

Report

Edinburgh Alcohol and Drug Partnership Funding – review of service changes impact Edinburgh Integration Joint Board

26 January 2018



Executive Summary

1. This report updates the Integration Joint Board (IJB) on the savings plan agreed on 28 April 2017 ('Funding for drug and alcohol services 2017-18'). The report provides a summary of the progress made in implementing the savings plan and outlines the impact in each area of change.

Recommendations

2. The Integration Joint Board is asked to note the progress against each action in the savings plan.

Background

3. In 2016/17, the Scottish Government reduced the allocation to all Alcohol and Drug Partnerships' budgets by 23%. This resulted in a £1,550,000 reduction in Edinburgh.
4. In December 2016, the Edinburgh Alcohol and Drug Partnership (EADP) established a process for making savings through its local Treatment and Recovery Collaborative. This included service redesign, service review and efficiencies.
5. In 2016/17, revenue savings of £453,000 were identified. The remaining shortfall was made up through carry forward and a financial contribution from the Integration Joint Board (IJB).
6. On 24 March 2017, the IJB considered a report setting out recommendations to make further savings of £702,000 in 2017/18, and to provide financial support of £395,000 on a recurring basis. The IJB chose not to agree the recommendations at the time, and agreed the actions set out below.

- a) To continue the report to a special meeting of the IJB on 28 April 2017, where revised proposals included detailed risk and impact assessment and alternative funding.
 - b) That the membership of the Professional Advisory Group be consulted on proposals in advance of consideration by the IJB. The Professional Advisory Group considered the contents of the report before it was re-presented in 28 April. In addition the Professional Advisory Group In October 2017 reviewed the paper outlining the redesigned service at the Ritson Clinic.
7. These meetings resulted in a plan of savings and an agreed recommendation that the IJB keep under review the implementation of these service changes and monitor the impact.

Main report

8. The savings plan required changes in the funding and delivery of five areas of service delivery:

Development area	Investment	Proposed saving	% Saving
Reduce out of area drug/alcohol rehabilitation placements and enhance local abstinence based provision to meet this demand	£1,152k	£250k	22%
<p>UPDATE: The work included: integrating social work, psychiatry and clinical psychology to manage jointly the pathway for people going into the LEAP programme; developing a single point of referral and assessment; and reducing the numbers going to out of area without reducing the number of people able to access rehabilitation.</p> <p>This system change is progressing well. It is driving improved joint working and has identified deficiencies. There were no reductions in staffing. The risk was loss of patient choice and exclusion of people whose needs could not be met locally. Both these risks are being mitigated effectively.</p>			
Reduce inpatient detoxification and identify community based models as an alternative	£480k	£55k	11%
<p>UPDATE: The proposed change involved offering fewer in-patient beds, and starting to offer out-patient treatment in the ward/.</p> <p>Most staffing changes have been put in place, but a small amount of redeployment remains to be done between now and April 2018.</p> <p>The reduction in beds has been achieved. The ward is continuing to meet demand. Day placements are available, and the ward is working with community teams to clarify their place in the continuum of care.</p>			
Review the pathway (assessment, key working and prescribing arrangements) for drug treatment, including opiate replacement therapy (methadone	£410k	£70k	17%

and similar medications)			
<p>UPDATE: The saving proposed introducing a pharmacist as a non-medical prescriber who would hold a caseload and reduce the need for GP and other clinical time. This has not been achieved: a prescriber is available, but the number of patients from the team's caseload identified as suitable for this level of care has not been high, and no savings have been released.</p> <p>The required savings were added to other pressures and an overall plan was made in and around the affected clinical teams. This plan made some efficiency savings in non-patient facing roles, identified alternative savings to meet some of the shortfall (in related teams or elsewhere in services), but also made some small reductions in frontline nursing capacity.</p> <p>The risk here is the loss of nursing capacity leading to reduced overall caseload. Work is ongoing to identify ways in which we can expand the treatment caseload, but this is challenging, and nursing capacity remains the most significant limiting factor to the total number of people who can be treated. This in turn has significant patient and public health implications. The risks arising from loss of this funding have been minimised, but wholesale systems change has not been possible, and the reduced funding has exacerbated the challenge of meeting a key strategic need.</p>			
Efficiency reductions	£3,800k	£225k	6%
<p>UPDATE: These were varied and the risk assessments relating to them were described in the previous paper. All have been enacted, but information on the impact of individual changes is not available, however, no new risks have been highlighted to the EADP.</p>			
Ceasing ADP funding for RIDU and Sexual health	£102k	£102k	6%
<p>UPDATE: The action proposed was to terminate this funding from the EADP, and for the IJB to extend the funding for these services until 30 June 2017 from the Social Care Fund at a cost of £25,000. This would enable a review to be completed led by the Chief Nurse.</p>			

Key risks

- Altering the pathway for drugs treatment and reducing funding for the locality clinical teams is the only area where there is current evidence of risk; the contribution of the specific reduction described here is relatively low, but it contributes to a cumulative risk of poor or delayed care for a high-risk group. It is hoped that this will be addressed by ongoing work on and/or increased investment in the system of community treatment.

Financial implications

- The agreed savings are being implemented.

Implications for Directions

- There are no changes to current Directions. The actions detailed in this report will deliver Direction EDI_2017/18_14 (Substance Misuse Services) "redesign

inpatient and community detoxification services to reduce the use of pan Lothian bed-based detoxification in the Ritson Clinic and strengthen the community capacity, increasing options for people to safely detox in the community”.

Equalities implications

12. The savings plan was subject to an Equalities Impact Assessment.

Sustainability implications

13. There are no sustainability impacts arising directly from this report.

Involving people

14. The Edinburgh Alcohol and Drug Partnership and its sub groups use a coproduction approach to service design and development.

Impact on plans of other parties

15. The impact these service changes have on community services is being monitored closely.

Background reading/references

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Appendices

Appendix 1

