



## **Briefing to support the Health and Sport Committee's inquiry into substance misuse and the preventative agenda**

### **Introduction**

The Care Inspectorate is the official body responsible for inspecting standards of care in Scotland. That means we regulate and inspect care services to make sure they meet the right standards and help them improve if needed. We also carry out joint inspections with other scrutiny bodies to check how well different organisations in local areas are working to support adults and children. We help ensure social work, including criminal justice social work, meets high standards. Across all our work, we provide independent assurance and protection for people who experience care, their families and carers and the wider public. In addition, we play a significant role in supporting improvements in the quality of care, and reducing health and social inequalities, in Scotland.

### **Our response**

The [2014 Quality Principles: Standard Expectation of Care and Support in Drug and Alcohol Services](#) are central to the implementation of the Scottish Government's Quality Improvement Framework for drug and alcohol treatment and support services.

In responding to this call for evidence, our response is primarily based on findings from our recent report, Alcohol and Drug Partnerships: A report on the use and impact of the Quality Principles through validated self-assessment. This joint programme of work was commissioned by the Scottish Government in 2015 to determine how well the Quality Principles have been embedded and to assess their impact on supporting ADPs to achieve better outcomes for people who use alcohol and drug services.

The main objective of our work in this area was to provide:

- an evidence-informed assessment of how local services are implementing the Quality Principles to help local ADPs identify their own strengths and prioritise areas for improvement
- a national picture of how the Quality Principles are being used to strengthen a culture of continuous improvement and quality assurance of performance, to support Scottish Government and other key stakeholders in designing any further national support to services and ADPs.

We also looked at how well partners and staff across services are working together to deliver high quality person-centred prevention, treatment, recovery and support services that improves the lives of individuals.

The validated self-evaluation commenced in January 2016. A small team of our strategic inspectors worked with local ADPs, providing support and challenge to ensure their self-assessment was thorough, rigorous and transparent.

## **Our findings**

The majority of ADPs are actively embracing and working towards implementing the Quality Principles. While the degree to which they have been embedded is variable across the country, a positive shift towards a recovery philosophy has been made and it is clear that they are influencing strategic planning, commissioning, service delivery, workforce development, practice and organisational culture and change.

Where the Quality Principles were embedded successfully, people experiencing care and support were positive about the personal outcomes that they achieved. Partnerships and staff reported a strategic commitment and strong aspiration to shift the balance of care from clinic-based provision to community provision that is holistic, person-centred and recovery-focused.

Various factors were associated with successful implementation:

- The majority of ADP strategies and delivery plans were informed by a strategic needs assessment of both current and future local need.
- Most ADPs have appropriate governance structures and accountability arrangements in place.
- All ADPs have in place financial planning and monitoring processes to support transparency and accountability in commissioning, despite complex budget challenges in terms of planning, developing and delivering services.
- Most staff proactively engaged with individuals and families, supporting them into services, helping ensure regular attendance at appointments and other wrap around services to address broader holistic needs beyond problematic alcohol and drug substance use.
- Most ADPs acknowledged that family-inclusive practice could be more actively promoted, to support and strengthen involvement, especially within the prison population.
- In ADPs where there was a shared-care approach between statutory services and third sector partners, as part of a recovery-oriented system of care there was greater cohesiveness and improved coordination of services.
- The majority of people said that their recovery plan included information on reducing harm and aimed for stable recovery beyond treatment into aftercare.
- The responsiveness of services to the needs and wellbeing of dependent children was good overall. However, in a small number of cases the needs and wellbeing of the children were not fully considered in the assessment.
- There were examples of effective use of multi-agency meetings to review progress, but this was not standard practice across all ADPs and services.

In partnerships where less progress had been made, a common issue was people reporting that they felt judged and stigmatised in their interactions with professionals. This suggests that, in some cases, continued workforce development is vital to ensuring staff across a range of different services are confident in demonstrating the appropriate values and high professional standards, reinforcing respect and dignity as fundamental principles. Other recurring issues included:

- Assessments varied significantly in quality. While there was a growing commitment towards a strengths-based approach, there were still opportunities to improve the quality of assessments through greater focus and identification of the individual's recovery capital and strengths.
- One in ten people who responded to a survey of people who use drug and alcohol services felt they lacked information about community-based services they may need to access as part of their progress through treatment.
- Further work is needed in some ADPs to make best use of shared resources to effectively plan local strategic priorities and develop better commissioning approaches.
- Some people living in remote and rural areas were notably disadvantaged by costly or limited transport options.
- In one-third of the records we read, practice was either weak or unsatisfactory in evidencing how well people were supported to understand and exercise their rights or how to make a complaint. There was also very limited evidence that staff were giving people information about independent advocacy.

A wide range of innovative, early intervention approaches and initiatives are being used to build community engagement with the aim of increasing awareness and understanding of problematic substance use and recovery. However, most ADPs struggled to demonstrate the impact of their work on their local communities.

The majority of ADPs had procedures in place to identify and assess children affected by parental problematic substance use. Support needs to continue for joint working between staff in alcohol and drug services and staff in children's services to ensure children and young people affected by substance misuse are protected.

Overall, it was clear that much work had been done to embed a recovery approach across the country. Work had been done in staff recruitment and workforce development, policy and practice development, and commissioning. Nonetheless, a recovery philosophy was not yet implemented across wider mainstream services or fully promoted within all communities. Further work is needed to strengthen and embed a greater understanding and application of a recovery philosophy and the Quality Principles into workforce practices and culture. This would ensure people are made fully aware of what they should expect from services in terms of the quality of care, treatment and recovery support provided.

## **Looking ahead**

Following this research we provided each ADP with a feedback summary that identified key strengths and areas for improvement. We have encouraged ADPs to develop an improvement plan informed by their validated self-assessment. We

would also encourage ADPs to now focus on the development of impact measures to seek assurance that the strengthening of processes supported by the use of the Quality Principles is translating into better experiences and more positive outcomes for people who use services, and for their families and communities.

By focusing on the experience of people using services and supporting their outcomes, the new Health and Social Care Standards will help ensure that everyone receives the care and support that is right for them. The Care Inspectorate and Healthcare Improvement Scotland will take into account the Standards when carrying out inspections and quality assurance functions. These new standards are not just relevant for registered care services, but are designed to inform how a wide range of health, social care, and social work services plan, commission and deliver their work to achieve high quality care..

They clearly set out the standard of care a person can expect. For example, the standards establish that:

- I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.
- I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.
- The organisations that support and care for me help tackle health and social inequalities.

The Care Inspectorate's expectation is that all care services, social work services, local authorities, integration joint boards, community planning partnerships and community justice partners should now be familiarising themselves with the new standards and, by April 2018, taking account of the new standards when planning, commissioning and delivering services.

## **Conclusion**

We would be delighted to provide further detail or information on any aspect of the issues raised in this briefing.