

A Process Evaluation of Community Addiction Teams (CATs) in East & North East Glasgow during the First Year of Operation

Summary

Substance Misuse Research

SUBSTANCE MISUSE RESEARCH

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SUMMARY

Peter Keenan

Strathclyde Graduate School of Business

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This Drug Misuse Research publication is an abridged version of an extensive qualitative study which will be available from Glasgow Addiction Services website.

For further details of this study, please contact:

Peter Keenan
Strathclyde Graduate School of Business
2nd Floor
199 Cathedral Street
Glasgow G4 0QU
Tel: 0141-553 -6040
Email: Peter.Keenan@gsb.strath.ac.uk

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Chapter 1: Background to CATs

Over the last decade, the focus of addiction service provision in Scotland has gradually shifted towards an integrated model of care. The introduction of **Community Addiction Teams (CATs)** in Glasgow in December 2003 formed part of this new approach to delivering better services.

This chapter summarises the national strategies, local developments and issues influencing the development of CATs. It illustrates the degree of environmental and organisational complexity that underpinned the launch of the first two CATs in the east and north-east of the city.

National strategy, policies and reports

The concept of CATs emerged as a result of strategic initiatives and reports at both national and local level in relation to drug and alcohol addiction services in Scotland and the UK.

The recurring theme from these initiatives was the recommendation for the need for health, social care and voluntary agencies to work more closely together and to rethink how addiction services could be jointly resourced, organised and delivered.

Local developments for integrated services in Glasgow

Since 2001, three major reviews of addiction services provision in Glasgow have been conducted.

- **Glasgow City Council Addiction Services Review (2001)**
- **Joint Review of the Methadone Programme (2001)**
- **Joint Purchased Services Review (2002)**

The findings of these reviews reinforced the need for the development of an integrated model of care for addiction, as well as increasing awareness of the Joint Futures agenda and the long term implications of this on strategic planning for both Greater Glasgow NHS and Glasgow City Council.

Other local developments, guided by national strategies for health and social care services, included:

- Greater Glasgow DAT Strategy (1999-2003)
- Greater Glasgow AAT Strategy (2000-2003)
- Greater Glasgow NHS Modernising Mental Health Strategy (2000)
- Glasgow Joint Community Care Plan (2001-2004)
- Greater Glasgow NHS Local Health Plan (2002-2005)
- Glasgow City Council Criminal Justice Plan (2002-2005)
- Glasgow City Children's Services Plan (2002-2004)
- Glasgow City Homelessness Partnership Strategy (2003)

Local issues in Glasgow influencing the development of CATs

Many 'ongoing issues' occurred in parallel with the implementation of CATs. These issues were not always directly linked into the integrated addiction service strategy but potentially determined how CATs would operate within Glasgow.

These issues included hostel closures in Glasgow during 2003-04, the introduction of an Arrest & Referral Scheme in 2004 in the East End of Glasgow, and the introduction of a Single Shared Assessment for addictions.

Key local developments, described below, help to provide some context for the implementation of CATs in Glasgow:

1. **General Medical Services Contract ('GP Contract'):** In 2003, the British Medical Association agreed a new GP contract with the UK government. This covered methadone prescribing, categorised as an 'enhanced service'.
2. **Tier 4 Consultation Process:** A consultation process, started in 2003, proposed a reorganisation of existing Tier 4 specialist services (i.e. hospital-based services) in order to prevent duplication of service provision and to avoid confusion over referral pathways, taking the introduction of CATs into account.
3. **Development of Community Health Partnerships (CHPs):** CATs would need to be represented and included within the full CHP implementation, planned for April 2005.
4. **Glasgow City Council Social Work Services Staffing Review:** During 2003, GCC Social Work Services proposed changes to enable the council to recruit and retain fieldwork staff following a 6-month staff grading review. This created a range of new posts and placed an increased emphasis on learning and development.

Stakeholders

Stakeholders, who were most likely to depend on CATs, and on whom CATs would depend, spanned a wide range of health, social work and voluntary sector services. They included agencies such as Adult Community Care Teams, Children & Families, Criminal Justice, Community Mental Health Teams, GP Shared Care Scheme, Homelessness Addictions Teams, Housing Agencies, Secondary Services (Health) and Women's Reproductive Health Services. Glasgow-based stakeholders included Glasgow Council for Alcohol, Glasgow Drug Crisis Centre, Glasgow Drug Court and Greater Easterhouse Alcohol Project.

Feedback from a consultation exercise in 2002-2003 suggested that implementing a joint approach to the management of both drug and alcohol addictions presented a significant challenge. CATs would find it difficult to meet all stakeholder groups' expectations in an equitable manner.

The Glasgow Addictions Services Strategy

During 2001-2002, Greater Glasgow NHS Board and GCC Social Work Services began to discuss partnership arrangements for addiction services in Glasgow in line with the recommendations of the Joint Futures Strategy.

Drug and alcohol addictions would no longer be managed separately, and new organisational structures were needed to manage and deliver integrated addiction services.

The development of a template for CATs resulted in *CAT Service Specification for East & North East CATs* in August 2002. This highlighted a number of strategic dilemmas, including:

- The presence of competing models of care i.e. '*the medical model*' of health staff versus '*the social model*' of social care and voluntary staff.
- The need to balance the inter-linking of CATs with health, social care and voluntary services and recognition of a wide range of individual and group interests from staff and stakeholders.
- The challenge of developing the integrated model of care within the context of an ever-changing health and social care environment, where planning and implementation timescales are affected by external changes and events, such as the introduction of CHPs.
- Acknowledgement that not all staff and stakeholders may embrace the integrated model of care.
- The challenges of the new approach to managing drug and alcohol addictions within one '*whole system of care*'.

Conclusion

A wide range of national and local strategic drivers underpinned the introduction of CATs in Glasgow in 2003. All of these stressed the need for an integrated model of care for addictions and improvements in the delivery of this care.

Chapter 2: Aims, objectives and methodology

The first two CATs introduced in the East and North East of Glasgow acted as pilot sites. Seven more CATs were planned to roll out across the city and the issues emerging from the first two teams would help the other seven CATs to reflect and learn from both 'best practice' and challenging issues. To facilitate this process, the Scottish Executive's Effective Interventions Unit, Greater Glasgow NHS Board and Glasgow City Council jointly commissioned Peter Keenan in July 2003 as the CAT Evaluation Researcher. The aims of the evaluation were to describe and analyse how CATs developed within the first year of operation. The objectives were:

- To examine how addiction nurses and social care workers worked in practice within integrated teams.
- To assess stakeholder response to the introduction of CATs.
- To assess the impact of integrated services from the perspective of service users and carers.
- To identify key factors which dominated the first year of operation in East and North East CATs that would assist organisational learning for future CATs across Scotland. This would contribute to providing evidence about the most effective approach to care coordination.

Research methods

Qualitative methods were used with CAT staff and stakeholders. The process consisted of 131 semi-structured, in-depth interviews conducted with 20 CAT staff and 24 stakeholders from a total sample of 44 participants. Three sets of interviews took place in the period December 2003 to December 2004, the first at the start of the period, the second at 6 months and the third at 12 months.

Mixed methods were used for service user involvement. Two peer interview groups from Scottish Drugs Forum (SDF) and Alcohol Focus Scotland (AFS) carried out interviews among 83 drug and alcohol service users who received help from both East and North East CATs. The evaluation process included 75 drug service users and 8 alcohol service users. Alcohol service user recruitment was problematic as this client groups' contact with CATs often tended to be from their homes instead of at the CAT department or clinics. No carers participated in the evaluation process.

Structure of Evaluation Findings

Research findings are summarised in three separate chapters. These focus on:

- Integrated services working effectively (Chapter 3)
- Working in a CAT from the staff perspective (Chapter 4)
- Service user and carer findings (Chapter 5).

Chapter 6 examines the meaning of the evaluation in the wider context of integrated services across community care, such as Joint Futures and Community Health Partnerships.

Chapter 3 Evaluating the effective working of integrated addiction services

To evaluate the operational efficiency of integrated addiction services, the study focused on four areas:

1. CATs working in partnership with health, social care and voluntary agencies
2. Access and referral routes into CATs
3. Information sharing, communication and assessment
4. General service development.

Working in partnership

Theme Context

CAT staff were asked to describe working in partnership with health, social and voluntary agencies; stakeholders were asked to describe working in partnership with drug, alcohol and complex psychiatric co-morbidity-related cases.

Addiction services in Glasgow prior to CATs

Different types of addiction services were provided by different health, social care and voluntary agencies. These services tended to be managed and co-ordinated at different places and across different organisational boundaries where partnership arrangements were significantly varied and diverse.

Analysis summary

- Partnership arrangements worked successfully where formally agreed links between CATs and stakeholder agencies were established. Collaboration tended to work less successfully when informal non-agreed links characterised partnership arrangements.
- Although continuation of pre-CAT links often meant that no new partnership links had developed with GCC social care agencies and CATs, this provided some degree of stability for CATs and GCC social care agencies during the transition period.
- New standardised templates or protocols implemented between CATs and partnership agencies were well received by CAT staff as they provided a source of reference and guidance for them during transition.
- During the first year, partnership arrangements with stakeholder agencies developed at a different pace between East and North East CATs. CAT staff and stakeholders attributed this to contrasting management approaches by both Team Leaders.

Implications for policy and practice

- Community Addiction Managers (CAMs) should make the development of formally agreed links a priority.

- The development of partnership arrangements across multiple stakeholder agencies needs time and planning and should be phased in carefully.
- Promoting a new integrated service to stakeholder agencies should take place after the planning phase rather than before it.
- The development of partnership arrangements with stakeholder agencies should be prioritised. Implementing multiple partnerships simultaneously could create instability while accelerating the process could raise stakeholders' expectations and pressurise CAT staff during the teams' formative stages.
- Well-written, accessible and widely understood standardised templates would help to prevent CAT staff and stakeholders interpreting guidelines differently.
- Old protocols between partnership agencies could become outdated and potentially unworkable within a new service structure. These protocols need to be reviewed to prevent disputes arising.
- CAMS should begin to use a process of 'stakeholder management' within the new integrated structure. The increase in the number of stakeholders depending on CAT services – and on whom CATs depend - could give rise to a range of conflicting expectations.
- CAMS should attempt to work closely and in parallel with each other, developing partnership arrangements across a city or a local authority region. This would prevent inconsistency and disparity in service delivery.
- Stakeholder management could involve establishing formally agreed links and ensuring that these continue to function effectively. Other issues might include identifying where previously formally agreed links are 'at risk', addressing any problematic issues via a CAM network and preparing an advance contingency plan to mitigate the possible effect of organisational influences on current partnership arrangements.

Access & Referral Routes

Theme context

Prior to CATs introduction, stakeholders were asked where they previously referred drug, alcohol and complex psychiatric co-morbidity cases. The study examined referral patterns at 6 and at 12 months to determine whether they had changed or not. CAT staff were asked to describe the process that determined how referrals were managed within the CATs.

Access to addiction services in Glasgow prior to integrated addiction services

The main referral routes into pre-CAT addiction services varied in relation to the receipt and allocation of drug and alcohol referrals and many CAT staff and stakeholders saw these routes as convoluted. The majority of health and social care stakeholders did not always understand how the referral pathways for drug and alcohol services actually operated.

Analysis summary

- Access to CATs was found to be better than that to non-integrated services. This was attributed to the single point of access via the CATs, stakeholder co-operation and the introduction of liaison nurses or link workers.
- Divergent referral routes within the first 6 months slowly began to converge by 12 months as stakeholder agencies became more aware of the single point of access for CATs.
- Staff, stakeholders and service users reported that changes to access and the creation of new referral routes had produced new problems. For example:
 - The 'buffering system' for drug service users created a new hurdle for clients as their referral was re-routed by nurses to social care workers. The 'pillar to post' effect, cited as a criticism of pre-CAT addiction services, had re-emerged.
 - Some GPs found that advising patients to self-refer helped to ensure that 'new' patients could access treatment more quickly than 'current' service users within GP Shared Care clinics who had relapsed and required more support from the CAT. Referring these current patients back into CATs was not always successful as CAT staff argued that their clinics were full to capacity.
 - The self-referral process was popular with stakeholders, but less so with CAT staff.
- Managing the referral process within the CATs was problematic, as no pre-determined criteria existed for how referrals should be distributed or allocated within both teams, and this issue eventually created tension amongst staff.
- Senior nursing and social care staff in both CATs were involved in deciding to whom referrals should be allocated but their perceptions of need often differed. They frequently used negotiation and bargaining to resolve allocation issues where there were 'grey areas'.
- GPs from addictions and mental health services were unclear where to refer complex psychiatric co-morbidity cases in an integrated addictions service. Many GPs were retaining the management of this client group, which might mean that some clients could be missing out on specialist intervention.

Implications for policy and practice

- Designing an Addictions Integrated Care Pathway (ICP) from a single access point offers the benefits of clarity and flexibility to both stakeholders and service users.
- Co-operation and active intervention by pre-CAT addiction services should be sought during the early stages of a CAT implementation to address the issue of re-routing referrals.
- Stakeholders and referral agencies need to be made aware of changes to referral routes.

- A key aspect of CAM stakeholder management should include providing stakeholders with information about where stakeholders should send drug, alcohol and co-morbidity referrals within a new integrated service structure.
- Guidance and advice should be obtained from health, social care and voluntary services operating an open door policy to make sure that risk procedures within CATs are adequate.
- Allocation process times across cities or localities need to be aligned to prevent 'postcode lottery' issues emerging.
- The allocations process should attempt to move away from previously established practices and seek to encourage role development and integration of skills.
- Addictions ICPs need to base referral allocation decisions on client needs, rather than on capacity management issues or other factors.
- Addictions and mental health services need to give clear guidance to GPs about where to send complex psychiatric co-morbidity cases.

Information Sharing, Communication & Assessment

Theme Context

CAT staff and stakeholders were asked to describe the nature of information sharing processes for drug and alcohol addiction agencies prior to the introduction of CATs. At 6 and 12 months, they were asked to consider what had helped or hindered the information sharing in practice, and how language, terminology and the Single Shared Assessment had affected communication.

Information sharing and communication between addiction agencies before CATs were introduced

Information sharing and communication between health and social care addiction services were widely acknowledged by CAT staff as being '*very poor*'. Separate information management systems and varying assessment procedures often tended to duplicate client information. All CAT staff were acutely aware of the frustration this caused to clients who might have to repeat their personal history during successive assessments.

There was also consensus and agreement amongst the stakeholder group that information was patchy between health, social care and voluntary agencies involved in addiction service provision. The statutory 'need to know' requirements of social care services, and adherence of health staff to professional guidelines regarding patient confidentiality was regarded as a constraint in sharing information across organisational boundaries.

Analysis summary

- Informal information sharing emerged as the main benefit of co-locating nurses and social care workers. For example, nurses and social care workers routinely asked each other to translate medical or social care terminology to provide clarity and prevent confusion during discussions about their clients.
- All staff in both CATs believed that the introduction of gaining informed written consent from clients for GCC and GGNHS to share information about

them, if required, was a pivotal factor in enabling information to be shared with their social care colleagues.

- Stakeholders found that a single source of information coming from a joint management team worked more effectively than information from two or three management groups from both parent organisations.
- Communication between CAT staff was hindered by the non-reciprocal nature of the information-sharing process between health and social care information systems (PIMS and Care First). Multiple recording systems were applied within CATs which either duplicated information or created a separate information system altogether. Nursing and social care staff were unable to share files electronically which meant that paper photocopying of the SSA and letters had become commonplace and client information was duplicated.
- CAT staff hostility towards the Single Shared Assessment (SSA) lessened over time. This was because many staff actively became involved in finding solutions to making it more user friendly by adjusting its design. SSA IT personnel helped to achieve this by directly engaging with CAT staff, and attempting to resolve the problems regarding its use.
- The issue of what information was '*relevant*' remained a source of debate between nursing and social care staff throughout the first year of CATs, where there was no consensus achieved between either group as to what constituted '*relevant*' information.

Implications for policy and practice

- Shared working spaces, rather than separate facilities, can assist information sharing.
- Organisational Development practitioners can help to encourage information exchange between medical and social care workers, especially during the formative stages of team development.
- The introduction of the written consent procedure helps to address any ambiguity about sharing client information and develops confidence of CAT staff.
- An integrated joint management structure enables managers to deliver consistent messages to stakeholders about the strategic direction and operational developments of CATs on a regular basis.
- CATs need to make sure that flows of information being distributed and shared with the teams are consistent.
- Careful consideration needs to be given to the choice of information system within the CAT, to eliminate duplication of information and enable access by all staff. Factors that need to be taken into account include current IT infrastructures, systems' compatibility, information sharing protocols, training requirements, etc.
- Active consultation and involvement of CAT staff helps to improve SSA development.

- The SSA can only realise its potential if there is recognition and consensus among all CAT staff members about the information to be collected e.g. all parts of the SSA or just selected parts.

General Service Development

Theme Context

CAT staff and stakeholders were initially asked what signs might indicate that the CATs were proving to be effective in managing drug and alcohol addictions within the first 6-month period, and also where they perceived gaps in service provision within the new integrated service. At 6 and 12 months, they were asked to consider where CATs had made progress and where there remained perceived gaps in service provision.

Evaluation of service development

The evaluation process was initially expected to focus on service effectiveness and efficiency from service activity data sourced from the SSA and potentially from a joint information database. The CAT Service Specification also initially outlined that the evaluation would include clinical governance standards, minimal data sets, performance indicators, etc. In the event, reliable and accurate data from the SSA, a joint information database, integrated care pathways and clinical standards for the CATs could not be provided within the timescales set out for the evaluation. This meant that routine service activity or other quantitative measures could not be included as part of the report.

Measuring service developments was difficult when neither CAT staff nor stakeholders could conceive of what a new integrated addictions service was expected to deliver. Consequently, evidence given regarding general service development and perceived gaps was sometimes anecdotal.

Analysis Summary

Recognition of progress at 12 months

- Better alcohol service provision was cited as the area where CATs were widely believed to have made the biggest impact.
- Access to addiction services had improved for service users, particularly via the self-referral process.
- The range of services available to service users had improved.
- Joint working was taking place between CAT staff.
- Co-location had been achieved which improved communication, particularly with social care stakeholders.
- CATs were sensitive to needs of BME, gender, age, physical disability, and training and employment.
- Addiction services were now working from a psycho-social model.
- The addictions partnership was viewed as having developed more successfully than many stakeholders' previous experience of Joint Futures initiatives in Glasgow.

Perceived gaps in service provision at 12 months

- An exit strategy for methadone clients was still required.
- There was a lack of clarity on the Tier 4 interface regarding the management of psychiatric co-morbidity and alignment of Tier 4 services with CATs.
- More clarity was needed on the roles and responsibilities within the teams. Clarification was also needed on CATs' expectations of stakeholders.
- Service users, who were currently prescribed methadone but were also abusing alcohol, and the elderly population within GCC Adult Community Care Teams needed better, more targeted alcohol services.

Chapter 4: Working in a CAT from the staff perspective

The study examined staff perspectives of working in a CAT covering three areas:

1. Role identity
2. Team relationships
3. The effects of co-location

Role Identity

Theme Context: CAT staff were asked to consider how nursing and social care roles were distinguishable within their CAT and how their role had changed by being part of an integrated team. Stakeholders were asked to consider how important the issue of awareness of the professional identity of CAT staff was to their departments, such as when communicating with either a nurse or social care worker.

Analysis summary

- The most substantial role changes during the first year occurred at Team Leader level. Managing an integrated team posed situation specific challenges for Team Leaders. Managerial competencies that had seemed useful for managing within a single organisation were not always transferable to an integrated team situation.
- As role identities shifted and levels of understandings about roles and responsibilities became more confused for CAT staff, team relationships deteriorated in the process. Gaining agreement on where roles overlap and become generic or what is regarded as '*specialist*' became the main bone of contention between nursing and social care staff.
- The value both nurses and social care workers attached to their group roles was not about 'expert' or 'specialist' competencies, but instead was measured by the levels of working activity that they had undertaken i.e. '*the value of my role is determined by how busy I am*'.
- The practice of Care Management was inextricably linked to why team relationships were deteriorating. Social care workers complained that "*nurses don't Care Manage...we do all the work.*"
- Alcohol nurses continued to have less experience of working in partnership with Children & Families in comparison to their [drug] nursing colleagues. Similarly, social care stakeholders in Children & Families were less aware of how the alcohol service component of CATs functioned.
- If social care workers and nurses were not engaged in shadowing exercises, it was more likely they would make assumptions about what other staff or stakeholders do. This could potentially exacerbate negative attitudes, based on confusion, curiosity and suspicion.
- The integration of skills did not happen during the first year as anticipated, and in turn, reinforced the continuation of traditional pre-CAT roles.

- Lines of accountability were more likely to be blurred for nursing staff whose Team Leader was from a social care background, whilst social care workers with a Team Leader from a health background were equally confused as to whom they were most accountable to. Lines of accountability, however, were found to be influenced by whether Team Leaders shared the same professional background to those who reported to them and if they held 'credibility' in the eyes of their junior colleagues.
- Nurses did not believe that being part of an integrated team changed their adherence to the NMC Code of Practice. It did change their behaviour as they found they had become increasingly hyper-vigilant regarding recording information after communication with their social care colleagues.

Implications for policy and practice

- A different set of competencies might need to be developed for CAMs to enable them to manage across organisational boundaries.
- The importance of role identity in an integrated team issues needs to be recognised, and attention paid to addressing the issues around roles and responsibilities within CATs. This would help to develop and maintain healthy team relationships.
- An opportunity for discussion and exchange of views, possibly provided by an Organisational Development event, could help nurses and social care workers develop and maintain a greater understanding of each others' roles and responsibilities. This process should be arranged prior to any role conflict developing during team discussions, allocation meetings or during crisis management.
- Although defining traditional roles and responsibilities is comparatively easy, teams need to reach agreement on where roles overlap and become generic or regarded as 'specialist'. This is more difficult and could possibly prove contentious.
- With levels of activity increasingly defining roles, care should be taken not to compromise the quality of care and performance.
- CATs need to consider how they embark on developing a shared understanding of Care Management so that joint working in practice can be fully developed.
- There is scope for developing partnership arrangements between CAT alcohol services and Children & Families.
- Shadowing link workers across organisational boundaries is an effective way of producing a greater understanding about alcohol management. CAT staff that do not shadow or develop awareness and knowledge of other stakeholder agencies are arguably disadvantaged and their clients might receive a less effective quality of service. CAMs should consider categorising shadowing exercises as a form of 'protected learning' to help teams gain a better understanding of each other's roles. Shadowing exercises might be included as part of nurses and social care workers' Professional Development Plans (PDPs).

- Shadowing exercises should precede any process of skills integration as it is comparatively less complex, less time-consuming and enables group learning during the formative stages of team development.
- To prevent the development of separate lines of accountability, CAT staff need to be given specific direction or information about where, to whom and when they are accountable within a new integrated team.
- The element of choice should not determine the lines of accountability for CAT staff. Senior managers should make sure that statutory or clinical governance requirements are adhered to. Accountability should not depend on a member of staff's subjective opinion of the senior person's credibility or depth of knowledge about the issues involved.
- The improvement of team relationships and building up of trust need to be encouraged to lessen the hyper-vigilance reported by nurses working in the pilot CATs during the first year.
- **All** CAT members need to be made aware that they are accountable for their professional conduct.

Team Relationships

Theme context: CAT staff were initially asked to describe their expectations of working together with their new nursing or social care colleagues. At 6 and 12 months, they were asked to describe what was having both a positive and negative impact on team relationships with their respective teams.

Analysis summary

- The main positive factor on team relationships was where the integrated approach produced benefits for service users and where both nursing and social care staff jointly produced a positive outcome for the same client.
- Confusion over roles and responsibilities and the perceived uneven distribution of the workload persisted in being the two main issues that had the most detrimental effect on team relationships in East and North East CATs.

Implications for policy and practice

- Formally sharing successful experiences within the team on a bigger scale via case presentations at weekly meetings could help to improve motivation and remind staff what joint working achieves for service users.
- A starting point for developing trust between nurses and social workers through understanding each others' roles should be to identify where there are role similarities. Focusing on a common purpose is more conducive to establishing mutual agreement and recognition of shared values. Trust is a gradual process but can be achieved sooner if nurses and social care workers can identify quickly where they have common aims.
- New ideas about how CATs can develop should be actively encouraged and managed via a formal, constructive and open approach to service development.

Effects of Co-Location

Theme Context: Nursing and social care staff were asked to describe their experiences of working in the same building together compared to previous experience where they were located in separate buildings, whilst stakeholders were asked their views on CATs being located within GCC Social Work buildings.

Analysis summary

- The overwhelming benefit of working in the same building focused on the timesaving factor when seeking or sharing information with staff from other disciplines. All staff reported, "*things get done so much quicker*" by means of informal verbal communication.
- Initial concerns from CAT nurses, health and voluntary stakeholders about CATs being located within a Social Work Services building were not borne out in practice. Nursing staff and stakeholders did not find that service users objected to attending the CAT within a social work building.

Implications for policy and practice

- Co-location is able to achieve benefits that would be otherwise impossible when nurses and social care workers remain physically separated in different working bases.
- Co-location benefits include better communication between nurses and social care workers and strengthening links with Children & Families and Criminal Justice agencies.
- Being able to monitor the progress of a referral means that CAT staff are more likely to cross-refer clients.
- Co-location helps to overcome partnership working problems.
- Locating CATs within a social work location does not present a barrier to service user engagement.

Chapter 5: Service User & Carer Involvement

Background

The CAT User & Carer Evaluation Group was set up in November 2003. It included members of Greater Glasgow NHS Board and Glasgow City Council Addiction Research Teams, Alcohol Focus Scotland and Scottish Drugs Forum. The aim of the Group was to aid in the planning, design, analysis and co-ordination of user and carer involvement and to ensure some consistency in approach to the process, especially as two distinct service user groups were identified i.e. drug users and alcohol users. The group agreed to examine four central issues: access to CATs, co-ordination of integrated services, assessment, and care planning.

Outcomes

Service user involvement

A total of 83 service users were involved in the evaluation process, which included 75 drug service users and 8 alcohol service users. Alcohol service user recruitment was problematic as this client group's contact with CATs tended to be from their homes instead of at the CAT department or clinics.

Carer involvement

Carer recruitment was unsuccessful. No carers were recruited between October 2004-December 2004, despite over 200 carer involvement information sheets being handed out.

Accessibility

Analysis summary

- The majority of service users did not experience problems accessing East or North East CATs, as both CATs were widely regarded as being accessible.
- Any problems experienced with access were related to service users being confused about the self-referral system now in operation.
- 75% of service users did not feel that having CATs located in a social work building was a problem.
- The majority of service users (71.1%) were not concerned about CATs sharing a reception or building with others who were accessing social care services.
- Families and carers were more likely to be contacted out-of-hours by service users than any other form of support.
- Almost half of service users (44.6%) believed that they needed help with training, employment or further education. Over two-thirds of service users (71.1%) reported that they had not been offered help around training, employment or further education

Implications for policy and practice

- Service users need to be made aware that they can now refer themselves to CATs and do not have to approach their GP first.
- As carers are more likely to be contacted by clients out-of-hours, CATs need to consider how to inform carers about the range of services available for service users when CAT departments are closed – perhaps by signposting where professional help could be accessed during these periods.
- CATs may need to be more explicit about the training and employment services they offer service users, to make sure that services users are aware of what help is on offer.

Co-ordination of Services

Analysis summary

- Three-quarters of service users had not been offered the choice of where they would be seen by a member of CAT staff.
- Half of the service user sample would prefer to be seen at home instead of attending the CAT department. Most alcohol service users wished to be seen at home, and 50% of the drug service users also wished to be seen at home.
- Nine out of ten service users had been offered the choice of a male or female worker. Almost one-third (31.3%) wished to be offered the choice of a male or female worker, whereas two-thirds did not feel this was necessary.
- Two-thirds of service users (65.1%) were unaware that addiction services had become integrated involving both health and social care addiction services, and 59% of service users believed it was very important to be aware of the professional identity of CAT staff with whom they were communicating.
- Over half of service users (60.2%) felt that they had been given enough information about which services were available to them.

Implications for policy and practice

- Although half the service users in the study preferred to be seen at home, home visits hold significant resource, operational, risk management and health and safety implications for CATs and could mean redesigning the care delivery process. Before this step is taken, further assessment is needed to find out why home visits are needed rather than attending the CAT base.
- CAT staff need to make sure that they routinely identify themselves as a nurse or social care worker in order to gain the confidence and trust of service users.

Assessment

Analysis summary

- The majority of service users (79.5%) were satisfied that health and social care services were able to share information about them if required.

- 85.5% of service users were satisfied with the way in which they were assessed.

Care Planning

Analysis summary

- Almost half of service users (48.2%) did not feel that they were involved in decisions about the type of help that was best for them.

Implications for policy and practice

- CAT staff should present treatment options to clients in an informed way, to help them feel involved in decisions about their treatment. This would allow clients to consider the range of treatment options or services available to them and contribute towards their agreed plan of care.

Chapter 6: Conclusion

Collaboration between partner organisations is an inherently difficult process. The CAT evaluation presents an integrated addictions strategy being implemented. It was a complex and challenging process that resulted in a range of benefits for parent organisations, such as better patient access, informal information sharing and improvements in general service development. The integrated approach also realised benefits for service users where nursing and social care staff working together were able to produce a positive outcome for the same client.

Evaluation Limitations

The evaluation describes the experience of East and North East CATs in Glasgow only. Some elements of the Glasgow experience may resonate with addictions staff within addiction services across Scotland, and the lessons learned in Glasgow may prove to be useful to future CATs across Scotland when introducing integrated addiction services in their localities.

It cannot be assumed that the way in which events unfolded in East and North East Glasgow are likely to be exactly the same for future CATs elsewhere. Local issues which influence the development for CATs may vary, and addictions staff and stakeholder response to the introduction of CATs may not be the same as those in Glasgow. Local service user and carer needs may also differ (e.g. in rural areas) and influence how CATs are implemented in different types of localities.

The Glasgow CATs experience, however, has provided an excellent opportunity for future CATs to learn about the benefits of integrated addiction services, as well as a strong reminder of the key challenges involved in the change process.

Managing integrated services

“...We need to help staff across agencies overcome barriers to change...”
- *Joint Futures Strategy (2000)*

Managing integration between health and social care addiction services may not require the use of traditional change management approaches adopted to overcome barriers to change applied within a single organisation. As the CAT evaluation has demonstrated, there are different kinds of issues that frequently emerge that arguably do not arise as often during a transition within single organisations e.g. changes to role identity, managerial accountability across organisational boundaries, co-location, etc. Helping staff to overcome barriers to integration may involve a reappraisal of those barriers, pre-empting any difficulties that commonly surface when partnerships implement a joint strategy.

One of the main aims of the CAT evaluation was to identify key factors which dominated the first year of operation in East and North East CATs. These can help to assist organisational learning for future CATs across Scotland. The evaluation also contributes to the wider discussion in integrated teams, Joint Futures initiatives and Community Health and Social Partnerships, by asking:

“Where do we go from here with integrated services across community care, based on what we know about implementing Community Addiction Teams?”



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