

REPORT TO: POLICY AND RESOURCES COMMITTEE

REPORT ON: AREA WIDE REVIEWS OF ALCOHOL AND DRUG SERVICES IN TAYSIDE

JOINT REPORT BY: CHIEF EXECUTIVE AND DIRECTOR OF SOCIAL WORK

REPORT NO: 300/2000

1. PURPOSE

- 1.1 To seek Council endorsement of the Area Wide Review of Alcohol Services in Tayside and the Area Wide Review of Drug Services in Tayside.

2. RECOMMENDATIONS

- 2.1 It is recommended that

- a) members endorse the reviews and the recommendations which they contain
- b) the Chief Executive is asked to write to the Chair of the Tayside Alcohol and Drugs Alliance expressing the Council's support

3. FINANCIAL IMPLICATIONS

- 3.1 This report has no additional financial implications

4. EQUAL OPPORTUNITIES IMPLICATIONS

- 4.1 This report is consistent with the Council's Equal Opportunities Policy. It promotes the development of improved services for individuals who are vulnerable to social exclusion as a result of drug and/or alcohol misuse.

5. LOCAL AGENDA 21 IMPLICATIONS

- 5.1 The contents of this report are consistent with key Local Agenda 21 themes relating to protection of health and access to services.

6. BACKGROUND

- 6.1 In September 1999, the Tayside Alcohol and Drug Alliance produced the findings of the area wide reviews which looked separately at Alcohol Services and Drug Services in Tayside. The Alliance's membership reflects the contribution which all sectors have to make in responding to the needs of alcohol and drug service users and in preventing substance misuse.
- 6.2 Both reviews carried out an analysis of problems relating to alcohol and drug use, audited current service provision and recommended joint action for improving services. The recommendations of each review are provided in Appendices 1 and 2. They relate to areas including the planning, commissioning and delivery of appropriate services, joint working, education and prevention.

6.3 Dundee City Council approved in mid 1998 the corporate policy Tackling Drugs Misuse: A Strategic Action Plan for Dundee City Council which has shaped our contribution to the joint planning and delivery of drugs and alcohol services. The Dundee Drug and Alcohol Team was formed in 1999 and is chaired by the Director of Social Work. A Drug Action Plan is currently being developed which will strategically connect the Council, the Health Service in Tayside, Tayside Police and the voluntary sector. The Drug Action Plan will take into account the recommendations of both reviews.

6.4 While the reviews may lack detail on financial information and performance indicators, the recommendations in both reviews are consistent with the Tackling Drugs Misuse Strategy and with other Council policies. They also reflect the Council's views in relation to service development and delivery. It is appropriate therefore for the Council to endorse both reviews and to relay this support formally to the Tayside Alcohol and Drug Alliance.

7. **CONSULTATION**

7.1 All Directors have been consulted on the contents of this report.

8. **BACKGROUND PAPERS**

8.1 No background papers as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to any material extent in preparing the above report.

Chief Executive Date

Director of Social Work Date

Area Wide Review

of
Alcohol Services

in Tayside

Recommendations

H RECOMMENDATIONS

Planning and Commissioning

- 1.1 Through the joint commissioning structure efforts should be made to provide within Tayside a full range of treatments of proven effectiveness for alcohol problems. Occasionally there will be a need for individuals to access facilities outside Tayside.
- 1.2 Formal mechanisms for joint commissioning by Tayside Health and Local Authorities of specialist alcohol services should be established, together with jointly agreed procedures for monitoring and evaluating these services.
- 1.3 NHS and Local Authorities should be encouraged to work in increasing close partnership in order to provide as seamless a service as possible. A Primary Care culture which encourages the identification of alcohol problems and early intervention should be developed. Rapid referral protocols should be developed and close partnerships between Primary Care Services and specialist alcohol agencies fostered to ensure the essential support required by Primary Care. Every GP surgery that wishes should have a specialist alcohol clinic on site. Consideration should be given to the establishment of a GP facilitator.

The appropriateness of integrating alcohol and drug services provided by health and social work should be investigated
- 1.4 Specialist alcohol service provision must be integrated within the framework of the Tayside Mental Health Strategy.
- 1.5 In addition to working in partnership where appropriate, voluntary agencies should be encouraged to develop independently of statutory sector services and be given the freedom and scope to develop innovative community projects in response to emerging need. Continued statutory funding will be essential to underpin this role.
- 1.6 Information Technology, which permits the study of service use, patterns and outcomes should be an integral part of

service design

- 1.7 Cost effective use of resources is particularly crucial in the field of prevention and education. A coherent, co-ordinated and targeted programme of properly evaluated alcohol education and preventative interventions should be adopted

Improving Services

PREVENTION

- 2.1 Employers, including those in the statutory sector, are encouraged to adopt alcohol policies and training programmes designed to raise awareness of alcohol issues amongst their employees. Scotland's Health at Work (SHAW) should be supported and developed (Tayside Health Promotion Centre to lead)
- 2.2 Statutory and voluntary agencies, together with employers, should be encouraged to ensure that non-alcoholic beverages are offered at all official receptions and other similar events. The development of alcohol free social facilities and events will be encouraged and supported.

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- 2.3 Effective training on alcohol and related issues should be delivered to a wide range of non-specialist staff (TCA and Alcohol Development Officer to lead)
- 2.4 The strong links that already exist between the Alcohol Action Team, the Alcohol Forums and Licensing Boards in Angus, Dundee and Perth & Kintross should continue to be fostered. (Alcohol Development Officer and Alcohol Forums)
- 2.5 Training on alcohol issues should be made available to Licensing Board members. Tayside should continue to support and promote the National Licensing Board Conference which offers a unique training opportunity to Scottish Licensing Boards (Alcohol Development Officer to lead)
- 2.6 Licensing Boards should make training of licensees and bar staff a *priori* possibility as a factor in the conditions relating to the granting of
- 2.7 Implementing the policy document "Puffing People First" will ensure that alcohol education becomes an integral part of the school curriculum,
- 2.8 Mechanisms should be adopted to foster the good relationship already built up with the press and local radio

ACCESS TO SERVICES

- 3.1 A lead agency should be identified to provide a 24-hour telephone helpline as requested in the recent round of user consultation events. It is envisaged that in addition to providing both information and counselling to clients and carers it will be able to organise a rapid initial response, often in partnership with members of the Primary Health Care Team, Home Detoxification Service and Social Work Departments. (TCA to action by March 1999).
- 3.2 Funding should be identified for the production of an updated resource register of existing services.

SPECIALIST SERVICE PROVISION

4.1 Community Alcohol Services

A range of services should be provided by teams based in Angus, Dundee and Perth & Kinross. These services should include:

Accessible assessment, with Community Alcohol Service staff using facilities such as Health Centres, local Social Work offices and the option of home assessment where appropriate

Crisis intervention, including home detoxification, following the recommendations of the Tayside Health Board's Drug and Therapeutics Committee (February 1997)

Individual and group interventions to promote and maintain the processes of change to assist people to resolve alcohol problems. The use of manual guided therapies should be explored. The service should include staff with specialist knowledge of family therapy.

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Flexible work patterns to encourage access by women *and young* people

On-site liaison service to General and Psychiatric hospitals, providing staff training, brief interventions and care management.

Liaison and joint working with locality Community Mental Health teams, the Drug Problems Service, CJS and voluntary organisations

Financial, accommodation and social care support

4.2 Day Services

Day services should be accessible to service Users throughout Tayside following assessment by the Community Alcohol Service. There may be a need for three facilities in Tayside. Core services might include

- time limited relapse prevention programme (high intensity 3-4 weeks)

- longer-term semi-open access support and relapse prevention groups

- a base for joint work with welfare rights, Employment and Re-Training Agencies

4.3 In-Patient Services

The role of specialist alcohol beds is to support the work of the community alcohol services. A “stepped care approach offers less intensive treatment options initially and in-patient beds are used for those for whom other interventions have been unsuccessful. The other main use of admission will be where community treatment for a primary alcohol problem is not safe or appropriate. Close co-working between the community, day and hospital elements of the Alcohol Service is essential to provide continuity of care and treatment for clients

A priority will be to reduce the number of admissions to general and psychiatric hospitals through better community interventions and faster access to specialist beds. However, those whose health problems require the facilities of a general hospital should continue to have rapid access to the facility, as should those whose needs are for general psychiatric assessment and treatment

4.4 Residential Rehabilitation

Access to these services will be through assessment by the Community Alcohol Service. A co-ordinated approach between the rehabilitation facility (which may be outwith Tayside) and local services is essential

4.5 Carers and Families

Community Alcohol Services will frequently be helping people affected by someone else's drinking as part of marital or family therapy. There should also be provision for carers and families (including children) of problem drinkers independent of services for the drinker themselves

OTHER SERVICES

Accommodation

- 5.1 A co-ordinated plan to meet the accommodation needs of people with alcohol problems is required. This will involve joint work between social work, housing, health and voluntary agencies.

Criminal Justice Services

- 6.1 Criminal Justice Services should pursue funding for the development of a Tayside Diversion from Prosecution Scheme and an Arrest Referral Scheme.
- 6.2 Services for women offenders should be developed

Services for under **16s**

- 7.1 Since alcohol misuse becomes persistent in some individuals by the age of 12 there is a need for close co-operation between specialist alcohol services, paediatricians and the adolescent psychiatric services

Severe Mental Illness and Alcohol Misuse

- 8.1 Alcohol Services and Mental Health Services should work together to provide appropriate services for people with severe mental illness whose alcohol use is problematic.

Appendix 2

Area Wide Review Of Drug Services in Tayside

Recommendations

2 **Recommendations** (figures in brackets refer to sections in the report)

- 2.1 There should be a focus for joint planning through the joint community care plans and the three Drug Action Teams. (6.9)
- 2.2 A pilot proposal for the Collation of Unmet Need (COUNT) needs to be given serious consideration. (6.9)
- 2.3 Careful consideration must be given by those who plan and deliver specialist drug services to ensure that their services are fully accessible and appropriate for all drug users including women, young people, black and ethnic minorities and those living in rural areas. (6.10) Ways should be found to canvass the opinions of young drug users and others not yet involved in treatment. (6.10.4)
- 2.4 The establishment of service user consultation groups attached to each of the three Drug Forums in Tayside should be encouraged. (6.10.1)
- 2.5 A service user consultation strategy and carers consultation strategy should be established for Tayside, appropriate to each locality. These strategies should be designed to encourage meaningful and innovative ways of ensuring that users' and carers views are heard. This would be consistent with work currently being undertaken by the Tayside wide group Partnership Framework for Effective Public Involvement. The Scottish Drugs Forum is ideally placed to take the lead with both of these strategies. It is recommended they be assisted in this work by the local drug forums. (6.10)
- 2.6 Consumer feedback must be made a contractual requirement in the future planning, commissioning and ongoing review of services. (6.10.1)
- 2.7 Services need to be co-ordinated to ensure a shared care approach to address the needs of clients who have drug misuse problems, and those who are also raising children. (6.10.4)
- 2.8 The concept of locally based integrated health and social work teams should be adopted in order to provide a seamless service. Different models of community teams should be piloted based on evidence-based practice. The Tayside Alcohol & Drug Alliance should address this recommendation as a matter of urgency within their annual corporate plan. (6.9.7)

- 2.9 The appropriateness of integrating alcohol and drug services provided by health and social work should be investigated. This is in line with the recommendation in the Review of Alcohol Services. (6.9.7)
- 2.10 Models of co-ordinated working should be explored including the development of protocols to ensure an integrated service between mental health and drug services. (6.10.3)
- 2.11 There should be a dedicated comprehensive service for young people under 18 years old, providing a holistic approach and located preferably within youth services. This should include prevention programmes; information and counselling; support for parents; as well as more specialised and intensive forms of intervention for young people with complex needs. Specialist drug

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services for young people should also provide information and support to parents and carers. (6.10.4)

- 2.12 Aftercare services such as structured day services, which address issues such as leisure activities, employment training, benefit advice and relapse prevention should be developed. (6.10.6)
- 2.13 Specialist schemes such as diversion and arrest referral schemes, and services for people on deferred sentence should be developed. These schemes would assist offenders to find alternatives to drug use and divert them from the criminal justice system. (6.10.6)
- 2.14 Where offenders are referred to drug services as a condition of probation, a contract should be established between the probation officer, the drug worker and the offender to ensure joint work and good communication between all three parties (similar procedures should be established with childcare services) (6.10.6)
- 2.15 Where shared care is an option a system should be in place to ensure coordination, avoiding duplication of effort. (6.9.6) The role of GP Facilitator should be extended to develop shared care involving General Practitioners and all appropriate agencies. (6.10.7) Increased co-ordination is required so that a uniform message is given to the service provider. (6.10.8)

- 2.16 Increased efforts should be made to facilitate good communication between the prescriber and pharmacist. (6.10.8)
- 2.17 Increasing attention should be given to the maintenance and drug reduction programme in Tayside. (6.10.8)
- 2.18 A discrete counselling service, which offers minimal intervention, should be addressed by Tayside Health Board and the Local Authorities within the voluntary sector contractual process. (6.9.3)
- 2.19 The current contracts with the voluntary sector providers be reviewed to ensure effective services are delivered by voluntary agencies which are consistent with an agreed overall strategy. There should be joint service agreements where both the Social Work Departments and Tayside Health Board commission services (6.9.3) (6.9.9)
- 2.20 An information strategy should be developed; this should include the development of an information pack on drug services which includes the different treatment options and outlines the interactions between prescribed medication and illicit drugs. (6.10.3) (6.10.5) 6.10.6)
- 2.21 Principles of confidentiality should be developed across all drug agencies. (6.9.4)
- 2.22 Multi-agency co-ordination and agreed policies, guidelines and protocols for working with young people under 18 years old should be developed. (6.10.4)
- 2.23 The work of the Scottish Drugs Forum in Tayside should continue to be refocused to complement strategic aims, and with others address gaps in service provision. This remit will be monitored and reviewed to ensure best value. (6.9.3)

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- 2.24 A training strategy for drugs and alcohol should be developed within each local authority area. It is proposed training should be planned and delivered on a multi-disciplinary and multi-agency basis, and include issues relating to confidentiality in order that there is a shared understanding of this concept. Training strategies should include:

- ~ Training in childcare/criminal justice issues for staff who work in drug agencies. (6.10.4) (6.10.6)
 - ~ Training in drug awareness issues for staff who work in childcare/criminal justice services. (6.10.4) (6.10.6)
 - ~ Appropriate training, which is adequately resourced, should be offered to general practitioners. (6.10.7)
 - ~ Multi-disciplinary training and re-training involving all agencies in drug services should be undertaken on a regular basis. This should include general multi-professional awareness training, and professions specific training, to allow identified workers to undertake specific roles in specialist teams. (6.10)
- 2.25 Training resources should be made available to enable service users to acquire the skills to participate in service planning. (6.10.1)
- 2.26 Protocols should be developed to encourage joint working practices between drug services and childcare services, and between drug services and the criminal justice service. These protocols should include agreed principles of confidentiality and should be supported by joint training and work shadowing. (6.10.4) (6.10.6)
- 2.27 Research should be carried out to establish the most appropriate model of crisis service, which will meet the needs of both the service users, their carers and professional staff. (6.9.2)
- 2.28 A feasibility study should be undertaken to ascertain the viability of a Tayside based residential detoxification and rehabilitation unit. (6.10.1) 6.10.6)
- 2.29 Research should be undertaken to explore the relationship between offending and drug use, as it cannot be assumed that drugs are the root cause of crime. (6.10.6)
- 2.30 Monitoring and Evaluation – local evaluation tools should be developed, taking cognisance of the current work undertaken by Glasgow University, to produce performance indicators and outcome measures. (6.9.9)
- 2.31 Commissioners of services should ensure that agencies develop systems to record both formal and informal complaints. This information should then be fed into the appropriate monitoring process. (6.9.5)
- 2.32 In order to ensure accountability, agencies must keep clear and meaningful activity data to inform funders and comply with ISD requirements. (6.9.9)
- 2.33 Drug education programmes should be formally evaluated. (6.10.5)
- 2.34 Local shared care monitoring groups should be established. These should report to the appropriate Drug Action Team. The group should monitor the

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delivery and effectiveness of shared care provision within each locality.
(6.10.7)