

## Drug and Alcohol Recovery Orientated System of Care Development and Investment plan

Edinburgh Integration Joint Board

19 April 2022

<p><b>Executive Summary</b></p>	<ol style="list-style-type: none"> <li>1. This report describes plans to achieve five treatment outcomes for people in Edinburgh who are drug dependent. The five outcomes are defined as:             <ol style="list-style-type: none"> <li>a. All people accessing services have the option to start Medication Assisted Treatment (MAT) from the day of presentation.</li> <li>b. All people are supported to make an informed choice on what medication and dose to use for MAT.</li> <li>c. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</li> <li>d. All people will receive support to remain in treatment for as long as requested and 9% more people will receive MAT.</li> <li>e. More people have access to residential rehabilitation.</li> </ol> </li> <li>2. The paper includes a recurring spending plan of £3.512m per annum, draft directions for the implementation of the plans and a risk assessment, noting that funding for full implementation of MAT 2 remains unresolved.</li> </ol>
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<p><b>Recommendations</b></p>	<p>It is recommended that the Edinburgh Integration Joint Board (EIJB):</p> <ol style="list-style-type: none"> <li>1. Notes comments on the plans and allocates funding in line with Appendix 2 (subject to formal confirmation of expected SG funding allocations).</li> <li>2. With the exception of MAT 2, issue directions to implement these plans in line with Appendix 3.</li> <li>3. Instructs the Chair to raise concerns around the lack of funding to fully implement MAT 2 standard with the Scottish Government.</li> </ol>
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	4. Instruct the Chief Officer to issue a direction for MAT 2 once the review of EADP slippage has concluded.
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## Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue directions to City of Edinburgh Council and NHS Lothian	✓

## Report Circulation

3. The report has not been considered at any of the other EIJB committees but has been considered by the following groups:
  - a) EADP Adult treatment and recovery collaborative
  - b) EADP Adult treatment and recovery collaborative Core group
  - c) EADP Executive

## Main Report

1. In the context of rapid rising levels of drug related deaths in Scotland, the Scottish Government (SG) have developed a new national strategy for drug and alcohol treatment services and increased national investment in their delivery by £250m. Edinburgh's local strategy parallels these national developments and now has substantial additional funding to assist implementation. A fuller report on the financial background and plans for these services will be brought to the June IJB along with proposals for their future financial and strategic governance.
2. The [Medication Assisted Treatment Standards \(MATS\)](#) are nationally set standards for the speed, capacity and quality of treatment for drug users. They are a central element of the national mission to reduce drug related deaths and are key to local and national drug strategies. There is an expectation that standards 1 to 5 be embedded by April 2022. The following pages summarise current progress towards meeting standards 1,2, 3, 5 and 7 and the proposed plans for meeting them. In each case a RAG assessment is given indicating whether the standard is "unlikely to be achieved" (Red), "may be achieved with additional planning and resource" (Amber) or "expected to be achieved" (Green).

3. Expanding access to residential rehabilitation is a key strategic priority for the EADP and the Scottish Government. The SG has made a substantial investment in expanding this provision, allocating £5m revenue pa to ADPs, of which £418k is allocated to Edinburgh, and distributing a similar sum directly via a national Recovery Fund. A plan for using this funding to achieve these outcomes is described below.

**MAT Standard 1: All people accessing services have the option to start MAT from the same day of presentation.**

4. **RAG status: Amber.** Edinburgh Alcohol and Drug Partnership (EADP) agreed a plan in December 2021 for a central clinic offering same day treatment. The timeline of opening the clinic five days a week from 1st April has proven challenging but the plan itself is expected to be successful (though see risk assessment).

Central Titration Clinic costs pa	(£000's/year)
Clinical component	£368
Social work	£56
Voluntary sector practitioners	£120

**MAT Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.**

5. **RAG status: Amber.** The key development in this area is roll out of Buprenorphine; an alternative to current prescriptions with significant advantages. Currently approximately 60 of the 3000 people in MAT are treated with Buprenorphine. It is estimated that if it were universally available as a choice to people, approximately 600 would prefer it. EADP has agreed investment in the nursing capacity needed to begin this (£138k pa). However other developments cannot be implemented until agreement is reached on how dispensing and medication costs will be met (estimated at £1.6m pa). Whilst the Scottish Government (SG) provided funding in 2021/22 to start this programme, they have indicated that no further allocations will be forthcoming. This in turn means that a major policy initiative which comes with a significant additional costs will present a further financial pressure for the EIJB. Discussions are ongoing with SG officials to address this, but the issue remains unresolved at the time of writing. It is recognised that the EIJB would not wish to stop the roll out of Buprenorphine to this vulnerable group, so it is proposed that, pending a resolution to the funding issue, the additional costs are met from EADP slippage in the meantime. This is clearly a non recurring funding source so, in order to minimise financial risk, it is further recommended that officers undertake further work to ascertain the rate at which this service is expanded in line with the funding available. The associated direction would be issued when this work is concluded. The final recommendation relating to Buprenorphine is that the Chair is remitted to write to the SG raising the concerns of the board.

**MAT Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.**

6. **RAG status: Green** Edinburgh has an established network of teams who reach out to people who are identified as being in crisis and at high risk of drug related death and harms. Subject to the outcomes of the performance monitoring exercise, it is anticipated that the current work plus planned actions will deliver the standard. Several of the key elements of the current provision have been developed using non-recurring funding and it is proposed to commit revenue to these.

<b>Current non-recurring investments (to be extended)</b>	£000's pa
Outreach post at Harm Reduction Team	35
Operation Threshold	30
A&E navigators	27
Drug liaison nursing contribution	45
<b>Proposed new development:</b>	
Additional outreach capacity in Harm Reduction team	58

**MAT Standards 5, 7 and Treatment target: Increasing numbers in treatment, enabling shared care with primary care, matching need and models of treatment**

- MAT 5: All people will receive support to remain in treatment for as long as requested
  - MAT 7: All people have the option of MAT shared with Primary Care.
  - [Treatment target](#): the numbers of people in MAT to increase by 9% by April 2024 (from 3,143 in treatment currently to 3,419)
7. These standards require that an additional 276 people are treated by a system of care which already has very high pressures. Within current resource constraints (funding, premises, available workforce) and models, meeting the existing pressures and new expectations is not possible and the RAG status would be RED. With the additional funding and plan below, status moves to AMBER.
8. In December 2021 the ADP made an application to the MATS Implementation Support Team (MIST) describing a plan with the following intended outcomes:
- Expand total treatment capacity by 9%
  - Test and implement models of care which expand or release capacity with high levels of efficiency, but which are safe, satisfactory to people and meet all MATS.
  - Maximise the use of primary care

9. The funding required to meet these demands was estimated at c£1.6m pa. MIST have offered (though not yet confirmed, see Appendix 2, point 7) a recurring (4-year budget) from 2022 to 2026 of £750k pa. The proposed use of this funding is recruiting staff as described below:

	total cost (£000's pa)
Reducing caseloads in hub services	408
Of which NHS	279
Of which voluntary sector via CEC	128
Developing Low intensity care in hubs (NHS)	305
Project management and implementation (NHS)	37
Total	750

10. Note that (as per risk assessment below) the detail of the staffing will be in the hands of operational and clinical managers. EIJB is asked to approve funding and direct the EHSCP to deliver the required outcomes.

#### **Improving access to residential rehabilitation**

11. For Edinburgh residents, most of the rehab provision is delivered by Lothian and Edinburgh Abstinence Programme (LEAP) and its associated detox pathway through the Ritson Clinic at the Royal Edinburgh Hospital. LEAP also provide, family and peer support, out of hours care and accommodation, aftercare support and accommodation, employability and meaningful activity. Pre-COVID, LEAP had capacity to treat 20 people at a time, equating to 80 to 90 people over a year. Approximately 60% of whom are typically Edinburgh residents.
12. Across Lothian ADPS and in conjunction with Royal Edinburgh and Associated Services (REAS) there has been developed a plan for expanding LEAP and its pathway with the aims of:
- Increasing capacity in the Ritson Clinic by 50% (8 beds to 12 beds)
  - Increased capacity at LEAP by 40% (20 places to 28 places)
  - Allowing 112+ residential treatment episodes per year in Lothian
  - Allowing 600+ places over the five years of the fund
  - Increased access for vulnerable groups
  - Removal of barriers to treatment
  - Improved quality of aftercare provision

- Allowing groundwork for a more ambitious East of Scotland Regional approach

13. This plan was fully supported by the three Lothian ADPs and formed the basis of an application to the SG national Recovery Fund. The SG have agreed to meet most of the costs of the bid but have requested that the Lothian ADPs contribute some of the new funding allocated to them in line with the standard formula for pan Lothian costs:

All figures in £000s)	Per year (2022/26)	TOTAL (five years)
Total cost of project	1,164	5,781
SG funding offered	664	3,281
ADP/ IJB contribution requested (Lothian)	500	2,500
Of which:		
Edinburgh IJB/Edinburgh ADP (57%)	285	1,425
East Lothian IJB/MELDAP (12%)	60	300
Midlothian IJB/MELDAP (10%)	50	250
West Lothian IJB/WLADP (21%)	105	525

## Implications for EADP

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### Financial

14. See appendix 2

### Legal/risk implications

15. See appendix 1. Risks include: potential impacts of delayed decision-making and implementation; financial contingencies (required funding not having yet been confirmed); challenges recruiting required staff and identifying fit for purpose premises; unintended consequences of developing this area of service.

16. A key risk relates to the lack of funding for the additional costs of the expansion of Buvidal prescribing. This is discussed in paragraph 5 above and it is recommended that the Chair raises this issue with the Scottish Government.

### Equality and integrated impact assessment

17. Delivering suitable care for people with all needs is a challenge in drugs treatment. Particular protected characteristics are known to have a potential impact on the ability to access and fully benefit.

18. Mitigation of these risks of excluding/ under treating groups with protected characteristics includes

- a. Adaptations within the LEAP and MAT programme (e, g, offer of same gender care, male and female group work)
- b. arrangements to provide LEAP as flexibly as possible and to make reasonable adaptations, using a ringfenced budget. This flexibility is expected to be enhanced by the additional capacity which will allow, for instance, longer stays for those who need more treatment and greater support for people whose needs have historically been a barrier to rehab (e.g., from homelessness or directly from prison)
- c. the option, as part of the same pathway, of placement in alternative units which meet specialist needs; LEAP is the default provider of rehab, but alternatives are provided when LEAP cannot meet a person's needs.

All of these are facilitated by the joint working arrangements between LEAP and the CEC residential rehab social work team.

## Report Author

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## Background Reports

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None

## Appendices

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Appendix 1	Risk assessment
Appendix 2	Summary financial plan
Appendix 3	Directions required

## Appendix 1: Risk assessment

**MATS:** The risks attached to the most complex elements of the MAT implementation are summarised below

- 1) Delay: the pace of change required to meet the standards is set by the SG expectations, the allocation of money and the reality of the public health crisis. Protracted delays agreeing and implementing plans have reputational and real-world risks to patient care and public health.
- 2) Recruitment and workforce development: The plan is based on recruiting and training a total of 27 additional staff, 15 of them clinical registrants (mostly nurses). Available nursing capacity, particularly RMNs with skills in addictions, is not likely to meet this. The context is that there is a shortage of nurses nationally, MH services are expanding, other areas are also recruiting, there are already high levels of community vacancies and absence (11/31 nurse posts in community teams at the last count). Some alternatives can be used to mitigate the gaps: using other professional groups and employing non registrants and shifting tasks where possible etc but it still amounts to nearly doubling the nursing workforce and will take time and a clear strategy to achieve.
- 3) Non recurrence of funding: The additional funding provided by the Scottish government is only guaranteed until 2025/6, but recruitment requires offering staff open ended contracts. Potentially, this exposes the H&SCP to the risk of having staff under contract and no dedicated funding streams. However, this is mitigated by a) the expectation that there will be significant ongoing funding allocations to meet these needs beyond 2025/6 b) sufficient notice of any change will allow for changes in staffing or reallocation of remaining funding through a planned process.
- 4) Inaccurate predictions of demand: the plan represents a significant lowering of the threshold for entering treatment. This is exactly the intended effect and is very necessary. However, there is the risk that improving access will result in greater numbers coming forward than can be safely treated. This risk has been mitigated by planning and will be carefully monitored.
- 5) Disruption of care to other groups: the emphasis specifically on increasing access for opiate users in crisis is based on the greatest level of immediate risk of drug related death and is welcome. However, displacing staff and energy into this group may lead to deterioration in treatment for dependant drinkers or for drug users in more developed recovery. This will be mitigated by monitoring of numbers of non-MAT patients treated and waiting times for non-MAT interventions (alcohol detox in particular).



- 6) At the time of writing, no funding source has been identified to support the roll out of Buvidal. Pending resolution, the associated cost will be underwritten by slippage elsewhere in substance misuse funding.
- 7) The plan assumes confirmation of the £750,000 pa provisionally offered by MIST. Until this funding has been confirmed no expenditures can be committed. The plan would need to be rewritten were the funds not confirmed. Officers will not commit funding until written confirmation of the funding is received.

The chief risk relating to the expansion of residential services is that the bid as formulated might not fully meet the costs of the care and the other costs that might arise in the pathway (e.g. for out of hours care, accommodation during and after placement, family, and peer placements). REAS (who have committed to delivery of the outcomes) will lead on addressing this risk. It is mitigated by a) the substantial underspend in this area, which will enable expansion over the 4 remaining years of the funding cycle even if not all costs could be sustained beyond that period) and b) the strong partnership and good will that surround the project; all partners have historically shown great commitment to the success of the project.

## Appendix 2: Proposed allocation of revenue funding streams to meet MAT standards, expand treatment and improve access to residential interventions

This describes the proposed use of the available recurring funding in line with the plans in this paper (all figures in £000s pa).

Proposed investment	Notes	Spend £k
1. Central Titration clinic NHS component	See MAT 1 plan above	368
2. Central Titration clinic Social Worker		56
3. Central Titration clinic Voluntary sector practitioners		120
4. Buvidal Dispensing capacity	See MAT 2 plan above	1,738
5. Community outreach posts (drug liaison nurses, vol sec and NHS outreach workers)	See MAT 3 plan above	195
6. Reducing caseloads in hub services (NHS)	See MAT5/7 plan above	279
7. Reducing caseloads in hub services (vol sec)		129
8. Developing low intensity care in hubs		305
9. MAT project management and implementation		37
10. LEAP and Ritson	See "Improving access to residential rehabilitation" plan above	285
	Total	3,512

Appendix 3: Directions

Reference number	Use format: EIJB-approval date-sequential number eg EIJB-22/10/2019-xxx		
Does this direction supersede, vary or revoke an existing direction?	No		
Approval date	19/04/2022		
Services / functions covered	Community Substance Use Services		
Full text of direction	MAT 1: Develop city wide clinic to offer same day assessment and initiation of drugs treatment		
Direction to	NHS Lothian: Clinical component The City of Edinburgh Council (commissioning of the third sector component and		
Budget / finances allocated to carry out the direction.		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2022/23	£368,000	£190,000
	2023/24	£368,000	£190,000
	2023/24	£368,000	£190,000
	2024/25	£368,000	£190,000
	2025/26	£368,000	£190,000
Performance measures	<p>Numerical (reporting to be coordinated by NHSL public health).</p> <ul style="list-style-type: none"> <li>• Numbers attracted to the clinic. TARGET: 40/month</li> <li>• % with Rx within 24h (or reason for other outcomes): TARGET: all patients have been assessed for suitability for prescribing within 24h of presentation.</li> <li>• Continued engagement: (number engaged in treatment 3 months following presentation): TARGET: TBC</li> <li>• Successful discharge to mainstream care; TARGET: 80% of those entering treatment achieve a planned discharge to ongoing structured care</li> <li>• Continued engagement 3/12 after Dx to mainstream care: management information, no Target</li> </ul>		

	<ul style="list-style-type: none"> <li>• Lack of adverse incidents: management information, no Target</li> </ul> <p>Process (Criteria). Work on this to be led by PM/ operational manager</p> <ul style="list-style-type: none"> <li>• Small test of change: deliver same day titration for people who are currently on a waiting list for MAT: April 2022</li> <li>• Completion of QI charter: April</li> <li>• Recruitment to all posts: May 2022</li> <li>• Joint working pathways agreed with key partners/ SOP: May 2022</li> <li>• Opening five days a week (July 2022)</li> </ul> <p>Experiential (to be led by ADP)</p> <ul style="list-style-type: none"> <li>• Base line information of the experience of users, carers and practitioners of the current system (survey/ interview/ focus groups in q1 2022/23)</li> <li>• Satisfaction and experience measures post set up (one year after opening)</li> </ul>
Review date	May 2023

Reference number	Use format: EIJB-approval date-sequential number e.g. EIJB-22/10/2019-xxx		
Does this direction supersede, vary or revoke an existing direction?	No		
Approval date	19/04/2022		
Services / functions covered	Community Substance Use Services		
Full text of direction	<p>MAT 5, &amp; 7 and Treatment target</p> <ul style="list-style-type: none"> <li>• Provide Opiate Replacement Treatment to increased numbers of people.</li> <li>• Test and implement models of care which expand or release capacity with high levels of efficiency, but which are safe, satisfactory to patients and meet all MAT standards.</li> <li>• Maximise use of primary care</li> <li>• Continue to provide appropriate levels of care to non-opiate using patients</li> </ul>		
Direction to	<p>NHS Lothian (clinical components) CEC: (commissioning supportive third sector provision)</p>		
Budget / finances allocated to carry out the direction.		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2022/23	£584,000	£129, 000
	2023/24	£584,000	£129, 000
	2023/24	£584,000	£129, 000
	2024/25	£584,000	£129, 000
	2025/26	£584,000	£129, 000
Performance measures	<p>Numerical</p> <ul style="list-style-type: none"> <li>• Increased number of patients in ORT treatment TARGET: April 2022                      April 2023 (change)                      April 2024 (change) 3000                                      3281 (138)                                      39 (+276)</li> <li>• Continue to provide treatment for non-opiate using patients at current levels (no reduction in alcohol detoxes provided: NHSL PH to identify baseline April 2022)</li> </ul>		

	<p>Process (Individual tests of change demonstrating models of high-volume care/ increased safe, MAT compliant throughput).</p> <ul style="list-style-type: none"> <li>• Development of QI charters for individual projects</li> <li>• Implementation of individual models</li> <li>• Evaluation reports for each project</li> </ul> <p>Experiential (to be led by ADP)</p> <ul style="list-style-type: none"> <li>• Baseline information of the experience of users, carers and practitioners of the current system</li> <li>• Satisfaction and experience measures post implementation of each test of change</li> </ul>
Review date	May 2023

Reference number	Use format: EIJB-approval date-sequential number e.g. EIJB-22/10/2019-xxx		
Does this direction supersede, vary or revoke an existing direction?	No		
Approval date	19/04/2022		
Services / functions covered	REAS Substance Use Services		
Full text of direction	<ul style="list-style-type: none"> <li>• Increase access to residential rehab interventions</li> </ul>		
Direction to	NHS Lothian		
Budget / finances allocated to carry out the direction.		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2022/23	£285,00	
	2023/24	£285,00	
	2023/24	£285,00	
	2024/25	£285,00	
	2025/26	£285,00	
Performance measures	<p>Each year, REAS to provide progress report on each of the following outcomes (with specific information on the outcomes for Edinburgh residents)</p> <ul style="list-style-type: none"> <li>• Increased capacity in Ritson Clinic by 50% (8 beds to 12 beds)</li> <li>• Increased capacity at LEAP by 40% (20 places to 28 places)</li> <li>• Allowing 112+ residential treatment episodes per year in Lothian</li> <li>• Allowing 600+ places over the five years of the fund</li> <li>• Increased access for vulnerable groups</li> <li>• Removal of barriers to treatment</li> <li>• Improved quality of aftercare provision</li> </ul>		
Review date	May 2023		