Item 6.2

Report

Scottish Government - Seek, Keep and Treat Funding
Edinburgh Integration Joint Board

21 June 2019

Executive Summary

1. In August 2018, £1.41m recurring funding was allocated to The Edinburgh Integration Joint Board by Scottish Government. The purpose of the funds is to expand and innovate services which will reduce alcohol and drug related harm in line with the new Alcohol and Drug Strategy for Scotland.

2. The EADP, as the lead partnership forum, was asked to develop plans for the use of this funding and the Executive and Core Group developed a co-produced spending plan in response to the local needs assessment and the government guidance.

3. Having now ensured the affordability of this plan, this report seeks the approval of the Edinburgh Integrated Joint Board (EIJB) for the use of the funding to facilitate the implementation of the plan, aligned to the Scottish Government strategy, and in response to local need.

Recommendations

4. The Integration Joint Board is asked to:

   i. Agree the priorities identified through the extensive co-production exercise approved by the EADP Executive.

   ii. Agree the financial plan set out in paragraph 17 of this report.

   iii. Delegate to the Chief Officer the responsibility to work with the EADP in order to:

   - Prioritise within the spending plan and begin implementation.
   - Confirm the final spending plan with the Scottish Government based on the EIJB's decision.

Background

5. It was announced in the Programme for Government in September 2017 that the new Scottish Government drugs policy would be "*guided by a principle of ensuring the best health outcomes for people who are, or have been, drug users; our aim being to seek, keep and treat those who need our help*". This policy is based on a succession of national debates calling for a focus on the needs of those at the greatest and most immediate risk of harm involving drug and alcohol related deaths. Initially, £20m was allocated to support the initiative nationally. In anticipation of this funding being released, the EADP began a process to prepare strategic plans.

6. In August 2018, the Scottish Government indicated that £17m of funds would be released nationally to directly tackle the following challenges:

    - Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services
    - Reduce waiting times for treatment and support services, particularly waits for opioid substitution therapy (OST)
    - Improved retention in treatment particularly those detoxed from alcohol and those assessing OST
    - Development of advocacy services
    - Improved access to drug/alcohol treatment services amongst those accessing impatient hospital services
    - Whole family approaches to supporting those affected by problem drug/alcohol use
    - Continued development of recovery communities

7. The EIJB was allocated £1,414,407 per annum.

8. Each IJB, working with its local ADP was required to submit a draft spending plan by 26 October 2018, using a template that the Scottish Government provided. The letter explicitly required the spending plans to be linked to the identified challenges to deliver "system change".

Main report

9. This section describes the process by which the EADP Core Group has identified the essential areas for investment. This work was led by the Treatment and

Recovery Collaborative which represents all organisations, statutory and third sector, who provide specialist addictions treatment and support and was informed through service user and carer consultation, a needs assessment and research work previously undertaken locally and nationally. The key areas of local need are set out in Table 1 below.

Table 1:

Priority population groups in need
• Currently/ recently dependant, adult, high risk opiate/ benzodiazepine / poly drug users in the community. These people are: In treatment in secondary care (c10%); In treatment in primary care (c40%); out of treatment (c 50%) • Drinkers at high risk of/ experiencing alcohol related death, alcoholic liver disease, alcohol related brain disorder, or other severe alcohol-related physical and mental illness.
Priority unmet/ under met need
• Speed of initiation of Opiate Substitute Therapy and titration in for those presenting at the hubs who were not on a script. • Reaching hardly reached vulnerable groups by providing assertive outreach and accelerated treatment access for those at highest risk. Including more actively following up after: hospital contact ; referral or attending drop in and whom we consider high risk; police custody and prison; vulnerable persons processes; those using pharmacy Injection Equipment Provision; those at risk of discharge from or disengaging from prescribing. • More emphasis on evidence-based care in prison which links with an effective transition of care at release. • Reduce isolation by providing access to meaningful activity and social engagement, especially for those in medication assisted recovery and those who are not seeking abstinence. • Improving the offer of psychosocial interventions for the primary care Opiate Substitution Therapy patients. • Matching care to need, particularly those on OST (i.e. stepped care model). • Making more use of the contact in pharmacies by improving the offer of psychosocial support, harm reduction intervention, general medical

interventions and enhancing communication with prescribers and key workers.

- Improving general medical care for those in substance use treatment via the hubs, primary care and pharmacy contacts. Identification and treatment of physical and mental co-morbidities, learning disabilities, polypharmacy and addiction to prescription drugs.
- Developing psychologically informed environments, improving our response to trauma in the target groups and availability of high quality psychological therapies to people in all settings.
- Access to effective alcohol treatment and alcohol related brain disorder interventions in line with national guidelines.

10. Five short life working groups were established to explore the needs and opportunities in each of the following settings:

a. **Primary care** – the working group consisted of GPs, strategic planners from primary care and EADP and managers and clinicians from the hubs. It focussed on standards of care, expanding the offer of therapeutic support to this large group of patients and improving links to specialist care. This group returned a single spending proposal to employ nurses in the hub teams, but located primarily in GP practices working closely with the teams there. There was consultation with the GPs most closely involved in this area of work, the Deprivation Interest Group and with other practices.

b. **Prisons and police custody** – this work has been subsumed into a wider review of the health needs of drug and alcohol using prisoners which is still ongoing. It is led by Public Health.

c. **Community pharmacy** – the group was led by the lead pharmacist for substance use and included representatives from the Community Pharmacy Team and the Harm Reduction Team. Their remit was to make better use of the opportunities for intervention in pharmacy settings. Many people who use drug and alcohol will have more interactions with pharmacists than any other professional and almost all of the injecting equipment provision is through pharmacy. This group returned four proposals to the Core group, specialist in-reach to pharmacies by addiction workers and or nurses; Naloxone provision by pharmacists; protected learning time for pharmacy staff; and the extension of supervised disulfiram (Antabuse) service.

d. **Resilient Communities** - this group was chaired by the Chief Executive of Cyrenians and included representatives from homeless services, the

Access Practice, Inclusive Edinburgh, treatment, and community development services. The group had a wide remit - the social, emotional and spiritual needs of the key at risk group: Places to live, relationships and activity are all key needs along with hopefulness and quality of life. The group invited all organisations to make brief proposals to improve the quality of life of our key target group. This elicited an eclectic range of proposals which were developed and discussed by the group and these then submitted the Core Group in order of preference.

e. **Hubs and other treatment** - this working group was chaired by Strategy and Quality Manager Edinburgh Health and Social Care Partnership and composed of managers and clinicians from the specialist treatment and recovery services. Their remit was looking at improvements in the system of treatment and care. They followed a similar process to the communities group, but invited proposals specifically from the practitioners and managers in the services. The proposals focussed on treatment responsiveness, capacity, quality and pathways.

11. Each workstream having gathered investment and development proposals were processed through the EADP Collaborative, Core Group and Executive structures and formed into an improvement plan. The EADP also held a well-attended consultation session with current and former users of the services which yielded broad support for the approach and a great deal of detailed feedback on the feasibility of the particular proposals.

12. Members of the Core Group were participants in all of the groups, workshops and the consultation events and were well acquainted with the proposals and background by the time decisions were made. The Core Group have developed the proposals into a collection of investment plans and development aims which they have categorised as:

- Needing essential investment
- Needing development and Potential investment
- Needing development only

13. The priorities for funding identified by the Core Group were approved by the EADP Executive.

Key risks

14. **Risk one:** that the investment plan is not well enough focussed to meet targets. The Scottish Government has given a clear indication of the areas of work that we are expected to focus on, but there is no reporting framework or targets yet

under the new national strategy. We are therefore investing before knowing the exact future requirements. There may be a risk of not being able to meet future targets within the funding. The risk is reputational and mitigated by a good understanding of the national strategy.

15. **Risk two**: that the budget is not allocated to meet the government requirements. This risk is mitigated through the implementation of these proposals.

16. The risks of not allocating the investment to the plan include:

- **Reputational risks:** the process of developing the plans was completed many months ago and a very wide range of participants (with professional and personal involvements) contributed freely in the expectation that action would follow. Other key stakeholders, political, professional, governmental and others at national and local levels expect that change will occur due to the investment

- **Service delivery risks:** In some cases the expectation of funding is important to the organisation who made proposals which were accepted. In others, current staffing levels are inadequate, and the expectation of new investment is essential for staff morale and continuous service delivery. Implementation will also become increasingly difficult if there is delay: there is a finite regional pool of professional with the skills we need to attract, and if Edinburgh's system is the last to make investments, we may lose staff and will certainly struggle to attract the workforce we need

- **Governance:** the Partnership is required to report to the Scottish Government on spending plans in year and in future years

- **Continuing unmet need:** Drug and alcohol abuse is a key public health threat to Edinburgh. The need for support services in this area is acute and pressing

Financial implications

17. **New revenue funding commitments**

The following table sets out the agreed priorities for revenue spending following the co-produced approach outlined above:

Reaching high risk individuals	176,000
Medical	120,000
Enhanced pathway in specialist services	86,000
ARBD (additional)	63,000
Enhanced care for co-morbidities in hubs	104,000

Primary care	105,000
Advocacy	40,000
Intelligence and evaluation	32,000
Pharmacy staff	12,000
Dispensing of THN and Antabuse	40,000
Community development focusing on social isolation in PWUD&A	80,000
Pre-pare (extending treatment postpartum and to partners)	43,000
Pharmacy costs (dispensing)	320,000
Vol sec capacity for outreach and engagement	190,000
Total	**1,411,000**

Implications for Directions

18. NHS Lothian and the City of Edinburgh Council will be required to recruit the necessary staff and resources to ensure the effective implementation of this plan. As the government guidelines for outcome reporting are agreed, the necessary mechanisms will need to be activated to ensure effective delivery and constant improvement.

Equalities implications

19. Information on the differential effect of proposals on groups with protected characteristics has been requested. In addition these proposals set out a range of activity that meets the specific and complex needs of some of our most vulnerable citizens.

Sustainability implications

20. Reducing Scotland's dependency on alcohol and drugs will have a significant impact economically, socially and in terms of public safety, public health and life expectancy.

Involving people

21. The consultation process included well-attended events with service users and representatives of a wider and diverse range of services. The views expressed by carers in previous consultation events were considered and influenced the

decision making (particularly the value that they place on outreach rather than clinic-based services)

Impact on plans of other parties

22. Several other proposals were made which highlighted needs which are real, but which would be best met through other initiatives. These include wet houses, providing supported accommodation for dependant drinkers, which permit controlled drinking while reducing the harm associated with it, and improvements in care for people with ARBD (which is funded through other routes). The ADP will explore how these might be funded by (or jointly with) other partnerships.

Background reading/references

23. SDF Older drug users report : http://www.sdf.org.uk/wp-content/uploads/2017/06/Working-group-report-OPDPs-in-2017-PDF.pdf

24. Lucy Cockayne's Stepped care report: https://www.edinburghadp.co.uk/wp-content/uploads/2016/10/Stepped-Care-Report-LC-24-08-16.pdf

25. National clinical guidelines for drugs treatment; http://www.nta.nhs.uk/guidelines.aspx

26. Edinburgh Health Needs assessment for injecting drug users : www.nhslothian.scot.nhs.uk/Services/A-Z/HarmReductionTeam/Documents/HarmReductionEdinburghHealthNeedsAssessPeopleWhoInjectDrugs.pdf

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Colin Beck, Strategic Planning and Quality Manager – Mental Health and Substance Misuse

E-mail: Colin.Beck@edinburgh.gov.uk | Tel: 0131 553 8200

Appendices

None.