

NORTH LANARKSHIRE COUNCIL

REPORT

TO: Social Work Committee	Subject: Addiction Services - Strategic Review of Social Work Provision
FROM: Jim Dickie Director of Social Work	
DATE OF COMMITTEE: 2 June 1998	
REPORT AUTHOR: George McNally	
REF: GMCI/JMCF	

1 PURPOSE OF REPORT

- 1.1 This report advises members of the outcome of a strategic review of addiction services in North Lanarkshire and outlines a draft strategy for the delivery of an effective and improved addiction service for the area.

2 BACKGROUND

- 2.1 The Social Work Committee at its meeting on 10 June 1997, approved a report which authorised a strategic review of addiction services provided and funded by the Social Work Department. The review of services was carried out in conjunction with Turning Point, a specialist voluntary organisation in the addiction field.
- 2.2 In the course of the review, Turning Point undertook extensive interviews with staff from each of the Social Work Departments specialist addiction projects. Consultation and discussions took place with all relevant senior social work managers and with representatives from social work area teams.
- 2.3 Turning Point consulted widely with the other major agencies who have an interest in the addiction field. This included representatives from the Health Services, Education and Strathclyde Police.
- 2.4 Officers from the Social Work Department carried out detailed interviews with staff from the various voluntary organisations who are engaged in providing addiction services within the North Lanarkshire area.

3 REVIEW FINDINGS

- 3.1 The report produced by Turning Point highlighted a number of issues which require to be addressed in order to achieve a uniform and effective addiction strategy for North Lanarkshire. Appendix 1 of this report contains a summary of the matters identified by Turning Point during the course of the review.

4 DRAFT ACTION PLAN

- 4.1 To establish a comprehensive addiction strategy for the area, the Social Work Department has produced a draft action plan. This document sets out the matters which require to be debated and agreed with our major partners, Health, Education and Housing. In addition there needs to be consultation with staff, service users and relevant trade unions.
- 4.2 **Joint Approach with Health:** The Social Work Department and the Health Board require a jointly agreed statement on their respective roles and responsibilities for addiction services.
- 4.3 A formal liaison system should be established between the Board and Department in order to agree compatibility of strategies, priorities and which service should be commissioned by each respectively.
- 4.4 Joint training involving Social Work, specialist addiction staff along with corresponding staff from the Health Sector is required. The aims are to promote joint understanding of roles and responsibilities and inter agency communication regarding assessment and care management.
- 4.5 Service specifications and monitoring arrangements should be agreed between the two agencies. The monitoring of outputs, outcomes and unit costs should relate to the Best Value regime and be compatible with corresponding systems within the Health Board.
- 4.6 **Service Delivery to Communities:** There requires to be geographical consistency of service delivery and that catchments are coterminous where possible with other related service, e.g. Health services.
- 4.7 Both assessment and care management, and direct specialist service provision will have to be addressed. Substantial detailed work is required on both of these areas, but in the transitional period existing units will continue to operate with some minor changes to ensure appropriate quality and level of services across the authority area.
- a) Wishaw and Shotts area should continue to be served by Shields Project.
 - b) Motherwell and Bellshill to be served by Cross Centre.

(A service delivery point requires to be located in Motherwell). When resources permit, a separate Motherwell project should be considered.
 - c) Cumbernauld and Kilsyth can be served by Cumbernauld and Kilsyth Addiction Service (CKAS).

Discussion should take place with the Health Board with a view to securing transfer of funding and resources to the Social Work Department.

- d) Airdrie to be served by Addiction Advisory Service.
 - e) Coatbridge and Chryston areas should be served by a new unit which is able to respond to the different communities in these area.
- 4.8 **Specialist Unit Development Plans:** Each Area Manager will require to produce a development plan for a three year period identifying services, targets and costs for the addiction services in their area, including specialist units and assessment and care management.
- 4.9 The development plans should make clear their links with Area Team services (e.g. Criminal Justice and Child Care) with Health services and other agencies such as Housing and Education.
- 4.10 Each specialist unit should have a clear distinction between those services provided for people under 25 years and for people over 25 years of age. Specific harm reduction services should be detailed.
- 4.11 **Management and Implementation:** Specialist Addiction Services should be delivered and managed on an area basis. The lead in policy and planning matter lies with the Principal Officer for Strategy at Headquarters. Consideration is required on the appointment of a specialist officer who would have the responsibility to drive and monitor the implementation of the Department's addiction strategy, and would give a focus for professional advice within this specialism.
- 4.12 Arrangements will be put in place to establish a development forum to draw on the experience and expertise for addiction staff/project leaders.
- 4.13 The Department requires to develop an effective system of recording information on needs and services which builds on the existing social work information systems. The importance of this factor is underlined by the recent Scottish Office circular on the Scottish Drug Misuse Information Strategy which establishes the Information and Statistics Division of the Common Services Agency (ISD Scotland) as the focal point for information matters including prevalence, effectiveness and key performance indicators.
- 4.14 **Best Value:** The Department is committed to operating within the Council's Best Value Regime, and will seek to provide timeous responses to referrals for assessment and provision of services. The Department will collaborate with Health, the voluntary sector, and other Council Departments to provide the most effective responses to need.
- 4.15 If the Department's services are to continue to provide Health promotion messages, then the Health Services should be asked to consider how to finance these.

- 4.16 The Bellshill Young Persons Drug & Alcohol Project is currently Urban Programme funded, and is regarded as innovative and successful. It has clear overlaps with health and education functions. Consideration should be given to providing such services throughout the Council and how to best agree funding.
- 4.17 A Council on Addiction meets in Airdrie and serves the Monklands Area. The Cumbernauld and Kilsyth Addiction Service (CKAS) organisation, like the Monklands Council on Addiction, is affiliated to the Scottish Council on Alcohol. It will be important to look at the roles of the voluntary organisations in this field with a view to securing Best Value.
- 4.18 **Accommodation:** All existing services need attention to their accommodation. Premises range from needing upgrading to being totally unsuitable for their purpose. There will be a comprehensive review of buildings and related resources.
- 4.19 **Residential Rehabilitation:** In conjunction with the Health Board, there requires to be an agreement on the appropriate balance on residential and non residential services. Discussion will be pursued with the Health Board and Housing respectively on the need for detoxification services, and supported accommodation, and to agree the most appropriate ways of providing these.

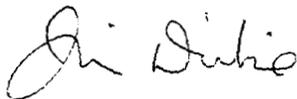
5 IMPLEMENTATION OF ADDICTION STRATEGY

- 5.1 To progress and implement the addiction strategy for North Lanarkshire. The following action is proposed:
- (i) Discussion and agreement of policy with other partners involved in the addiction field
 - (ii) Consultation with service users
 - (iii) Consultation with staff and trade unions
 - (iv) Briefing on strategy for Social Work Committee and other members who have an interest in addiction issues

6 RECOMMENDATIONS

Committee is requested to:

- (i) Note the current position and proposed action
- (ii) To request the Director of Social Work to present a finalised report on the addiction strategy to the August meeting of the Social Work Committee.



Jim Dickie
Director of Social Work
6 May 1998

For further information on this report please contact . Principal Officer (Strategy) (TEL: 01698 332063)

Background Papers

- (i) Social Work Committee Report of 10 June 1997
- (ii) North Lanarkshire Social Work Department Addiction Strategy Report (Turning Point 1998).

NORTH LANARKSHIRE COUNCIL SOCIAL WORK DEPARTMENT - ADDICTION SERVICES

Background

North Lanarkshire Council is responsible for providing Social Work Services to a population of 325,940. The area has unemployment rates of 10.4% for men and 4.2% for women.(1) Ethnic communities represent 0.8% of the population.

Reception in to care (children being accommodated) ranged from 24.2 per 1000 vulnerable population in Wishaw to 7.4 in Coatbridge.

25% of all receptions into care come through the Standby service.

Reasons for receptions into care which relate to alcohol or drug use include

- | | |
|-------------------------------|-----|
| ◆ out with parental control | 18% |
| ◆ deteriorating relationships | 16% |
| ◆ lack of parental care | 16% |
| ◆ alcohol misuse (carer) | 15% |

Levels of drinking drawn from Lanarkshire Health Board's Health and Lifestyle Survey (1996) (2) suggest that

- ◆ 79.9% of the adult population either do not drink or are at sensible levels
- ◆ 15.9% are in the warning range n=40,747 (31,547 men, 9,201 women)
- ◆ 4.2% are in the dangerous range n= 10,898 (9,536 men, 1,362 women)

Total with problem drinking 51,645.

In summary there are estimated to be over 50,000 people who are in the warning or dangerous zone in their use of alcohol.

One recent piece of research (3) has been able to estimate the prevalence of opiate or benzodiazepine use. They collected data on 1,146 individuals who were using opiates or benzodiazepines. From this they estimate that there are approximately 5,000 opiate or benzodiazepine users in Lanarkshire Health Board. Within North Lanarkshire there were 759 individuals which would suggest a figure of 2,600 opiate or benzodiazepine users in North Lanarkshire. This represents 1.5% of the population. South Lanarkshire figures show 1.4% of population, Glasgow figures show 1.5% of population.

There are estimated to be 2,600 heroin or benzodiazepine users in North Lanarkshire.

A further piece of recent research looks at substance use in young people. 1.5% of population.

- ◆ 93 % had sipped alcohol.
- ◆ 1/3 of S1 and 3/4 reported drinking in the preceding month.
- ◆ 49% reported having been drunk.

NORTH LANARKSHIRE COUNCIL SOCIAL WORK DEPARTMENT - ADDICTION SERVICES

- ◆ over 50% of S4 reported being drunk in the previous month.
- ◆ 32.8% reported having used at least one illegal drug. Cannabis was the drug most had knowledge, exposure and access to.
- ◆ 26% had used cannabis in the last year.
- ◆ 18% reported poly drug use.
- ◆ 12 individuals reported injecting drugs.
- ◆ 30% reported that family members take or have taken drugs.
- ◆ 41% had smoked a whole cigarette.
- ◆ 50% of the girls reported having smoked.
- ◆ 25% of those sampled were smokers.

In summary young people are reporting a range of substance use and concerning incidences of intoxication.

Social Work Department has to provide social work services within a culture of drinking and rising levels of drug taking. This manifests itself through individual and familial problems. It includes offending behaviour.

(Current systems within social work do not allow for analysis of the extent of addiction problems in area teams. The evidence which is contained in the area team reports tends to be anecdotal and therefore is not quoted here - if you want it in you can)

Alcohol problems will present problems for Child Care, Community Care and for Criminal Justice teams. It will also create health problems and require access to residential and nursing care services.

Alcohol remains the major drug of abuse.

There is a growing problem of drug use across the area - this covers all kinds of drugs from ecstasy to heroin - the methods of ingestion span the whole range also and will bring particular health issues. Predominantly this type of drug use is among young people. This has implications for the type of service commissioned. The SSI Report on Substance Misuse and Young People says "models and methods of drug and alcohol treatment for young people are largely based on philosophies and practices developed for adult drug misusers. The application of some of these principles and approaches to children and young people were thought to be inappropriate".

NORTH LANARKSHIRE COUNCIL SOCIAL WORK DEPARTMENT - ADDICTION SERVICES

In developing a strategic response to addiction problems in the area the Department needs to address the following:

Authority wide

1. Discussion is needed with Lanarkshire Health Board in order to define and agree the respective addiction responsibilities of the Board and Social Work Department.
2. A system should be established between the Board and the Department which agrees the services to be commissioned by each.
3. Service specifications and monitoring arrangements should be agreed by the two agencies. The department should establish a rolling programme which monitors all projects effectiveness - this to include outputs, outcomes and unit costs.
4. As part of these discussions agreement should be reached on the appropriate balance of spend between residential services and non residential services.
5. Discuss with the Board the need for detoxification services and for supported accommodation and agree the most appropriate ways of providing these.
6. Set up discussions with housing and education within the authority to clarify respective roles and responsibilities.
7. Discuss with the Health Board the funding and management of the Cumbernauld service with a view to bringing it into Social Work management.

Departmental

8. Establish who will lead on addiction in the Centre - is this a planning role or a service delivery one?
9. Establish information systems which will effectively gather information from all area teams and specialist services to feed into the planning process for future services.
10. A Council on Alcohol exists in the Airdrie area. The department should consider whether it should be asked to take on a North Lanarkshire remit to ensure equitable access to service across the authority.

Area

The departmental response to addiction centres on the responses offered by area team staff and by staff from specialist addiction services across the authority area.

11. There should be an ability to access specialist services wherever in the authority the individual lives. A distinction should exist between the services on offer to under 25s and those to over 25s. Services for the under 25s need to offer harm reduction services.
12. The department commits itself to responding to any person with an addiction problem by offering them an assessment within five days of their referral. They would then receive an individualised programme which could include individual counselling and group work. Their programme would be subject to review after

ORTH LANARKSHIRE COUNCIL SOCIAL WORK EPARTMENT - ADDICTION SERVICES

- 12 weeks. The programme would be offered either solely by social work staff or in collaboration with colleagues from health and /or voluntary organisations.
3. The provision of day centres solely for addiction is not thought to be the most appropriate use of resources. Many people have attended these over long time spans. Individuals should be helped to move on to more appropriate community services.
 14. If departmental services are to continue to provide health promotion messages then the health service should consider how it finances these.

Specialist services should be available across the authority.

15. Current gaps in service clearly exist in the Coatbridge/ Chryston/Muirhead areas.
16. There needs to be greater clarity about which specialist service covers Motherwell.
17. All existing services need attention to their location. Premises range from needing upgrading to being totally unsuitable for purpose.
18. There needs to be greater consistency in management of specialist services and a departmentally approved addiction forum is needed.
19. Specialist services should develop business plans for three year periods. Such services could continue to be delivered within the authority. Their plans would be transparent and their costing clear. New services could be developed within or could be contracted on a similar basis.

NORTH LANARKSHIRE COUNCIL SOCIAL WORK DEPARTMENT - ADDICTION SERVICES

- ◆ Information Systems : You need to decide whether you will invest lightly or heavily in setting up effective information systems to gather information on alcohol/drugs in Area Teams and specialist services. Refer to Section 5.1.
- ◆ Define and agree with the Health Board social work addiction responsibilities and health service addiction responsibilities.
- ◆ Establish system between health and social work to agree services to be commissioned (clarify where gaps currently exist).
- ◆ Agree service specification and commission jointly.
- ◆ For in-house services agree specification and monitoring arrangements.
- ◆ Clarify Area Team role in above process.
- ◆ Clarify specialist service role and consistent management line.
- ◆ Clarify responsible officer in centre structure.
- ◆ Clarify in council which other departments may have a key contribution (Housing?).
- ◆ Review balance of current spend on fieldwork and residential.
- ◆ Consider with Board whether there may be a more cost effective spend on detoxification and on going support packages.

- ◆ Establish rolling programme for monitoring of all projects effectiveness - include outputs, outcomes and unit costs.
- ◆ Consult with family support groups and others (including those with direct experience of drug and/or alcohol problems) on the implementation of the strategy

NORTH LANARKSHIRE COUNCIL SOCIAL WORK DEPARTMENT - ADDICTION SERVICES

- ◆ A decision is needed on whether day centres should continue or whether people should be encouraged to move on from service back into the community.
- ◆ Consider whether there are benefits in having more consistency in their management.
- ◆ A decision is needed to clarify who should cover Motherwell and how it should do this.
- ◆ Decide whether to move the service to Coatbridge or retain it in Airdrie with a remit for Airdrie.
- ◆ Decide which existing or new service should cover Chryston and Moodiesburn.
- ◆ Decide whether projects should be alcohol or drug focussed. An alternative method may be to provide under 25 services and over 25 services to reflect the different needs and skills involved.
- ◆ Decide on the range of harm reduction activities staff can be involved in.
- ◆ Either NLSWD should stop gathering the information or it should start analysing the information.
- ◆ Each project to develop a business plan from which would derive service specification. Projects would begin to introduce cost factors which demonstrate their efficiency.
- ◆ If a council on alcohol exists in Airdrie - could /should it take on a North Lanarkshire remit to ensure that this type of service is available on an equitable basis across the area. The Council on Alcohol should be asked to consider how it could provide a service across the authority in a cost efficient way.
- ◆ Consideration should be given to seeking resource transfer of the health monies to social work, to agreeing a service specification and contract for the Cumbernauld service and to supervising it within the Cumbernauld area team.