

The Quality Principles: Alcohol & Drug Partnership (ADP) Validated Self-Assessment and Improvement Mid and East Lothian

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. In Mid Lothian, the staff survey was completed by 16 staff members and the service user survey was completed by 50 individuals. In East Lothian, the staff survey was completed by eight staff members and the service user survey was completed by 17 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 eight individuals receiving services to listen to their views about their experiences of services. We also spoke to 19 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

- MELDAP had consistently exceeded the three week referral to treatment HEAT target. In some cases, services were achieving 100% success rates indicating that overall the ADP was delivering effective access to services for individuals who required support.
- The ADP had engaged with its stakeholders and undertaken a range of improvement methodology events focussed around LEAN, to identify the system difficulties it was previously having making the waiting time HEAT target. This collaborative approach was innovative and central to its present level of very good performance.
- The ADP was well governed and had also appointed a full time administrator who communicates and supports all services with their monitoring of performance outcomes. This role was deemed a crucial success factor in terms of supporting the recording and reporting agendas.

Areas for improvement

- Whilst the ADP consistently met and exceeded the waiting time targets, the service user survey findings highlighted that this did not always match up with the service users' experiences. The ADP would benefit from evaluating this further to ensure a more congruent outcome for all its stakeholders.
- Although the ADP had made the positive decision to adopt the Recovery Star for all its services including children's, the success of this will need to be fully considered in the context of the Recovery Outcome Web (ROW) and its compatibility with DAISy when this is implemented, to ensure it continues to robustly capture and report on outcomes.
- Frontline staff we met told us about the growing pressure on their capacity to meet waiting time performance outcomes. The ADP needs to continue ensuring that adequate capacity is available to continue meeting and exceeding targets in frontline 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

- It was evident that service users were offered high quality, evidence informed treatment, care and support interventions.
- The ADP had introduced a number of innovative recovery gateways since 2012, staffed jointly by the third sector and health services who provided a wide range of accessible drop in support services.

- Both the survey and case file reading analysis highlighted that there was strengthening access to harm reduction services, with robust relationships to appropriate thematic groups. Examples of this included the recovery gateways which were providing effective advice and guidance, the needle exchange outreach network, the Pan Lothian NPS group and their intelligence led action plan along with links to workforce development activity.
- The Peer Support Project was discussed in very positive terms in our focus group. This initiative was formally evaluated as a success and is currently based in one GP practice, although, there are plans to extend this model more widely. The ADP had collaborated well with primary care in this instance and would benefit from a further roll out to capture the hard to reach populations.

Areas for improvement

- Whilst both the position statement and case file reading concluded that consent was built into key operational processes, the service user survey findings was not so consistent, suggesting that this needs to remain an area of focus for the ADP.
- Mid Lothian staff felt they had access to good accommodation, however, their colleagues in East Lothian were not as positive. In addition, NHS staff we met said that their access accommodation needed to improve and that managers were exploring various community contact options. The ADP needs to support this to ensure individuals access secure and comfortable surroundings.
- Although staff were very supportive of service developments, they told us that there was a significant level of inequity in respect of access to services across Mid and East Lothian. Services were resourced and constructed differently across the two areas, particularly in relation to the recovery services which were considered less advanced in Mid Lothian. In light of this, the ADP needs to continue considering how to develop services more uniformly across MELDAP.

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

- Almost all of the service users we met and who completed the survey said that workers had the right attitude and values and worked in a supportive way. Service users we met supported this describing staff as very courteous and helpful.
- The majority of staff who completed the Mid Lothian staff survey said that they felt well supported by their manager which is important in the context of the complex work they undertake.
- Both the ADP and staff we met said frontline services were well positioned to recognise and support trauma and this was supported by very positive case file reading analysis findings.

Areas for improvement

- Whilst the East Lothian staff survey sample was relatively small, only half felt well supported by their manager and the ADP needs to consider evaluating this further to determine if this issue is reflected more broadly.
- Although staff were well trained to recognise and provide initial support to people affected by trauma, staff we met in focus groups said that there were challenges in terms of the capacity of some specialist services to meet the growing demand of those presenting with complex psychological needs. The ADP needs to ensure it has robust pathways and the capacity to address this need.

4. Impact on the community

Strengths

- There was good evidence that the ADP had laid strong foundations in terms of their community work through the independently commissioned Recovery Orientated System of Care (ROSC) service review and subsequent Recovery Connections Network, mutual aid, whole population approach, new psychoactive substance (NPS) strategy and links to other thematic groups such as community safety.
- The ADP had appointed a Recovery Development Coordinator which was a positive step in terms of an identified lead role for taking the agenda forward in to the wider community.

Areas for improvement

- Whilst we recognised that the ADP was working hard with commissioned organisations to embed the Quality Principles in to practice and to self-evaluate the success factors, none of the service users attending our focus knew about them. The ADP needs to ensure that all its stakeholders know and understand how these shape their experiences working in addiction services.
- Whilst we recognised that there was a lot of work being undertaken to raise awareness and educate the wider community, service users completing the survey and those we met had mixed feelings about how this was progressing. The ADP needs to continue focussing on this aspect of work to reduce stigma for those accessing services for support with addiction issues.
- The staff survey suggests that the ADP needs to demonstrate more effectively to staff how it is improving the quality of people's lives in the wider community so they can more clearly understand the wider benefits of the roles they undertake.

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 service users completing the survey said their recovery plan felt personal to them and was achieved in partnership with staff. This was also reflected in the positive comments we received in the service user focus groups. In all cases, the recovery plans were in place, outcome focussed and the majority were up to date indicating good working practices.
- Both the survey and case file reading analysis evidenced that the majority of service users benefited from reviews that reviewed treatment, worked to agreed actions and were held at intervals appropriate to their needs.
- Both the service user survey and various focus groups evidenced that despite some challenges there was a growing commitment towards a strengths based approach which was an important factor in developing recovery potential for individuals accessing services

Areas for improvement

- Whilst most recovery plans were SMART, continued focus was needed to continue on this aspect of practice to ensure it can more accurately measure the personal outcomes for individuals accessing services.
- Whilst the position statement indicated the challenges and processes that are in place to ensure that service users are offered copies of recovery plans, both the service user survey and case file reading findings indicated that less than half felt they were offered copies. The ADP needs to improve in this area to ensure service user involvement is maximised.
- Both the case file reading and service user survey indicated that the ADP would benefit from strengthening the role and understanding of independent advocacy throughout the area to ensure that all those needing support have access to this service.
- Whilst the case file reading findings showed that there were up to date assessments, including risk assessments, in almost all of the files, the ADP needs to continue strengthening the quality of their risk assessments to reflect the complex nature of the work involved.

- We were told in focus groups about the huge benefit of services designed to help families such as Children First. Whilst these accounts and the position statement articulated the range and positive impact of family services, very clearly the case file reading and service user survey indicated that the ADP needs to ensure that the whole family approach is embedded in their key processes more systematically.

6. Policy, service development and planning

Strengths

- The ADP had developed robust governance arrangements within the local and pan Lothian context in which it operated. Despite the current challenges including health and social care integration, it had sound mechanisms in place for reporting progress on its delivery plan through both the Integration Joint Board (IJB) and Community Planning Partnership and was linked in well to other appropriate thematic groups.
- The ADP's current 2015-18 delivery plan was based on a joint approach to needs analysis work across the sectors and there has been a number of thematic needs assessments undertaken that had shaped the positive shift in the balance of care and current commissioning strategy towards post treatment recovery and early intervention services.
- Despite the lack of agreed financial plans the ADP was making very positive attempts to effectively communicate, engage and inform its stakeholders. They were proactively and collectively looking at potential efficiencies to mitigate the financial risks in a transparent manner.
- Positive steps had been taken to issue letters of reassurance to commissioned organisations, committing to funding agreements. In the focus group, the ADP members said that this had a reassuring effect for all staff delivering addiction services.
- The ADP demonstrated a robust approach to self-evaluation and had implemented a quality assurance framework based on the Quality Principles. The outcomes from this work are overseen by an appointed quality assurance officer who highlights any issues of note to the governing groups.

Areas for improvement

- The ADP needs to refresh and implement its revised commissioning plan to align with the IJB's strategic plan, joint needs assessment activity and agreed financial plans, to ensure it is consistent with the needs of the population and ADP vision.
- Whilst the ADP was responding well to the very complex budget challenges in terms of planning, developing and delivering services, it would clearly benefit from agreed financial plans as soon as possible to avoid any impact on the continuity of service delivery.
- Whilst there is robust evidence that all stakeholders have consistently been involved in shaping service developments through needs assessment activity, commissioning processes, numerous consultation events, the survey results and some focus group feedback indicated that staff and service users feel more could be done in this area to develop their involvement.

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

- All of the staff in Mid Lothian completing the staff survey said they had an annual appraisal or performance review in the last year. This was also the case for the majority of the East Lothian staff. This demonstrated the ADP was supporting personal and professional development for staff.

Areas for improvement

- The ADP was being supported by the Scottish Drug Forum to design and undertake joint workforce development work aligned to the ROSC across the partnership. Whilst this will provide an effective foundation for the ADP, it was too early to establish what impact this will have on shaping the changing roles and working practices arising through the new models of service delivery.
- Both the staff survey and focus group we attended reflected positive feedback from staff about feeling well supported and regularly receiving feedback on the quality of their work. Whilst this was positive, it was only evident in a few case files we read and the ADP needs to consider how to better demonstrate this in case notes.
- The staff survey indicated that the ADP needs to continue supporting new staff to undertake induction and demonstrate that workforce development is an ADP priority.

8. Partnership working and resources

Strengths

- There was robust evidence throughout that the ADP was working collaboratively and effectively with stakeholders across all sectors. There were joint operating procedures, performance reporting and governance as well as strategic planning and delivery arrangements.
- The ADP have strategically co-located the MELDAP team with the public protection unit and this arrangement had forged close and beneficial working arrangements across other thematic groups. In addition, the ROSC, mutual aid and whole population work were also firmly rooted in strong partnership arrangements.
- The staff survey findings highlighted that almost all staff felt that there was positive working relationships amongst practitioners across different services. This feeling was also evident in the extremely positive staff focus group, further reflecting a very collaborative working culture across the ADP.
- Despite the complex challenges facing the ADP, it had successfully worked in partnership to re-align a large proportion of their budget to post treatment and recovery focussed services evidencing agility and an ability to jointly meet changing priorities.

Areas for improvement

- The ADP would benefit from having an agreed budget as soon as possible in order for it to re-develop and align its key strategic drivers such as its commissioning and delivery plans. This will bring greater stability to the ADP and help stakeholders to remain focussed on the overarching vision.
- Whilst the ADP was deeply rooted in joint working, there was evidence in our focus groups that certain resources were not distributed equally, such as some recovery based services. The ADP needs to continue working with its stakeholders to address any localised gaps in service provision identified.
- The position statement and staff and service users we met highlighted that the ADP would benefit from developing their joint processes, for example, shared assessments, outcome tools, and recovery plans to avoid areas of duplication.

9. Leadership and direction

Strengths

- The ADP was consistently meeting and exceeding on key performance targets indicating that they were successfully delivering accessible services.
- Our focus group with ADP members confirmed that the chair was effectively communicating all the necessary information to stakeholders and providing them with a clear picture of the current issues impacting on them.
- There was strong collaboration, transparent and robust governance in place with routine reporting on performance, both internally and externally, to joint accountable bodies.
- There was evidence of a high level of innovation and commitment to self-evaluation and ongoing improvement. This culture was being well supported and encouraged by the leaders we met.
- The ADP benefited from a culture within services where the majority of staff felt motivated, supported by their manager and evidenced person-centred approaches to their work, all of which was positive in the context of the demanding working environment they operated within.

Areas for improvement

- Whilst ADP members felt positive about understanding the vision for the ADP, both the staff survey analysis and focus group suggest there is more work to be done to communicate more effectively with frontline staff and service users and to manage change more effectively.
- Service users, the ADP and its commissioned organisations would benefit from clear financial plans being agreed as soon as possible and transparent, longer term commissioning arrangements for stability purposes.

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.

- **Peer Support Project.** This was an integrated approach delivered in partnership between service users, GPs, secondary care and non-statutory agencies who introduced peer support for substance misuse into a general practice in Mid Lothian. The pilot was effectively deployed, structured and implemented with effective outcome measures and tools put in place to determine the success of the work. The pilot demonstrated some very positive outcomes and there is strong evidence that the learning and innovation potential was acknowledged in the recommendations to expand the pilot more widely.