

## NORTH LANARKSHIRE COUNCIL

## REPORT

TO: Social Work Committee	Subject:  Substance Misuse: A Partnership Approach
FROM: Jim Dickie Director of Social Work	
DATE OF COMMITTEE: 24 August 1999	
REPORT AUTHOR: George McInally	
REF: JD/GMcI/DH	

**1 PURPOSE OF REPORT**

- 1.1 To advise the Social Work Committee of an agreement between Lanarkshire Health Board, Lanarkshire Primary Care NHS Trust, South Lanarkshire and North Lanarkshire Council's on substance misuse services.

**2 BACKGROUND**

- 2.1 A report on Addiction Services was presented to the Social Work Committee at its meeting on 30 March 1999, advising of the progress which had been achieved by the Social Work Department in developing addiction services in North Lanarkshire.
- 2.2 The report referred to the discussions which were taking place with the Health Board and the Health Care Trust to define and agree specific areas of responsibility in the delivery of substance misuse services.
- 2.3 Since the submission of the report on 30 March 1999, agreement has been reached with the Health Service on arrangements for the delivery of services, joint assessments, referral arrangements, information and statistics. These issues are contained within a report which has been presented to and approved by the Drug Action Team. (A copy of the report is attached at Appendix 1)
- 2.4 Agreement on the various aspects of service provision and delivery should result in more effective, better co-ordinated services being available to people in the locality who misuse drugs or alcohol.

**3 IMPLEMENTATION ARRANGEMENTS**

- 3.1 As part of the process of introducing the arrangements contained in the Partnership Approach Report, a pilot study has been implemented to run in the area covered by the Motherwell/Clydesdale Community Addiction Team. Sofar as North Lanarkshire is concerned, this takes in Motherwell, Bellshill, Wishaw and Shotts areas.

3.2 The pilot will involve all the agencies who have responsibility for providing substance misuse services along with a number of G.P. Practices in the area.

3.3 Assuming there are no major problems identified during the course of the pilot, the new arrangements will be implemented across the whole of the Council area at the conclusion of the study.

#### 4 CONCLUSION

4.1 The Partnership Approach between the Local Authorities, Lanarkshire Health Board and Lanarkshire Primary Care NHS Trust is in accord with the stated arrangements contained in the Governments Report "Action in Partnership". In this regard Lanarkshire should be viewed as an area which is ready to embrace the strategies set out by the Government for dealing with drug misuse.

#### 5 RECOMMENDATION

5.1 The Committee is requested to:-

- i) note the terms of this report.



**Jim Dickie**  
**Director of Social Work**  
**17 August 1999**

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

## APPENDIX I

**LANARKSHIRE HEALTH BOARD,  
LANARKSHIRE PRIMARY CARE NHS TRUST,  
NORTH AND SOUTH LANARKSHIRE SOCIAL WORK**

**LANARKSHIRE SUBSTANCE MISUSE SERVICES**

**A PARTNERSHIP APPROACH**

**1. Introduction**

In 1998, North Lanarkshire Council, Social Work Department commissioned a review of its addiction services. The review was undertaken by Turning Point, a specialist organisation with extensive experience in the addiction field. At the conclusion of the review, the report which was presented to the Social Work Department highlighted a number of issues which the department required to discuss and agree with Lanarkshire Health Board and Lanarkshire Health Care Trust to achieve improvements in the delivery and the development of appropriate and effective addiction services in the North Lanarkshire area.

At the outset of their deliberations the Council, the Health Board and the Health Care Trust, recognised the merit and necessity of involving South Lanarkshire Council in the discussions, as any initiatives which were agreed could then be applied across the whole of Lanarkshire.

In the intervening period, officers from all the agencies concerned, have been engaged in a comprehensive study of the respective services. The outcome of their deliberations will therefore ensure that service provision, practice and approach are designed to best meet Lanarkshire's needs, in this important and growing area of treatment and care.

**2. Service Provision In Lanarkshire**

The Health Care Trust has three Community Addiction Teams covering Lanarkshire. The location and staffing details of the teams are:-

**Hamilton East Kilbride Community Addiction Team**

Plaza Tower  
Town Centre  
East Kilbride

Consultant Psychiatrist  
Senior Charge Nurse  
Four Deputy Charge Nurses

**Monklands/Cumbernauld Community Addiction Team**

Townhead Clinic  
Lomond Road  
Coatbridge

Consultant Psychiatrist  
1 Senior Charge Nurse  
Four Deputy Charge Nurses  
Part time Senior Occupational Therapist

**Motherwell/Clydesdale Community Addiction Team**

504 Windmillhill Street  
Motherwell

Consultant Psychiatrist  
Part time Consultant Psychologist  
Senior House Officer  
Clinical Assistant  
Senior Charge Nurse  
Four Deputy Charge Nurses  
Senior Occupational Therapist

**Harm Reduction Team**

Project Co-ordinator  
Project Support Worker

**Lanarkshire Drugs Service**

Medical Director  
3 Senior Charge Nurses

Within the local authorities, the service arrangements differ in that, North Lanarkshire services are provided through four specialised departmental projects, the location of these services and staffing levels are:-

**Airdrie Substance Misuse Service**

81 Hallcraig Street  
Airdrie

Project Leader  
Two Project Workers

**Bellshill Cross Centre**

171 Main Street  
Bellshill

Project Leader  
Two Project Workers

**Shield Centre**

27/29 Hill Street  
Wishaw

Project Leader  
Two Senior Project Workers  
Three Project Workers

This centre also operates a three bedded residential unit and three link tenancies therefore, it employs one full time Warden/Counsellor and one part-time Warden/Counsellor.

**The Rushes (Young Person Drug and Alcohol Project)**

95 Main Street  
Bellshill

Project Leader  
Two Youth Drug Workers  
Sessional Staff who co work with groups

North Lanarkshire Council Social Work Department, has recently received committee approval to engage a further four Substance Misuse Counsellors, it is anticipated these posts will be filled in the next two to three months.

In North Lanarkshire there are also two voluntary organisation who provide services:-

**Monklands Council on Addiction**

81 Hallcraig Street  
Airdrie

There are no paid staff employed on the project however there are nine trained volunteers.

**Cumbernauld and Kilsyth Addiction Service**

Carron House Town Centre  
Cumbernauld

Project Co-ordinator  
One Project Worker  
17 Volunteer Counsellors

## **Criminal Justice**

The Social Work Department receives funding from the Scottish Office for the provision of Addiction Services in Shotts and Longriggend prisons. The addiction posts within these establishments are currently vacant and are the subject of the recruitment process.

The Scottish Executive has recently allocated £80,000 per annum to be directed to community based services in Lanarkshire for clients who are in the Criminal Justice system. It is likely that the £80,000 will be split evenly between North Lanarkshire and South Lanarkshire Councils

### **South Lanarkshire Social Work Service**

Within South Lanarkshire Council, the Social Work has an overall establishment of 13 substance misuse workers including two senior posts. The staff are located in the local offices:-

Blantyre Area	Victoria Street, Blantyre
East Kilbride Area	Edinburgh House, 20 Princes Square, East Kilbride
Hamilton Area	9 High Patrick Street, Hamilton
Clydesdale Area	South Vennel, Lanark
Larkhall Area	Claude Street, Larkhall
Rutherglen/Cambuslang Area	380 King Street, Rutherglen

Throughout the Lanarkshire area there are a number of AA, NA and AL Anon groups offering support.

### **3. Roles and Responsibilities**

A major feature of the discussion between the Health Service and the Social Work Departments was the requirement to define their respective roles and responsibilities in the provision of drug and alcohol services. Clarification of these functions allows the organisations to focus on their areas of strength and expertise. It is essential that other disciplines who are in contact with individuals who misuse drugs or alcohol, are conversant with the most appropriate area where they can access treatment, counselling and assistance which may be required by those seeking help with a substance misuse problem.

Further discussion is required to take place between all agencies on the most appropriate approaches to young people under the age of 16 and people over pensionable age.

However it is acknowledged that whilst definitions of services and outlines of roles and responsibilities can be agreed, there can be no "hard" boundaries at the point of service delivery, as health needs and social needs are inextricably entwined, and therefore partnership in practice between the various provider agencies is an essential element of service design and development. With this important principle in mind it is nevertheless recognised that the Community Addiction Teams, the Shared Care Project and the Lanarkshire Drug Service should have overall responsibility for medical intervention and treatment.

3.1 The range of healthcare services and specialist psychiatric services for people who abuse substances can include:-

<b>INTERVENTIONS</b>	<b>CONTACT</b>
Medical advice	Community Addiction Team, Lanarkshire Drug Service
Assessment for rehabilitation services	Community Addiction Team, Lanarkshire Drug Service
Assessment, referral and liaison with statutory and non-statutory service	Community Addiction Team, Lanarkshire Drug Service
In-patient, outpatient and home based (domestic) detoxification	Community Addiction Team
Management of withdrawal	Community Addiction Team, Lanarkshire Drug Service
Outpatient treatment including behavioural and relapse prevention methods	Community Addiction Team, Lanarkshire Drug Service
In-patient treatment	Community Addiction Team
Full physical examination	Community Addiction Team, Lanarkshire Drug Service
Care planning, treatment planning and ongoing care management and monitoring	Community Addiction Team, Lanarkshire Drug Service
HIV, HBV and HCV testing	Community Addiction Team, Lanarkshire Drug Service
HBV vaccination and appropriate counselling	Lanarkshire Drug Service
Shared care initiatives and substitute prescribing programme	Lanarkshire Drug Service, Harm Reduction Team
Harm Reduction	Community Addiction Team, Lanarkshire Drug Service, Harm Reduction Team
Minimal Intervention	Community Addiction Team, Harm Reduction Team
Day patient programmes	Community Addiction Team
Health promotion and health advice	Community Addiction Team, Lanarkshire Drug Service, Harm Reduction Team
Relapse prevention and lifestyle modification	Community Addiction Team, Lanarkshire Drug Service
Liaison with acute hospital services and accident and emergency units	Community Addiction Team
Education and training of other workers	Community Addiction Team, Lanarkshire Drug Service, Harm Reduction Team

3.2 In defining roles it has been agreed that the Social Work authorities are best placed to deliver social needs services. Such services are concentrated on a number of key areas:-

### **Assessment and Care Management**

Social Work staff will carry out a full assessment of an individual's care needs and seek to identify appropriate services to meet these needs. Where input from other agencies is required then social work staff will facilitate and co-ordinate this, with agreement and participation from the individual.

A care plan will be established with the individual which details the services required to meet that individual's needs. Social work staff will provide and/or arrange the delivery of care services, monitor progress for the individual and review the care plan on a regular basis. Social Work staff will ensure that an assessment of the needs of carers is offered and provided where requested.

### **Advocacy**

Social Work staff aim to promote the rights, interests and acceptance of people with substance misuse problems. Social Work staff will therefore advocate on behalf of individuals through:-

- speaking on a person's behalf
- submitting reports
- facilitating access to health and social services
- assisting individual to obtain appropriate welfare benefits
- educating others about substance misuse issues and about the specific needs of a given individual

Advocacy is geared towards assisting the individual to achieve the goals as set out in the agreed care plan.

### **Substance Misuse Counselling**

Social Work staff will utilise a range of counselling skills to assist the individual in acknowledging and addressing the extent and nature of his/her substance misuse. Individuals will be assisted to choose their goals, and the means by which they hope to achieve these. Individuals will be encouraged and supported to progress their way forward. Where specific traumatic issues come to light through counselling, e.g. sexual abuse, post traumatic stress disorder, staff will refer individuals on to appropriate specialist counselling services.

## **Lifestyle Modification**

Social Work staff will encourage and support individuals to achieve lifestyle changes with the adoption of new self images in which substance use does not play a central role. Staff will aim to reduce the risks associated with an individual's substance use and lifestyle (child care problems, homelessness, offending behaviour) through:-

- information
- individual empowerment by increasing self efficiency and self assertion in the negotiation of risk
- helping the person access resources which allows for health planning and the adoption of health routines

## **Specialist Support For Other Staff**

Specialist Social Work staff will support colleagues from other sections and/or disciplines through providing information and advice related to substance misuse issues. It is acknowledged that drugs and alcohol play a significant role in the lives of many people accessing social work and other local authority services, rather than referring all these individuals to specialist staff, these will act as 'consultants' to others.

Those who are involved in making referrals, are requested to note the range of services which are provided through the Community Addiction Teams, and by the specialist staff in Social Work.

## **4. Partnership in Practice**

### **Referral Arrangements**

Having reached agreement on the roles and responsibilities to be undertaken by the respective organisations, the next important step in the provision of an effective substance misuse service in Lanarkshire is the utilisation of the facilities and skills in the relevant areas of health service and local authorities. Therefore the approach which is being adopted is based on a system of communication, co-ordination and collaboration. To this end, the opportunities for cross referral have been agreed. For example, if someone presented at social work and it was identified that medical intervention was required, there will be the facility to make a direct referral from the specialist worker, to the Community Addiction Team. Similarly, the Community Addiction Team will be able to refer directly to the specialist social work service.

For this system to work effectively all parties engaged in the referral process will have to have trust in the cross referral arrangements. In many instances people who are referred to the Community Addiction Teams by GP's require detoxification. Following the detox, the individual may need a period of counselling and support. Due to the pressures on the medical services in the C.A.T., it may be necessary to refer the patient to Social Work for the completion of the overall programme of intervention. In such instances, it will be incumbent on the C.A.T. to inform the G.P. of the action taken.

## **5. Common Assessment Form**

In the spirit of collaboration and in the interests of efficiency, a common assessment form has been developed (see Appendix One). It is intended that the form be used by all the agencies and services that will be involved in referrals and the provision of services to people who misuse substances.

Those who are mainly involved in the referral process, e.g. GPs, will only be required to complete the first page of the twelve page referral document. The remaining sections of the form will be completed by the service provider.

The information gathered in the assessment form from the referral stage through to the completion of the treatment/intervention, will provide information to allow the services in the Lanarkshire area to be effectively measured.

## **6. Data Collection and Analysis**

Apart from collecting information through the newly designed assessment documentation, steps are being taken to capture information on the extent of alcohol misuse in the Lanarkshire area possibly through the use of the SMR23 form. This action should lead to the provision of more reliable information on the extent of alcohol misuse problems within the area.

## **7. The Partnership Approach Pilot**

The statutory bodies involved in developing the new approach to substance misuse services are anxious that the corporate approach succeeds. Therefore before introducing the new arrangements on a Lanarkshire wide basis, it is proposed that these are tested for a limited time in area covered by the Motherwell/Clydesdale Community Addiction Team. This arrangement will provide the opportunity to test the effectiveness of the proposed procedures and this allows both North and South Lanarkshire Councils to be involved in the pilot.

It is suggested that a pilot study operates between June and August 1999. Provided there are no major difficulties identified during this period, the procedures can quickly be applied to the remainder of the Lanarkshire area with a view to introducing throughout Lanarkshire in November.

## **8. Detoxification Rehabilitation Services**

It is recognised that any strategy for tackling drug and alcohol misuse, has to address the circumstances in which it is considered appropriate to make use of residential detoxification and rehabilitation facilities. The Lanarkshire Drug Action Team, has established a sub group to examine this issue. Whenever the sub group has completed their deliberations their recommendations will be incorporated into the overall strategy for the Lanarkshire area.

## **9. Training and Implementation**

There will be a need to spread understanding of the New Approach within Health and Social Work. The intention is to have particular workshops for the pilot, followed by Lanarkshire wide training.

## **10. Conclusion**

This New Approach in the delivery of substance misuse services combined with close collaboration with Health and Social Work will lead to a more efficient, reliant, accessible service for people throughout Lanarkshire who experience alcohol and drug problems.

The benefits of this service will not only be appreciated by individuals and by professional staff but more importantly the families and carers of those who require to access such interventions.