



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
25 JUNE 2019

REPORT ON: SUBSTANCE MISUSE SERVICE REDESIGN UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB25-2019

1.0 PURPOSE OF REPORT

1.1 To provide an update about the progress with the redesign of Substance Misuse Services.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the Substance Misuse Service Redesign progress described at section 4 of this report.

2.2 Requests a report on progress with the Redesign Programme in 12 Months.

3.0 FINANCIAL IMPLICATIONS

3.1 The redesign is funded through a reconfiguration of resources available to the Health and Social Care Partnership and the Dundee Alcohol and Drug Partnership.

4.0 MAIN TEXT

4.1 Background to Substance Misuse Redesign

4.1.1 It is our ambition that citizens of Dundee will have access to the information and support that they need to live a fulfilled life and recover. In addition, that we intervene early to prevent a negative impact of substance use on citizens of Dundee, children, families, carers and communities.

4.1.2 The Substance Misuse Redesign Plan was approved at Dundee Integrated Joint Board on 18th December 2018 with a request to submit a report on progress in June 2019 (Article XIII of the minute of the meeting, report DIJB66-2018 refers). The redesign is supported through use of six principles which aim that a new operating model for Integrated Substance Misuse Services (ISMS) should be:

- Based in localities across Dundee and available over 7 days and at evenings to improve accessibility, reduce inequalities and support people in employment.
- Holistic, person centred and focused on enabling people to recover, achieve their personal outcomes and be protected from harm. This includes proactively engaging with individuals to support their recovery.
- Underpinned by excellent governance arrangements so that an assurance is provided regarding the quality, safety and effectiveness of the advice, support, treatment and information provided and delivery of evidence based clinical pathways.
- Implemented collaboratively so that people experience well-coordinated support which is integrated from their perspective.
- Organised from a single referral point in localities using integrated documentation so that we make effective use of resources available to support recovery and protect people from harm.
- Responsive to Carers and family members, so that Carers and family members receive the support they need to continue in the caring role.

4.1.3 The substance misuse redesign programme interlinks with a number of change programmes across the Health and Social Care Partnership, NHS Tayside, Dundee City Council and the City. In particular, the substance misuse redesign programme supports the delivery of the Dundee Health and Social Care Strategic and Commissioning Plan 2016 – 2021, the Substance Misuse Strategic Commissioning Plan 2018 – 2021 and Unscheduled Care Programme.

4.1.4 To support effective delivery and development of partnership arrangements the redesign is implemented through four key projects:

Project 1 Recovery, Health and Wellbeing (Developing a Recovery Orientated System of Care which enables Citizens to improve their wellbeing, quality of life, independence and recover)

Project 2 Discharge Management and Unscheduled Care (Reducing Admission and Readmission to Hospital)

Project 3 Integrated Governance and Infrastructure (Developing a Shared Learning Culture and Infrastructure which enables Sustainable Change)

Project 4 Positive Communications (Promoting Recovery and Reducing Stigma Associated With Substance Misuse)

4.2 Progress with the Service Redesign

4.2.1 Over the past two years, the focus has been on establishing a culture of collaboration and the organisational conditions that will support and enable implementation of a sustainable recovery orientated system of care which enables citizens of Dundee to recover and live a fulfilled life. Progress is as follows: -

Operational and Clinical Leadership (All Projects)	<p>Strengthened operational leadership arrangements by implementing: -</p> <ul style="list-style-type: none"> ✓ Integrated senior leadership roles (East and West Integrated Managers Substance Misuse and First Contact; Hospital Discharge Improvement and Carers) to enable effective leadership of change and redesign. ✓ Locality Team Leads who will provide first line management of the locality integrated substance misuse services. ✓ A second Consultant Psychiatrist specialising in Substance Misuse so that there will be a full time Consultant Psychiatrist in East and in West Dundee from September 2019 who can provide locality based Clinical Leadership and increase prescribing capacity. ✓ A second Clinical Psychologist so that will be a Clinical Psychologist in East and in West Dundee from October 2019 who can both deliver psychological interventions and increase mental health support available by providing training on psychological interventions to health, social care and third sector staff who support people who use substances.
Recovery, Health and Wellbeing (Project 1)	<p>Strengthened our focus on enabling recovery in localities across Dundee by implementing:</p> <ul style="list-style-type: none"> ✓ East and West Dundee Integrated Health and Social Care Locality Substance Misuse Services through reconfiguration of previously separate teams and integration of medical, psychology, nursing, social work and support worker workforce. As part of this, East and West Managers have instigated pathway developments with partner agencies to develop holistic supports in local communities from a single referral point which enable people to recover. ✓ Improved efficiency and safety in relation to screening, assessment, risk management and care planning through implementation of an enhanced Multidisciplinary Team Meeting and all health and social care staff using the same IT and documentation. ✓ Improved accessibility through a direct access drop in assessment clinic which has supported 100% compliance with HEAT A11 targets. ✓ Testing of support which promotes engagement with services and promote independent living particularly where there is a risk of harm. As a next

	<p>step, third sector housing support services are now in process of integrating with East and West Dundee Integrated Health and Social Care Locality Substance Misuse Services to further enhance a multi-disciplinary team approach to recovery.</p> <ul style="list-style-type: none"> ✓ Testing of a model which establishes multi-agency approaches to working with and managing risk. A dedicated lead officer is now in place to enable this development to further develop and embed within the city.
<p>Recovery, Health and Wellbeing – Clinical Interventions (Project 1)</p>	<p>Strengthened our focus on enabling recovery by using realistic medicine, evidenced based practice, and clinical governance to underpin the clinical aspects of the redesign.</p> <p>This has led to the following based on learning from clinical governance: -</p> <ul style="list-style-type: none"> ✓ Addressing underuse of higher value interventions, by increasing buprenorphine prescribing. ✓ Reducing the overuse of interventions which may cause harm by liaising with GP's to review gabapentoid prescribing for individuals at increased risk of overdose. ✓ Establishing an ISMS non-fatal overdose pathway which incorporates Consultant review and holistic multidisciplinary review of risk management and care planning. As a next step, funding has been provided to Gowrie Care to develop non-fatal overdose pathways across third sector services to compliment this development. ✓ Improving access Survive and Thrive for people who use substances. Survive and Thrive is a psycho-educational course which is designed for people who are experiencing the psychological and emotional difficulties which can result from life experiences often described as complex trauma. ✓ Revising the psychological and prescribing components of a community recovery programme. Feedback indicates that 97% of attendees would recommend the community recovery programme to others. ✓ Reducing did not attend rates for ISMS psychology assessments through use of the multi-disciplinary screening and assessment. ✓ Opiate substitution prescribing pathway. ✓ All cause mortality rates have reduced within ISMS by 10% from 2017 to 2018 and continued to fall in 2019.
<p>Support to Carers and Family Members (Project 1)</p>	<p>Strengthened our focus on supporting Carers in localities across Dundee by working in partnership with Dundee Carers Centre and Dundee Carers Partnership to implement: -</p> <ul style="list-style-type: none"> ✓ Direct access support which Carers can access across localities of Dundee. ✓ Direct access short breaks support for Carers. ✓ A partnership with Dundee Carers Centre Lifeline Project to support Carers and family members affected by substance misuse.
<p>Discharge Management and Unscheduled Care (Project 2)</p>	<p>Strengthened our focus on enabling recovery through developing integrated working in acute hospital settings by implementing: -</p> <ul style="list-style-type: none"> ✓ An integrated substance misuse hospital liaison and hospital discharge management service through the Integrated Discharge Hub. ✓ A multi-agency pathway group to develop integrated approaches towards enabling people who use sub ✓ Stances to be discharged when they are well, recover and prevent readmission. ✓ Tests of change to use accommodation which will support discharge and assessment as to longer term options which improve outcomes.
<p>Integrated Governance and Infrastructure (Project 3)</p>	<p>Strengthened our approach to governance through promoting a learning culture and continuous improvement by implementing: -</p> <ul style="list-style-type: none"> ✓ Integrated health and social care clinical, care and professional governance and reporting arrangements linked to DHSCP governance

	<p>framework.</p> <ul style="list-style-type: none"> ✓ Recording of service and organisational risks on datix and an integrated escalation framework. ✓ Monitoring of and updating of third sector contracts with a focus on outcomes, quality of service provided, collaboration and personalisation. ✓ Professional practice development forums. ✓ Learning from Local Adverse Event Reviews, complaints and feedback. ✓ Development of a balanced scorecard to monitor performance against key local and national targets in partnership with Alcohol and Drug Partnership.
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4.2.2 The changes made over the last year have demonstrated that increased access and choices of treatment and support can deliver improved outcomes. The priorities over the next year are to focus on: -

- Reviewing learning and recommendations from the Mental Health Inquiry, Drugs Commission and national research to inform continuous improvement of substance misuse services.
- Building workforce capacity by completing a 5 year integrated workforce plan by October 2019. This will set out workforce projections, workforce development and skills mix needed to deliver integrated health, social care and third sector east and west substance misuse services. This includes setting out how we will transform nursing roles to build capacity and capability for advanced nurse practice and non-medical prescribing.
- Coproducing with service users, carers and partners a model which enables delivery of early intervention, recovery focused support and locality based services over 7 days from a single referral point as part of East and West Substance Misuse Services by implementing a Public Social Partnership (PSP) and continuing to implement multi-agency locality service development events. Funding has been received from the challenge fund to provide support to a PSP.
- Continuing to focus on improving outcomes, choices and experiences by further embedding the lead professional working with risk model, self-directed support and personalisation across all substance misuse services
- Continuing to use realistic medicine, evidenced based practice, and clinical governance to underpin the clinical aspects of the redesign and through promote recovery.
- Further developing support to Carers and family members affected by substance misuse through third sector substance misuse and carers services.
- Further developing partnership arrangements and pathways with key partners which includes pharmacies, prisons, mental health, children & families, neighbourhood services and wider third sector.

4.3 Risks Associated with Substance Misuse Delivery

4.3.1 Substance misuse services continue to experience service and organisational risks in relation to service delivery during the redesign process.

4.3.2 The current key risks, and actions to address, which have been recorded on Datix include:

- There is increasing patient demand which includes insufficiency of current staffing levels to meet new and existing demand, rising unallocated cases and limited flow from the service. The appointment of agency and temporary staff and the implementation of an escalation plan have supported the interim management of this risk. However, this is not a sustainable way to manage this risk over the long term and further options are being considered.

- There are insufficient numbers of ISMS staff with current prescribing competencies, inclusive of nursing and medical staff. Funding for six nursing posts which will include a non-medical prescribing role has been approved to support this. Recruitment to these posts was challenging and due to this trainee posts were established and recruited to develop capacity in relation to nursing posts which will include a non-medical prescribing role within the service.
- The ability to monitor protection concerns is reduced as the team are not able to review patients as regularly as they would with a full staffing establishment. Attendance at Case Conferences is prioritized where possible and short notice attendance/report requests will be provided verbally. Locality Integrated Managers with responsibility for substance misuse will continue to promote joint working across the Health and Social Care Partnership and Children & Families Services to agree actions and approaches which support protection of children and families.
- There are concerns about the service ability to adhere to the timescales within the Adverse Event management policy due to the high volume of incidents and the reduced number of clinical staff. We have taken pragmatic approaches to thematic reviews and sought assistance from the Clinical Governance Team to progress the completion of Adverse Event Management processes.
- As a result of a range of both internal and external pressures, staff morale is currently low and Occupational Health and the Wellbeing Service are being used to support staff though this challenging time.

4.3.3 These service risks have been escalated through Dundee Health and Social Care Partnership Governance Group throughout 2017 – 2019 and further escalated to the Clinical Quality Forum in 2019.

4.3.4 Risks in relation to service delivery noted on Datix have also been provided to the Dundee Alcohol and Drug Partnership (DADP) to support the development of the DADP Drug Death Action Plan.

4.4 Costs Associated with the Service Redesign Program

4.4.1 The redesign is funded through a reconfiguration of resources available to the Health and Social Care Partnership and Dundee Alcohol and Drug Partnership.

4.4.2 It has been supported through the Scottish Government Investment Plan approved at Dundee Integrated Joint Board on 30th October 2018 (Article XI of the minute of the meeting, report no DIJB56-2018) and 18th December 2018 (Article XIII of the minute of the meeting, report DIJB66-2018 refers). The investment plans aims to build capacity across health, social care and third sector services to develop a recovery orientated system of care.

4.5 Summary and Conclusion

4.5.1 A redesign of substance misuse services has been implemented to support our ambition that people using substance misuse services will have access to the information and support that they need to live a fulfilled life and recover.

4.5.2 Over the past year, the focus has been on establishing the organisational and cultural conditions that will support the redesign. This has included strengthening leadership and development of multi-disciplinary working. The focus for 2019 – 2020 will be to further implement the redesign programme and investment plans to collaboratively develop a recovery orientated system of care and to respond to the outcome of the Drugs Commission. In addition to continue to develop actions to mitigate risks during the period of the redesign.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that current funding will be insufficient to undertake the redesign
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	Securing multi-agency agreement on the actions required in line with the Dundee Substance Misuse Strategic Plan.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

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Chief Officer

DATE: 29 May 2019

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