

# Report

## Funding for Alcohol and Drug Services 2017/18

### Edinburgh Integration Joint Board

24 March 2017



## Executive Summary

---

1. In 2016/17 the Scottish Government reduced the allocation to Alcohol and Drugs Partnerships (ADPs) by 23% nationally. This resulted in a reduction of £1,550,000 for the Edinburgh Alcohol and Drug Partnership.
2. Edinburgh ADP has achieved a balanced budget in 2016/17 by making savings, utilising carry forward and through financial support from the Integration Joint Board.
3. A total of **£1,155,000** revenue savings has been identified through service redesign. There are significant risks to identifying further savings at the current time including increases to drug/alcohol related deaths, hospital admissions and the transmission of blood borne viruses. Financial support of **£395,000** is sought from the IJB on a recurring basis to mitigate against these risks.

## Recommendations

---

The Integration Joint Board is asked to:

4. note the approach to identifying £1,155,000 efficiencies and agree to the development of directions through the IJB to NHS Lothian and the City of Edinburgh Council to deliver these changes;
5. note that there are currently no plans for an inpatient detox facility within the re-provisioning of the Royal Edinburgh Hospital. Consideration should be given to producing a direction for this service to be based within a hospital setting;
6. note the removal of ADP funding to the Regional Infectious Diseases Unit (RIDU), Genitourinary Medicine (GUM) and agree the proposal to continue to invest in these services until 30 June 2017 when a review can be completed; and
7. agree the allocation of £395,000 to maintain existing levels of service delivery within substance misuse services, and £25,000 to allow further recommendations to be developed in respect of EADP funding being withdrawn to the Regional Infection Diseases Unit (RIDU) and sexual health services.

## Background

---

8. ADPs have received an annual earmarked budget from the Scottish Government since 2009 with clear expectations that it is invested in partnership to address alcohol and drug problems for individuals, their families and communities. In January 2017 the Scottish Government wrote to advise ADP and IJB Chairs that this budget will be transferred to NHS Boards from 2017 as part of their baseline budget for delegation to Integration Authorities specifically earmarked for Alcohol and Drug Partnership activities.
9. Edinburgh ADP has developed effective governance to invest this budget in partnership. For adult treatment and recovery services, these arrangements cover the ADP budget and other budgets previously held by City of Edinburgh Council and NHS Lothian to address alcohol and drug problems. This enables alignment of investment plans to achieve the local partnership strategy.
10. As noted, there is a funding reduction of £1,550,000 for drug/alcohol on a revenue basis to the ADP budget. The plans in place to redesign services to accommodate this reduction in Edinburgh are set out in detail in the main report. These plans will allow a similar level of service provision and will mitigate against the risks posed by this level of funding reduction.
11. Consequently £395,000 of revenue expenditure is required to meet the total reduction (£1.5 million) and minimise the impact on the service user group.

## Main report

---

### Financial Position 2016/17

12. As noted EADP faced a reduction in its budget of £1,550,000 in 2016/17. However it was able to achieve a balanced budget and this is summarised in the table below:

Area	Amount
Revenue Savings applied (2016/17)	£453,000
Financial Support from the IJB	£320,000
Carry forward	£780,000
<b>Total</b>	<b>£1,550,000</b>

13. The detail relating to the savings applied (2016/17) is set out in Appendix 1.

### Financial Position 2017/18

14. Edinburgh ADP requires a further saving of £1.1 million in 2017/18. To date £702,000 has been identified through a programme of redesign and the identification of genuine efficiencies through close working in partnership with providers across the public and third sectors. However this leaves a shortfall of £395,000. This is summarised in the table below:

Area	Amount
Revenue savings applied in 2016/17	£453,000
Revenue savings applied in 2017/18	£702,000
<b>Total</b>	<b>£1,155,000</b>
Saving required	£1,550,000
<b>Shortfall</b>	<b>£395,000</b>

15. The following sections of this paper set out the work to redesign services, the savings made, and the risks of applying further savings in these areas to achieve a balanced budget.

16. In May 2016 Edinburgh ADP agreed three service development initiatives designed to achieve savings. This can be summarised as follows:

- Reduce out of area drug and alcohol rehabilitation placements and enhance local abstinence based provision to meet this demand.
- Reduce inpatient detox and identify community based models as an alternative.
- Review the pathway (assessment, key working and prescribing arrangements) for drug treatment including opiate replacement therapy (methadone and opiate antagonists).

### Reduce out of area rehabilitation placements

17. Edinburgh makes approximately 20 “out of area” placements at residential rehabilitation programmes across the UK every year. People are placed following an assessment by a small specialist social work team and placements are funded through a social work budget. Out of area placements are made when people’s treatment needs cannot be met by local services and their motivation to change is high. Alongside this, the Lothian and Edinburgh Abstinence Programme is a quasi-residential rehabilitation programme funded through Edinburgh, Mid and East and West Lothian ADPs’ budgets. (Accommodation is provided through Randolph Crescent, a CEC managed hostel and funded by Housing Benefit). It has capacity to treat approximately 60 people per year from Edinburgh.

18. A programme of work has been developed which will deliver the following by 31 March 2017:

- A single point of referral and assessment process for out of area placements and LEAP.
- An increase in capacity at LEAP for 10 placements and a reviewed programme to meet more complex needs. This includes women with children, those with physical disabilities, those with complex mental health needs and/or those requiring specific psychological support.
- An intention to reduce out of area placements by 50% in 2017/18.

19. The total investment in these services in 2016/17 is £1,152,000. These developments will deliver a saving of £250,000 in 2017/18 and on a recurring basis.
20. There are significant risks of increasing the level of saving required against this workstream. Although the numbers of people using residential services are not high, they have been assessed as having a range of complex needs which require a coordinated response and unable to recover without some time away from their local community. Capacity is needed within the system of care to meet the needs of this group of people who would not be able to recover otherwise.
21. Risks are detailed within the risks section of this report but can be summarised as follows:
- Increased strain on community mental health, substance misuse, children and family services due to a lack of capacity and specialism to meet the needs of this group
  - The capacity at LEAP is dependent on staffing ratios. A small reduction in the funding would result in a significant reduction in the capacity of service, again placing significant strain on community based services.

### **Reduce inpatient detox**

22. The Ritson Clinic is a 12 bedded specialist ward providing inpatient detox for patients across Lothian. It is based on the Royal Edinburgh Hospital site and funded by NHS Lothian and Edinburgh ADP budgets. People stay for between 10 to 21 days, depending on need.
23. For some people inpatient detox is an essential part of their treatment. Due to their drinking levels and / or other chronic health conditions they will require monitoring in a hospital setting on a 24/7 basis. In these situations community detox cannot always be seen as a potential alternative to inpatient detox.
24. The three ADPs in Lothian commissioned a report to review the Ritson Clinic alongside other inpatient and residential provision and provided recommendations on the future design services, based on local need and the reduction in funding. The report recommended the following:
- A reduction in the number of inpatient beds from 12 to 6.
  - The development of a day programme, co-located with the inpatient detox services.
  - The development of a clear algorithm for detox across community, day programme and inpatient settings in line with NICE Guidelines.
25. A programme of work has been developed in line with the recommendations set out above. This includes:

- The reduction in the number of beds from 12 to 8 across Lothian. Further work has identified no financial benefit to reducing beds further to 6 due to required staffing ratios.
- The development of a day programme and facility for people to complete and/or start their detox as an outpatient. This is co-located with the inpatient detox facility to reduce staffing costs.
- A review of criteria for inpatient detox.

26. It is envisaged that this work will be completed by 30 September 2017. An initial review of the Ritson caseload using a small sample group has suggested that there are patients who could have either:

- completed their detox as an outpatient following a shorter period as an inpatient; or
- started and completed their detox as an outpatient.

Consequently these developments will not result in a reduction in capacity for specialist detox. A series of tests of change will be developed between April and September 2017 to develop the outpatient programme and reduce demand for inpatient detox.

27. The investment in this service in 2016/17 is £820,000 across Lothian. (Approx £480,000 in Edinburgh). **These developments will deliver a saving of £55,000 in 2017/18 and on a recurring basis.**

28. There are significant risks of increasing the level of saving against this workstream, which are set out in the risks section of the report. Detoxification is an inherently risky treatment and the reduction in beds has to be managed through a phased change and test of change so that people can be taken in as inpatients if risks are identified. Risks can be summarised as:

- A further reduction in capacity of inpatient beds is likely to result in early mortality particularly for dependent drinkers; either through their own drinking whilst on waiting lists or through an inappropriately supervised community detox. It would also reduce capacity to detox to those with other chronic health needs, with the likely result that it would place higher demand on other wards within the hospital.
- An ability to provide the specialist day programme would result on an increased demand on community services for intensive and specialist detox programmes. This will reduce the capacity of these teams further to meet the demand on their services.
- At the current time an eight bedded inpatient detox facility with capacity for a day programme has not been identified within the re-provisioning of the Royal Edinburgh Hospital. The inpatient facility forms an essential part of the recovery oriented system of care required in Edinburgh to meet the needs of the local communities. As a result the IJB needs to bring this to the attention of NHS Lothian and issue a directive to ensure that arrangements are made

for the continued provision of this facility when the Royal Edinburgh Hospital closes in 2018.

## Review the pathway for Opiate Replacement Therapy (ORT)

29. Dependent opiate users can access treatment through the Recovery Hubs. Third sector staff oversee the assessment and triage process, allocating those who require ORT to the Nursing and Medical Team who will provide specialist assessment and prescribe ORT accordingly. At the current time in Edinburgh, only doctors (GPs with a specialism in substance use or Consultant Psychiatrists) can prescribe ORT within specialist services, however there is an opportunity to develop non-medical prescribing amongst nurse practitioners and pharmacists.
30. Edinburgh ADP commissioned a review of its pathway for ORT which was led by Dr Lucy Cockayne a consultant psychiatrist within the West Lothian substance misuse services. The report recommended developing a stepped care model for ORT, matching patient complexity to specialism; and the recruitment of Pharmacy prescribers into the specialist services to reduce prescribing costs. This implementation of this recommendation requires a review of the GP role and the recruitment of a pharmacy prescriber. This work is currently being led by NHS Lothian and will be completed in June 2017. This development will not impact on the capacity of the Hubs to offer ORT.
31. The current investment across the Recovery Hubs totals £3.6 million. (It is not possible to isolate the cost of those who provide prescribing at this time). **These developments will deliver a saving of £70,000 in 2017/18 and on a recurring basis.**
32. A further reduction in funding in this area will result in a reduction in capacity within the Hubs. These services act as a gateway into a range of treatment services including prescribing, residential detox, residential rehab and counselling. It will result in increased waiting times for a range of treatment services at a time when some areas are already unable to deliver on the three week waiting time target. A reduction in capacity in these services will have the biggest impact on drug deaths, alcohol deaths, drug related infections and hospital admissions.

## Further savings

33. Alongside these changes Edinburgh ADP has made a range of efficiencies as set out in the table below. Risk assessments have been completed in partnership with these organisations where appropriate. These savings total £219,149.

Project	Investment 16/17	Investment 17/18	Saving
Training for ABIs	£29,160	£20,160	£9,000
50% contribution to a WTE Dual Diagnosis Post (SW Edinburgh)	£20,000	£0	£20,000
Willow	£60,000	£51,000	£9,000
EVOC - SUNE	£5,176	£4,400	£776

Project	Investment 16/17	Investment 17/18	Saving
Homelessness Access Point - Soc Wk post	£18,450	£15,683	£2,767
Homelessness Access Practice – nurse	£37,925	£32,237	£5,688
Forthland Lodge (Korsakoff's service)	£106,000	£90,100	£15,900
Young People's Services	£109,000	£68,000	£16,350
Employability service (Transition)	£104,456	£88,788	£15,668
Counselling services	£605,000	£541,001	£66,000
Prepare	£191,000	£163,000	£28,000
Pharmacy supervised consumption and dispensing costs	£1,100,000	£1,065,000	£35,000
<b>TOTAL</b>			<b>£219,149</b>

34. Finally, Edinburgh ADP has reviewed and terminated its investments in three NHS services which are delegated to the IJB. These services are not deemed to be drug/alcohol services as they provide services to the general population and this may include people with drug or alcohol problems. These services are set out below and deliver a saving of £102,564 to Edinburgh ADP:

Service	Description	Investment 2016/17
Regional Infection Diseases Unit (RIDU)	Inpatient facility for people with blood borne viruses	£83,160
Chalmers	Sexual health services	£18,480
Paediatrics	HIV drug costs for children	£924
<b>TOTAL</b>		<b>£102,564</b>

35. It should be noted that these services are provided pan Lothian, and as a result Edinburgh IJB's contribution is seen as 60% of the total investment. Both RIDU and Chalmers are delegated to the IJB. It is proposed that the Integration Joint Board continues to fund these services until 30 June 2017, at a cost of £25,000 to allow risk assessments to be carried out and further recommendations developed in partnership with the services themselves, NHS Lothian and the other three Integration Joint Boards in Lothian.

36. A summary of the current investments in treatment and recovery services for adults is set out in appendix 2.

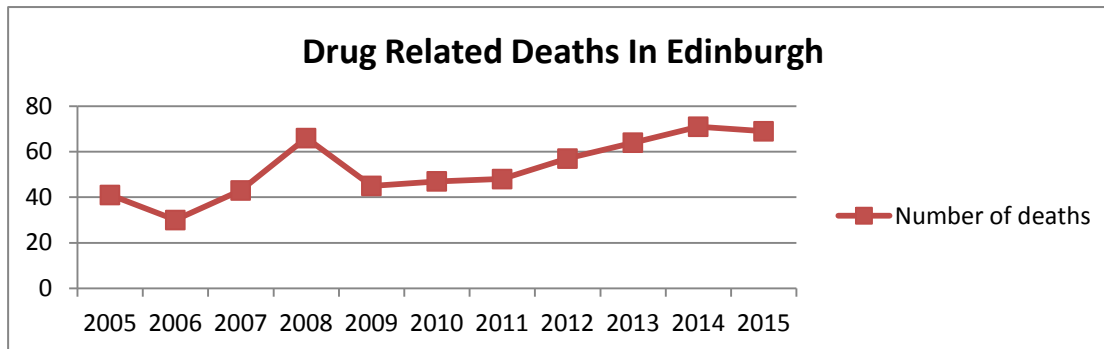
## Key risks

### Drug and alcohol related early mortality

37. There are a number of risks associated with a reduction in the capacity of drug/alcohol treatment and recovery services. However the recommendations in this paper result in a redesign process which does not reduce capacity.

38. There are key risks of reducing capacity which EADP is taking action to mitigate against which are set out below.

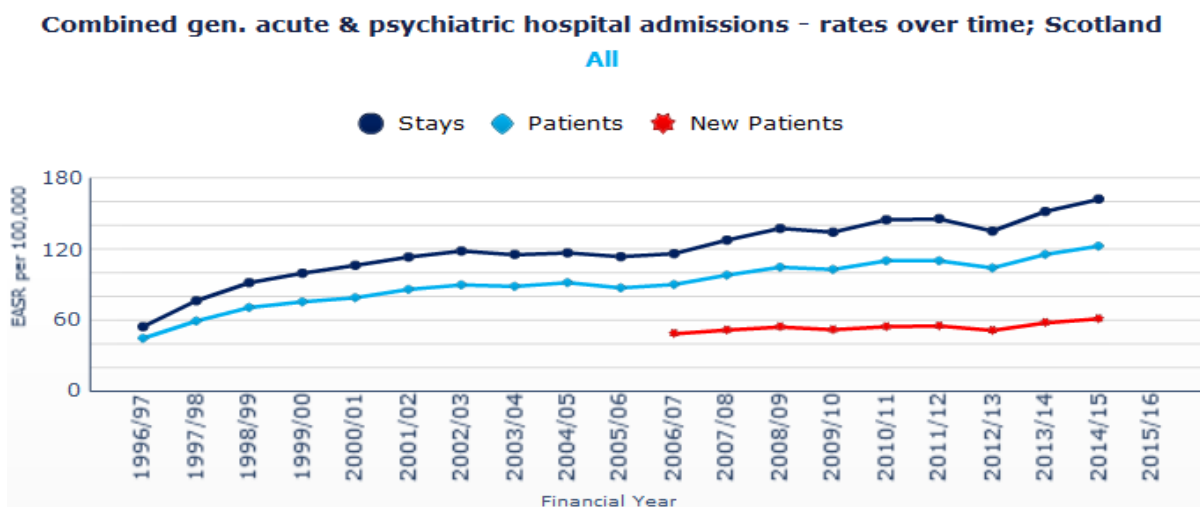
39. The annual average for drug related deaths has more than doubled between 2001-05 (30) and 2011-15 (62). The table below shows the increase in deaths over time. More concerning is that early indications suggest that drug deaths will have increased by 30% in 2016, at just over 100 deaths.



40. Alcohol related deaths doubled between 1997 and 2007 and since this time have reduced, but to the levels seen prior to 1997.

### Drug and alcohol related hospital stays

41. The Scottish Government produces annual statistics on drug related hospital stays. A stay is counted as drug related if it includes a drug misuse diagnosis. The chart below shows an increase in drug related hospital stays over time.



42. Alcohol related hospital admissions reached their peak in 2007 and have begun to reduce since this time. Alongside alcohol related deaths, alcohol related hospital stays have doubled between 1997 and 2007 and still remain well above 1997 levels.

### Injecting related infections

43. The prevalence of injecting related infections is collated through a nationally run capture/recapture survey of current drug users using the injecting provision



programme. Although this data has yet to be formally released it shows a concerning increase in the prevalence of Hep C amongst this group.

44. Similar local trend data is not available in relation to drug/alcohol related crime or the impact on the welfare of children. However the Police to continue to prioritise the reduction on house burglaries and violent crime, both of which are linked to drug and alcohol misuse.

## Involving people

---

45. Edinburgh's Treatment and Recovery Collaborative ensures that all key stakeholders are involved effectively in decision making.
46. People with lived experience of addiction and recovery will be involved in the redesign of services as a part of the redesign process. In terms of inpatient detox, a conversation café was held on 14 March 2017 pulling together perspectives on successful detox programmes. A future event will also be held for those with experience of the Lothians and Edinburgh Abstinence Programme and out of area rehab to consult on proposed changes. People with lived experience have been involved in the work to review the ORT pathway as a part of the report produced by Lucy Cockayne. Other ongoing service user and stakeholder engagement will continue and will continue to influence service development and delivery.

## Impact on plans of other parties

---

47. These plans have been agreed through EADP where partners from across Health and Social Care, Police, Community Justice, Children and Families, Prison Service, Services for Communities have had the opportunity to review and develop these proposals.

## Financial implications

---

48. The financial implications are set out within the report.

## **Rob McCulloch-Graham**

Chief Officer, Edinburgh Health and Social Care Partnership

## Report author

---

Contact: Nick Smith, EADP Joint Programme Manager E-mail:  
[Nicholas.smith@edinburgh.gov.uk](mailto:Nicholas.smith@edinburgh.gov.uk) | Tel: 0131 529 2117

## Links to priorities in strategic plan

---

### **Tackling inequalities**

Those living in more deprived areas are disproportionately impacted by drugs/alcohol.

### **Making the best use of our shared resources**

The approach to managing these reductions is through closer working across hospital and community, and across council and NHS rehabilitation services

# Report

## Funding for Alcohol and Drug Services 2017/18

### Edinburgh Integration Joint Board

24 March 2017



#### Appendix 1: Savings applied in 2016/17

Project	Investment 15/16	Investment 16/17	Saving
ABIs delivered by primary care	£120,000	£60,000	£60,000
EADP Staffing	£208,000	£125,000	£83,000
Drug Related Deaths Review Coordinator	£24,000	14,000	£10,000
Sexual Health Services – GUM	£24,000	£18,480	£5,520
RIDU	£108,000	£83,160	£24,840
Paediatrics	£1,200	£924	£276
Young People Substance Use Service	£60,000	0	£60,000
Review accommodation for Hubs	-	-	£20,000
Savings through tender process	-	-	£150,000
Ending of small contracts etc	-	-	£40,000
<b>TOTAL</b>			<b>£453,636</b>

## Appendix 2 – Summary of spend 2017/18

- Services that have received a reduction in funding

<b>Residential Services</b> <b>£1,177,000</b>	Ritson Clinic – residential detox £425,000	LEAP – residential rehab £602,000	External residential rehab placements £300,000		
<b>Aftercare Services</b> <b>£158,000</b>	Serenity Cafe £60,000	Transition employability service £88,000		Smart – self help recovery £10,000	
<b>Psychological Therapies</b> <b>£831,000</b>	Psychology £274,000	Counselling £557,000			
<b>Locality teams (Recovery Hubs)</b> <b>£4,935,962</b>	Medical / Nursing Team £2,069,000		Social Work £871,500	3rd Sector £1,566,500	Vocal – carers service £71,562
	NHS SMD Admin £357,400				
<b>Other investments</b> <b>£1,359,219</b>	RIDU / GUM £0	Hosp Liaison £20,400	Alcohol Brief Interventions £106,000	Access Practice £47,919	CEC Willow £51,000
	ARBD £90,100	EADP Team £125,000	Muirhouse GPs £47,000	NHS PCFT £210,400	NHS HRT £607,000