

1. Welcome and Apologies

- 1.1 Including the order of business and any additional items of business notified to the Chair in advance.

2. Declaration of Interests

- 2.1. Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

3. Deputations

- 3.1. None.

4. Reports

- 4.1. Funding for Drug and Alcohol Services 2017/18 – report by the IJB Chief Officer (circulated)

Board Members

Voting

Michael Ash, Shulah Allen, Carolyn Hirst, Alex Joyce, Richard Williams, Councillor Ricky Henderson, Councillor Elaine Aitken, Councillor Joan Griffiths, Councillor Sandy Howat and Councillor Norman Work.

Non-Voting

Carl Bickler, Colin Beck, Sandra Blake, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Kirsten Hey, Beverley Marshall, Angus McCann, Maria McLgorm, Ian McKay, Ella Simpson, Rob McCulloch-Graham, Michelle Miller, Moira Pringle and George Walker.

Report

Funding for Drug and Alcohol Services 2017-18 Edinburgh Integration Joint Board

28 April 2017



Executive Summary

1. In 2016/17 the Scottish Government reduced the allocation to Alcohol and Drug Partnerships' (ADP) budget by 23% nationally. This resulted in a £1,550,000 reduction in Edinburgh.
2. In February 2016 Edinburgh ADP established a process for making savings through its local Treatment and Recovery Collaborative. This has involved service reviews, service redesign and efficiency led approaches.
3. In 2016/17 savings of £453,000 were identified on a revenue basis. The remaining shortfall was made up through carry forward and a financial contribution from the IJB.
4. A paper was presented to the IJB on 24 March 2017 setting out recommendations to make further savings of £702,000 in 2017/18, as well as seeking financial support of £420,000 both on a recurring basis. The IJB chose not to agree the recommendations in this report at this time. Instead it required the following:
 - To continue the report to a special meeting of the Joint Board on 28 April 2017 where revised proposals included detailed risk and impact assessment and alternative funding options are presented; and
 - that the membership of the Professional Advisory Group be consulted on proposals in advance of consideration by the Joint Board.
5. This report sets out the risk and impact assessments of these changes and savings, as well as alternative funding options for these services. The paper was sent out for review to the members of the Professional Advisory Group and their comments are included within this report.

Recommendations

That the Integration Joint Board:

6. Agrees the allocation of £420,000 to maintain existing levels of service delivery. This includes £395,000 to support treatment and recovery services and £25,000

to RIDU and sexual health services to enable a review to be completed by 30 June 2017. These allocations have been set aside within the Social Care Fund.

7. Notes the approach, impact and risks of identifying £600,000 revenue savings in adult treatment and recovery services and £102,000 in RIDU and sexual health services. It is important to note that a delay to a decision about these savings will incur costs of £50,000 per month.
8. Considers the alternative funding options set out in paragraph 19 as an opportunity to offset the reductions in drug/alcohol funding.
9. Keeps under the review the implementation of these service changes and monitors the impact.

Background

Financial position 2016/17

10. In February 2016 the ADP agreed a programme to address the financial challenge through its Treatment and Recovery Collaborative. (This includes key partners within treatment and recovery services across the NHS, Council and Third Sector). The programme included:
 - the commissioning of a report reviewing the short term respite, rehabilitation and detox services for people with substance misuse and blood borne virus problems;
 - a formal review of the pathway to ORT (Opiate Replacement Therapy) provision; and
 - a risk assessment driven process to identify efficiencies within a range of services.
11. In 2016/17 Edinburgh ADP was able to identify £435k revenue savings across services. This is set out in Appendix 1. However it was able to achieve a balanced budget as 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
Total	£1,550,000

12. It is important to note that these have been agreed and delivered on a revenue basis and as a result do not form part of the recommendations in this report.

Financial position 2017/18

13. In 2017/18 Edinburgh ADP developed proposals to make savings of £600,000 through the ADP Treatment and Recovery Collaborative. Alongside this the ADP is requesting £395,000 from the IJB on a revenue basis to address the shortfall in funding. The position in 2017/18 is summarised in the table below.

Area	Amount
Revenue savings (initiated in 2016/17)	£453k
Service redesign and efficiency savings	£600k
ADP reduction to RIDU / Chalmers and Paediatrics	£102k
Financial support from the IJB (drug/alcohol services)	£395k
Total	£1,550k

14. Following work with its key partners within the ADP Treatment and Recovery Collaborative, in May 2016 Edinburgh ADP agreed service development and efficiency initiatives designed to generate savings and where possible improve service provision. This can be summarised as follows:

Development area	Investment	Proposed saving	% Saving
1. Reduce out of area drug/alcohol rehabilitation placements and enhance local abstinence based provision to meet this demand	£1,152k	£250k	22%
2. Reduce inpatient detox and identify community based models as an alternative	£480k	£55k	11%
3. Review the pathway (assessment, key working and prescribing arrangements) for drug treatment including opiate replacement therapy (methadone and opiate antagonists)	£410k ¹	£70k	17%
4. Efficiency reductions	£3,800k	£225k	6%
Total		£600k	

Benefits and risks of service change

15. It is recognised that service redesign to achieve efficiencies is necessary and carries inherent risks. It is important to note that there have been genuine improvements to service delivery alongside the risks of a financial reduction. Improvements can be summarised as:

- Streamlined pathway to residential rehab services (LEAP and out of area placements);
- development of a detox day programme within the inpatient Ritson Clinic;

¹ This is based on 41 sessions of medical time.

- development of new model of prescribing to complement existing provision; and
- proposals for a single system approach to service delivery within the Recovery Hubs and primary care.

16. The proposed level of saving and service change does present the following risks:

Risk Summary (No mitigating action)	Mitigating actions	Level of risk following mitigation	
		Impact	Likelihood
Residential rehabilitation – proposed saving £250,000			
Longer waits in the community due to 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 those requiring residential rehabilitation	Develop the LEAP Programme to meet the needs of those with children / complex needs / disabilities	Low	Low
	Budget held to spot purchase specialist treatment options to complement LEAP and reduce the need for out of area placements		
	Budget held to spot purchase specialist treatment options to complement LEAP and reduce the need for out of area placements		
Inpatient detox – proposed saving £55,000			
Longer waits for specialist detox, due to level of demand on inpatient beds leading to: <ul style="list-style-type: none"> • risk of morbidity / mortality particularly amongst those with other complex medical needs 	Development of a day programme to reduce demand on inpatient beds.	Medium	Medium / low
	Review criteria for inpatient detox, day programme detox and community detox based on NICE guidance.		
	Explore potential for further and better supported detox on other non specialist wards with support from Alcohol Hospital Liaison and Consultant at Ritson		
Model for specialist detox (inpatient / day programme) developed and implemented rapidly leading to ineffective care planning.	A test of change approach has been adopted to shift to the new model of care, enabling shift in model over time	Low	Low
ORT pathway – proposed saving £70,000			
Reduction in prescribing capacity results in longer waits for treatment	Review of medical team and effective job planning to ensure adequate provision across city	Medium	Low
	Level of prescribing capacity remains the same as GP sessions are replaced with pharmacy sessions.		

Risk Summary (No mitigating action)	Mitigating actions	Level of risk following mitigation	
		Impact	Likelihood
Reduced access to a GP for those with medical needs, leading to undiagnosed conditions.	A step care model will be applied ensuring those with non complex medical needs access pharmacy prescribing.	Medium	Low
	Ongoing support for people to access primary to meet their medical needs.		
Unable to recruit pharmacy prescribers	Recent recruitment exercises suggests this should not be an issue	High	Low

17. Table 1 (below) summaries a range of efficiencies across services. Risk assessments have been completed in partnership and summarised in the table. These savings total £225k.

Table 1

Project	Total investment 16/17	Saving	% saving	Impact
Training for ABIs	£29,160	£9,000	30%	Reduction will be applied to the resources budget to support training
Dual Diagnosis Post (SW Edinburgh)	£40,000	£20,000	50%	Dual Diagnosis posts no longer recommended by NICE. The integration of mental health and substance misuse services will enable more effective responses.
Willow	£696,000	£9,000	1%	Minimal impact on front line delivery and reduction managed through redesign and efficiency driven approach
EVOC - SUNE	£5,176	£776	15%	Not a front facing service. Results in a reduction in the capacity available to support the 3 rd sector to engage in strategic decision making
Social Worker Complex Needs Homeless Service	£350,000	£2,767	0.7%	Minimal impact on front line delivery and reduction managed through redesign and efficiency driven approach
Nurse Complex Needs Homelessness Service	£320,000	£5,688	2%	Minimal impact on front line delivery and reduction managed through redesign and efficiency driven approach
Forthland Lodge (ARBD service)	£440,000	£15,900	4%	The reduction is against the contribution to out of area placements, including Forthland Lodge. The Accommodation Strategy for people with complex needs will identify ways to make efficiencies.
Young People's Substance Use Service	£109,000	£16,350	15%	Saving for 17/18 identified through vacancy held within services. Longer term redesign is required through greater integration within children services
Employability service	£104,456	£15,668	15%	Efficiency created through redesign and service tender
Counselling services	£605,000	£66,000	11%	Saving is made on accommodation and admin support. No impact on capacity or quality of counselling.
Prepare	£296,000	£17,000	6%	Reduction applied by reducing capacity within the Senior Early Years Officer role. Potential reduction in capacity for parenting assessments.
Pharmacy – ORT costs	£1,100,000	£35,000	3%	
Total		£225,149		

18. Edinburgh ADP has reviewed and terminated its investments in three NHS services which are not deemed to be drug/alcohol services. Of these the Regional Infectious Diseases Unit (RIDU) and Chalmers sexual health services are delegated to the IJB. These organisations provide services to other target groups and this may include people with drug or alcohol problems. These services are summarised below and deliver a saving of £102,564 to Edinburgh ADP:

Service	Description	Edinburgh 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
TOTAL		£102,564

19. RIDU and sexual health services have completed risk assessments which are set out in Appendix 2. As a result it is proposed that the IJB 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.

Perspectives from the Professional Advisory Group

20. The Professional Advisory Group were asked to comment on the content of this report by return of email. Their comments can be summarised as follows:

- Going forward there needs to be a focus on outcomes and ensuring there is reduced duplication in work streams;
- withdrawing funding may only have an effect somewhere else in the system;
- the RIDU change in funding may be difficult to really quantify, however there are other services that may provide support for these patients while they are in hospital. However redesign is essential and should be promoted and encouraged; and

- the Alcohol Related Brain Damage unit is rather unique, and if funding is not continued these patients or individuals are very likely to enter the system again through another front door and occupy other beds.

Alternative funding options

21. At its meeting on 24 March the IJB requested alternative funding options to identify the shortfall in funding for alcohol and drug services. Those options are as follows:

Option 1: Identify alternative savings within alcohol and drug services budgets

The total investment in adult treatment and recovery services is set out in Appendix 3. Further consideration of these investments has identified the alternative opportunities to identify savings totalling £85k:

1) Alcohol Brief Interventions (ABI) – saving **£60,000**

GP practices are paid to deliver brief interventions (ABIs) through a Local Enhanced Service (LES) agreement. The ABI Steering Group identified minimal risks to the delivery of this programme to ending this investment. However the Scottish Government agreed with the BMA that there would be no changes to LESs until the new GP contract was agreed. The Lothian GP Subgroup rejected the termination of this LES proposed by Lothian IJB Chief Officers in March 2017.

2) Primary Care Facilitation Team (PCFT) – saving **£25,000**

The PCFT supports GPs to provide ORT treatment through a National Enhanced Service (NES) agreement. A proposal to terminate this investment and to shift the support for GPs to the existing services within the Recovery Hubs was discussed at the GP Local Medical Committee Chairperson's Group and the GP Subcommittee. Concerns were raised due to the high number of people in ORT treatment with their GP. It was agreed that further consultation was required with GPs to affect this change.

Option 2: Identify savings to other delegated services

1) Increase the IJB overspend

Following the implementation of key recovery plans, the IJB is currently projecting an overspend of £6.5 million in 2017/18. Further Recovery Plans are in development to identify this shortfall but have yet to be agreed.

The IJB may agree to increase this projected overspend by £600k¹ to £7.2 million. This represents significant risks to the IJB financial position as recovery plans are not in place.

2) Reprioritise investments against the Social Care Fund

At its meeting in March the IJB agreed a series of investments against the Social Care Fund. These are summarised in Appendix 4².

In terms of other substance misuse services this includes the Milestone House ARBD Unit (**£506,000**)

The IJB may consider allocating £600k from these investments to address the shortfall to drug/alcohol services.

Key risks

22. Figures in this paper are based on 60% (£5.33 million) of the total ADP funding allocated to Lothian being passed to Edinburgh IJB. However this is yet to be agreed by Chief Officers. Consideration is being given to the application of the NRAC formula which would reduce Edinburgh's allocation to 57% (£5.06 million).
23. Substance misuse is an inherently risk activity however access to treatment significantly reduces the risk of harm for those with drug/alcohol problems. This includes morbidity and mortality.
24. The risks of service change are set out throughout this report. This includes the risks and mitigating action to prevent people disengaging or waiting to access treatment as a result of these changes.
25. It is not envisaged that these service changes will result in significant changes to treatment access or retention in treatment.

Financial implications

26. Financial implications are set out within the main report.

Involving people

27. Edinburgh's Treatment and Recovery Collaborative ensures that all key stakeholders are involved effectively in decision making.

¹ £600k represents the saving required in 2017/18 as set out in table summarising the financial position in 2017/18 in Section 4.

² full detail is available in Appendix 2 of the report:
http://www.edinburgh.gov.uk/download/meetings/id/53709/item_57_financial_plan_update_and_financial_assurance

28. 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 cafe has been held on 14th March 2017 pulling together perspectives on successful detox programmes; an event will be held for those with experience of LEAP 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

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

Report author

Contact: Nick Smith, EADP Joint Programme Manager

E-mail: Nicholas.smith@edinburgh.gov.uk | Tel: 0131 529 2117

Rob McCulloch-Graham

Chief Officer, Edinburgh Health and Social Care Partnership

Links to priorities in strategic plan

Tackling inequalities

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

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
TOTAL			£453,636

Appendix 2: RIDU Risk Assessment

Reduction	Option	Financial Saving	Risk	Impact
RIDU Aids Unit	Closure of Inpatient HIV beds within RIDU	£140K	Very High	<p>In order to make this saving RIDU would require to close 6 inpatient beds available for the care of HIV patients.</p> <p>Patients with HIV requiring admission usually have complex and specific medical needs and often have long admission stays. There is no other medical specialty within NHS Lothian with the clinical expertise necessary to manage these patients and thus they would require to be transferred out of area to another health board for HIV inpatient care. This would more than offset any financial gain.</p> <p>The view of NHS Lothian acute services is that this is not deliverable with the current levels of admissions.</p>
RIDU Aids Unit	Reduction in Outpatient Capacity for HIV Patients	Potential to release up to £149k required	Very High	<p>Any reduction in our capacity to deliver care to HIV outpatients comes with significant clinical and financial risk. HIV patients require to take lifelong, potentially toxic medications to enable control of virus replication. Loss of control of viral replication results in significant morbidity for the patient, increases the risk of onward HIV transmission and is a significant risk factor for serious illness and death. The risks of losing control of HIV replication are substantially increased if there are not robust multi-disciplinary outpatient services available.</p> <p>If RIDU had to relinquish the care of a proportion of its outpatient cohort, along with the 52 additional patients starting treatment annually, these patients would need to be re-allocated to Chalmers Centre for their outpatient care. This would not be feasible at current staffing levels of Chalmers and would require significant financial investment into Chalmers, the budget of which resides within primary care.</p> <p>Closure of these clinics and associated savings from staffing would release sufficient savings to offset the £149k</p>

Reduction	Option	Financial Saving	Risk	Impact
				required. However, we have substantive Infectious Diseases Consultants and Specialist Nurses in post who would require to be redeployed.
RIDU Aids Unit	Cessation of Specialist HIV Psychiatry Service	Potential to release circa £120k	Very High	<p>Currently RIDU has 1.00wte Consultant Psychiatrist providing specialist input into HIV and HCV patients.</p> <p>Cessation of this service in theory would release the savings from 1.00wte Consultant. (again consultant would need redeployed with Lothian).</p> <p>Patients with poor mental health, addictions and or chaotic lifestyles, receive support which enables them to engage with HIV care. Removal of this service would result in patients dropping out from care, becoming unwell as a result and ultimately increasing the risk of hospitalisation and development of drug resistance which would then lead to more expensive drug regimes being required. There is also the risk of onward transmission of HIV due to poorly controlled infection.</p> <p>Support to these patients would then need to come through General Psychiatry Service.</p>
RIDU Aids Unit	Transfer HIV drug budget responsibility for all HIV drugs prescribed by Chalmers centre back to Chalmers and primary care.	£5M	Very High	The HIV drug budget currently falls under RIDU but also encompasses all medications prescribed by Chalmers Centre.
RIDU Aids Unit	Transfer all non-HIV care provided as part of holistic MDT back to primary care.	Potential to save £149k per annum	Very High	<p>All HIV patients attending RIDU routinely receive the following as part of their care:</p> <ul style="list-style-type: none"> 30. All necessary vaccinations as per HIV national standards 31. Yearly sexual Health screen 32. Annual cervical smears 33. Cardiovascular risk assessment and risk management

Reduction	Option	Financial Saving	Risk	Impact
				<p>34. Bone health risk assessment and management</p> <p>35. All referrals to other specialties as required are made from RIDU.</p> <p>It is proposed that the HIV service in RIDU will no longer provide these services and transfer responsibility of these to primary care</p>
IDU Additional HEPC Service	Reduce HEP C Drug budget and restrict number of patients who can be treated in any one year	£15,000	Low	Current agreement is to treat 250 HEP C patients within 2016/17. Scottish Government target is anticipated that NHS Lothian will treat 252 patients in 2017/18. Depending on the prices reductions agreed nationally with suppliers it may be possible to treat the full number of 252 patients in 2017/2018 with reduction in budget.

Appendix 3 – Summary of spend on adult treatment and recovery services 2017/18

 - Services that have received a reduction in funding

Residential Services £1,177,000	Ritson Clinic – residential detox £425,000	LEAP – residential rehab £602,000	External residential rehab placements £300,000		
	Serenity Cafe £60,000	Transition employability service £88,000	Smart – self help recovery £10,000		
	Psychology £274,000	Counselling £557,000			
	Medical / Nursing Team £2,069,000	Social Work £871,500	3rd Sector £1,566,500	Vocal – carers service £71,562	
Other investments £1,359,219	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
Locality teams (Recovery Hubs) £4,935,962		NHS SMD Admin £357,400			
Psychological Therapies £831,000					
Aftercare Services £158,000					

Appendix 4: IJB investments 2017/18

Taken from

http://www.edinburgh.gov.uk/meetings/meeting/4156/edinburgh_integration_joint_board

	Recurring £k	Non recurring £k	Recommended for IJB approval	Lead officer
Disabilities				Strategic Planning & Quality Manager - Disabilities
Full year impact of 16/17 investments	723	0		
Transition from school & home	836	0		
Disabilities complex care	234	0		
Forensic services	375	0		
Mental health & substance misuse				Strategic Planning & Quality Manager - MH & Substance Misuse
Community placements - rehab services	1,190	0		
Reduction in drug & alcohol funding	420	0	v	
ARBD	506	0		
Older people				Strategic Planning & Quality Manager - Older People
Liberton (increase in bed numbers)	1,500	0		
Gylemuir (non recurring funding)	1,327	0		
EBSS & care home liaison	222	0	v	
Night support service	144	0	v	
Overnight homecare service	0	150		
Edinburgh dementia training partnership	0	26	v	
LOOPs hospital discharge service	0	313	v	
Carers' support hospital discharge	74	0	v	Locality Manger - NW
Primary care				Strategic Planning & Quality Manager - Primary Care
Community complex care	400	0		
COPD integrated service	155	0	v	
Anticipatory care planning	0	78	v	
Step forward	81	0		
District nursing review	250	200		
Other				Chief Strategy and Performance Officer
Hospital at home (hub workers)	1,000	0		
Capacity and unmet demand	2,597	1,317		
Telecare	0	760		Strategic Planning & Quality Manager - Older People
Total	12,035	2,844		