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

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 11 staff members and the service user survey was completed by nine individuals.

We read the files of 10 individuals who received treatment and support from health, statutory and third services delivering drug and alcohol services. We met with 18 individuals receiving services to listen to their views about their experiences of services. We also spoke to 10 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

- The ADP consistently met the waiting time HEAT Standards. Locally, they had set an additional 72 hour target for entering treatment and had a tracking system in place to monitor this. As a result individuals received timely access to appropriate drug or alcohol services that were meeting their needs.
- A re-designed of services to make access easier and to ensure that services were recovery-focused and met local need had been undertaken. The Direct Access Service provided individuals with early help and provided robust, pro-active follow up for non-attendance and support to re-establish contact. This had increased the number of individuals accessing the service.
- Commissioned services had an effective outcome monitoring framework and performance management system in place. The Outcome Star, used across all services was demonstrating improved outcomes for individuals.

Areas for improvement

- There were plans to stretch targets to review waiting times and service delivery data i.e. to measure times from assessment to first face-to-face contact following allocation.
- Through the performance management processes, it was planned to improve links between personal outcomes data to strengthen the evidence base for future commissioning of 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

- Individuals accessing services benefited from high quality treatment and support that met their needs. Person-centred practice and co-production in deciding treatment and support options ensured that a choice of harm reduction interventions and initiatives was available at point of access and provided throughout their recovery.
- A pro-active approach to engagement and re-engagement was evident. Non-attendance at appointments was followed up with further appointments rather than being closed. A variety of locations were now being offered by Arrows for appointments and pop-up areas were being developed in recognition that not everyone with drug and alcohol problems will go to the direct access service.
- Increased investment in direct access services had provided new, comfortable and easily accessible premises which individual's found welcoming.

- A Shared Care Pathway piloted by Moray Integrated Drug and Alcohol Service (MIDAS) and Arrows ensured individuals accessing treatment and support with MIDAS was provided with a recovery worker from the Arrows service. This joint arrangement met the ADP's objective of de-medicalising addiction care so prescribing was not at the heart of recovery; decreasing NHS contact while increasing engagement with third sector providers.

Areas for improvement

- The ADP measured DNA rates however, it planned on being more pro-active in this area to identify individuals who had not engaged in services but whom a service may still be needed, for example, linking with Community Safety Hub to identify vulnerable individuals via A and E.
- Whilst current services worked effectively together to ensure appropriate and efficient referral pathways met individual's needs, it was recognised that further work was needed to implement and embed a Recovery Oriented System of Care (ROSC) across wider service providers and increase opportunities to maximise service user choice.
- Elgin was the main hub for accessing a range of drug and alcohol services. Whilst Arrows were providing pop-up cafes in some areas, service user feedback indicated there was a need for more localised and accessible services throughout Moray and outlying communities.
- GP's policy of not prescribing ORT limited choice for individuals for access and treatment provision. Given the long-term nature of recovery this was a potential barrier to service development both in MIDAS and in ensuring good quality services for recovered people who may still be at risk and return to primary care.
- It was a common theme among individuals we spoke to that there was not enough focus on prevention. Most felt it was not until their drug or alcohol use became problematic that they were offered help. Most individuals accessing treatment and support found out about services initially through word of mouth. Information on services available and how to access these early could be made more widely accessible and promoted within communities and in a range of formats i.e. website, social media.
- Individuals felt services could be more flexible with working times and provide more evening and weekend support to better suit their needs. For example, some individuals benefited from texting support from staff.
- It was acknowledged that mechanisms for regular collation and reporting of data that focused on the needs, expectations and experiences of individuals accessing and using services could be strengthened.

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

- Work undertaken to promote a recovery philosophy had increased staffs level of awareness and understanding and this was having a positive impact on

delivering recovery focussed and person centred practice. There was a real sense of shifting attitudes so that ORT was seen as only one small part of an individual's recovery.

- Individuals were very complimentary about the services they received, in particular the recently introduced Arrows service, which promoted a holistic approach in supporting individual's recovery.
- Individuals accessing services were made to feel welcome and valued from respectful and highly committed staff and had regular, meaningful contact with workers who provided good quality treatment and recovery support.
- Staff were proactive in supporting individuals to make meaningful use of their time and broaden their interests through a range of activity based groups. Individuals were helpfully encouraged to connect with mutual aid groups where these were available.

Areas for improvement

- The development of mutual aid groups and SMART recovery groups, within local communities was still evolving. The ADP was in the early stages of developing recovery communities and recognised that this was an area for further development.
- Whilst a recovery culture was becoming established, staff who were not working directly in drug and alcohol services could benefit from a greater awareness and understanding of the Quality Principles and Recovery Philosophy to embed the concept of recovery and approach within their practice.

4. Impact on the community

Strengths

- The ADP had undertaken a range of strategic activity to help them to better understand and respond to the local needs of their communities to support a whole population approach. This had included a strategic needs assessment working with a wide range of partners to gather information on alcohol and drug prevalence and use. Performance management information was proactively used to invest and focus resources to develop and build community capacity and early intervention. This included community development initiatives and community events delivered by tsiMoray and Arrows in conjunction with other organisations.
- Active engagement in joint working with a range of stakeholders and partners including at a Grampian level was helping development and understanding of localised approaches to new psychoactive substances (NPS).

Areas for improvement

- The ADP had identified a number of areas where they needed to strengthen their approach to building and promoting positive community capacity and engagement including proactive engagement with communities to involve them more them in the development of preventative approaches and local initiatives, as well as developing a prevention strategy and plan which included increased public awareness and prevention measures targeted at young people of NPS.

- A number of individuals experienced stigma in their local communities which had created barriers to progressing their recovery. Greater awareness raising and information across communities could support and embed a culture of recovery and reduce the level of isolation and stigma felt by some individuals.
- The ADP could better demonstrate evidence of impact and improved outcomes for communities as a result of their whole population approaches and preventative activities by having in place measures to evaluate the effectiveness of these initiatives.

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

- Universal use of the Outcomes Star (i.e. Drug/Alcohol Star, Work Star, Family Star or Carers Star) across ROSC participating partners was used in most cases to effectively support individual's holistic needs within the initial assessment process. There were some good examples of collaborative goal setting with individuals using the Outcomes STAR arising from the initial assessment.
- Effective multi-agency joint working took place between the MIDAS service and Children and Family Services who worked well together where dependent children were involved. Assessments completed for children's services by MIDAS staff were comprehensive and strengths and risks clearly set out and well documented. Developing and sharing combined support plans would strengthen this good practice.
- The pilot project Parental Substance Misuse Pregnancy in Early Years, whilst it was too early to demonstrate impact, was strengthening joint working between adult and children's services to intervene early and provide effective multi-agency support.
- Assessments took account of trauma and staff provided sufficient support that recognised any current or previous trauma that the individual may be dealing with.

- Shared care review appointments undertaken by the Integrated Drug & Alcohol Service and Arrows helpfully included joint reviews with the individual to update their Outcomes Star and recovery plan.
- The direct access service applied a whole family approach to support parents, children, carers and other family members within an individual's recovery.

Areas for improvement

- There was an acknowledgement by staff that there was still uncertainty around consent to share information and this worked better when relationships were strong. Greater clarity and clearer understanding of each other's role within and across services could improve this. For example, the housing service was not on other agencies consent to share forms and this was a barrier to them obtaining information to support good assessment and decision making.
- Further opportunities to improve and increase joint working with wider partners could be strengthened in recovery planning processes. Housing services staff felt less involved in the recovery planning process including sharing and receiving information by and from other services. The quality of some assessments could be further strengthened and enhanced by a greater level of focus on the individual's recovery capital and their strengths. Risk assessments could be improved by clearer analysis of identified risks, protective factors and intended outcomes.
- Whilst individuals were meaningfully included and fully involved in their assessment to identify and set their own goals, there was inconsistent use of applying the Outcome Star action plan with individuals to review progress. Variation of different plans was also in use, for example, some staff used the Outcomes Star plan whilst others used the Moray recovery plan. It was not clear when these were used and an agreed, standardised approach in terms of the documentation used would help improve consistency.
- Whilst recovery plans were in place in most cases, the majority of these were not SMART. Further work was needed to improve the quality of these. File reading analysis did not evidence that individuals were routinely offered a copy of their recovery plan.
- File reading analysis showed that in five out of eight cases there was no evidence to demonstrate that individual's had been told about independent advocacy services.
- Whilst the views of individuals, carers and families were considered as part of the assessment and support plan process this was not always consistently gathered or recorded across all services. A more coordinated and systematic process to obtain service feedback would strengthen practice in this area.

6. Policy, service development and planning

Strengths

- The ADP was fully embedded in to the Community Planning Partnership and aligned to the Integration Joint Board. Effective governance arrangements in place, supported by subgroups and established relationships with other strategic groups ensured priorities within the delivery plan were jointly

progressed. The governance structure ensured that commissioning was directly linked to the ADP strategy and delivery plan.
- Robust systems for service monitoring and review and reporting on performance within the delivery plan provided effective oversight.
- The ADP had worked with strategic partners and other stakeholders to achieve success in reducing waiting times and improve access to services through a service re-design. This had appropriately been informed by an evidence-based strategic needs assessment.
- Whilst there was not a coordinated and systematic approach to stakeholder engagement and involvement, there were some good examples of individual service approaches i.e. Quarriers had a well embedded approach to proactively seek feedback which was used effectively to shape/influence service delivery (pop up cafes, workshops, questionnaires and members involvement group).

Areas for improvement

- There was limited understanding by those staff not working directly within addictions of a ROSC model and how they would contribute to its successful implementation. It was acknowledged that more work was needed to continue to progress and cultivate a comprehensive ROSC across wider service providers and to extend this to all users of services including those who had left treatment but were still progressing their recovery.
- Whilst work to embed the Quality Principles into commissioned services contractual performance processes had been undertaken, the ADP was aware of the need to put in place a systematic approach to effectively quality assure compliance with integrating the Quality Principles and to embed practice across services.
- The ADP recognised that they needed to develop and implement a strategic approach for stakeholder engagement to ensure their views were fully taken into account when planning, delivering and reviewing services.
- The ADP also acknowledged the need to develop a systematic approach to self-assessment and improvement processes.

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

- Arrows service had well resourced, comprehensive training in place. There were opportunities to cascade and share learning and develop joint training more widely across the workforce.
- Recruitment processes focussed on embedding recovery in staff job descriptions and specifications which were compatible with the Quality Principles.
- Work had been undertaken to help staff integrate the Quality Principles within commissioned and statutory services which were monitored regularly through the contractual performance process and service visits.

- File reading analysis showed that in seven out 10 cases the key worker had opportunities to discuss their work with a supervisor, manager or other appropriate staff. Just over half of survey respondents felt they received effective support and challenge from their line manager.

Areas for improvement

- The ADP acknowledged that the development of a Workforce Development strategy was an area of priority that required to be progressed. Early plans were in place to establish skills levels for all staff with support from the Scottish Drugs Forum.
- Whilst there was clear pathways in place for NHS regarding core competencies to meet revalidation; these were mostly online and staff felt this could be further complimented with more access to specialist training and joint training opportunities.
- Staffs perception across the wider workforce was that joint training and development opportunities had been limited due to the ADP prioritising the specialised services i.e. Arrows, and funding cuts but was viewed strongly by staff as essential to maintain their specialist skills and knowledge. More opportunities could be provided for staff to network with the wider workforce to support shared learning and creativity and knowledge. Whilst the ADP had developed a Frontline Forum; staffs perception was this could be held more regularly and topics/themes consulted upon and coproduced.
- In five out of the 10 cases there was no evidence that the key worker's case file record was reviewed regularly by their manager, supervisor or staff with quality assurance responsibilities. Manager oversight of staffs work could be more clearly documented.

8. Partnership working and resources

Strengths

- There was effective use of strategic partnerships and strong networks to deliver preventative priorities. They worked well in partnership with Children's Services, Third Sector Interface, Early Years Collaborative, Child Protection Committee and Community Safety Partnership for example delivering the Buckie NPS initiative.
- The ADP was proactively engaging with distilleries, tsiMoray and Scottish Whisky Association to develop community development initiatives to promote responsible drinking such as Best Bar None.
- Staff and service user survey and file reading analysis highlighted that there was an appropriate level of partnership/collaborative working to provide timely, responsive and holistic recovery support.
- There was a shared purpose from staff across services to deliver pathway of services to support individual's wider holistic needs. Services worked with a range of others supporting individuals to access wrap around services including employment support, housing and Job Centre Plus. Volunteering was an area that was further being developed and links strengthened.
- A clear governance and collaborative approach to financial planning and use of resources was evident. The Finance and Commissioning Group and had set the budget for a three year period to take account of strategic priorities.

Areas for improvement

- The ADP recognised the need to further develop service user involvement in the measurement of service quality, performance and outcomes.

9. Leadership and direction

Strengths

- The ADP had initiated and led the successful development of a comprehensive re-design of services that had involved consulting and joint planning with key stakeholders, including seeking staffs views. This had notably contributed to the 100% success rate in meeting waiting time targets and development of ROSC within Moray.
- Leadership capacity was being developed across services to strengthen joint approaches and processes to support the further development of a ROSC and embed a culture of recovery.
- The Quality Principles were embedded into the service re-design process and within the contractual, commissioning and procurement process.
- Staff viewed their strategic leaders and managers to be highly motivated for change and improving services i.e. development of shared care, promoting recovery philosophy and language, partnership work with other strategic groups such as early years. However, 44% of staff survey respondents disagreed that change which affected more than one service was managed well.

Areas for improvement

- There would be benefit from strengthening their approach to self-evaluation to further embed a culture of continuous improvement in the quality and consistency of services and practice.
- Staff survey highlighted that 44% of staff disagreed that senior managers communicated well with front line staff whilst 11% were unsure.

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.

- **Quarriers: Arrows Direct Access drug and alcohol service**

The ADP had re-designed services to make access easier and provide services that were recovery-focused and met local need. Arrows Direct Access provided individuals with early help through their single access pathway to services and robust, pro-active follow up for non-attendance and support to re-establish contact. This third sector Moray wide drug and alcohol service supported the development of a ROSC to promote positive outcomes for the service user and wider family. Whilst Arrows is still in the early stages of implementation recovery support to individuals

experiencing substance issues and their families was demonstrating positive outcomes in wellbeing.

Strengths

- Increased range of services, greater opening times, and opportunities for those using services; e.g. pop up cafés, groups work.
- Improved links within the community; utilising community venues, church groups, church resources and community organisations.
- Increased involvement for those using services.
- A shared care pathway piloted by Moray Integrated Drug and Alcohol Service (MIDAS) and Arrows ensured individuals accessing treatment had the support of a recovery worker from Arrows service.
- Increased opportunities for joint working e.g. employment services.
- Carers and significant others were being given the same focus as those who were directly using drugs/alcohol.
- Family inclusive practice; adopted a whole family approach to recovery.