appropriate drug or alcohol services that were meeting their needs. Close monitoring of waiting times and reporting on the HEAT standard ensured effective performance across services was maintained.
- The ADP had implemented effective performance reporting and robust measures to address the issues impacting on their waiting time HEAT target performance.
- There had been significant effort made to identify the issues regarding adherence to waiting times and improvements made to service delivery to support individuals to access appropriate treatments quickly. For example, implementing Single Points of Access (SPOA) across Aberdeenshire and Assertive Outreach pilot.
- Services had been developed to offer appointments out with normal working hours, weekends and on line advice/support available 24 hourly i.e. 'Moving On' and Engagement.

#### Areas for improvement

- Several outcome tools were used across services to measure and record improvements in individual's wellbeing i.e. Outcomes Star and Recovery Outcome Web (ROW). Whilst some progress had been made towards standardising measuring outcomes through embedding the use of the ROW tool in some services, the ADP recognised that there would be benefit in having the ability to consolidate reporting once ROW was universally embedded across all services and DAISy was operational.
- Although the ROW was being piloted, feedback from staff using this was less than positive. Whilst multi-agency training had been delivered to prepare staff in using the ROW tool, this did not appear to be the choice of tool staff wanted to use. There would be benefit from obtaining staffs and service users experience of this tool in order to resolve any implementation issues.

## 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 benefited from timely access to good quality treatment and support that met their needs and facilitate their recovery.
- The SPOA model embedded in North Aberdeenshire had been recently introduced across the rest of the partnership. This was providing a more

flexible, proactive approach to engaging individuals and families into services. Individuals we spoke to were highly positive of the new referral pathway which had increased access to appropriate treatments and support. Training within SPOA had increased staffs confidence in completing initial assessments and progressing referrals quickly.

- The Assertive Outreach pilot was viewed very positively by individuals we spoke to. The Shared Care Scheme between NHSG and Turning Point Scotland was providing smoother transitions for individuals progressing through Tier 3 treatments to Tier 1 and 2 services.
- The majority of individuals benefited from a range of harm reduction interventions and initiatives that were well-matched to their needs and offered throughout their recovery. Staff and service users we met and who completed the survey also felt services responded well to reducing harm.

### **Areas for improvement**

- Whilst third sector staff were highly positive that the SPOA approach was providing prompt and effective pathways into services, staff working in statutory services, i.e. CSMS, felt there had been little consultation or involvement with them in the implementation and roll out of SPOA across Aberdeenshire. Some staff felt excluded from the process and not well integrated within SPOA pathways. The ADP were aware that some staff had found the change process to be quite contentious and that they needed to be clearer in their communication to ensure all staff were well informed and understood their role within the Recovery and Treatment ROSC to work effectively together to meet individual's needs.
- Posters were being distributed which showed the recovery and treatment pathways and they were to review their means of communication including social media, website and community forums to keep staff informed and fully involved with ROSC development and implementation.

## **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 by respectful and highly committed staff. The majority of individuals had regular, meaningful contact with workers who provided timely, effective treatment and support.
- Staff were proactive in supporting and accompanying individual's to appointments to address needs. Assertive Outreach was supporting individuals who missed appointments to engage or re-engage with services.
- Almost all individuals completing the service user survey felt that staff actively encouraged and helped them to connect with recovery communities and mutual aid groups.
- Almost all the staff we met and who responded to the staff survey said they received effective support and challenge from their manager.

- A strong recovery culture was becoming established and staff were embedding the concept of a recovery approach within their practice. Most staff we spoke to and those who responded to the staff survey were familiar with the Quality Principles and applied these in their contact and work with individuals and were embedded within SLA contracts.
- The staff and service user surveys both indicated that trauma-informed support was identified and available to individuals who required this. Most staff we spoke to felt confident in recognising and responding to symptoms of trauma and an e-learning module was accessible to all staff.

### **Areas for improvement**

- Some staff we spoke to felt some GPs had stigmatising attitudes towards individuals with drug problems and did not prescribe ORT. For a few individuals this was an additional barrier to engagement and gaining access to Tier 3 treatment services. This suggests that further work is needed to develop ROSC locally.
- Whilst most staff were positive about their line management support, file reading analysis highlighted little or no evidence of line manager oversight in case file records to demonstrate that effective supervision and monitoring was taking place. Reviewing approaches to recording staff supervision and manager oversight in individual cases would provide clearer evidence of staff support and quality assurance activity.
- Whilst most staff we spoke to and those who responded to the staff survey were familiar with the Quality Principles, service users we spoke to were not familiar with the Quality Principles and had not received any information about these from services.

## **4. Impact on the community**

### **Quality Principle 3.**

That is anyone who has a role in improving outcomes for individuals, families and communities affected by problematic drug and alcohol use.

### **Strengths**

- Great effort had been made in ensuring appropriate resources and supports were in communities to encourage a whole population approach to support individuals to become valued contributing members of their community.
- Community forums ensured localised decision making based on local need and had supported a number of successful community led projects, i.e. local peer led support groups, conversation café's, community events such as the Blethers and Family Recovery Event.
- The 'moving on and engagement' initiative provided strong multi-agency links that embedded a family approach throughout an individual's time with the service. Individuals were encouraged to engage with their communities by identifying and contributing to a local project and thus building strong supports and lasting links thereafter.
- A wide range of preventative initiatives and projects was helping to build and promote community capacity to raise awareness of new psychoactive substances (NPS) through education, training and local campaigns including

parent's workshops and whole school session delivered in Fraserburgh Academy.

### Areas for improvement

- The ADP recognised that demonstrating impact and improved outcomes for communities could be strengthened through systematic evaluation of initiatives that were aimed at reducing alcohol consumption and drug use in local communities, including implementation of whole population approaches.

## 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 Single Shared Assessment (SSA) process gave individuals control over the kind of support they received to set their own recovery goals and self-manage their recovery. File reading analysis evidenced in 10 out of 11 cases that individuals were meaningfully included and fully involved in their assessment. They received timely, responsive support from services during and following their assessment. This was helping to ensure key services were identified and actions progressed without delay.
- The Outcomes Star and ROW tool was used in most cases to support a positive focus towards strength based, holistic assessments and measure progress in individuals' wellbeing.
- Individuals had access to a range of recovery treatments and therapies to help them improve different areas of their life including harm reduction advice.
- Collaborative goal setting ensured individuals who had a recovery plan were fully involved in developing and reviewing their plan. Case file reading evidenced that recovery plans were reviewed regularly.
- Services promoted the recovery agenda and engaged individuals in employment, training and volunteering opportunities. Individuals felt well supported as they progressed in their recovery journey. The 'moving on and engagement' initiative provided very good evidence of a clear structured pathway to support individuals to set and achieve recovery goals beyond treatment.

- The recording of individual's views was clearly documented when reviewing progress. Services encouraged individuals to discuss any areas of concern in their life. Complaints procedures were well-established and support offered. Service user group were all aware of services complaints and had been given leaflets. File reading analysis evidenced that most individuals were supported to understand and exercise their rights, comment on the services they received and express dissatisfaction on making a complaint.
- The staff and service user survey identified that staff actively provided support and made great efforts to incorporate family inclusive practice, for example, through CSMS and CASA. The family hub linked to HMP Grampian was strengthening family involvement between prisoners and their families.

### **Areas for improvement**

- The quality of risk assessments could be further developed by greater detail and thorough analysis of identified risks.
- Staff acknowledged that sharing of assessment information between services could be strengthened, for example, CSMS did not receive assessments from other services involved with the individual, NHS assessments done in the community were not shared with HMP NHS staff. Commissioned and statutory services could be encouraged to share assessments and recovery plans when referring to other services to reduce duplication of effort and evidence progress made.
- Although our case file analysis found that the majority of recovery plans identified agreed outcomes, half were not SMART. The quality of plans could be strengthened by containing measurable, realistic and achievable actions with clearer timescales and milestones.
- Some individuals in the focus group were unaware of the advocacy service. In all the files we read there was no evidence to demonstrate that individuals had been told about independent advocacy services.
- Whilst there were positive examples from individuals and staff of family inclusive practice in individuals' treatment/recovery, this was less evident in file reading analysis where there were dependent children. In four out of six cases there was a lack of evidence that the individual has been told that the needs and wellbeing of their children were a primary concern. Three out of the five applicable cases were rated weak or unsatisfactory to being alert to and responding to the needs and wellbeing of dependent children.
- Whilst staff felt there were robust processes to identify and assess dependent children some staff still experienced occasions where they were not always made aware. The Named Person is not identified in the SSA but asked for in the SDA assessment.

## **6. Policy, service development and planning**

### **Strengths**

- There were well-established governance arrangements in place for reporting progress on their delivery plan. The delivery plan had been informed by a strategic needs assessment of local need and national expectations. This had been identified and shared with other ADP's as a good example.

- Great effort had been made to embedding a Recovery and Treatment ROSC within ADP services and focussed investment towards continuing to develop this with wider partners including DWP, homelessness services and housing.
- The ADP had invested funding to recruit Community Engagement Officers who were developing recovery focused initiatives to build community capacity, for example recovery cafes, and forums.
- A coordinated and systematic approach ensured service user feedback was regularly taken into account when planning, delivering and reviewing services. For example, findings from a staff and service survey based on the Quality Principles were influencing service improvements and behaviour. Whilst service user feedback had identified a lack of access to clinical treatment in the North. As a result, services had been relocated one day per week. This had increased access to treatment for individuals as well improvements in previous missed appointments.

### **Areas for improvement**

- Whilst the ADP had developed a commissioning and performance strategy for monitoring commissioned and statutory services, its implementation had been delayed due to uncertainty of funding allocation decisions, including self-directed support implementation.
- The ADP recognised they needed to develop their approach to gathering and recording how effectively the Quality Principles were being implemented and embedded in practice across services to ensure consistency of standards.
- Some service users stated they were not aware of the community forums and felt more online awareness/social media to seek their views could be utilised.

## **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 was in the process of developing their workforce strategy and was undertaking training needs analysis to inform this. This was being rolled out to drug and alcohol services and to wider partners including GPs.
- The ADP described staffs awareness of the Quality Principle's as an 'ongoing process' and had used the Quality Principles to survey staff and service users. Staffs awareness and knowledge of the Quality Principles had also been increased through a range of approaches including briefings and conversation cafés.

### **Areas for improvement**

- The ADP acknowledged that whilst work was in progress to developing a workforce strategy this was not yet implemented.
- Training and education had been delivered to the majority of commissioned services on raising awareness regarding the Quality Principles and embedding these in practice. This should also be undertaken with staff within statutory services including Social Work, NHS and GPs.

- Some staff and service users were not aware or acquainted with the Quality Principles. The ADP needs to consider how it heightens knowledge and understanding of the Quality Principles to ensure service user involvement is maximised.

## 8. Partnership working and resources

### Strengths

- The Service Delivery Group was cited as a positive forum for bringing different sectors and services together.
- There was a shared vision from staff across services to deliver person-centred services and support individual's holistic needs that connected them to their community. Community Forums helped the achievement of recovery goals by funding local community programmes that were linked closely with third sector services.

### Areas for improvement

- Some staff within statutory services felt that there was a lack of understanding of each other's role and remit. Further work could be undertaken to improve multi-agency working and clarify customer pathways within ROSC.
- There was a perception from some staff of an uneven distribution of resources between third and statutory sector services which was affecting partnership working. The ADP needs to look at how they can reduce this feeling of disharmony across services.
- Joint working between drug and alcohol services and children's services could be improved by strengthening GIRFEC processes and improved sharing of information including parent and child's assessment and recovery plan.

## 9. Leadership and direction

### Strengths

- Robust leadership and representation encouraged strategic, multi-agency working through the three year rotation of ADP chair. The chair provided clear strategic direction to drive forward priorities.
- The ADP evidenced a strong commitment to innovation and ongoing improvement and this culture was well supported and encouraged by partners. Community initiatives that were going well were shared so other areas could benefit from these and used to improve outcomes for respective communities.
- The ADP had embedded a culture of continuous improvement in the quality and consistency of services and practice and used a range of approaches to self-evaluation including improvement methodology.

### Areas for improvement

- Some staff felt 'threatened' by the service redesign and roll out of key initiatives. A route for collating staff views and representing these strategically would better support collaborative working between statutory and third sector partners and identify areas that require further support or training.

- There could be benefit from identifying further opportunities to support staff across services to come together to foster a culture of collaborative working, share learning and innovative practice across Aberdeenshire.
- Increased multi-agency training to embed the Quality Principles in practice, ROW and single point of access approach could further enhance multi-agency working.

### 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.

- **Turning Point Scotland – Service Development.** Aberdeenshire ADP had reviewed service processes and identified the need to make it easier for individuals to access services. Following a service re-design, a Single Point of Access model was developed and implemented. This model had made alcohol and drug treatment in North Aberdeenshire more accessible and effective, increasing the number of individuals receiving treatment and support and had reduced waiting times. SPOAs were the main hub connecting individuals to services for treatment and support within Aberdeenshire’s ROSC, which was designed around the provision of services that supported the individual’s recovery journey, connecting them into their community including employability, housing and education.
- **Moving On and Engagement.** As part of Aberdeenshire’s ROSC, moving on services were commissioned to provide focussed support to individuals to help individuals achieve their recovery goals beyond treatment. Moving on workers encouraged and supported individuals to re-connect with their local community through volunteering, employment or training to move them positively on from services in a planned way.