

EMBARGOED UNTIL DATE OF MEETING

<b>Meeting:</b>	<b>Divisional Management Team (06)</b>
<b>Date:</b>	<b>Thursday, 1st September 2005</b>
<b>Paper No:</b>	<b>2005/059</b>
<b>Subject:</b>	<b>Addictions Service Performance Report</b>
<b>Presented by:</b>	<b>Joint General Manager, Addictions</b>
<b>Contact for further information:</b>	<b>Iona Colvin 0141 276 6645</b>

## ITEM No. 5

<b>Publication:</b>	<b>The content of this Paper may be published following the meeting.</b>
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**Recommendations:** The meeting is asked to:-

- 1. Note the contents of this report.**
- 2. Instruct the Joint General Manager, Addictions to provide a further annual report in 2006.**
- 3. Receive a further report from the Joint General Manager, Addictions outlining proposals for investment of new finding identified at paragraph 11.6.**

### **1. Purpose of Report**

- 1.1 To advise the Divisional Management Team of the annual performance framework for Addiction Services in Glasgow.**

### **2. Background**

- 2.1 This is the first annual performance report of integrated Addiction Services within Glasgow. The development of this performance framework takes place against a background of a very significant change agenda.**
- 2.2 This report will highlight the work of our partnership last year and set out our key objectives for next year against a background of continuing the integration of our staff and services. The report is attached at Appendix 1.**

### **3. Glasgow Addiction Service Partnership**

- 3.1 The primary objective of the Addiction Service Partnership is to ensure the establishment of a managed system of care for people with alcohol and drug problems and their families within Glasgow. This system ensures that services are delivered in an equitable manner across the City and targets those areas that are most directly affected by drug and alcohol misuse. The managed system of care also provides individuals and their families with recognised access points to the service, with care planning and care management throughout their treatment and offers appropriate rehabilitation opportunities linked to longer term training and employment in social reintegration opportunities.
- 3.2 The Addiction Service Partnership is responsible for the delivery of all directly provided NHS and City Council Addiction Services including, specialist in-patient services, day hospital services, out-patient services, methadone programme services and community addiction teams. The commissioning and contract management of all addiction services purchased by Glasgow City Council and the Greater Glasgow NHS Board also falls within the remit of the Addictions Partnership. This includes residential services, the Drug Crisis Centre, community rehabilitation services, community support and carer's services.
- 3.3 Among our key achievements for 04/05 has been the appointment of an integrated single management team across our service, providing leadership and management to the range of social care, nursing, medical, pharmacy, allied health professionals and administrative staff within our service. This includes senior management posts for community and secondary services, professional lead posts and single operational manager posts within each Community Addiction Team.
- 3.4 The integration of management resources and the aligning of budgets and staff has allowed us to better develop services which are directly accessible to the public, so increasing the range of direct service provision in communities, reducing waiting times and barriers for health services and increasing capacity across the services. All services can be directly accessed through Community Addiction Teams, which now have a range of social care, nursing and medical staff and associated range of interventions available.
- 3.5 This allows us to begin to focus resources on areas where they are most required, for example, targeting those on methadone prescribing, offering further support and rehabilitation opportunities and encouraging people into training, education, employment and wider social reintegration initiatives.

#### **4. Population served and needs analysis**

- 4.1 Glasgow faces a significant challenge in responding to the needs of those individuals and families that are affected by drug and alcohol misuse in the City. The most recent estimate of the number of problematic drug users in Glasgow City is between 10,719 and 11,830. This estimate equates to 22% of the estimate for the whole of Scotland. The prevalence for problematic drug use in Glasgow City is estimated at 3.3% of the adult (age 15-54) population. This is the highest prevalence estimate for any Council area in Scotland. Within Glasgow City there are also high levels of drug misuses

involved in drug injecting, use of opiates and benzodiazepines and hepatitis C infection.

- 4.2 Latest information available for alcohol related admissions to hospitals (2000) showed that in Glasgow there were 6,249 admissions within Glasgow – this is more than twice the level for the rest of Scotland. In addition to this, there were between 4,500 – 4,900 individuals with chronic alcohol problems seen by their GP in Glasgow each month in 2000.
- 4.3 There are clear links between the prevalence of drug misuse and alcohol related admissions and deprivation and homelessness. People who live in the most disadvantaged parts of Greater Glasgow are more than 30 times likely to be admitted to hospital for drug misuse emergencies than those in the most affluent areas. This increases to more than 200 times higher in the worst affected areas than the least.
- 4.4 Further work is underway to identify the extent and nature of the impact of drug and alcohol misuse on children. However, it is likely that this work will show that drug and alcohol misuse are significant factors in relation to breakdown of child care arrangements and exacerbating difficulties for families in the areas of highest needs within the City.

## **5. Service Activity**

- 5.1 The report outlines and describes the services provided through the Addictions Partnership, demonstrates how these services deliver for individuals and families through case studies and provides information on service activity.
- 5.2 The report includes key information on the work of community based services provided by the Addiction Services and purchased from the independent sector.

These services include:

- Community Addiction Teams
    - Adults including methadone programme
    - Young People
    - Family Support
  - Drug Court
  - Arrest and Referral pilot
  - Community Rehabilitation Services
  - Community Alcohol Support Services
- 5.3 The report includes key information on the work of secondary services provided by Glasgow Addiction service and residential services purchased from the independent sector. These services include:
    - NHS Services
      - In-Patient
      - Partial Hospitalisation
      - COMETT
      - Psychology
      - Occupational Therapy

- New Initiatives – bridging hospital and community
    - Hepatitis C
    - Acute Hospital Liaison
  - Purchased Services
    - Drug Crisis Centre
    - Residential Services
    - New developments in 05/06
- 5.4 Developments within medical, nursing and pharmacy services are also described in the report.

## 6. Key Achievements 04/05 (to be amended following completion of performance report)

### 6.1 The Performance Report identifies some of the key achievements of Glasgow Addiction Services within 2004/2005. These included:

- establishment of Single Integrated management team for Glasgow Addiction Services.
- the establishment of all 9 Community Addiction Teams under single management arrangements, with all staff trained in the use of single shared assessment.
- 7,642 adults accessed treatment, care and support through Community Addiction Teams. This is a 44% increase on 2003/04 figure. In addition to this a further 1,011 young people accessed the services.
- 81% of new service users were seen within 21 days. This compares to a national average of 42%.
- of the 7,528 people within the methadone programme, 5,532 are now being supported by CATs or other specialist services such as the Drug Court. This is an increase of over 2,000 people from the previous years' figure.
- 1,239 people were provided pre-employment, training, education or employment opportunities.
- a new 15 bedded in-patient and partial hospitalisation service for North and East Glasgow, Eriskay House was established at Stobhill Hospital.
- a new Arrest and Referral service was established in partnership with Strathclyde Police in the East End of Glasgow with 354 people taking up the offer of service.
- 2 new residential services were tendered and awarded to the independent sector alongside 4 new community rehabilitation services and 2 community alcohol support services.
- Archala residential service for young people with drug and alcohol related problems was established and became operational.
- 2nd Generation Care – respite service for grandparents established.

## 7. Challenges for Addiction Services

- 7.1 This year, we have succeeded in developing services that are more easily accessible for the public, providing a wider range of interventions in communities. We have seen a significant growth in numbers of individuals and families accessing our services.

- 7.2 The challenge for the coming year is to consolidate this growth maintaining the balance between alcohol and drug services and ensuring efficient and effective care pathways between community and secondary services.
- 7.3 We need to adapt our services to meet the needs of our service users including adults and young people, children and carers from across Glasgow's communities.
- 7.4 We want to maintain the balance of provision between the methadone programme and other services and increase the level of support to those in the programme, targeting more individuals into further rehabilitation and training and employment opportunities.
- 7.5 We want to further develop our secondary services to meet the needs of those with most complex difficulties including, ARBD, co-existent mental health problems, complex addiction issues and rebalancing service provision between alcohol and drugs.
- 7.6 We aim to achieve all of this within a framework of clear clinical and service standards, ensuring a safe, holistic approach to treatment, care, rehabilitation and support.
- 7.7 We will work with our staff to ensure their continuous professional development, so improving the overall effectiveness of the service.
- 7.8 We see the next year as an opportunity to continue our partnership with the independent sector to develop a flexible range of services within our systematic approach to care.

8. In line with these aims we have identified targets and objectives for 2005/06.

<b>Targets 2005/06</b>		<b>2005/06 Target set</b>
<b>Increase the number of people being supported by Community Addiction Teams (CATs) (Corporate Action Plan)</b>	Adults	<b>8,842</b>
	Young People	<b>1,200</b>
<b>Maintain the number of people on the methadone programme at present levels</b>	Total number of individuals on the scheme	<b>7,600</b>
<b>Increase the number of individuals being supported by CATs and specialist services</b>	Total individuals being supported on the methadone scheme	<b>6,500</b>
<b>Increase the percentage of people being prescribed and supported by CATs (I.e. includes medical service)</b>	Total Individuals being prescribed and supported	<b>2,400</b>
<b>Increase the number of individuals entering employment/education/training</b>	Total number of individuals	<b>1,600</b>
<b>Increase the take-up of residential and community based rehabilitation places</b>	Residential	<b>450</b>
	Non-residential	<b>1,200</b>
<b>Implement the shared assessment framework (JPIAF 6 (PI 1))</b>	No of individuals completed assessments	<b>1,200</b>
<b>Reduce the average waiting time between first contact and service start (JPIAF 6 (PI 2))</b>	Average waiting time between first contact and service start	<b>&lt;=7days</b>
<b>Increase by 5% per annum the proportion of clients with a care manager</b>	% of clients with a care manager	<b>70%</b>
<b>Establish and assess the waiting time between referral from CAT to assessment and service provision in secondary services.</b>	Average waiting time between referral and a service over year	<b>establish baseline</b>
<b>Reduce the average length of contact where appropriate with secondary services, in-patient and partial hospitalisation through appropriate use of CAT services.</b>	Average length of contact across in-patient, partial hospitalisation and out-patients	<b>establish baseline</b>
<b>Increase provided secondary service input to drug</b>	Number of individuals	<b>establish</b>

- 9. Further Key Objectives for Our Service over the Next Year include those, which are targeted at assuring the quality, safety and effectiveness of service provision. These include (but not exclusively)**
- 9.1 Improving service effectiveness through Clinical Governance and Service Audit**
- Continuing development of Single Shared Assessment and Care Management across the service
  - Continue to develop risk assessment, critical incident processes, evidence based practice
  - Implementing nursing strategies and standards
  - Developing new clinical interventions e.g. non-prescribing prescribing
  - Developing shared recording systems
  - Medicines management across provided and purchased services
  - Professional supervision standards
- 9.2 Ensuring our staff are equipped and supported through Staff Governance**
- Develop and implement Continuous Professional Development Framework for all staff
  - Implement pay modernisation initiatives
  - Implement Communication Plan
- 9.3 Implementing New Service Initiatives in 05/06 to improve access to services and range of provision**
- Establish Hepatitis C pilot service
  - Evaluate Arrest and Referral pilot service
  - Establish Acute Liaison Service
  - Ensure two new residential units established and operational
- 9.4 Review and Redesigning existing services and commissioning new services to meet needs**
- Complete review of medical staffing
  - Complete specifications for ARBD, Co-morbidity, in-patient and Occupational Therapy services
  - Complete commissioning programme for Community Alcohol Support Service, ARBD services
  - Develop Out of Hours provision
- 10. Our Staff**

- 10.1 The Addictions Partnership currently employs 576 (563 WTE) staff working across the service. 423 staff work primarily within community services, 88 within secondary services and 33 within the management and centre team. The staff group includes:
- 199 social care staff
  - 207 nursing staff
  - 39 medical staff (26 WTE)
  - 11 AHP staff
  - 3 pharmacy staff
  - 76 administration and clerical staff
- 10.2 Within Addiction Services we have been involved in implementing a number of pay and service modernisation initiatives. These have included:
- Agenda for Change – all health staff excluding medical staff:
  - Social Work Services Staffing Review
  - National Consultants Contract
- 10.3 In the next year we will develop our Knowledge and Skills and Continuous Professional Development Frameworks across all Addiction jobs and professions.
- 10.4 We are also developing our joint training plan to reflect the requirements of the service and the commitments to our staff. The Training Plan will be wide ranging including, for example, training for all staff in relation to child protection and for the new mental health act as well as providing opportunities for all our staff to progress to baseline and further professional qualifications.

## 11. Finance

- 11.1 Glasgow Addiction Services Partnership operates within the joint financial framework with aligned Health and Social Work budgets in place. In 2004/2005 this included:
- **Health** - £16.461 m
  - **Social Work** - £16.2 m
- TOTAL = £32.6 m**
- 11.2 Significant progress has been made in bringing the finances into line with the revised management structure with good communication between Social Work and Health finance departments.
- 11.3 The Service operated within funding/budget constraints and has underspent within both Social Work and Health. The main reasons for coming under budget have been related to slippage and vacancies during the period of transition and also due to the extended negotiations in respect of the methadone shared care scheme. With the filling of the vacancies and the full roll out of the developments, we expect to move to full expenditure.
- 11.4 Of the total budget of £32.6 m, 59% is allocated from mainstream health and social work budgets. One of the issues regularly raised with the Scottish

Executive by partner agencies has been the discrepancy between need in Glasgow (22% national total) and resource allocation (11-18%).

- 11.5 In Glasgow we now estimate that we are providing services to around 50% of those experiencing service difficulties with their drug misuse. We are unable to provide estimates in relation to alcohol misuse as we have no reliable prevalence information.

We would wish to increase the numbers of drug service users to around 60% of our prevalence estimate but require to balance this alongside delivering services to people with alcohol problems.

- 11.6 In June 2006, the Scottish Executive announced additional funding for treatment and care for drug misuse and tackling alcohol problems. Proposals are being developed to invest this funding into Community Addiction Teams and Secondary Services. These proposals will reflect the priorities outlined in this Performance report.

## 1. Introduction to Glasgow Addiction Service

### 1.1 Background

1.2 This is the first annual performance report of integrated Addiction Services within Glasgow. The development of this performance framework takes place against a background of a very significant change agenda.

1.3 The establishment of Glasgow Addiction Services Partnership followed on from a number of significant service reviews previously reported to Committee and the Health Board. These included:

- review of Social Work Addiction Services (2000)
- joint review of the methadone programme (2002)
- joint review of Glasgow Drug Crisis Centre (2001)
- joint review of all purchased addiction services (2003)
- review of all carers services (2003)
- review of in-patient and partial hospitalisation services (2004)

1.4 All of these reviews have been conducted with a view to ensuring services are fit for future delivery, taking into account the needs identified within the City and the available effectiveness research. The overarching principles have been to ensure that a range of services is delivered across the City incorporating evidence based practice approaches.

1.5 This report will highlight the work of our partnership last year and set out our key objectives for next year against a background of continuing the integration of our staff and services.

The report includes Local Improvement Targets (LITs) for Addiction Services, which are reported to the Scottish Executive as part of the Joint Performance Indicator Assessment Framework (JPIAF).

In addition to the JPIAF report, further reports are required in relation to the:

- Social Work Services Service Plan
- NHS Local Implementation Plan – including Clinical and Staff Governance
- Scottish Executive Corporate Action Plan for Alcohol and Drugs

This report amalgamates the information required across the different performance frameworks.

## 2. Glasgow Addiction Service Partnership

2.1 The new partnership brings together the services previously provided by Glasgow City Council within Social Work Services and the services previously provided by the Primary Care Division including the Alcohol and Drug Directorate and Glasgow Drug Problem Service. These services are being managed under a single partnership arrangement where staff continue to be employed by either employing Authority, but will work together to deliver services at a local level.

2.2 The primary objective of the Addiction Service Partnership is to ensure the establishment of a properly joined up system of care for people with alcohol

and drug problems and their families within Glasgow. This system ensures that services are delivered in an equitable manner across the City and targets those areas that are most directly affected by drug and alcohol misuse. This will also provide individuals and their families with recognised access points to the service, with care planning and care management throughout their treatment and offers appropriate rehabilitation opportunities linked to longer term training and employment in social reintegration opportunities.

- 2.3 The Addiction Service Partnership is responsible for the delivery of all directly provided NHS and City Council Addiction Services including, specialist in-patient services, day hospital services, out-patient services, methadone programme services and community addiction teams. The Partnership also contract manages services purchased by Glasgow City Council and the Greater Glasgow NHS Board. This includes residential services, the Drug Crisis Centre, community rehabilitation services, community support and carers services.
- 2.4 Among our key achievements for 04/05 have been the appointment of an integrated single management team across our service, providing leadership and management to the range of social care, nursing, medical, pharmacy, allied health professionals and administrative staff within our service. This includes senior management posts for community and secondary services, professional lead posts and single operational manager posts within each Community Addiction Team.

### **3. Why Integrate Services?**

- 3.1 The integration of management resources and the aligning of budgets and staff have allowed us to better develop services, which are directly accessible to the public. This increases the range of services in communities, reducing waiting times and barriers for health services and increasing capacity across all of the services. All services can be directly accessed through Community Addiction Teams, which now have a range of social care, nursing and medical staff and associated range of interventions available.
- 3.2 This allows us to begin to focus resources on areas where they are most required, for example, targeting those on methadone prescribing, offering further support and rehabilitation opportunities and encouraging people into training, education, employment and wider social reintegration initiatives.
- 3.3 Or for those who are most vulnerable, we have been able to target resources within the NHS – our first ever purpose built unit for inpatients- and complement this with provision through the independent sector for those who require longer term input e.g. the new residential service for homeless young people.

### **4. Population served and needs analysis**

- 4.1 Glasgow faces a significant challenge in responding to the needs of those individuals and families affected by drug and alcohol misuse in the City. There have been a number of studies looking at drug misuse prevalence within the City and the nature of drug related difficulties. These studies have been carried out by various agencies including the Centre for Drug Misuse

Research at Glasgow University, the Scottish Centre for Infection and Environmental Health (SCIEH) and Greater Glasgow NHS Health Board.

## 4.2 Drug Misuse

- The estimated number of problematic drug users within the city is between 10,719 – 11,830. This equates to 22% of the estimate for the whole of Scotland<sup>1</sup>.
- The prevalence of problematic drug misuse in Glasgow City is estimated at 3.3% of the adult (age 15-54) population, which is the highest prevalence estimate for any Council area in Scotland<sup>1</sup>.
- The national estimate of drug injectors infected with Hepatitis C is 10,000, which equates to 0.4% of the adult population in Scotland. The estimate for Glasgow is 4,456. This equates to 44% of the whole of the estimate for Scotland<sup>2</sup>.
- There are clear links between the prevalence of drug misuse and deprivation and homelessness. People who live in the most disadvantaged parts of Greater Glasgow are more than 30 times likely to be admitted to hospital for drug misuse emergencies than those in the most affluent areas. This increases to more than 200 times higher in the worst affected areas than the least.
- The Routes Out of Prostitution Partnership estimates there are currently around 1,500 women regularly involved in prostitution and over 90% of them are involved in drug misuse.
- Women drug users have reported significant levels of experience of abuse. 65% of female drug users in a recent study in Glasgow had experienced physical abuse, and 50% had experienced sexual abuse. 48% of the women had attempted suicide<sup>3</sup>.
- Work is underway to identify the extent and nature of the impact of drug and alcohol misuse on children. However, it is likely that this work will show that drug and alcohol misuse are significant factors in relation to breakdown of child care arrangements and exacerbating difficulties for families in the areas of highest needs within the City.
- Two thirds of 25-34 year old single people presenting as homeless have a drug problem. Around 50% of these young people are using heroin.
- Glasgow records a rate of 1,263 per 100,000 population for hospital admissions involving drug misuse. The Calton/Gallowgate area records the highest rate by far (10,543.4 per 100,000 population). This is over eight times the city average and almost twice the size of the second highest rate, 5,909.8 per 100,000 in Possil Park<sup>4</sup>.

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<sup>1</sup> Hay G, McKeganey N, Gannon M et al. Estimating the National and Local prevalence of Problem Drug Misuse in Scotland. Executive Report. January 2005.

<sup>2</sup> Hay G, McKeganey G, Hutchison S et al (2001) Estimating the national and Local Prevalence of Problem Drug Misuse in Scotland. University of Glasgow, Scottish Centre for Infection and Environmental Health and NHS Scotland.

<sup>3</sup> Gilchrist et al, Behaviour and Lifestyle Study of Women Using a Drop-In Centre for Female Sex Workers in Glasgow, Scotland: A 10 Year Comparative Study. *Addiction Research and Theory* 2001 Vol 9; part 1, pp 43-58, Harwood Academic Publishers 1606-6359

<sup>4</sup> Glasgow City JCCP Annual Review 2005/06. Document 1.

### 4.3 Alcohol Misuse

- In 2003/04, there were 308 deaths in the city of Glasgow where alcohol was the underlying cause of death<sup>5</sup>. This accounts for almost 23% of the total figure for Scotland.
- The Larkfield area of Govanhill (South) records the highest rate of hospital admissions for alcohol misuse in Glasgow (3,979.5 per 100,000), followed by Bridgeton in East (3,575.8 per 100,000). Both have rates some twelve times higher than the city average (309.5 per 100,000). However, North records the highest average rate for a service area at 559.9 per 100,000, its worst neighbourhood for hospital admissions being Possil Park (1866.3 per 100,000)<sup>6</sup>.
- In addition to this, there were 6,791 discharges from Glasgow hospitals where alcohol-related problems are recorded as either primary or secondary reasons for admission to hospital. The highest discharge rates from hospital for alcohol related issues are for individuals aged 45-64.
- A high correlation between homelessness and alcohol problems also exists with particular issues around homeless people aged 55+, many of whom are hostel dwellers.

## 5. Community Services

5.1 This section of our report will cover the work of:

- Community Addiction Teams
  - Adults including methadone programme
  - Young People
  - Family Support
- Drug Court
- Arrest and Referral pilot
- Community Rehabilitation Services
- Community Alcohol Support Services

## 6. What are Community Addiction Teams?

6.1 Community Addiction Teams (CATs) are joint nursing, medical and social care teams, which have been developing throughout 2004/05 across Glasgow. In total there are nine CATs in the city. In addition Glasgow Addiction Services has responsibility with the Homeless Partnership for the Homeless Addiction Team, which has specific role to work with homeless people with drug and alcohol problems.

### 6.2 What do they do?

CATs have been set up to:

- Provide direct access to treatment and care for individuals with alcohol and drug problems across the city. This means that all Community Addiction Teams have direct access to the public. They have been designed as joint teams to ensure that individuals with alcohol and drug

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<sup>5</sup> ISD Scotland (General Registrar, Scotland : Death Registrations). 02 February 2005. Ref : Alcohol/20050202

problems have quick and easy access to the kinds of treatment and care which will help them address alcohol and drug problems.

CAT staff work with service users to

- Identify the main problems being caused by alcohol and drugs, including the problems that an individual's alcohol and drug use causes to family, friends and the community as a whole
- Agree treatment and care, which will best help to address these difficulties. We have placed increased emphasis this year in ensuring that individual service users are fully involved in their treatment and care plans because we recognise that the more people can direct, have control and a major say in their care, the more likely it is that treatment and care will be successful.

6.3 The kind of treatment and care services that we provide through our Community Addiction teams are;

- advice and support to help individuals understand more about the problems they encounter with alcohol and drugs, the effect that alcohol and drugs have on their health, well being, safety and the impact on families, including children.
- Help to withdraw and detoxify from alcohol and drugs, sometimes at home with support from their GP and our nursing and social care staff and sometimes within arranged residential rehabilitation programmes (see our section on residential rehabilitation), or by arranging admission to hospital.
- In 2005/05 we have made increasing use of our new community based rehabilitation services to ensure that individuals seeking to detoxify from alcohol or drugs can have access to structured day care to support them during this critical period. In 2005/06 we will add further to this support for individuals with alcohol problems by establishing new Community Alcohol Support Teams.
- Help to stabilise drug use, particularly heroin use by helping people access the methadone programme. This allows individuals to reduce their dependency on street drugs, reduce injecting, improve their physical and mental health and reduce their involvement in criminal and anti-social behavior.
- Help people deal with problems, which may have been caused by their alcohol and drug use such as unemployment, homelessness and housing problems, debt, emotional and psychological problems and difficulties in caring for their children. Many of these difficulties, if not tackled alongside someone's alcohol or drug use will reduce the effectiveness of treatment and care and become major obstacles in helping individual service users to make progress.

### **A case study in joint work and integrated intervention – Sean**

Sean is in his 30's and was referred to his local Community Addiction Team by his GP requesting help for cocaine and amphetamine use.

Sean had lost his job due to his inability to cope with maintaining his drug use and the effects on his own behaviour. Sean initially had contact with social care staff at the CAT but after a discussion it became clear that the combined skills, expertise and efforts of both nursing and social care staff would be required to help Sean.

When Sean contacted the CAT he was four days drug free but reported feeling extremely 'anxious, depressed, confused and paranoid'. He stated that he had experienced hallucinations, both visual and auditory and would hear voices talking about him, and felt that 'people' were following him. His behaviour and responses were coming increasingly aggressive. He brought his sister to his first appointment for support.

On contacting the CAT Sean had high blood pressure, chest pains, tingling in both arms and fingers, increased sweating, redness in the face and has lost a great deal of weight (approximately two stones).

CAT staff made immediate referrals to his GP and to Addiction Psychiatry and a treatment plan agreed with Sean that included reducing dosages of anti-psychotic medication. Sean had support twice weekly from the Community Addiction Team staff and over the course of 10 weeks his mental health had improved greatly and he grew in confidence. He was also able to resume part time employment, re-establish contact with his ex-partner and five year old son, to the extent that he was looking after son on his days off. Sean also dealt with his outstanding court charges, which had been accrued as a result of this drug use.

There is no doubt that Sean benefited from early intervention of both Social Care and Health Staff within CAT's, the co-ordinated approach involving his GP and specialists from Addiction Psychiatry within one overall care plan.

The names and some events in these case studies have been changed to ensure anonymity

## **7. Our performance in Community Addiction Teams**

7.1 In 2004/05 we set the following targets for ourselves and said we would achieve:

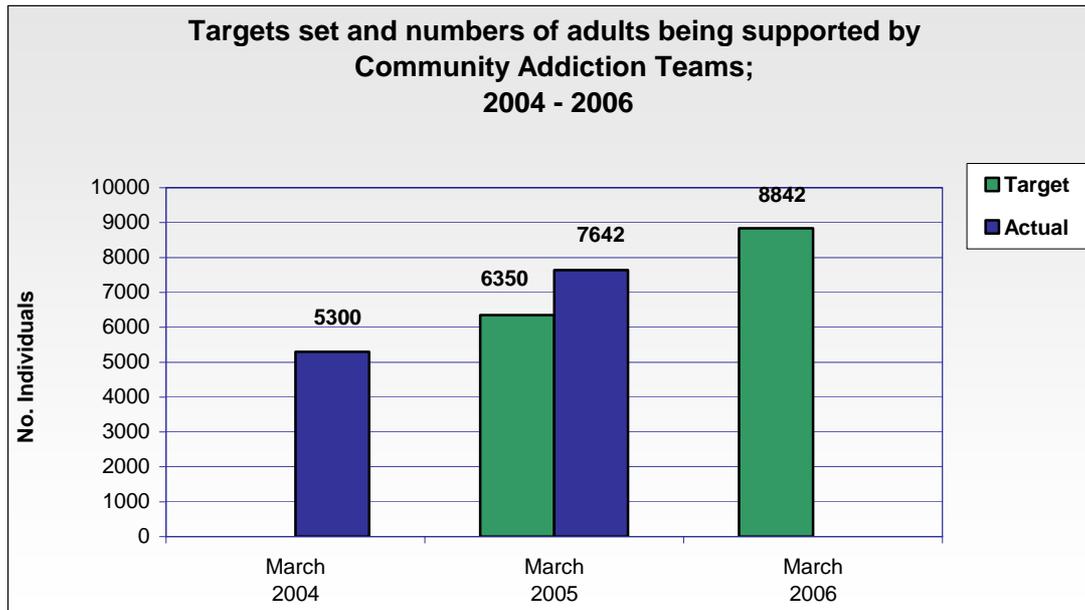
- The development of 9 co-located Community Addiction Teams across Glasgow City
- An increase the number of people benefiting from an addiction services via CAT's from 5,300 to 6,350
- An increase the number of young people who received support from addiction services from 860 to 1,200
- An increase the number of people who could benefit from the methadone programme to 7,500

- An increase the number of individuals who receive support and care from CAT staff in the GP methadone programme from 3,170 to 3,500
- A system to monitor our waiting times and reduce these over the course of the year
- Implement one common assessment format across all of our teams to reduce duplication and bureaucracy and train all of our staff on its use
- Increase the number of individuals who were able to access training, employment and education as part of their care plan and to help sustain social inclusion from 539 in 2003/04 to 925 in 2004/05.

## 8. How we measured up

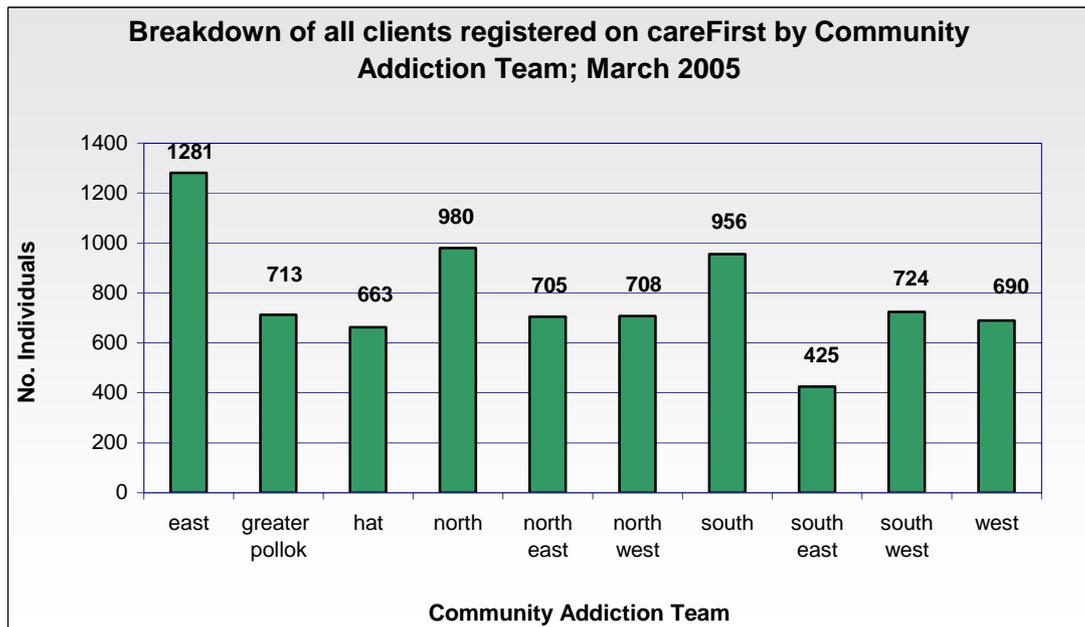
- 8.1 By March 2005 we have 7 teams, which are, now fully co-located, all nine teams are managed by our new joint NHS/GCC Community Addiction Managers, assisted by our Practice Team Leaders (3) and Nurse Team leaders (6). We therefore did not meet the target we set for ourselves last year.
- 8.2 The two teams who remain to be co-located are the North Community Addiction Team (covering Possil, Springburn and Royston) and the North West Community Addiction Team. Both teams have experienced delays in securing suitable accommodation and this has been particularly problematic in North Glasgow. However the existing accommodation of the North West CAT will be refurbished and expanded by June 2005 and the team will achieve full co-location.
- 8.3 We are actively seeking adequate accommodation for the North CAT. However local managers have ensured that the staff teams in each area are providing as far as possible integrated service delivery for service users and both teams have significantly increased access to services despite not having achieved co-location (see below).
- 8.4 **Increased access to services** - 2004/05 saw a dramatic increase in the numbers of adults who have been able to access our Community Addiction Teams. Our target was 6,350 and by 31 March the number of adults who were receiving a service from us was 7,642.

8.5



Source: careFirst, PIMs

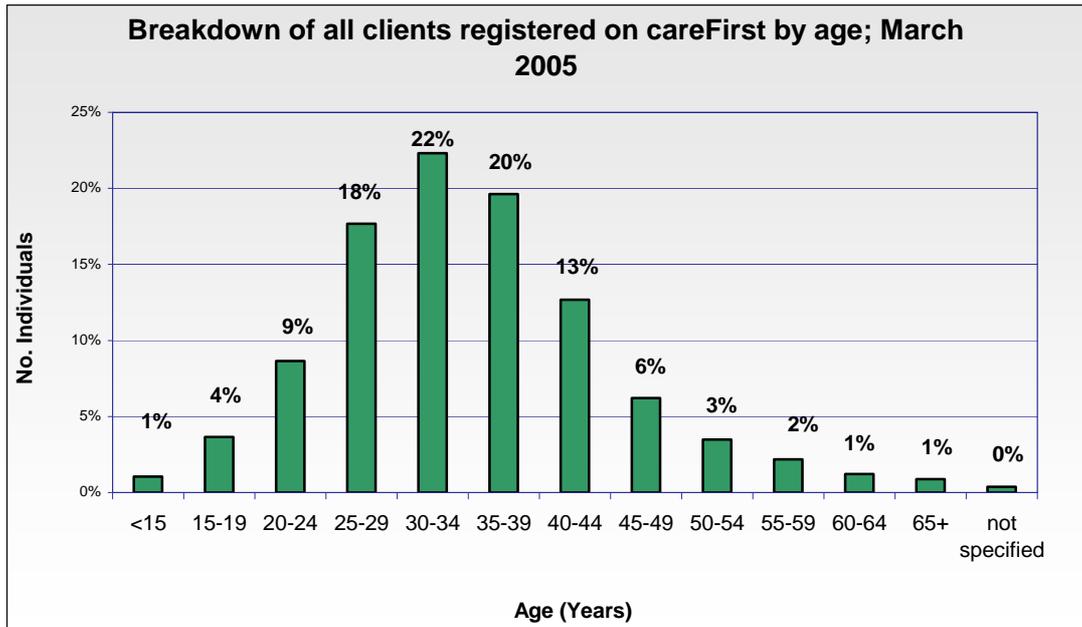
8.6 Breakdown of service users by team



Source: CareFirst

8.7 Age

The age breakdown of individuals attending Glasgow Addiction Services and registered on the careFirst information system can be seen from the graph below. From this it is evident that the majority of individuals in services are in the 30-34 years (22%, n=1,750), 35-39 years (20%, n=1,540) and 25-29 years (18%, n=1,387) age bands.



Source: careFirst

## 8.8 Gender

In 2004/05, the majority of clients attending Glasgow Addiction Services were male, accounting for 66% of the overall total. This is almost double the number of females attending the service over the same period. As part of the Equalities and Diversity a gender toolkit developed by the AAT/ DAT Gender Sub Group is being piloted in 5 services. These include both purchased and provided services.

## 9. Methadone Programme

9.1 In October 2002 Social Work Services Committee approved the findings of the joint review of the methadone programme in Glasgow. The key issue within the review was to ensure a balanced approach, ensuring the Individuals have access to a wide range of social services in addition to prescribing. This has been delivered this year through the continued collaboration between General Practitioners and the Addiction Services and the further development of shared care services by our Community Addiction Teams.

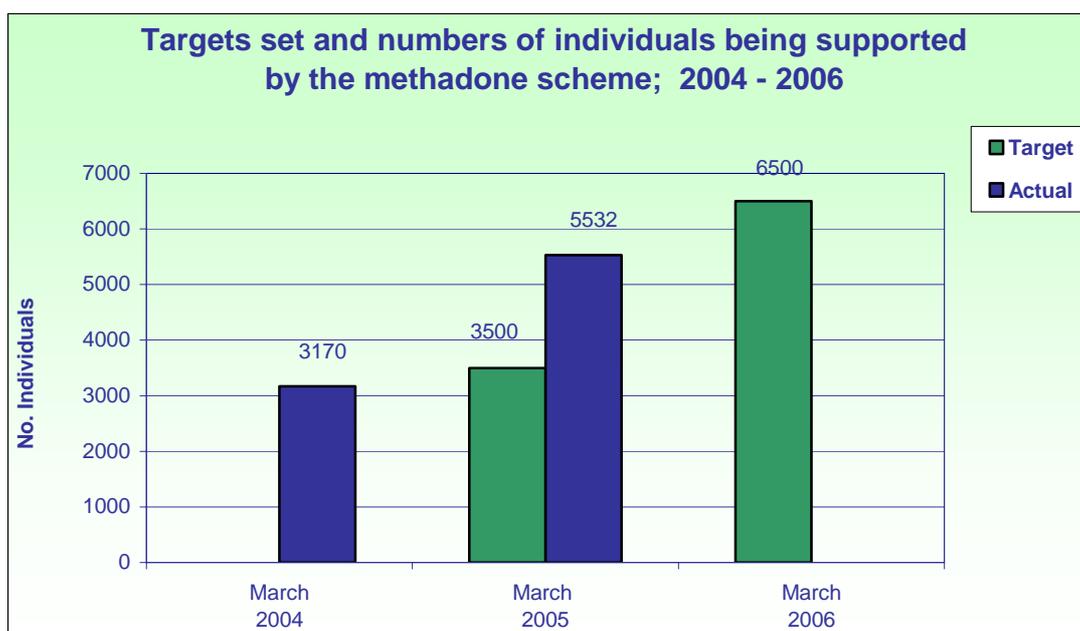
9.2 Within Glasgow we are acutely aware of the need to balance the growth of the methadone programme with the need to support those already on the programme as well as other non-substitute prescribing approaches. This year we exceeded our targets for both growth in access to the programme as well as the numbers who receive social care and rehabilitative support within it.

9.3 At present there are 7,528 individuals on the methadone scheme. This includes individuals within Glasgow City Council boundaries and within Greater Glasgow boundaries (for health only) and is an increase of 1203 from 2003/04. A breakdown of this figure can be seen from the table below. The target for next year is to stabilise the programme at 7,600.

Breakdown of total individuals on the Methadone programme	
GP shared care scheme:	4,698
CATs:	1,438
Specialist Services	828
Outwith GCC	564
<b>Total</b>	<b>7,528</b>

Source: PIMs, GP Shared Care Database (figures provisional as at 31<sup>st</sup> March 2005)

9.4 The emphasis has been on increasing the proportion of people on the programme who are supported in joint clinics with General Practitioners and within CATs and other specialist services (Drug court etc). In 2004/05 there were a total of 5,532 people being supported on the methadone scheme compared with 3,170 in 2003/04. Within this figure 1,438 individuals received their prescription service from CAT medical staff as well as support from other CATs staff, and 3,266 people were supported within the GP scheme in 2004/05. The target for next year for the combined CAT prescribing and support service has been set for 2,400 as well as increasing the numbers supported within the GP scheme to around 4,000.



Source: PIMs, GP Shared Care Database (figures provisional as at 31<sup>st</sup> March 2005)

## 10. Waiting Times for CATs

10.1 This is our first year of routinely recording waiting times for services from Community Addiction Teams. Across the year the average waiting time is 16.1 days, with 81% of all individuals able to access a service in less than 3 weeks compared with a national average of 42%. We are convinced that this performance relates this year to how we are recording under the new system rather than the real waiting times picture. Nonetheless Community Addiction Teams have been established to provide direct access to the public and we are setting exacting new targets for next year for all of our teams to meet.

<b>WAITING TIMES BETWEEN FIRST CONTACT AND FIRST SERVICE START (JPIAF6 PI 2)</b>		
	March 04/05	March 05/06
	Actual	Target
Average waiting time between first contact and first service start (CATs) <sup>1, 2</sup>	16.1 days	<=7days
% of new contacts seen within 21days (CATs) <sup>1, 2, 3</sup>	81%	85%
% of new contacts seen within 21days (SCOTLAND figure) <sup>2, 3</sup>	42%	N/A

**Source:** National Waiting Times Information Framework

Notes

1. Local information given in relation to frontline services including, Community Addiction Teams, Homeless Addiction Team and Glasgow Drug Crisis centre only and has been extracted from National Waiting Times Framework data. Figures from two community addiction teams were not available

2. All data is as at 31<sup>st</sup> December 2004. (Latest data available).

3. Taken from National Waiting Times Information Framework Report, October - December 2004.

## 11. A common assessment

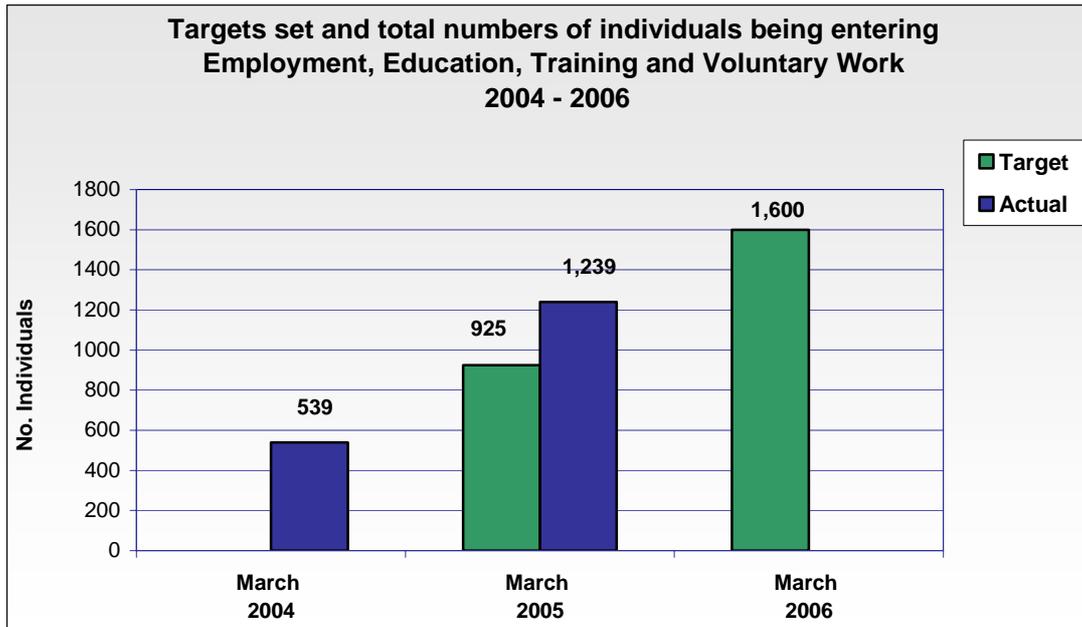
11.1 In 2004/05 we fully implemented our single shared assessment. For the first time in Glasgow all addiction professionals work within one common framework for identifying need and planning and reviewing care. There were just under 1,500 assessments being conducted across the year of which:

- 1,141 newly generated assessments in 2004/05
- 383 assessments were completed in this period. (JPIAF6 PI1)

11.2 We trained 350 staff in the use of the new framework and in 2005/06 every service user within CATs will be supported using this approach. We are continuing to work on the technology, which will make this job easier for all of our staff.

## 12. Employment Education and Training

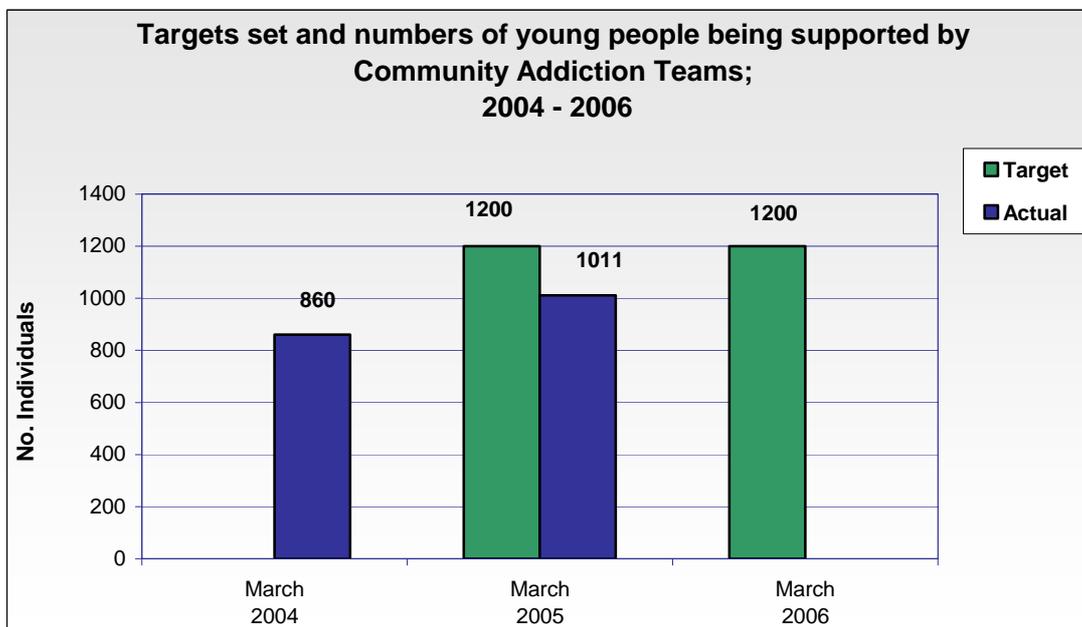
12.1 Getting people back to work, into educational opportunities or training is now at the core of what Glasgow Addiction Services do. We set a target of 1000 individuals with alcohol and drug problems into such opportunities in 2004/05. We exceeded this target and 1,239 individuals were referred into employment, education, training and voluntary work. This is an increase from the previous year of 25%. The target for next year has been set at 1,600, a further expected increase of 29%.



Source: CAT Caseload assessment/ Progress2Work/Community Rehabilitation establishments

### 13. Young People

13.1 **Young people accessing support** – this year we have increased the numbers of young people who receive support from our services by 151. At 31 March 1011 young people had received a service from the Community Addiction Teams. Our target was 1200, which we narrowly failed to meet.



Source: Youth Monitoring Return System

**Case Study – Youth Addiction Services**

Sharon is 17 and self referred to her local Community Addiction Team with concerns that her use of illicit drugs was out of control.

Sharon was initially very anxious. She continually moved around in her seat, played with her hands and constantly questioned her purpose in attending the session. She gave limited eye contact and spoke at a frantic pace. Sharon advised that she has been using illicit drugs for 3 years and whilst for the majority of this time she did not consider her drug use to be problematic in the last 6/8 months she has come to believe that she cannot get through the day without drugs. She consumed Cannabis and Diazepam daily and has recently smoked Heroin that was provided by a neighbour with whom she has become friendly since moving into her own tenancy. Previous to accessing her own accommodation she resided with her mother who she reports as having an alcohol problem.

Sharon is the mother of a young daughter to whom she is very committed. She has never been in employment and has difficulty in seeing that she will ever work, believing that she has no skills and therefore nothing to offer an employer. Her education was significantly disrupted both in primary and secondary school.

Her general practitioner has prescribed several types of anti depressants and referred her to psychiatric services but does not consider her sessions with her psychiatrist to have been of help. Sharon has feelings of insecurity, unworthiness and helplessness. Family and social supports were limited rendering her isolated.

It became apparent that the issue of drug misuse was significant and having an obvious effect on her ability to cope with daily tasks and responsibilities, she had shared physical limitations in “getting on with things” feeling lethargic and generally uninterested in life.

Weekly contact / support was established, consistency being key to progress. Youth Addiction staff worked with Sharon using a Cognitive Behavioural approach which facilitated structured counselling intervention. This allowed Sharon to gain further insight into herself, explore her motivation and potential areas of change that she could make in her life

Youth staff within the Addiction service took a ‘harm reduction’ and a psycho educational approach which helped Sharon learn and become more in control of her own decision-making. Staff were very flexible about where we saw Sharon and this was dependent on childcare provision. Accessing appropriate childcare therefore was prioritised resulting in a part time placement within a local nursery. Re-establishing extended family contact provided support to both Sharon and her child and subsequently reduced her isolation and increased her confidence.

Sharon’s GP has advised that she has been suffering from postnatal depression and she now receives appropriate treatment.

The names and some events in these case studies have been changed to ensure anonymity

**13.3 Our other achievements over the year in relation to Youth Addiction Services have been:-**

- Further developed of co-location opportunities across the city which has enhanced the accessibility of service to a range of young people
- We have developed a young person's assessment framework reflecting integrated children's assessment framework. Pilot to be undertaken summer 2005
- The introduction of different psycho-social interventions such as CBT groupwork and the introduction of family work, where appropriate

**13.4 The opening of Ar Caladh** - Has meant the establishment of 8 residential beds for young homeless people with intensive support needs in relation to drugs and/or alcohol with associated mental health issues including self-harm and/or previous history of abuse, the first of its kind in Scotland. This service is managed on our behalf by the Mungo Foundation

**13.5 The James Shields Project** has continued to be a successful resource and the service is now running at full operational capacity. With referral and assessment process fully implemented including developed links with care managers in Addiction and other services, this 16 bedded accommodation resource for homeless young people now has a range of intervention programmes fully developed, including comprehensive groupwork programme, individual support and alternative therapies. Quarriers deliver the service for us.

**13.6 Through the Lloyds TSB Partnership Drugs Initiative/Children's Change Fund** we helped develop the following new services:

- **CORA Foundation- Springboig St John's**, providing 3 areas of activity – treatment and care, information and advice service and a structured educational and preventative activity. This was a 2 year funded project, ending 04/05. The school has now mainlined this service to be long term and self-sustaining.
- **Who Cares? Scotland** -\_this project has utilised a number of research techniques to elicit and map the experiences of young people who are accommodated by Glasgow City Council and their utilisation of drug/alcohol support services, by way of shaping future service provision and delivery.
- **Youth Counselling Services Agency** -\_This project targets hard to reach young people aged 12-25 from black and minority ethnic communities who have been or are vulnerable to developing drug and alcohol problems, developing appropriate strategies for engaging with these young people, which is appropriate and culturally sensitive. This year we saw an increase in detached work sessions throughout target geographical areas. Recent implementation of group work programme with hard to reach group has demonstrated considerable promise.

## 14. Support to Children and their Families

### 14.1

#### **Case Study – helping families through integrated delivery**

Linda is 35 and was referred to her local CAT by a Children and Family Social Worker who was concerned about Linda's use of alcohol. Addiction and Children and Families staff carried out a joint home visit to assess Linda's needs and any potential risk to the 3 children in her care. Linda presented as sober although perhaps in the initial stages of withdrawal (shakes, sweaty etc). She had been drinking a bottle of Vodka 2-3 times per week although either her partner or the maternal Grandmother took care of the children so they were not at risk. However the house was cramped and unsuitable for 2 adults and 3 children. On joint assessment with nursing and social care staff the following happened:-

- An agreed plan of contact and Linda was seen twice a week by her addiction worker.
- Linda retained the care of her children with agreed support from her extended family
- Linda stabilised her alcohol use and her physical health improved as a result
- Linda was supported to apply for improved housing and began to re-pay rent arrears
- Linda took up bereavement counselling - loss and grief were seen as key drivers of her alcohol and drug use.

Children and Families Social Work staff review Linda's care and that of her children regularly with support from Nursing and Social Care staff within the Community Addiction Team. This is organised around a common care plan, agreed by all staff involved in the process and with Linda.

The names and some events in these case studies have been changed to ensure anonymity

14.2 Glasgow Addiction Services through the Community Addiction Teams and the Homeless Addiction Team provided support to 2,259 adults who have a parenting responsibility for children under 16. In total there were 3,844 children who were living in these family households. The main aim of the Addiction Service in relation to supporting children and their families is to ensure that adults can benefit from access to treatment and care which will allow them to continue to adequately care for their children.

14.3 Addiction Services work extremely closely with Children and Families' colleagues across Glasgow. In September 2004 an extensive audit of Children and Families and Addiction Services was completed. Current service delivery was measured against the recommendations of Hidden Harm and the framework of Getting Our Priorities Right. The key findings of this audit were: -

- Services were working to common thresholds with assessment of risk, information sharing and joint work between Addiction and Children and Families Services a regular feature of the overall approach to supporting and protection children.
- The common management information system between Addiction and Children and Families Services was a strength in ensuring that the information on children and their families was accessible by professionals involved in the care and protection process. This is particularly significant since many national reviews highlight a common information system as being a critical gap for some authorities.

- The co-location of Addiction and Children and Families Services has had a positive effect on joint working. This has been further improved by integration of Social Work and Health Services within Addiction which has led to a large increase in numbers of adults in contact with treatment and care services.
- Local teams were adding to the citywide joint training that Children and Families' staff and Addiction staff were attending by hosting their own local events which were often inclusive of health visitors and increasingly interagency in nature.
- Addiction staff were routinely collecting information on the presence of children in households where drugs and alcohol were a feature and this was leading to more comprehensive assessment and joint work. This is a key recommendation of Hidden Harm and Getting Our Priorities Right.
- Support given to vulnerable families was routinely and jointly reviewed in order to continually assess needs and implement decisions on the care of children.

14.4 Within Addiction Services we have continued to invest in family support services, which provide a practical and resident core of service to the most vulnerable families within each Community Addiction Team. Family support workers support around 350 families each year and this is a resource that we would wish to add to in future years. Targets for 2005/06 in relation to Children and Families work within Addiction Services will be the following:

- Further integration of Addiction and Children and Families Services at local level.
- Continued improvement in the quality of assessment and care management between Addiction and Children and Families Services.
- Maintain the current level of support to the most vulnerable families through the family support posts.

14.5 In 2004/05 we also established with Geeza-Break and the Glasgow Association of Family Support Groups, Scotland's first respite service specifically for grandparents and extended family members affected by alcohol and drugs.

14.6

**Case study - joint working and responding to the needs of service users with parental responsibilities**

Paul and Claire were referred to their local Community Addiction Team with concerns about their use of heroin, benzodiazepines and cocaine, which was seriously affecting the care of their two young children who were being considered for removal from the family home.

Addiction Team staff worked with Social Work Children and Families colleagues to jointly assess Paul and Claire's situation and their current and future needs. Both adults had experience of some mental health problems and lived in sparsely furnished accommodation, which was inadequate for caring for their children.

Following a thorough joint assessment between the Community Addiction Team and Children Families Service, Paul and Claire were allocated individual addiction workers and received a methadone prescription from our Community Addiction Team medical staff.

Both Paul and Claire made quick progress and a degree of stability was achieved and they remained in contact with both social care and medical staff within the Community Addiction Team on a weekly basis. Paul and Claire were both referred for support to the local Family Resource Team for help and assessment in relation to their parenting skills. In addition to this a local nursery place was found for the children and Addiction and Social Work staff worked with the nursery towards an overall assessment of the children's welfare and wellbeing. Structured work was done with Paul and Claire to implement new approaches to parenting for their children.

Nursing staff from Addiction Community Team undertook further assessment of Claire's mental health and she was referred to her GP for a course of treatment. The Family Support Worker within the Community Addiction Team offered practical support to the family in relation to parenting and their housing needs.

Regular meetings took place with all staff involved in the care of Paul and Claire and frequent review and monitoring of the health and wellbeing of the children took place. As a result the children have now been taken off statutory supervision order and the family continue to work well with agencies on a voluntary basis.

Paul and Claire have been attending the local Community Rehabilitation Service since December 2004 and they continue to enjoy the experience. Staff within the rehabilitation service indicate they have a positive working relationship and are now moving towards rehabilitation and employment. Both Paul and Claire were supported to re-furnish their home to an adequate standard and the improvement in their drug use has allowed them for the first time to manage a household budget.

This case study illustrates the degree to which positive working relationships exist between Community Addiction Teams and Children and Families staff and the benefit of co-location of Addiction Services with Child Care colleagues. This positive intervention with a family whose children had previously been subject to statutory of supervision has progressed well and the children now supported on a voluntary basis.

The names and some events in these case studies have been changed to ensure anonymity

## **15. Drug Courts**

15.1 The Glasgow Drug Court Team was created, from its precursor, the Drug Treatment and Testing Team, on 1 October 2001.

15.2 The Glasgow Drug Court, as a pilot project, sat for the first time on 11 November 2001. The Glasgow Drug Court receives suitable referrals from The Sheriffdom of Glasgow and Strathkelvin.

The objectives of the Glasgow drug Court include:

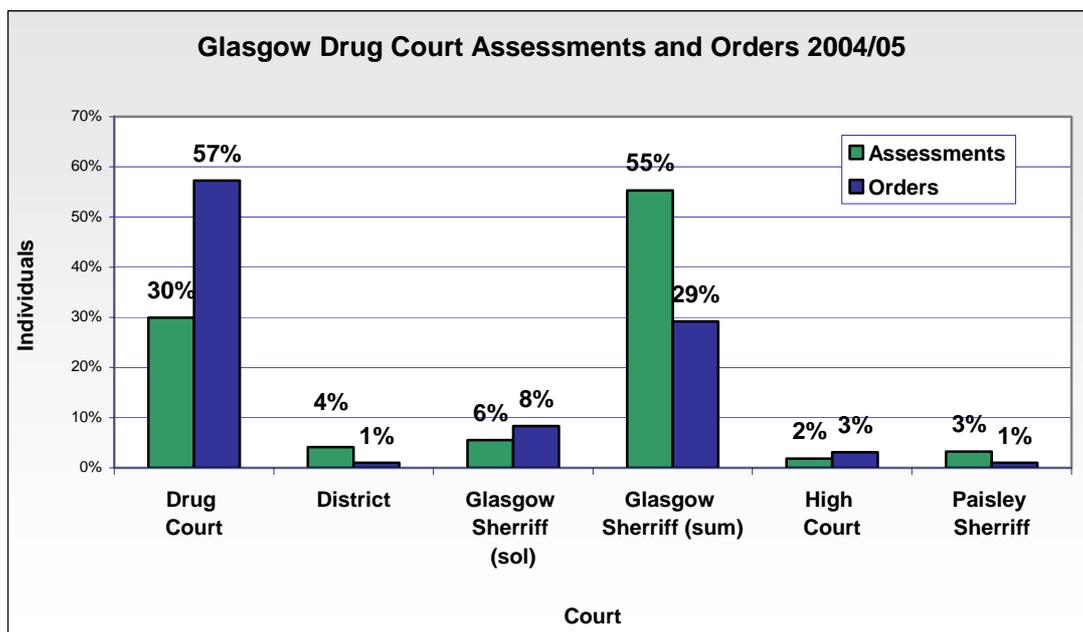
- a reduction in drug-related crimes and injecting-behaviour among these offenders.
- Improvements in physical and mental health

- Helping individuals achieve a stable lifestyle.

15.3 The effectiveness of the Glasgow Drug Court is being evaluated by researchers from Stirling University, who were commissioned by the Scottish Executive. The Scottish Executive will take a decision on the future of the Court in the summer of 2005.

15.4 The medical, nursing and social care services for the offenders, who are on Drug Court Orders, are provided by the Glasgow Addiction Service, Drug Court Team. The team also provides services for those offenders, placed on Drug Treatment and Testing Orders (DTTOs) by other Sheriffs in Glasgow, the High Court, Glasgow District Court and by other sheriffdoms within GGNHSB.

15.5



- A total of 217 assessments were carried out in 2004/05. The majority of these were carried out by Glasgow Sherriff (sum) court (55%, n=120)
- A total of 96 Drug Treatment and Testing Orders were issued in 2004/05. Glasgow Drug Court issued the majority (57%, n=55), followed by Glasgow Sherriff Court (sum) where 29% (n=28) orders were issued.
- Of the 96 orders issued, 90% (n=86) of these were Drug Treatment and Testing Orders. The remaining 10% was made up of DTTO (with probation), Supervised Attendance Orders and Probation Orders (non specified)

#### 15.6 Drug Court - Key Achievements

- Providing an integrated service (health and Social Care Criminal Justice) to the judiciary and drug-dependent offenders. A good example of joint partnership in action.
- Assurance to the courts by regular screening and testing of offenders
- First Drug Court in the UK (second drug court in Europe).

- Promoted drug courts around the world – USA, Norway, Australia, Russia, England, Ireland and Malta.
- Enhancing Public Health - by offering all clients combined Hepatitis-A and B immunization and reducing injecting levels

## **16. New Initiatives in Community Services**

- 16.1 Glasgow Addiction Service organised a joint seminar with Scottish Prison Service (SPS) to discuss strengthening links between Glasgow Addiction Services and SPS. The main focus of the seminar was to ensure robust care pathways for addiction service users and priority links with Community Addiction Teams for people serving sentences of less than 30 days.
- 16.2 An Action Plan was devised outlining four main areas: communication and information sharing / interface / continuity of care / securing service user's care pathways. Joint liaison meetings between Glasgow Addiction Services and SPS are leading this work with progress to date on communication and joint interface.
- 16.3 This year has seen the development of a number of new services implemented within Community Services. These are identified below.

## **17. Community Rehabilitation**

### **17.1 What is community rehabilitation?**

Community rehabilitation services are based in communities and work with people who have achieved a degree of stability. Most individuals will be referred and care managed through Community Addiction Teams or following a long or short stay in a residential setting.

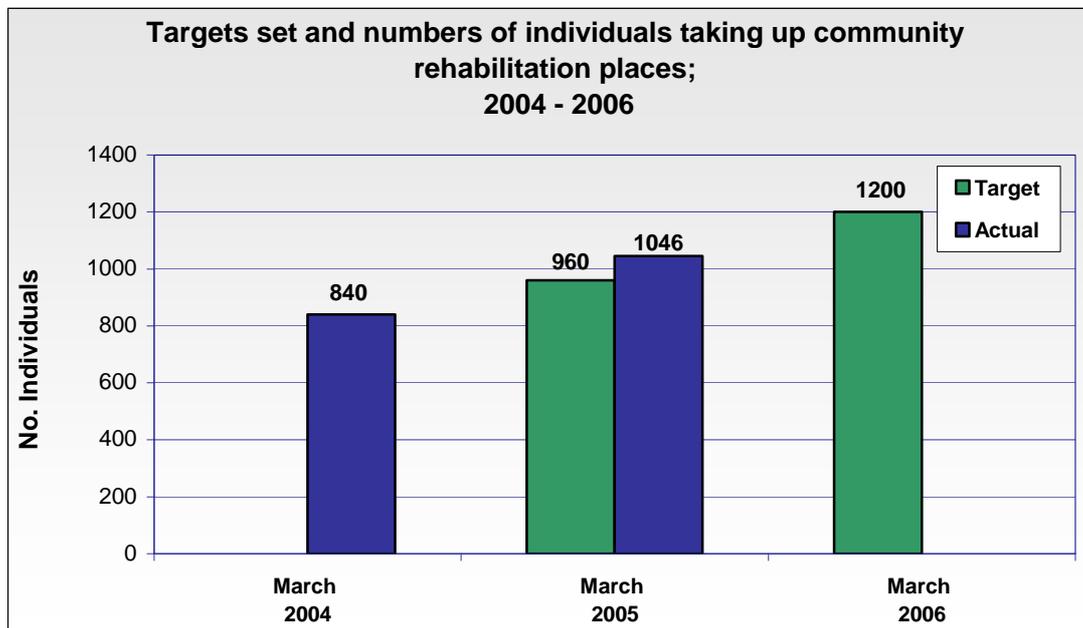
Community rehabilitation will work with people who have drug and or alcohol issues, including those on the methadone programme, and who may have experienced homelessness.

### **17.2 What do they offer?**

Community rehabilitation services will operate a minimum of five days per week and have the ability to open a couple of evenings per week. There will be a structured day programme, with the opportunity to access individual support and group work sessions on a regular basis.

The services will work with individuals and their families. Where appropriate they will link in with children and families services. All providers have made links with local further education providers and clients are encouraged to participate in some level of education. Initially this may be within the community rehabilitation service but as the client gains confidence and becomes more stable, they will be supported to access mainstream education, training and employment.

- 17.3 1,046 individuals were referred into community rehabilitation in 2004/05. This exceeded the target set for the previous year and equates to an increase of 24.5%. The target for next year has been set at 1,200, an expected increase of almost 15%.



Source: Waiting Times Information framework and CAT referral

#### 17.4 Performance and outcome measures

All services will be contract managed, with a balance between qualitative and quantitative measures. All services will be expected to report on these outcomes on a quarterly basis.

Monitoring will include information on service demand including ethnicity, gender and age. Service user outcomes and views will help to inform any changes to the programme.

Networking with other health, social care and voluntary sector providers will also be discussed within the contract meetings.

### 18. Arrest and Referral

18.1 Glasgow was successful in their bid for an Arrest Referral (AR) Pilot Service. This is a joint initiative involving Strathclyde Police, Glasgow City Council and the Health Board and funded by the Scottish Executive.

18.2 The main focus of the Arrest and Referral service is at the point of arrest to link individuals experiencing drug/alcohol related problems into Community Addiction Teams across Glasgow – with a particular focus on the East/North East of the city.

18.3 The Arrest Referral (AR) Pilot is based at “E” Division Police Office in London Road. The service was launched in October 2004 and up to 31<sup>st</sup> March 2005 354 arrestees have accepted in to the service. The ratio of arrestees is: 1 female: 2 males; 40 - 50% of the referrals are for alcohol dependence and

20% of the referrals have had no previous contact with East Community Addiction Team. The service is innovative and seeks to develop a needs-led response to service users evidenced by the recent development of an Arrest Referral drop-in service.

18.4 The Arrest Referral Team have worked hard to establish a positive working relationship with the Police and this has been evidenced by the good referral rate from “E” Division. The Arrest Referral also maintains good links with all of the Community Addiction Teams to ensure arrestees receive a comprehensive assessment and access to treatment.

18.5 The evaluation of this pilot service is currently underway. The Scottish Centre for Social Research (SCOTCEN) was commissioned to carry out this piece of work in Glasgow and have subsequently been awarded the contract for the national evaluation throughout Scotland. The final report for the Glasgow pilot is expected to be available in Spring 2006. (STEERING GROUP)

18.6

**A case study – arrest and referral – from offending to stability**

Ken, a 29 year-old man was arrested in late October 2004 for shoplifting and referred to the Arrest Referral Service by the custody officer at London Road Police Office.

During his initial interview while in custody, Ken disclosed that he had been using intravenous heroin for approximately five years averaging around 2-3 x £10 bags per day. Ken reported that prior to this he had smoked heroin for several years. Ken had never accessed support for his drug use before and stated he was now keen to access help to address his issues. Ken also expressed an interest in accessing a methadone prescription.

The Arrest Referral worker monitored Kens’ appearance at court the following day. Ken was fined £100 and released. The worker subsequently arranged other appointments for Ken to attend for further assessment. Of the four appointments offered to Ken, two were attended. The worker also stayed in regular contact with Ken via the telephone.

The second appointment allowed the worker to complete an assessment, and his case was put forward for allocation by mid November. Ken was allocated to one of the Community Addiction Team Nurses to assess his health care needs. Ken stayed in contact with the Arrest Referral worker for a further six weeks until he began on a methadone prescription at his local clinic and then was moved on from the Arrest Referral service to the Community Addiction Team.

As of May 2005 Ken was still attending for his methadone, providing negative urine screens for illicit drugs and in the words of his allocated worker “continuing to do well”.

This case study demonstrates how this joint initiative with Strathclyde Police can build on people's motivation to change their behaviour and take advantage of treatment and support.

The names and some events in these case studies have been changed to ensure anonymity

## **19. Community Alcohol Support Services**

### **19.1 What are Community Alcohol Support Services (CASS)?**

Community Alcohol Support Services form part of the package to support individuals resettling in communities, as part of the hostel closure programme. The CASS will work on the three broad aims of resettlement, diversion and prevention of homelessness.

The services will provide support to those who have a severe alcohol problem and who also need specialist support as well as to individual clients with a mild to moderate alcohol problem.

### **19.2 What do they offer?**

The projects will offer support in offending behaviour, money and debt management relationships and training and employment, relationship issues and social isolation.

There will also be a range of person centred approaches and interventions.

19.3 In 2004 the CASS was established in East and North East Glasgow. Both services now have premises and are receiving referrals from community addiction teams, community casework teams and other community-based projects.

19.4 Throughout 2005 and 2006 there will an open tendering exercise for the five remaining CAS Services. These will be based at North, North West, West, South East and South West.

It is intended that all these services be open and operating some level of service by summer 2006.

### **19.5**

#### **David – a case study in crisis support and resettlement**

David left school aged 15 years with no formal qualifications and was employed in a number of labouring jobs.

David had a long history of amphetamine use but whilst serving a long-term sentence another prisoner introduced him to heroin.

David was residing in a Hostel when he was referred to the Homeless Addiction Team due to concerns regarding his physical and psychological state. David was experiencing severe mood swings and periods of very low mood. Physically he was malnourished and had open sores to the leg area from his heroin injecting. Attempts to help David stabilise on prescribed drugs alone had not been successful. The Homeless Addiction Team managed to gain an immediate access to a short-term residential rehabilitation unit where his psychological and physical health could be stabilised.

During the period of his stay the Addiction Service had set up accommodation and aftercare facilities. On his discharge from rehab David moved into his own tenancy provided for him by Community Casework Team. David also planned to attend a

community rehabilitation programme whilst he settled into his tenancy. This programme helped David with social and domestic skills needed for residing drug free in the community. He was also able to access employment and training here and thus added to his confidence and ability to use his time constructively.

After 6 weeks in his tenancy David ended his contact with the Homeless Addiction Team and now receives support from the Community Addiction Team, which is local to his new tenancy.

When David first made contact with the Homeless Addiction Team his physical and psychologically frail and had drifted into city centre homelessness. His situation had reached crisis point and had to be urgently managed by HAT medical, nursing and social care staff. Despite receiving some treatment for his addiction problems he had not been able to avoid these significant problems. His needs could not be met safely and after discussion with David it was felt by those involved in his care that he needed a period of respite to allow him space and intensive treatment to address these difficulties. After a period of 18 weeks, including 12 weeks within residential rehabilitation David had successfully gained his own independence again, was involved in employment and training (building on his previous work experience) and remains there today supported by his local CAT staff.

The names and some events in these case studies have been changed to ensure anonymity

## **20. Secondary Services**

20.1 This section of our report will include:

- NHS Services
  - In-Patient
  - Partial Hospitalisation
  - COMETT
  - Psychology
  - Occupational Therapy
- New Initiatives – bridging hospital and community
  - Hepatitis C
  - Acute Hospital Liaison
- Purchased Services
  - Drug Crisis Centre
  - Residential Services
  - New developments in 05/06

## **21. What do we mean by Secondary Services?**

21.1 Secondary services include NHS specialist addiction in patient beds, day service provision, out patient clinics, specialist opiate co morbidity team and the emerging alcohol related brain damage specialist service.

21.2 In addition to the services we provide within the NHS, we also purchase a range of residential crisis and rehabilitation services. These are designed to

compliment the services we provide and include the Drug Crisis Centre and residential services.

## **22. Who needs Secondary Services?**

22.1 Secondary services provide for individuals with the most complex needs within the context of the most intensive services (and most resource intensive) services available. People who need secondary services will include:

- People with a primary addiction diagnosis but whose coexisting mental health and/or physical health problems compromise the safe and effective treatment of their substance use at community addiction team (CAT) level.
- People who exhibit chaotic, unstable or high risk-taking behaviour that has been non-responsive over a significant period of time to intervention at CAT level requiring assessment and management by secondary service staff.
- People with complex alcohol and drug problems and moderate mental health problems, but who have not responded to treatment at CAT level.
- Who require an assessment for alcohol related brain damage, which is inclusive of diagnosis, initial management and through-care planning by a multi disciplinary specialist team.
- People who are vulnerable due to a range of factors including homelessness, trauma, abuse, overdose and insecure living arrangements.
- Women with children, who require the most intensive support in a residential environment.

## **23. How Are Secondary Services Organised?**

23.1 Secondary services do not function as alternatives to Community addiction teams, but as part of a continuum of provision.

23.2 Alongside the development of our Community Addiction Teams we have been clear that for the addiction system of care to be effective and to prevent duplication, the current provided Secondary Services needed to change the model and delivery of services to play its vital role in providing a whole system of care. We have reviewed the way services used to be delivered within our hospitals and day patients and have consulted on, and begun to implement new models of treatment and care.

23.3 We have also completed a review of all services purchased from the independent sector and agreed new models and standards of care for residential rehabilitation and supported living. These services are also clearly located within our system of care with assessment and referrals and care management provided through Community Addiction Teams.

Significant progress has already taken place over the last year and will be included in this section of our report.

## **24. Addiction Inpatient Services**

- 24.1 Until October 2004 in-patient services were provided across four hospital sites. This means that patients were admitted under the care of our consultant psychiatrists to Ruchill, Parkhead, Southern General and Gartnavel Royal hospitals. Most of these admissions beds were located alongside general adult mental health beds.
- 24.2 The research available for in-patient services indicates that, those admitted to Addiction specific – rather than general adult mental health services are more likely to be successful in their treatment.
- 24.3 In October 2004 we opened our new custom built unit, Eriskay House, which provides 15 in-patient beds and a day unit offering day and out patient services for service users in North/East Glasgow. The opening of Eriskay house replaced admissions to Ruchill and Parkhead hospitals and nursing staff and clerical staff have been migrated to work in the new unit.
- 24.4 Our long-term plan is to re-site our in-patient services in South and West Glasgow to the redeveloped Gartnavel site in 2007. In the interim, admissions will continue to be made under the care of our Consultant Psychiatrists in Gartnavel and Southern General.

## **25. Day Services**

- 25.1 Addiction day patient services have been provided across three sites at Parkhead, Ruchill and Gartnavel hospitals. This changed in October 2004 with the opening of Eriskay house, which now provides the main point of service for day services for North and East Glasgow.
- 25.2 We have reviewed our current alcohol day services to reflect the Community Addiction Team and Community Rehabilitation developments. We have consulted staff and service users and propose to move to a partial hospitalisation model. This will replace the existing alcohol day hospital services in Eriskay and the Alcohol Problems Treatment Unit (APTU) on the Gartnavel site.
- 25.3 Partial hospitalisation is a component of secondary service provision that permits more intensive input than can be provided in the community without utilising the most intensive, scarce and expensive resource of the inpatient unit. The aim is to facilitate the seamless and early transfer of care between inpatient, partial hospitalisation services, community addiction teams and other appropriate services, reducing the time spent by the individual in the most highly specialist scarce secondary provision.
- 25.4 Services will move from a five-day service to seven-day service. They will include specific input from occupational therapy and psychology as well as consultation and support to adult mental health for those with co-existent addiction problems. We will also strive to ensure that all those within secondary settings are actively managed in and out of care through

Community Addiction Teams, so ensuring the greatest and most effective use of our combined resources.

## **26. Outpatient Services**

26.1 Consultant led medical outpatient clinics are offered at a variety of venues providing, assessment, advice and treatment for patients with complex addiction problems and associated co-morbidity. These clinics tend to be organised around the main presentation problem – principally alcohol use disorders clinics and drug misuse disorders clinics and are functionally separate from the harm reduction/methadone clinics based around CATs. One purpose of these clinics is to screen patients for suitability for specialised treatment in partial hospital and inpatient settings. Additionally medical treatment can be delivered on an outpatient basis where indicated usually by advising the patients general practitioner on medication management and providing review where indicated. Specific treatments, such as disulfiram and acamprosate for alcohol dependence, can be recommended within existing guidelines.

26.2 These clinics have also traditionally been an important resource for training medical students, junior doctors and colleagues from other care disciplines in the assessment and management of patient work substance misuse disorders.

26.3

### **A case study in joint work and integrated intervention – Stella**

Stella is in her 30's and lives alone. Her local CAT referred her to the Partial Hospitalisation Service. Stella has a long-standing alcohol problem, over the last two months she has been working with an addiction worker and now felt ready to stop drinking. Due to the daily level of alcohol consumption, a CAT nurse carried out an assessment for supported home detoxification. However, due to complications of withdrawal in the past (including Delirium tremens- hallucinations and delusional thoughts) plus significant concerns from a nutritional perspective it was felt that Stella required a period of more intensive support and observation than the community addiction team could provide.

With Stella's agreement, her treatment and care needs were discussed with medical staff and a prescription arranged through pharmacy. Stella attended the partial hospitalisation service and commenced her agreed treatment plan of supported alcohol detoxification with reducing doses of Chlordiazepoxide. Stella was also prescribed Pabrinex IM vitamin therapy for symptoms of peripheral neuropathy, alongside advice and encouragement about dietary issues. A structured relapse prevention programme was commenced in partial hospitalisation in preparation for discharge. The CAT nurse and addiction worker both attended the multi disciplinary review meeting to discuss Stella's progress and discharge plan ensuring that all aspects of her follow up care was co-ordinated across health and social care in the CAT.

Stella has reported that her withdrawals were well controlled and that she felt safe and comfortable throughout the period of care. She already feels better physically and has put weight on.

This case study demonstrates quicker and better joined up access to specialist care within an overall care plan.

The names and some events in these case studies have been changed to ensure anonymity

## **27. COMETT**

- 27.1 The Co-morbidity Evaluation and Treatment Team is a multiprofessional team established in 2000 through Greater Glasgow Drug Action Team monies. The team services for people with severe and enduring mental illness and concurrent problems relating to drug use, mainly heroin. Co-morbidity' service users are a highly vulnerable group who have complex needs and historically they have often failed to receive appropriate care.
- 27.2 Referrals to the team are primarily from Community Mental Health Teams (47%) with General Practitioners (31%) being the second largest source of referral. The team's caseload in April 2005 was 62.
- 27.3 The team aims, following a comprehensive assessment, to treat serious mental illness and drug use problems simultaneously.
- 27.4 We are currently working with the team to review our service response to people with co-existent severe and enduring mental illness. New models of service provision will be developed over the coming year in conjunction with the evolving framework for the provision of integrated mental health services.

## **28. Psychology**

- 28.1 Psychology staff have developed a model of working practise designed to maximise the delivery of psychological services within the partnership. Across the city, psychologists are working along the continuum from community addiction teams to secondary services establishing closer working links with other addiction staff and supporting the delivery of psychological interventions. We are currently achieving our aim of maintaining waiting times of 4 weeks.
- 28.2 The role of psychology as a resource for CAT staff has developed gradually over the past 6 – 9 months as teams have become established and co-located. Psychology staff provide clinical consultation and support and, where appropriate, joint assessment and working in clinical settings. When a case is particularly complex, the psychologist offers individual treatment sessions, while continuing to communicate with and involve the care manager. Current staffing levels only permit fortnightly CAT sessions per team. This will increase with additional psychology staff. Optimal input would be one session per week, with an appropriate increase in associated clinics.
- 28.3 Psychologists continue to attend secondary service allocation meetings. Psychology staff delivers consultation, support and guidance regarding treatment plans, they also deliver individual assessment (including ARBD) and treatment interventions for more complex co-morbidity.
- 28.4 The Coping Skills Training Group is being delivered at venues in the south and west of the city and will be extended to the north/east over the next few

months. This is a manualised treatment intervention developed by psychology staff with places available for staff training. A group from the Partnership, in conjunction with a researcher from GGHB, are undergoing a research review of this treatment approach. It is anticipated that this work will be completed by the end of 2005.

28.5 Workshops for CAT and Secondary Service staff are currently being rolled out and delivered across the city. Training needs were identified following consultation with staff managers and the following topics identified for 2005.

- Trauma and Substance Abuse (programme of 4 consecutive workshops)
- Managing Anger and Aggression
- Sleep Problems
- Managing Withdrawal from Benzodiazepines

Resource materials accompany the workshops, which are delivered, jointly by the Training Psychologist and the local Clinical Psychologist.

## **29. Occupational Therapy**

29.1 As part of the Secondary Services redevelopment a review of the role of Occupational Therapy within the new addiction system of care is underway. The review will take into account the over arching Framework for Integration of O/T services and reflects the changes in the day hospital provision as well as the Community Rehabilitation development across the city. The model describes Occupational Therapists within addiction services as consultants and specialist clinicians with a focus on core occupational therapy skills and prescriptive interventions.

### **29.2 ARBD Services**

We have been asked to develop services to meet the needs of people with Alcohol Related Brain Damage (ARBD). Resources have been allocated from Mental Health and Homelessness to develop a team to provide diagnostic assessment, treatment and support services in liaison with Acute services. In addition to this we will commission a range of supported living and nursing care options for these individuals who require the most support.

This is an under-represented group in service terms requiring a range of services to be developed.

### 29.3

#### **A case study in joint work and integrated intervention – Jane**

Jane is 52 and lives alone. She was referred to the Consultant Psychiatrist due to possible cognitive damage/alcohol related brain damage. Jane did not attend the clinic appointment allocated. The Consultant contacted the local CAT which responded immediately via a CAT nurse who carried out a home visit and reported back directly to the Consultant. At interview Jane denied excessive alcohol use, but was clearly experiencing poor short term memory, showed signs of confabulation and was in a relatively poor nutritional state. The CAT nurse contacted Jane's GP who carried out a range of blood tests to rule out physical illness as the causal factor in Jane's presentation. The blood results clearly revealed excessive alcohol consumption.

A joint home visit was arranged with the Doctor and CAT nurse where an initial diagnosis of Alcohol Related Brain Damage was confirmed. Jane was keen to remain at home and over the next week started to be more open about her drinking and memory problems agreeing to see CAT staff on a regular basis and slowly building a therapeutic relationship.

The CAT nurse although continuing as care manager for Jane's over all care has now involved an addiction social care colleague in the delivery of Jane's care plan. CAT staff ensure that Jane continues to attend appointments with the Consultant and provide regular updates on Jane's progress at the CAT/Secondary Service consultation/interface meeting.

Clearly Jane benefited from the combined skills, expertise and efforts of the Doctors in Secondary Services, CAT nurse and social care staff to ensure she was not lost to the service and that an appropriate plan of care was quickly put in place.

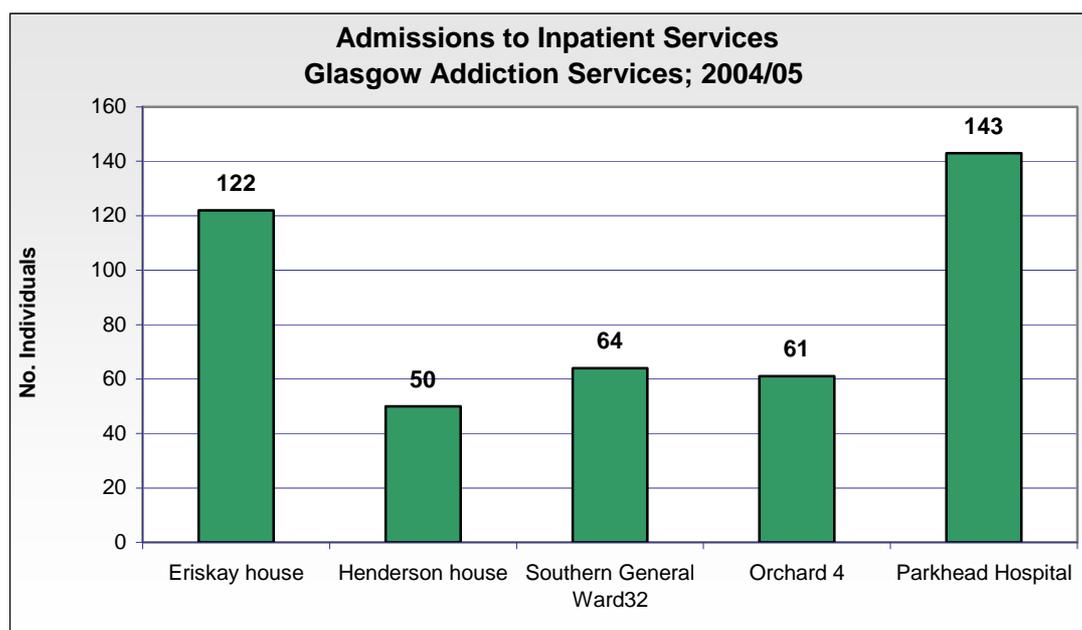
The names and some events in these case studies have been changed to ensure anonymity

### 30. How Were Our Directly Provided Services Used last Year?

30.1 We are working hard to improve our current recording systems in Secondary Services and so should be able to provide more information next year. This year we are able to provide information on annual activity rates and we have completed a baseline survey for all the people on our nursing and psychology staff current caseload.

30.2 This information will be used as a platform to set targets over the next year as the partial hospitalisation model is implemented. These targets will include increasing the percentage of service users who are care managed through the secondary services, length of stay, alcohol and drug ratio and uptake from each CAT.

30.3



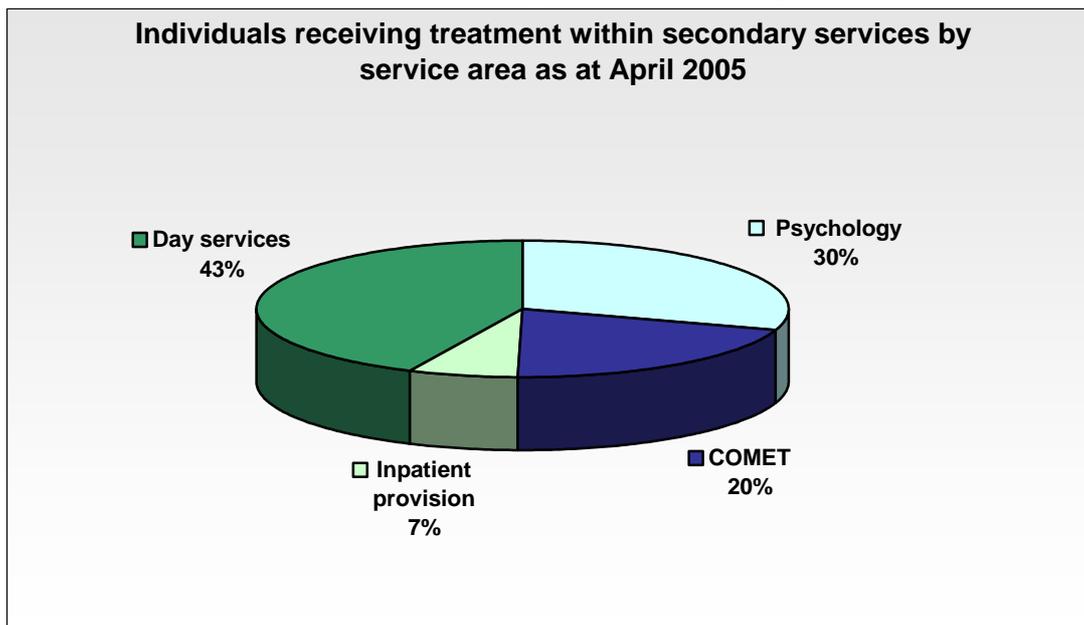
Source: Acute Bed Management Reports 2004/05

- There were a total of 440 admissions to Inpatient admissions in 2004/05.
- In 2004/05 the majority of individuals receiving inpatient care were admitted to Parkhead hospital in the east of the city. This accounted for one third of all inpatients (n=143).
- A further 28% (n=122) of clients received care from Eriskay House in the North of the city.

30.4 As at April 2005, over half of all individuals (n=67) receiving care from Day Services within Glasgow attended the Alcohol and Problem Treatment Unit at Gartnavel hospital. The remaining 49% received their care from Eriskay House, in the north of the city. (Source: Client Baseline Survey. April 2005)

Over the whole year, 470 new patients were seen within day services.

30.5 From our baseline audit we have gained the following information:



Source: Client baseline survey. April 2005.

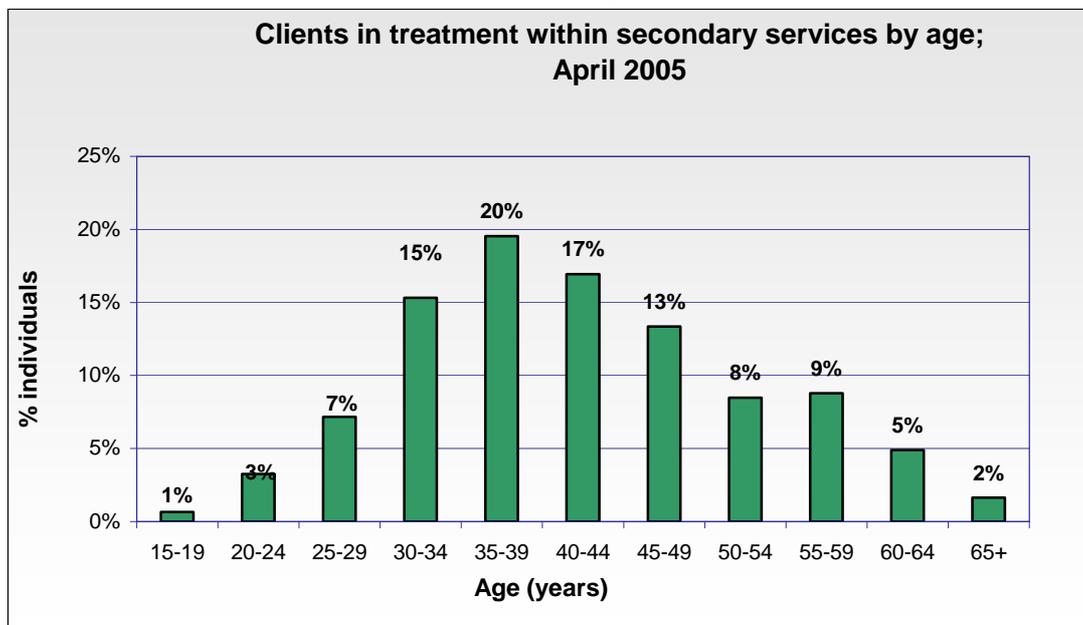
- 43% (n=132) of individuals within secondary services are treated within day services. This consists of individuals attending the Alcohol Problem Treatment Service within Gartnavel (51%, n=67) and individuals attending Eriskay House as a day patient (49%, n=65).
- A further 7% (n=21) of individuals receive inpatient treatment from secondary services. The majority of these individuals receive treatment from Eriskay House (71%, n=15) while the remaining service users receive treatment from Henderson House (19%, n=4) and Ward 32 of the Southern General Hospital (10%, n=2).
- The remaining 50% (n=154) of service users within Secondary Services receive treatment from Psychology services (30%, n=92) and COMET (20%, n=62)
- More than 50% of people have been in service longer than five months.

### 30.6 Gender

75% (n=229) of patients within secondary services as at April 2005 were male. This equates to almost 3 times more men than women currently in treatment within secondary services in Glasgow.

### 30.7 Age

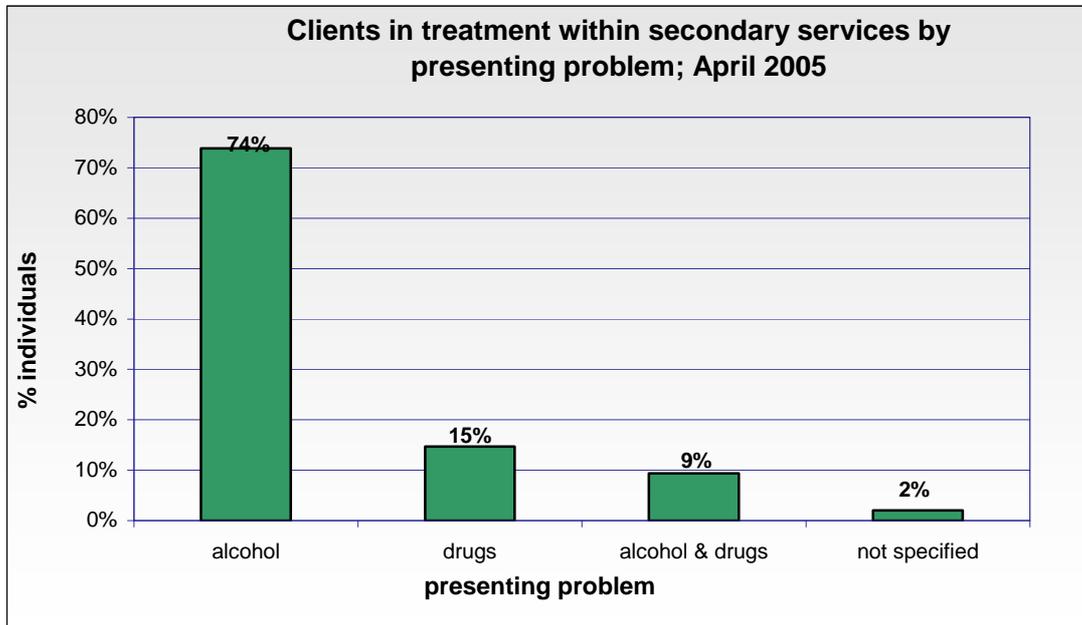
The majority of patients within secondary services (20%, n=60) were in the 35-39 year age group with 54%(n=166) of patients aged 40 years or over. This provides a stark contrast with community services where only 26% (n=2,090) of individuals in contact with services were aged 40 years or over. The full breakdown can be seen in the graph below.



Source: Client baseline survey. April 2005.

### 30.8 Presenting Problem

Alcohol was highlighted as being the main presenting problem for more than half of all patients within secondary services (59% (n=181)). Drugs were highlighted as the presenting problem by 21% (n=66) of patients while 17% (n=51) of patients indicated both alcohol and drugs as their presenting problem. A full breakdown can be seen in the graph below:



Source: Client baseline survey. April 2005.  
 Note: this does not include COMET returns

There is a need to extend present service remits to cover alcohol and drugs rather than adherence to one specific approach will necessitate a wide repertoire of ability within the staff in the secondary services.

**31. New Initiatives in Secondary Services– bridging hospital and community.**

**31.1 Hepatitis C Outreach Project Hepatitis C project** - A new community-focused model of care is being developed with outreach nurse-led clinics providing assessment, treatment and monitoring. This is a joint two-year initiative commencing June 2005 with GGHB Public Health, Addiction Partnership and the acute sector. The nurses will provide satellite clinics as well as direct links with the hospital specialist. Funding has been allocated to evaluate this project and a steering group has been established to over see the project.

**31.2 Addiction Acute Liaison Nurse Development:** The Hospital Liaison Nurse development is one part of an Acute Action Plan (copy available) and will be a key link between general hospitals, community addiction teams, secondary services and wider care providers. It will be a pivotal role in terms of ensuring a continuity of care with individuals who are experiencing problems relating to alcohol or drug use in the acute health care setting through to the community setting. The posts will have accommodation in each of the acute hospitals and be hosted by the Community Addiction Teams local to the acute hospitals.

**32. Purchased Services - Introduction**

- 32.1 We are currently working directly with five independent sector agencies that currently provide the Drug Crisis Centre, five residential units and one supported living unit. A further two residential and two supported living units are due to come on stream in 05/06. This will take our available bed space from 108 up to 133 next year with a further 24 supported living places.
- 32.2 Residential services are used for those who are most vulnerable and at greatest risk of extreme harm and who require longer-term most intensive input. Supported accommodation services are being developed alongside residential rehabilitation and the Drug Crisis Centre to allow people to move gradually back into communities with the support they require to maximise their residential experience. Once in communities they will also be supported through community rehabilitation services.

A short summary of the services is provided below.

### **33. Glasgow Drugs Crisis Centre**

#### **33.1 Residential Service**

The unit is managed by Turning Point Scotland and has 12 short-term stay beds and has continued to be busy with an occupancy rate of 95% for the past year.

- In 2004/2005 there have been 321 residential admissions into the Glasgow Drug Crisis Centre.
- The average length of stay was 12 days
- Female admissions fell from 47% in 2003/04 to 32% in 2004/05.
- The reduction in female admissions to the residential unit may be as a result of the recently established 218 service located in Bath St, which targets women in the criminal justice system.
- 73% of the individuals discharged from the residential unit chose to be maintained on methadone. Some of these clients continued to receive their methadone from the prescribing service at the Crisis centre while others were referred onto Community Addiction Teams and G.P.'s.

**Source:** Glasgow Drug Crisis Centre, Monitoring Committee Managers Report. April 2004 - March 2005. Turning Point Scotland. 2005

#### **33.2 One-Stop – 24 hour assessment service**

Over the past twelve months the One Stop Service has introduced some new developments. These are two half-day sessions per week, of a well woman clinic.

The homeless physical health team now offer a weekly clinic at one-stop. This service will refer onto Hunter Street health services. The service is well attended and has quickly become an integral part of the one-stop service. In 2004/05 there were,

- 28,847 visits and 594 new contacts to One Stop
- 918 primary assessments completed
- 231 new contacts to the needle exchange of which 18% were female.
- The overall attendance at One Stop has also decreased by 30% since 2003/04. This may be explained by the expansion of needle exchange services elsewhere within the city including the provision in hostels, pharmacies and new services such as 218 Bath St.

**Source:** Glasgow Drug Crisis Centre, Monitoring Committee Managers Report. April 2004 - March 2005. Turning Point Scotland. 2005

### 33.3 **Methadone Prescribing Service**

This service has been an addition to the crisis centre. Currently there are eighty people who receive their methadone from here on a daily basis. These individuals continue to have the most challenging behaviours and are transferred to mainstream services where appropriate or held within GDCC.

### 33.4 **2005/06 Developments**

We are currently reviewing out of hours arrangements for addiction services within the city and see the Drug Crisis Centre as playing a pivotal role in the out of hours addiction provision being planned for the city.

## 34. **Contracted Residential Services**

34.1 We currently have contracts with a number of agencies providing the following services:

34.2 **Red Tower**, managed by the Mungo Foundation, provides 23 short-term residential drug rehabilitation (up to 12 weeks), to people whom have a broad range of drug and alcohol related issues and who require a brief period in a residential provision to assess their options, and acquire some stability.

34.3 **Rainbow House**, managed by the Church of Scotland has been reviewed through the Purchased Service Review and we have agreed a new comprehensive service specification with the Church. Rainbow will provide a flexible and responsive therapeutic residential substance use rehabilitation programme for people who have a broad range of substance related issues. Rainbow House will shortly relocate to Queen Mary Avenue for three years. This will allow a permanent site to be identified and in the interim increase from 12 beds to 17.

34.5 **Phoenix House** is a 39 bedded therapeutic community and now has 12 supported living flats linked to the residential unit. Both Rainbow and Phoenix House should be able to augment and compliment shorter-term services. Rainbow and Phoenix will provide a flexible, adaptable and comprehensive

individualised therapeutic programme to each individual client who enters the service.

34.6 **Castle Craig Hospital Ltd** runs Castle Craig, located in the Scottish Borders. It is a residential hospital for the treatment of alcoholism and drug addiction. The hospital and treatment are under medical direction for the treatment of addictive disease. The hospital is a prime and extra contractor to the National Health Service.

34.7 **Aberlour Childcare Trust** provides two residential rehabilitation services with 12 adults and up to 24 children's beds. It is the only service, which takes women with their children. Aberlour provide a continuation of care for families tackling issues related to drugs and/or alcohol dependency from detoxification to rehabilitation and provide specialist care tailored to meet individual women's needs as well as the needs of their children.

Aberlour enable women and their children to stay together during the entire rehabilitation process thus avoiding children being looked after by Social Work Services or cared for by other family members. Aberlour also provide outreach services to families within the home and engage with other family members who can themselves, where appropriate, begin to address their own issues of drug and/or alcohol dependency.

We have reviewed the services provided by Aberlour and agreed a new service model which will provide services to meet the needs of those women and children most at risk of family break down. Aberlour are currently attempting to secure new accommodation to develop this service further.

#### 34.8 **New Residential Services 05/06**

We have commissioned two new units one ten bedded for alcohol and one for drugs. Both services are currently in the development stage and will become operational over 05/06. We envisage that the establishment of these services will reduce our requirements for placements outside of Glasgow.

### 35. **Use of Purchased Services in 04/05**

35.1 There were a total of 361 admissions an increase of 74 (20.5%) from 2004 into residential rehabilitation services in the period 1<sup>st</sup> April 2004 – 31<sup>st</sup> March 2004.

35.2 84 % (n=367) of all admissions during this time were made into contracted rehabilitation services purchased by Glasgow Addiction Services (indicated by asterisk on graph below).

35.3 Almost 16% (n=68) of admissions were made into supported accommodation services provided by Whiteinch, Simon Community and the Talbot Association. These units support individuals with various problems, including drug and alcohol, who are stable but who cannot, as yet, support their own tenancy.

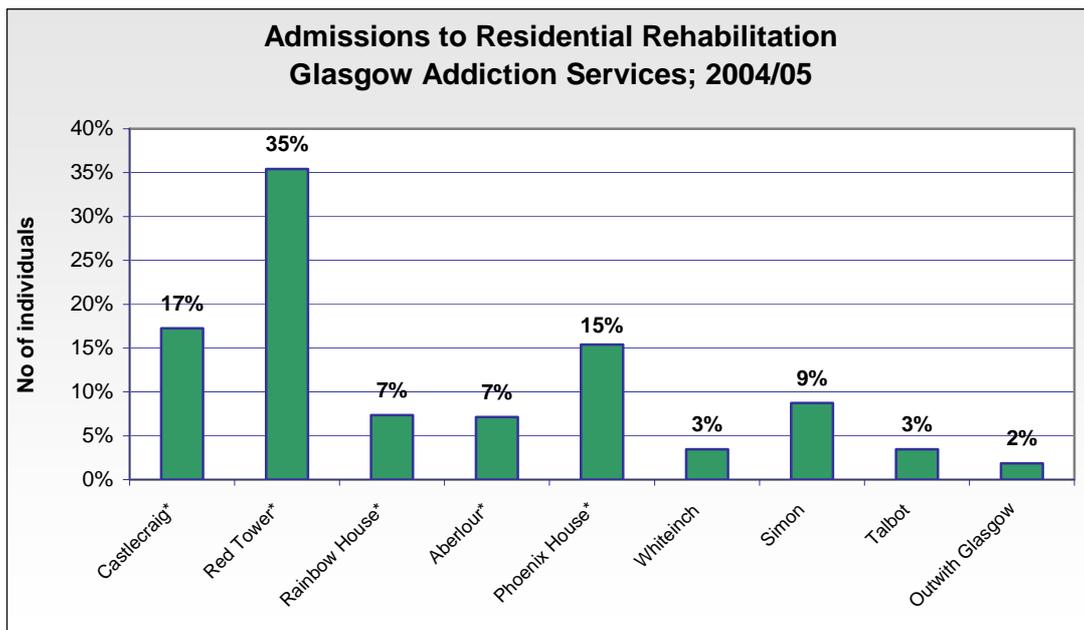
35.4 35% (n=154) of all residential admissions were made to Red Tower, Helensburgh. This equates to an increase of 21% on the previous year. This rehabilitation unit incorporates an 8-week respite and rehabilitation

programme for individuals who require stabilisation and respite from street substance use. Consistent with this, 43% (n=66) of admissions to Red Tower were individuals who were clients of the Homeless Addiction Team. As a result of the purchased service review the respite and rehabilitation programme will be extended as of the 1st May 2005 to a twelve-week programme.

35.5 While there has been an overall increase in the number of admissions to residential care, some of the more long-term programme has been decreasing. We believe this relates to better more cohesive service provision in the community enabling people to reduce residential stay but re-enter community with support.

We do not intend to reduce residential service capacity and we currently still have waiting lists for service, but may require rebalancing our provisioning across residential programmes and reducing waiting times.

35.6 It is likely that this decrease in admissions to residential rehabilitation units can be explained by the recent implementation of integrated services provided by community addiction teams. The reconfiguration of the five existing rehabilitation units and the roll out of two new community based rehabilitation will have also have impacted on the total numbers of admissions.



Note:

1. Rehabilitation units marked with an asterisk indicate contracted services purchased by Glasgow Addiction Services

### 35.7 Gender

Of the 435 admissions made to residential services in 2004/05, 68% (n=296) of these individuals were male.

### 35.8 Primary Substance Use

Drugs were the primary substance of use for three quarters (75%, n=328) of all individuals admitted to residential services in 2004/05. This contrasts with the provided in-patient service, which predominantly sees individuals with alcohol problems.

## **36. Medical Services**

- 36.1 The last year has seen a major change in the organisation of specialist medical provision for addictive disorders in the Greater Glasgow Health Board area given the amalgamation of the former Glasgow Drug Problem Service and Alcohol and Drug Directorate within the integrated structure of the Glasgow Addiction Service.
- 36.2 This change has brought together non-psychiatric and psychiatric specialist addiction medical practitioners into a new arrangement, which will allow for improved services in terms of cross-referral between different functional components of the service and also the development of a common training and professional support structure.
- 36.3 The work of our medical staff is reflected within:
- Community Services – methadone programme
  - Secondary Services – inpatient, partial hospitalisation and outpatient services.

## **37. Clinical Governance Committee**

- 37.1 Prior to the formal amalgamation of the GDPS and Alcohol and Drug Directorate within the Glasgow Addiction Service a joint Clinical Governance Committee had been set up spanning the two services. This has been consolidated now as the Glasgow Addiction Service Clinical Governance Committee. This committee will soon be re-designated as the Glasgow Addiction Service Clinical Governance and Service Audit committee to reflect integrated, partnership working within our organisation and to allow the committee to look at all aspects of the new system within its core remit.
- 37.2 This year has seen the establishment of our Critical Incident Review process. This has been developed within the frameworks of both parent organisations but allowing us to take an overview of all critical incidents within the service
- 37.3 The Critical Incident Review group allows a joint process where all:

### **Critical incidents**

- Near fatal events caused by accident or self harm to a service user, death or serious harm of a service user including alcohol or drug related death or attempted suicide or suicide where there are clinical, care or service delivery implications or learning opportunities
- Service failure resulting in a service user being placed at risk of harm
- A serious breach of duty of care by Addiction staff in relation to a service user
- A serious breach of duty of care by staff from within purchased services in relation to a service user
- Serious assaults, physical or sexual on a service user

## **Incidents**

- Incidents which are routine in nature and unlikely to result in service user harm but where there has been a degree of risk occurrence as a result of a near miss or service breakdown, local health and safety/non clinical/service delivery implications will be reported via the existing localised arrangements (IR1 system within PCD or VSI1/H process within SWS)

## **Complaints**

- Any complaint made in general in relation to service delivery by any of the services delivered by Glasgow Addiction Services.
- Reviews are undertaken with a clear and accountable framework that satisfies the needs of both PCD's and SWS.
- We have dealt with 31 critical incident reports since September 2004 to date, ranging from 'management of delirium tremens' to 'complex drug deaths' and there has been a learning outcome from all the critical incident reports in highlighting the ongoing training needs for all staff, to basic health and safety awareness. Training needs have been reported to the joint training board for consideration and Community Addiction Manager's have implemented local recommendations immediately.
- 104 incidents have been dealt with, most originating from partial hospitalisation ranging from basic health and safety requirements to de-escalation training needs for all staff.
- Only 2 complaints have been reported to the CIR Group, which have again been shared with Community Addiction Manager's in order to implement local recommendations to improve local service provision.

Overall the Critical Incident Review Group has been successful in improving awareness and learning that joint working encourages to improve the standard of service provision across the entire addiction service.

37.4 The draft clinical governance action plan identifies a series of priorities for the service including for example:

- consolidating our critical incident review procedures
- developing joint recording processes
- risk management procedures
- developing new practice initiatives
- management of alcohol dependence (SIGN Guideline 74)
- methadone maintenance prescribing and supervision guidelines

37.5 The work of the Clinical Governance and Service Audit Committee will encapsulate the development of clinical standards for both internal and external (contracted) services and place these standards within a framework of Integrated Care Pathways. This will build on the work already achieved through the Purchased Service Review, which identified clear service standards and associated action plans for individual providers.

## **38. Nursing Standards and Development**

38.1 Within Addiction Services nurses are employed to work in community and secondary services. We have nursing staff who are RGN qualified and

nurses who are RMN qualified. This reflects the nature of the service we need to provide to meet people's needs – a mixture of physical health and mental health tasks.

- 38.2 The challenge for management and professional leadership is to maximise the capacity of our staff, to encourage their contribution to the integrated service and ensure their continued professional development within the service. This needs to be done within the framework of national nursing and healthcare strategies and standards.
- 38.3 A Senior Addiction Nurse Development Day was held around developing the professional nurse role within integrated Addiction Services. This focussed around developing and strengthening clinical leadership, standard setting and monitoring, clinical audit and evidence based practice.
- 38.4 A central database has been set up where all addiction nurses will have their registration details logged and this can be audited against the NMC monthly circulars in relation removal from the NMC register. It will also give Addiction Service an opportunity to alert nurse team leaders to expiry of nurse registrations.
- 38.5 The priorities for nursing development over the next year will include:

- **Caring for Scotland:** The Strategy for Nursing and Midwifery in Scotland gives a framework for the development of professional nursing practice and standards including clinical governance, leadership development, education, ongoing professional development and workforce planning. Glasgow Addiction Service has begun to develop a framework for implementing Caring for Scotland.
- **Hospital Acquired Infection:** All Community Addiction Teams and Secondary Services, Nurse Team Leaders have carried out infection control assessments of treatment rooms and have organised a regular hand washing audits.

The Alcohol Problems Treatment Unit at Gartnavel Hospital has been renovated, upgrading treatment room facilities and improving infection control.

- **Improving the quality of record keeping to Nursing Midwifery Standards through the** development of audit cycles against NMC standards for record keeping and alongside the move towards single service record.
- Develop nursing role in relation to **mild to moderate mental health** assessments and interventions.
- Continue to develop the nursing contribution to **care management**.
- **Non-medical Prescribing:** A forum has been established to look at addressing ways in which Glasgow Addiction Service can take forward Non-medical prescribing agenda.

## **39. Pharmacy Services**

- 39.1 Pharmacy services are an important component of the overall delivery of Addiction services. Whilst we do not directly deliver pharmacy services ourselves, our lead pharmacist provides advice, support and training for pharmaceutical aspects of substance misuse to community pharmacies and specialist providers e.g. in-patients, crisis centre etc.
- 39.2 The Pharmacy Needle Exchange (PNEX) is a vital component in a comprehensive harm reduction strategy as it has been shown that PNEX attract many clients who were not otherwise in contact with services. The current national rate for needle exchange is 64% compared with national average of below 40%.
- 39.3 In the period Feb 2004 to Feb 2005, 50,155 extra sets of equipment have been distributed. This should increase further as a number of the additional pharmacies have only been fully operational for part of the year. Participating pharmacies have increased from 20 to 24. Since July 2004 there have been four Health Promotion Inserts into the Needle Exchange packs. These included:
- Lord Advocates Guidance July 2004, and March 2005.
  - “Save a Life” on how to deal with overdose.
  - Community Addiction Team Information leaflet.
- 39.4 Supervised consumption is a crucial component of safe methadone prescribing. Community pharmacies in Glasgow continue to provide a high level of support to the provision of the methadone programme. This has enabled more patients to be treated safely providing benefit both to themselves and the wider community. Currently 189 of the 219 (86.3%) community pharmacies in Greater Glasgow have a contract to provide a supervised self-administration of methadone service.

A training and development programme for community pharmacists is ongoing. Over the past year new standards for the supervision of methadone dispensing within Pharmacies has been developed.

All pharmacists and support staff within new and existing needle exchanges have received intensive on site training in relation to needle exchange issues relating to substance misuse.

In the next year we aim to develop our Patient Group Directives to allow the administration of prescription only medicines by trained nurses. For example, the framework will allow suitably trained nurses to administer drugs such as Naloxone in emergency situations or provision of contraception and vaccines. We intend to train more staff and increase the number of drugs directly available through these directives.

## **40. Customer Care**

- 40.1 In the past year we have received 2 complaints. We handle complaints through the parent organisation arrangements. Both complaints were processed through Social Work Services. One complaint was partially upheld

and one was not upheld and all issues were responded to. While we appear to have a very low level of complaints, we are not complacent and are aware that we work with a service user group who do not traditionally pursue complaints.

- 40.2 In the next year we aim to undertake work to streamline complaints arrangements to make this easier to access for service users and easier to administer for staff.
- 40.3 This year has seen the implementation of our Single Shared Assessment Framework designed to make services more easily accessible and out down on multiple assessments for service users. Alongside SSA we have introduced joint consent protocols, which allow information to be shared. We have been asking all new service users as well as some existing service users to give consent. 35% of people using our service have now been consented to share information.
- 40.4 Our experience this year confirms our view that service users are positive about agencies sharing information in order to deliver quicker, more effective care, and that previous professional resistance to this issue can be positively tackled with proper safeguards.

In the next year we aim to have at least 50% of our service users consenting to share information.

#### **41. Policy, Research and Development 04/05**

41.1 In the last year, Glasgow Addiction Services have been involved in a wide range of policy, research and development initiatives aimed at improving and developing current service provision within the city and contributing to the national debate on policy and practice. Examples of contributions to the national agenda include:

- Methadone Lead Clinician contributed to Association of Chief Police Officers Conference, Scottish Drug Enforcement Agency Awareness Day and the Cranstoun Drug Conference.
- Lead Pharmacist has contributed to National guidelines on care of substance users
- Community Service Manager introduced Effective Interventions Sessions in relation to service review and design.
- In September 2004 Glasgow Addiction Service organised a joint seminar to discuss strengthening links between Glasgow Addiction Services and Scottish Prison Service. The main focus of the seminar was to ensure robust care pathways for Addiction service users with particular reference to the Drug Death Report.

41.2 Examples of research initiatives include:

- The Arrest Referral Pilot Service (Local And National Study). The evaluation of this pilot service is currently underway. The Scottish Centre for Social Research (SCOTCEN) was commissioned to carry out this piece of work in Glasgow and have subsequently been awarded the

contract for the national evaluation throughout Scotland. The final report for the Glasgow pilot is expected to be available in Spring 2006.

- ❑ An evaluation of the first year of the North and North East Community Addictions Teams (CATs) in Glasgow. This project considered the views of services users, carers and staff within the first two fully integrated community addiction teams.
- ❑ A study aimed at estimating the prevalence of children affected by parental drug and alcohol. The Centre for Drug Misuse Research (CDMR) has been commissioned to carry out this piece of work and the completed report is expected in Summer 2005. As part of the overall study, a joint team of staff from Addiction and Children and Families have initiated a literature review and gap analysis of service provision for children affected by parental alcohol and drug use throughout the city. The findings for this part of the study are also expected Summer 2005.
- ❑ User involvement in treatment services. This Joseph Rowntree funded project is being carried out by Centre for Drug Misuse Research (CDMR) at Glasgow University and is due to start in July 2005.
- ❑ An evaluation of the Gender and Addiction toolkit, developed jointly by Glasgow Addiction Services and staff from Greater Glasgow NHS Board, in two pilot teams within the city.
- ❑ A contribution to the National Drug Related Death Study which involved detailed research into deaths officially recorded as drug related within Glasgow in 2003. This was carried out by a team of practitioners from Addiction Services and has since been submitted to the Scottish Executive for inclusion in the National report.
- ❑ All staff are involved in the Alcohol-Related Death Working Group – a short-life working group of the Alcohol Action Team Health Sub-Group undertaking detailed research on individuals who died in 2003 in Greater Glasgow where the death was officially recorded as alcohol related.
- ❑ Pharmacy Needle Exchanges participated in research on the evaluation of the Lord Advocates Guidance on distribution of sterile needles and syringes to injecting drug users. We are also contributing towards the national Hepatitis C study being conducted by SCIEH.
- ❑ We are involved with a major proposal to compare oral fluid testing with urinalysis for drugs of misuse, which is under consideration by the Chief Scientist office.
- ❑ A Hepatitis 'C' behavioural surveillance study of intravenous drug users attending needle exchanges within Glasgow. This study is being carried out by Health Protection Scotland.
- ❑ Drs Smith and Russell are researchers on an AERC funded study on brief intervention for alcohol misuse in individuals with alcohol-related facial injury. This is in collaboration with Glasgow Dental School.

41.3 In addition to the above, staff from across the service attended and reported on a wide range of conferences relating to harm reduction, co-morbidity, addiction psychiatry etc.

## 42. Our Staff

- 42.1 The Addictions Partnership currently employs 576 (563 WTE) staff working across the service. 423 staff work primarily within community services, 88 within secondary services and 33 within the management and centre team. The staff group includes:
- 199 social care staff
  - 207 nursing staff
  - 39 medical staff (26 WTE)
  - 11 AHP staff
  - 3 pharmacy staff
  - 76 administration and clerical staff
- 42.2 Within Addiction Services we have been involved in implementing a number of pay and service modernisation initiatives.
- 42.3 Addiction Services has set up a Steering Group for Agenda for change with representation from Community Addiction and Secondary Services and our Staff Partnership Forum. The majority of job descriptions have been signed off across nursing and administration staff, and the knowledge and skills framework leads have undertaken training. We are currently working on job descriptions for AHP, Psychology and Pharmacy and the management team.
- 42.4 The new consultant's contract has been implemented within Addiction Services with all but one of our consultants signing up to the new arrangements. Job Plans and personal and professional development plans for consultants are being reviewed and the arrangements for non-psychiatry medical staff will be proposed in the forthcoming review of medical staffing.
- 42.5 The Social Work Services Staffing Review has now been fully implemented within Community Addiction Teams. Further discussion is underway with the Trade unions regarding the Continuous Professional Development framework for staff.
- 42.6 We are also developing our joint training plan to reflect the requirements of the service and the commitments to our staff. The Training Plan will be wide ranging including, for example, training for all staff in relation to child protection and for the new mental health act as well as providing opportunities for all our staff to progress to baseline and further professional qualifications.
- 42.7 The Addiction Service will also contribute to core training programmes for students in medicine, nursing, psychology, occupational therapy, social work and addiction studies.
- 42.8 It is important to us that we ensure all staff have access to information regardless of where they work within our services. We are striving to achieve this across fieldwork and our secondary services. We have recently consulted staff and approved through our parent agencies a communication plan and the partnership logo and identity, which we will strive to maintain whilst delivering services as part of Glasgow City Council, Social Work Services and GGNHS Board.
- 42.9 This year saw the formalisation of our NHS Staff Partnership Forum, with the approval of the Forum remit, membership and structural links within the NHS.

The Partnership Forum contributed to the development of the Management and Governance paper for Addiction Services, the implementation of the new management arrangements, service redesign and the development of the new logo and communication plan for the service. The forum successfully oversaw the migration of staff across the service into new management and operational arrangements.

42.10 The Forum has also been involved in several service developments including:

- Consultation on Tier Four Services
- Service redesign for partial hospitalisation, in-patient and psychology services.
- Acute Liaison Services
- Opening of new unit – Eriskay House
- Critical Incidents Review Group.

In the next year the Staff Partnership Forum will continue to contribute to service developments, staff governance standards and Agenda for Change.

42.11 The development of information systems, which enhance our services' ability to share information and develop streamlined recording systems, has been a significant challenge. The development of Community Addiction Teams has brought together staff who use two different systems and in some cases staff with no experience in using electronic recording systems.

42.12 This year we have undertaken significant work around developing the Care First system to meet the needs of CATs staff and service users. In the next year we propose to address a number of issues, in order to move towards our main service user records being held within Care First. In addition to this development, information systems must be able to relate across our secondary services e.g. in-patients and to General Practice for the methadone programme. We have developed an IMT Strategy, which sets out clear priorities for the service.

### 43. Finance

43.1 Glasgow Addiction Services Partnership operates within the joint financial framework with aligned Health and Social Work budgets in place. In 2004/2005 this included:

- **Health**                      **£16.461 m**
  - **Social Work**                **£16.2 m**
- TOTAL =                      £32.6 m**

43.2 Significant progress has been made in bringing the finances into line with the revised management structure with good communication between Social Work and Health finance departments.

43.3 The Service operated within funding/budget constraints and has underspent within both Social Work and Health. The main reasons for coming under budget have been related to slippage and vacancies during the period of transition and also due to the extended negotiations in respect of the

methadone shared care scheme. With the filling of the vacancies and the full roll out of the developments, we expect to move to full expenditure.

43.4 Of the total budget of £32.6 m, 59% is allocated from mainstream health and social work budgets. One of the issues regularly raised with the Scottish Executive by partner agencies has been the discrepancy between need in Glasgow (22% national total) and resource allocation (11-18%).

43.5 In Glasgow we now estimate that we are providing services to around 50% of those experiencing service difficulties with their drug misuse. We are unable to provide estimates in relation to alcohol misuse, as we have no reliable prevalence information.

We would wish to increase the numbers of drug service users to around 60% of our prevalence estimate but require balancing this alongside delivering services to people with alcohol problems.

43.6 In order to deliver our overall objectives we will require additional funding from the Scottish Executive or make difficult decisions balancing service delivery across the range of service users. We await the outcome of the most recent funding announcements by the Scottish Executive (November 2004).

#### **44. Conclusion**

44.1 In summary, this report demonstrates a high level of achievement within addiction services for 2004/05.

These achievements have included:

- Establishment of Single Integrated management team for Glasgow Addiction Services.
- Establishment of CATs under single management arrangement.
- All CATs staff (300) now trained in SSA.
- 8,466 people have accessed treatment, care and support through CATs in 2004/05. This is a 37% increase from 03/04.
- 81% of new service users were seen within 21 days. This compares to a national average of 42%.
- Number supported on Methadone Programme has increased by 18%.
- 1,239 people were provided pre-employment, training, education or employment opportunities.
- Additional medical staff have been appointed to develop CAT methadone service.
- Increased number of pharmacies (15-24) participating in needle exchange scheme.

- 4 new community rehabilitation services tendered and awarded to independent sector. Brings total number of services up to 7.
- Archala residential services for young people established.
- 2nd Generation Care – respite service for grandparents established.
- Establishment of new 15 bedded in-patient for North and East Glasgow, Eriskay House.
- a new Arrest and Referral service was established in partnership with Strathclyde Police in the East End of Glasgow with 354 people taking up the offer of service.
- 2 new residential services were tendered and awarded to the independent sector alongside 4 new community rehabilitation services and 2 community alcohol support services.

#### **45. Challenges for Addiction Services**

- 45.1 This year, we have succeeded in developing services that are more easily accessible for the public, providing a wider range of interventions in communities. We have seen a significant growth in numbers of individuals and families accessing our services.
- 45.2 The challenge for the coming year is to consolidate this growth maintaining the balance between alcohol and drug services and ensuring efficient and effective care pathways between community and secondary services.
- 45.3 We need to adapt our services to meet the needs of our service users including adults and young people, children and carers from across Glasgow's communities.
- 45.4 We want to maintain the balance of provision between the methadone programme and other services and increase the level of support to those in the programme, targeting more individuals into further rehabilitation and training and employment opportunities.
- 45.5 We want to further develop our secondary services to meet the needs of those with most complex difficulties including, ARBD, co-existent mental health problems, complex addiction issues and rebalancing service provision between alcohol and drugs.
- 45.6 We aim to achieve all of this within a framework of clear clinical and service standards, ensuring a safe, holistic approach to treatment, care, rehabilitation and support.
- 45.7 We will work with our staff to ensure their continuous professional development, so improving the overall effectiveness of the service.
- 45.8 We see the next year as an opportunity to continue our partnership with the independent sector to develop a flexible range of services within our systematic approach to care.

46. In line with these aims we have identified targets and objectives for 2005/06.

### Targets 2005/06

		<b>2005/06 Target set</b>
<b>Increase the number of people being supported by Community Addiction Teams (CATs) (Corporate Action Plan)</b>	Adults	<b>8,842</b>
	Young People	<b>1,200</b>
<b>Maintain the number of people on the methadone programme at present levels</b>	Total number of individuals on the scheme	<b>7,600</b>
<b>Increase the number of individuals being supported by CATs and specialist services</b>	Total individuals being supported on the methadone scheme	<b>6,500</b>
<b>Increase the percentage of people being prescribed and supported by CATs (i.e. includes medical service)</b>	Total Individuals being prescribed and supported	<b>2,400</b>
<b>Increase the number of individuals entering employment/education/training</b>	Total number of individuals	<b>1,600</b>
<b>Increase the take-up of residential and community based rehabilitation places</b>	Residential	<b>450</b>
	Non-residential	<b>1,200</b>

<b>Implement the shared assessment framework</b> <i>(JPIAF 6 (PI 1))</i>	No of individuals completed assessments	<b>1,200</b>
<b>Reduce the average waiting time between first contact and service start</b> <i>(JPIAF 6 (PI 2))</i>	Average waiting time between first contact and service start	<b>&lt;=7days</b>
<b>Increase by 5% per annum the proportion of clients with a care manager</b>	% of clients with a care manager	<b>70%</b>
<b>Establish and assess the waiting time between referral from CAT to assessment and service provision in secondary services.</b>	Average waiting time between referral and a service	<b>Establish baseline</b>
<b>Reduce the average length of contact where appropriate with secondary services, in-patient and partial hospitalisation through appropriate use of CAT services.</b>	Average length of contact across in-patient, partial hospitalisation and out-patients	<b>Establish baseline</b>
<b>Increase provided secondary service input to drug misusers</b>	Number of individuals	<b>Establish baseline</b>

**Further Key Objectives for Our Service over the Next Year include those, which are targeted at assuring the quality, safety and effectiveness of service provision. These include (but not exclusively)**

#### **Improving service effectiveness through Clinical Governance and Service Audit**

- Continuing development of Single Shared Assessment and Care Management across the service
- Continue to develop risk assessment, critical incident processes, evidence based practice
- Implementing nursing strategies and standards
- Developing new clinical interventions e.g. non-medical prescribing
- Developing shared recording systems
- Medicines management across provided and purchased services
- Professional supervision standards

#### **Ensuring our staff are equipped and supported through Staff Governance**

- Develop and implement Continuous Professional Development Framework for all staff
- Implement pay modernisation initiatives
- Implement Communication Plan

#### **Implementing New Service Initiatives in 05/06 to improve access to services and range of provision**

- Establish Hepatitis C pilot service
- Evaluate Arrest and Referral pilot service
- Establish Acute Liaison Service
- Ensure two new residential units established and operational

#### **Review and Redesigning existing services and commissioning new services to meet needs**

- Complete review of medical staffing
- Complete specifications for ARBD, Co-morbidity, in-patient and Occupational Therapy services
- Complete commissioning programme for Community Alcohol Support Service, ARBD services
- Develop Out of Hours provision