Title of meeting:	Health Overview and Scrutiny Panel
Subject:	Public Health update on performance in substance misuse services
Date of meeting:	31 January 2019
Report by:	Dr Jason Horsley, Director of Public Health
Wards affected:	All

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1. Requested by Health Overview and Scrutiny Panel

2. Purpose: To provide the panel with an update on substance misuse service performance.

3. Background

3.1 Substance misuse treatment services in Portsmouth are commissioned by Portsmouth City Council's Public Health service, as part of the Council's public health responsibilities. The lead provider of our community services is the Society of St. James (SSJ).

3.2 In addition to the health consequences of drug and alcohol misuse, there are significant social and economic costs, such as crime (acquisitive and violent), lost productivity, and higher children and adult social care costs. Often the cycle of addiction will be intergenerational, with children of substance misusing parents following a similar path.

3.3 Public Health England has undertaken analysis of the costs and benefits of drug treatment. They have found that the social return on investment for drug treatment was £4 for every £1 spent, and £3 for alcohol treatment[1].

3.4 Portsmouth City Council currently invests £3,009,100 per annum of the Public Health grant on drug and alcohol support and treatment provision. This is a significant reduction from 2012/13, when £4,829,889 was spent, although funding has increased slightly over the past year.

3.5 Substance misuse treatment covers a wide range of provision. This includes:

- harm reduction initiatives, such as needle exchange to reduce the spread of blood borne viruses
- prescribing of substitute medication, such as methadone
- Psycho-social interventions, such as groups therapy, 1 to 1 counselling
- Detoxification

[1] Public Health England, Guidance: Alcohol and drug prevention, treatment and recovery: why invest? February 2018, https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest

- Residential rehabilitation
- Peer-led services, such as PUSHing Change, which provides advocates and mentors who are in stable recovery.
- Education and volunteering opportunities, to develop skills and maintain recovery
- Other positive activities, such as Lottery funded sports activities delivered by Re:Fit (a joint project between SSJ and Pompey in the Community).

3.6 The impact of reductions in funding has been mitigated to some extent by recommissioning the service to the voluntary sector, better use of buildings, an increase in peer-led support, a reduction in the use of inpatient detoxification and residential rehabilitation.

3.7 However there has obviously been a reduction in capacity and therefore less people accessing treatment. In 2013/14 there were 799 people accessing treatment for heroin addiction, in 2017/18 this had reduced to 692. The current projection, based on service data, is 728 opiate clients by the end of 2018/19. The biggest reduction had been amongst alcohol clients, which reduced from 775[2] in 2013/14 to 163 in 2017/18, although it is projected this will rise to over 220 clients by the end of 2018/19.

3.8 It is estimated that there are 3,295 alcohol dependent persons in the city. Each year we are providing treatment to approximately 7% of these. In contrast there are an estimated 1,427 opiate and crack cocaine users in the city, with approximately 51% receiving treatment.

3.9 A more detailed report on drug related harm was presented to the Health and Wellbeing Board in June 2018 which provides more background information. This is available on the Portsmouth City Council website[3].

4.0 Successful completions and representations

4.1 In addition to numbers in treatment, there are two measures of quality used to monitor the effectiveness of services. These are 'Successful completions' and 'Representations'. A successful completion is when someone leaves treatment drug/alcohol free or as an occasional user (but not using an opiate, prescribed or otherwise, or crack cocaine). A re-presentation is when someone re-presents to treatment within 6 months following a successful completion. This data is captured and reported through the National Drug Treatment Monitoring System (NDTMS).

4.2 Due to restrictions on this sensitive (NDTMS) data, the most recent data we can publish is for the year 2017/18. The charts below show the Portsmouth and Southampton performance for these two measures. Whilst there is more stability in the successful completion data, the re-presentation data spikes up and down, this is primarily due to the low numbers, where a few people can make a significant change.

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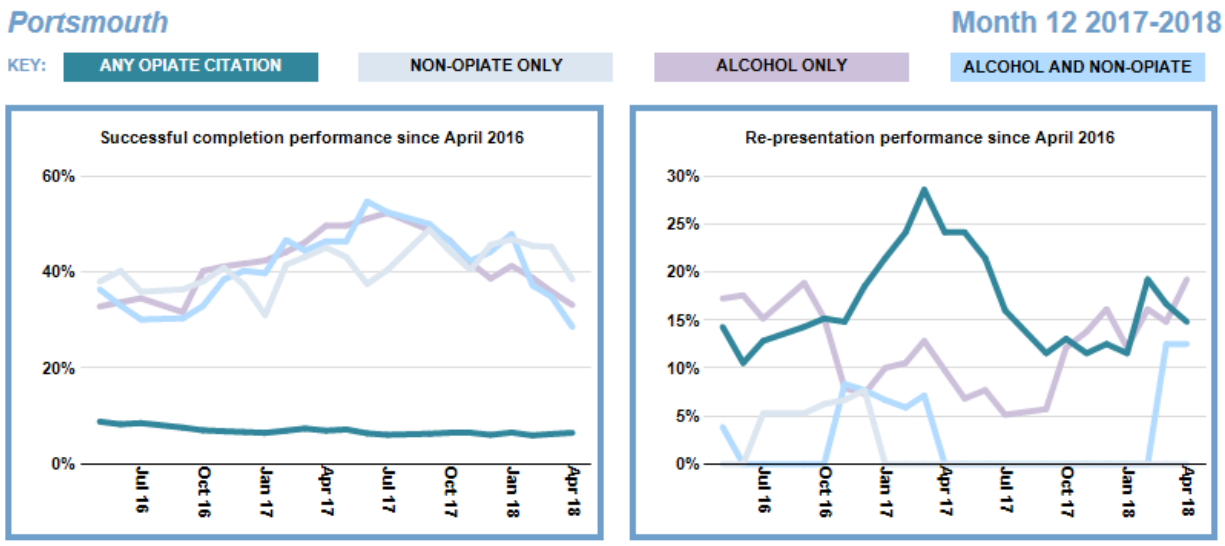
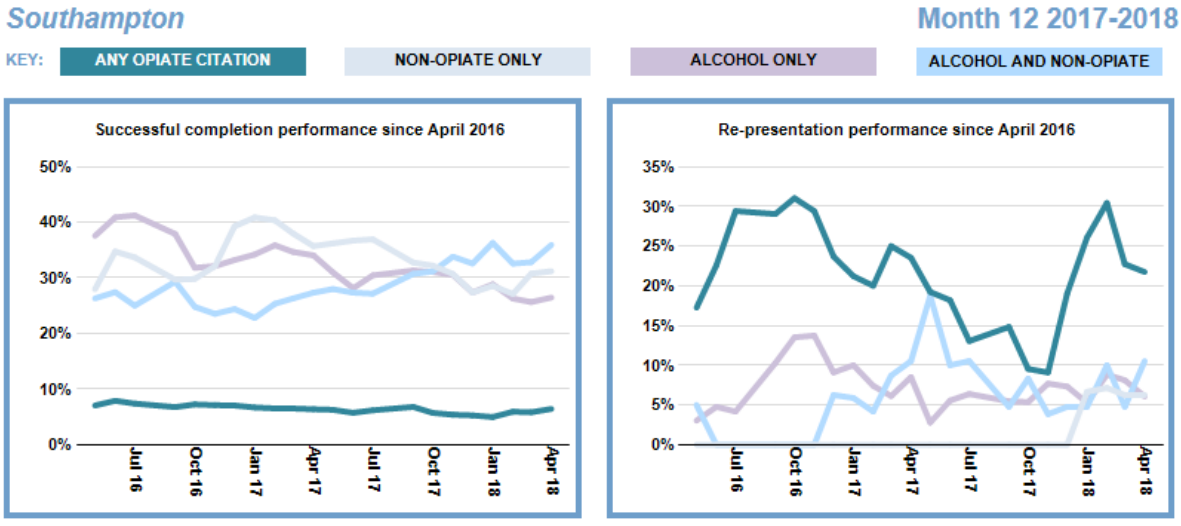
[2] This data for 2013/14 is not directly comparable with later years as the Alcohol Specialist Nurse Service (ASNS) at Queen Alexandra Hospital were reporting to the national data system, but ceased doing so in 2015. Approximately half this number could be attributed just to the ASNS.

[3] Portsmouth City Council. report to the Health & Wellbeing Board, Drug Related Harm, June 2018: https://democracy.portsmouth.gov.uk/documents/s19021/Drug%20related%20harm%20report.pdf

For example for the opiate representations over a rolling 12 months period, there were 4 representations out of 27 people completing.

4.3 Since March 2018 there has been a significant improvement in the percentage of clients successfully completing for all categories, except opiate users, this remains stable. For alcohol and other drugs, successful completions are now similar to the levels in April/July 2017. Re-presentations have also been on a downward trend, except for opiate users which is broadly stable.





4.4 The percentage of opiate users who successfully complete treatment drug free each year is relatively low; this is a national trend, which Portsmouth mirrors. Many people in drug treatment have had very many years of addiction and have a wide range of associated problems, such as mental and physical health issues, homelessness, no employment history and debt. They will often take many attempts to become drug free and this can take a number of years to achieve. However, whilst they are engaged in treatment, they are less likely to die of a drug related death and less likely to commit crime, and public safety is improved through a reduced risk of transmission of blood borne viruses.

4.5 Addiction is a relapsing condition. It is usual that service users will have a number of attempts to stop using drugs and alcohol before they finally achieve abstinence, similar to smokers that will make a number of quit attempt before succeeding. There can be any number of reasons why a relapse occurs and whilst the service can provide the user with all the psychological tools to prevent relapse, it is impossible to completely remove the risk. Conversely some drug or alcohol users will achieve abstinence when least expected.

5.0 Vanguard systems thinking intervention

5.1 During 2018 the Society of St. James (SSJ) worked in partnership with Portsmouth City Council to undertake a systems thinking intervention looking at the Recovery Hub, the main access point to treatment. The intervention found aspects of service delivery which could be changed or even stopped if it provided no direct benefit to the client's needs. An example is the assessment process. Before the intervention assessments were available on Tuesdays or Thursday for clients to drop-in. There was an initial triage assessment to identify need. If the client was suitable for treatment they would be allocated to a worker who would then invite them back again for a full assessment. If the client required a medical intervention, such as methadone prescribing, then they would be required to come back again to see the Doctor. This whole process could take weeks and the drop-out rate high with this chaotic client group. Through a change to the assessment process, the service is now able to offer 5 day per week drop-in access for assessment. A more client focused assessment is completed on the same day, by the worker who will become the key worker and if the Doctor is available the client could also receive a prescription on the same day.

5.2 Since the new way of working was adopted feedback from staff and service users has been positive. Numbers in treatment have also been increasing. Fuller details of this intervention have recently been reported to the Cabinet member for Health & Social care and this report is attached as Appendix 1.

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Signed by (Service Director)

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
Drug Related Harm. Report by the Director of Public Health to the Health and Wellbeing Board, June 2018.	https://democracy.portsmouth.gov.uk/documents/s19021/Drug%20related%20harm%20report.pdf

Appendices:

Appendix 1

Title of meeting:	Health, Wellbeing, and Social Care Portfolio Meeting
Subject:	Systems Intervention in Substance Misuse
Date of meeting:	January 29th, 2019
Report by:	Director of Public Health
Wards affected:	All

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4. Requested by - Director of Public Health

5. Purpose of report

To provide an overview of work completed over the last year aimed at improving substance misuse services provided from the *Recovery Hub* and the outcomes achieved to date.

6. Information Requested

a. Background

The Recovery Hub is operated by the Society of St James (SSJ), and is commissioned by PCC. The service provides access to a wide range of support for people experiencing problems with their substance use. The service is open access so appointments are not necessary - people can just come in and speak to a member of staff who will be able to help them access the support they need. The Recovery Hub can help clients to access a range services and sources of support, including:

- substitute prescribing services
- counselling
- community day rehab
- one-to-one support
- groups
- housing

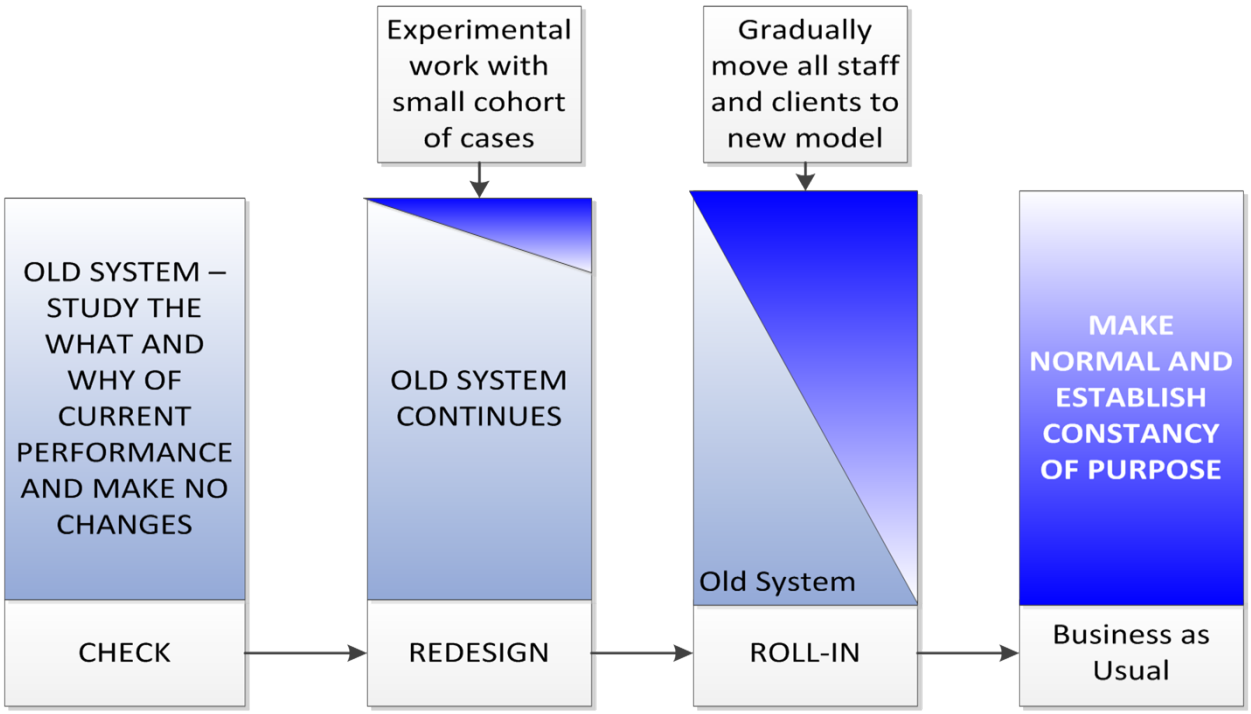
In the summer of 2017, after discussions between SSJ and PCC, it was agreed to run a systems thinking intervention to study the service and (possibly) to redesign the way that it worked from the client's point of view.

b. **Methodology**

This work was completed by a small team of staff from SSJ, supported by a PCC Interventionist. Interventions at PCC are based on the Vanguard Method for Systems Thinking, and are usually supported by the council's **Systems Development Service (SDS)**, which in turn is part of the Housing, Neighbourhood, and Building Services (HNB) Directorate.

The intervention approach uses action-based learning to enable management and staff to study and then (if required) radically transform and improve the services that they work in. An intervention, if followed to completion, is comprised of three phases:

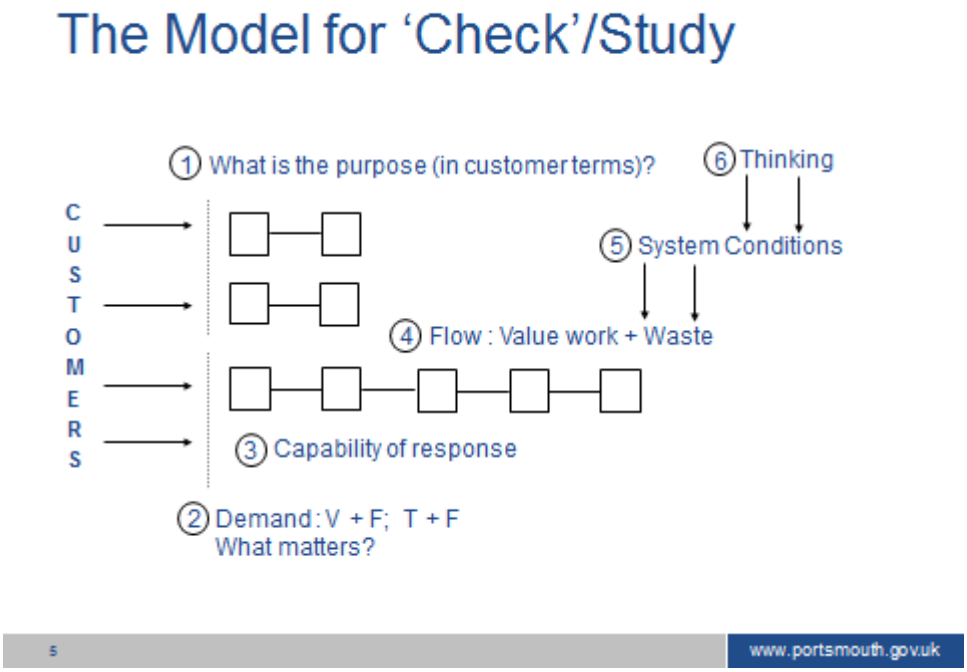
Check - Study the system
Redesign - Experiment with new approaches
Roll-In - Scale up and normalise the changes



Between each completed phase, the team completing the work present the findings to senior leaders, who review what has been learned and decide whether to proceed to the next phase of the intervention.

c. October 2017 - December 2017 - Studying the system ('Check')

The team spent time studying the existing system (from the customer's point of view) from October 2017. The purpose of the 'Check' phase is to gain knowledge about how any system currently operates, both in terms of 'what' the customer experience is like, and 'why' it is like that.



Purpose
The purpose of the service (from the customer's point of view) was defined as:

"Help me to make my life better"

This is aimed to recognise that the Recovery Hub supports a wide range of service users, who present at the service in a variety of situations and have their own view of what 'better' might look like for them.

Demand
The team moved on to studying demand. In an intervention, customer demand is divided into two categories:

Value Demand - Demand that the service exists to meet
Failure Demand - Demand that arises from a failure to do something; or a failure to do something right for the customer.

Demand was studied via live observation of customers contacting the service and asking for help. During the period of sampling, the team observed Value Demand at 81% and Failure Demand at 19%. In effect, this means that one in five of the contacts received by the service were the product of something either going wrong or simply not happening somewhere in the system, with the result that the customer re-contacted the service. Much of the failure demand came in the form of 'progress chasing'; that is, where a customer has requested a service and before they have received it have to re-contact in order to query what is happening. Failure demand is very common in public services that support vulnerable people and contributes to delays/higher waiting times and systems coming under capacity pressure (because the same underlying demand for help is 'received' by the service on multiple occasions.

Capability of Response
The team reviewed how capable the service was of responding to the demand it receives, and, crucially, how the service measured this. The team found that the existing datasets collected by the service were largely driven by the national agenda (i.e. for benchmarking and aggregation) and were of limited use in trying to understand the experience of customers at the local level. For example, the service had no reliable measure of how long it would typically take for a client to receive help after they had asked for it.

In order to gain at least some understanding of how long the service was taking to meet customer demand, the team completed a series of reviews of recently completed cases, deriving the data from them.

This showed:

- Contact to assessment (days) - Average 11 days/Upper control limit 26 days
- Providing a prescription (days) - Average 18 days/Upper control limit 78 days
- Appointments - 91% of all appointments at the request of the service, only 9% at the request of the client. Clients failed to attend 32% of the appointments booked

Flow of Work
The team studied the 'flow' of work through the system by looking at every step in every core process used by the service in response to receiving a demand from the customer. As with demand, this phase of study was completed via live observation of the work happening. Having observed and mapped a process, the team would then validate their findings with the staff who do the work, to ensure accuracy of understanding. Finally, the team categorised every step, as follows:

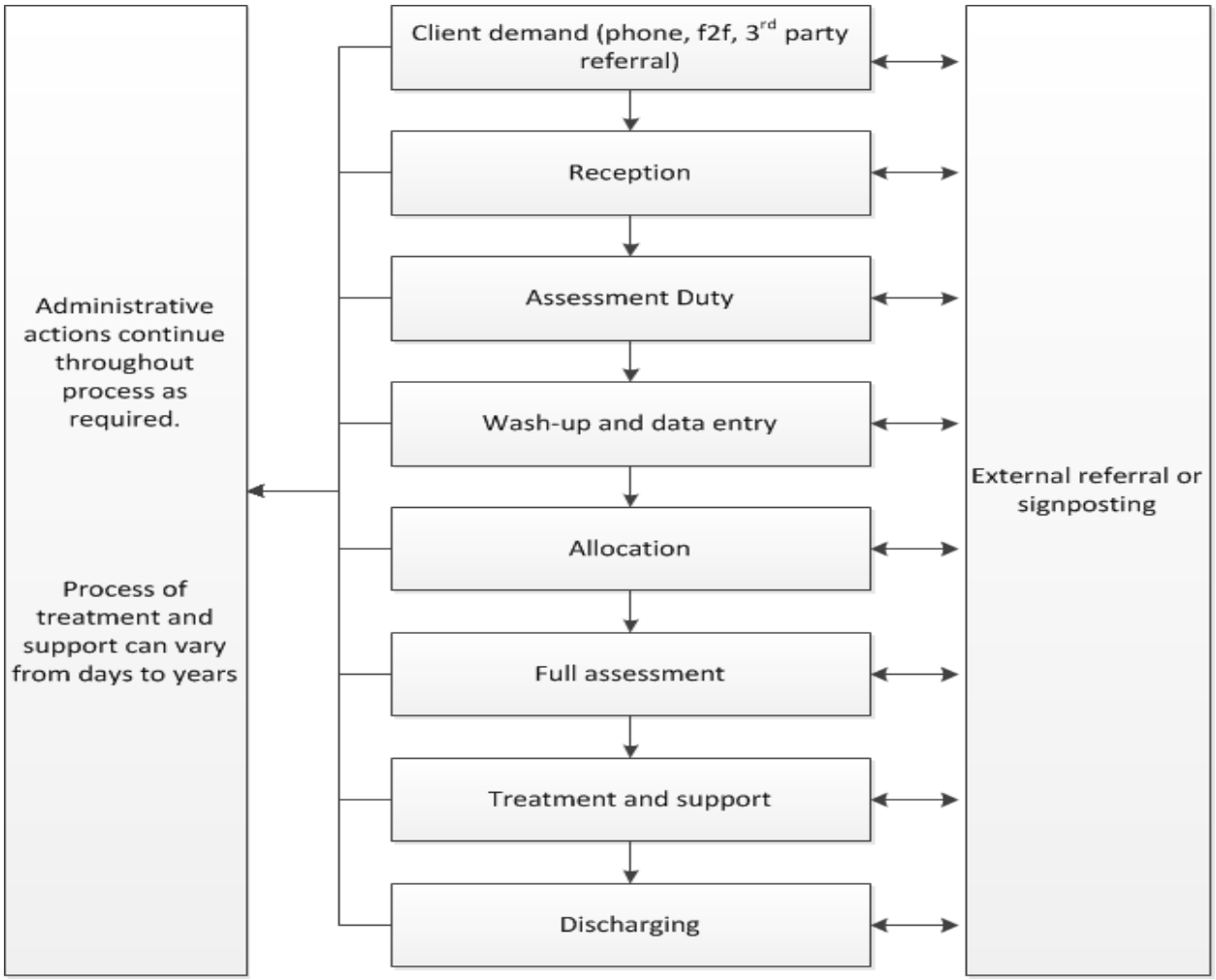
Value Work (directly delivers the agreed Purpose) - 24.8%
Type 1 Waste (can be removed without consequence) - 3.6%
Type 2 Waste (Designed in to the current process - not readily removable) - 63.8%
Type 3 Waste (the product of the law, regulation, or contractual issues) - 7.8%

This is a fairly typical finding for services of this type when we study them in this way.

System Conditions
In addition to understanding *how* the work happens, the team also sought to understand *why* each element of the existing system was designed in the way it was. This is done by analysing and understanding the choices that underlie each element of each process and describing how these impact on the customer experience. The key system conditions impacting the Recovery Hub's processes were:

Fragmentation – leading to a ‘stop-start’ customer journey.
Authority levels – management process controls creating delays
Process design – necessitating duplication and rework

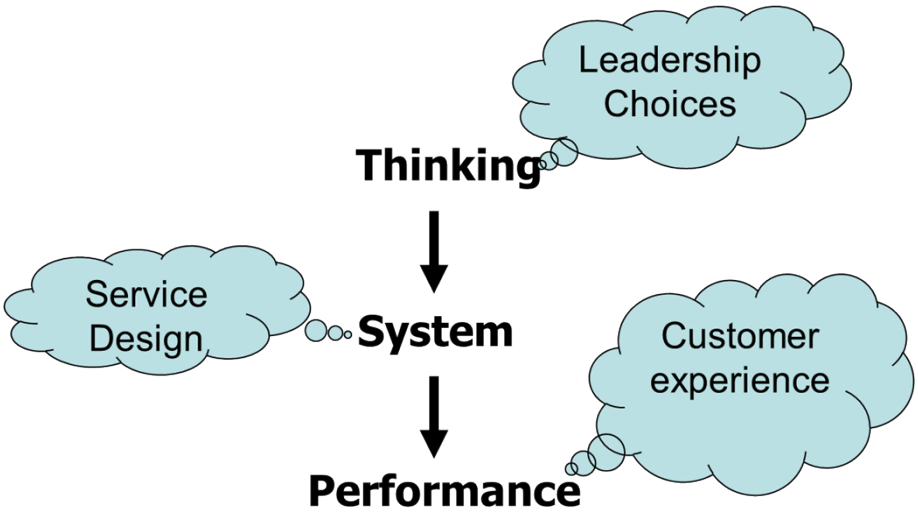
At a high level, the process was fragmented *by design* into a discrete sequence of separate activities:



Although many more system conditions were identified (IT, legislation, targets), the three listed above were the most impactful in terms of their influence on the customer experience. Crucially for this work, they were also largely within the control of the service to change, by making different choices.

Thinking

System conditions like those identified above are neither natural nor inevitable. Invariably, they are the product of leadership choices aimed at achieving certain aims (eg - economy efficiency, process control, legislative compliance, etc). The process of Check enables leaders and staff to have clarity about the effect of those choices on service design, and ultimately the customer experience, and to therefore understand whether those choices have had unintended consequences. For example, the decision to have a two-stage assessment process was designed to 'filter out' clients that were unsuitable for the service. In practice, this approach meant that most clients had a fragmented experience of the service, because they had to attend the Recovery Hub at least twice in order to receive any support.



The 'thinking' in any system is studied by interviewing staff, managers, and other stakeholders to gain multiple different perspectives on the design of the system. In this context, the key finding was that people at all levels felt a tension between the needs of direct service delivery to clients and the need to respond to national and/or contractual requirements.

At an operational level, there were two key elements of the process, imposed by choices about service design that caused the 'stop-start' dynamic of the service, namely:

'Assessment Days' - Although the Recovery Hub is open to the public from Monday to Friday, the system as we found it in 2017 would only generally provide assessments to 'new' clients on Tuesday and Thursday each week. While this enabled the service to concentrate on casework with existing clients on other days, it meant that anyone presenting to the service on Monday, Wednesday, or Friday would invariably be told to come back on another day.

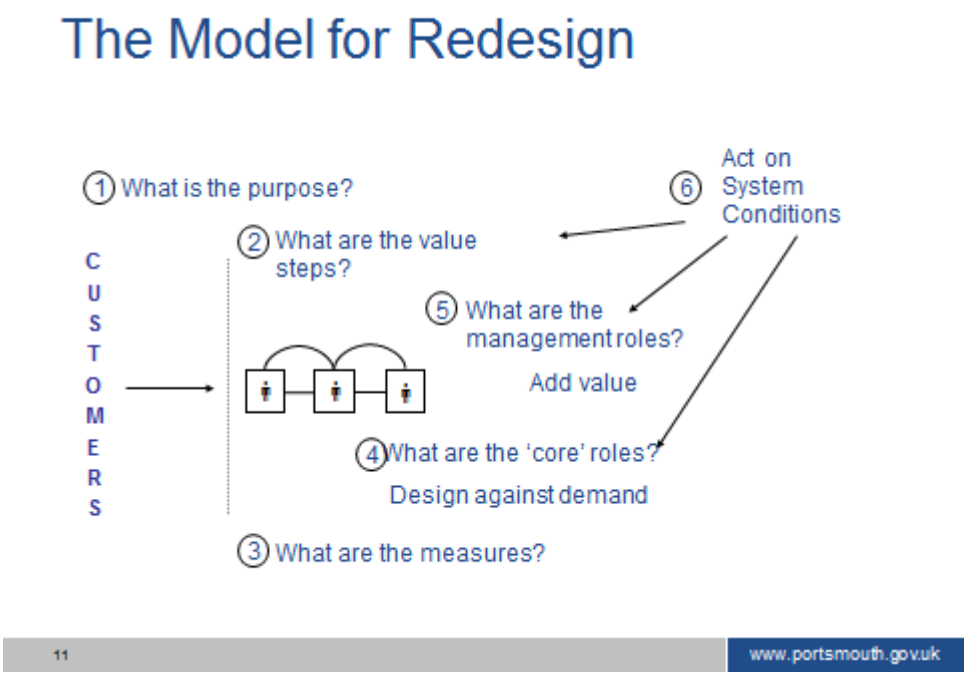
Pre- and full assessment - At their initial presentation with the service, clients would receive a 'pre-assessment' - essentially a screening process that enabled the service to gather basic information about the client and their needs. After the pre-assessment, the client would leave, and later the same day their case would be allocated to a Recovery Worker. The Recovery Worker would contact the client (generally on a subsequent day) and invite them to come back again for their 'full' assessment, after which services and/or support could be arranged.

Taken together, these elements of the system's design meant that a client could have to visit the service three times in order to get to the point where services were offered. If the client needed an appointment with the service's doctor (eg for substitute prescribing), this would also be arranged for a later date, therefore requiring a *fourth* visit to the service.

The team presented the findings from 'Check' to senior leaders at the end of November 2017. The leaders agreed that there was scope to improve the service, and it was agreed to proceed with a Redesign in the New Year.

d. January 2018 - April 2018 - Redesigning the system

The team reconvened in late-January 2018 to begin the process of Redesign. This involves taking live casework in a 'controlled environment' in order to learn how to deliver a 'perfect' process with 'clean flow'.



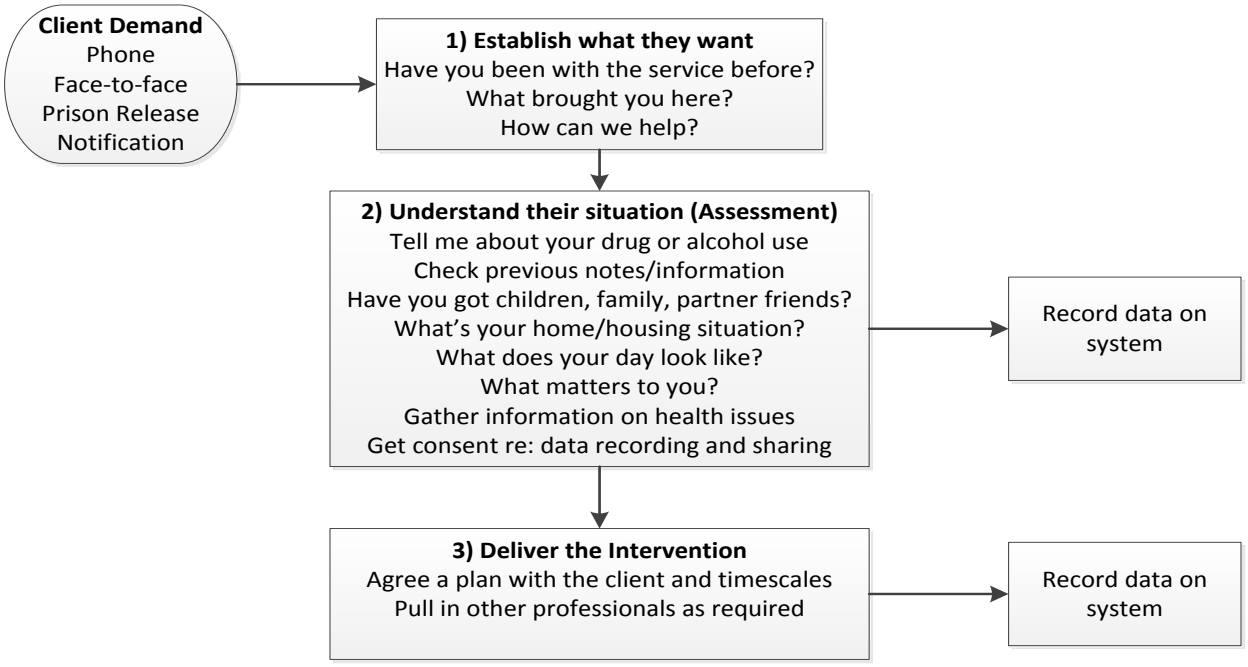
In practice, this means designing a prototype process for the purpose of experimentation with live case work. Prior to beginning this, the team seek to remove the system conditions identified in 'Check' or at least mitigate their impact. When completing the work, the team follow a series of principles that enable them to move towards a new design logic for the service. These are:

1) Customer sets the nominal value - It is the customer who defines the work to be done, how, when, and with what qualities. In the context of services for vulnerable people, professionals may still need to exercise professional judgement about what is in the best interests of the client, but the starting point is always what *they* hope to get from the service.
2) Only do the value work - Wherever possible, all 'waste work' is removed from the experimental process to maximise the capacity to do work that directly benefits the customer.
3) Work flows 100% clean - The team remove all unnecessary hand-offs from the process and minimise delays and fragmentation.
4) Single Piece flow - Again, wherever possible, upon receiving a demand, workers complete all of the necessary tasks to deliver what is required in a single set of continuous actions until either the work is complete, the client asks the worker to stop, or the worker hits a practical barrier that requires the work to be 'parked'.
5) Pull not push - Clients are enabled to 'pull' value from the system, which in turn responds readily when they place a demand. The system does not 'push' unnecessary and unwanted processes and procedures onto the client.
6) Best resource at the front end - The team try to ensure that the person who is best placed to support a client (in terms of skills and knowledge) is available at the front

of the system to respond to a demand immediately, again in order to minimise hand-offs.

It should be noted that these are *principles,* not *rules.* They guide the Redesign process, but are not rigidly adhered to where to do so would be counter-productive or impractical.

When the experiment began, the team devised the process shown below, based on three high-level 'Value Steps':



From February, the team supported 20 newly-presenting clients, providing a single holistic assessment of need at the point of contact, and then putting in place the services to meet the need, basing their decisions on the PLAN framework:

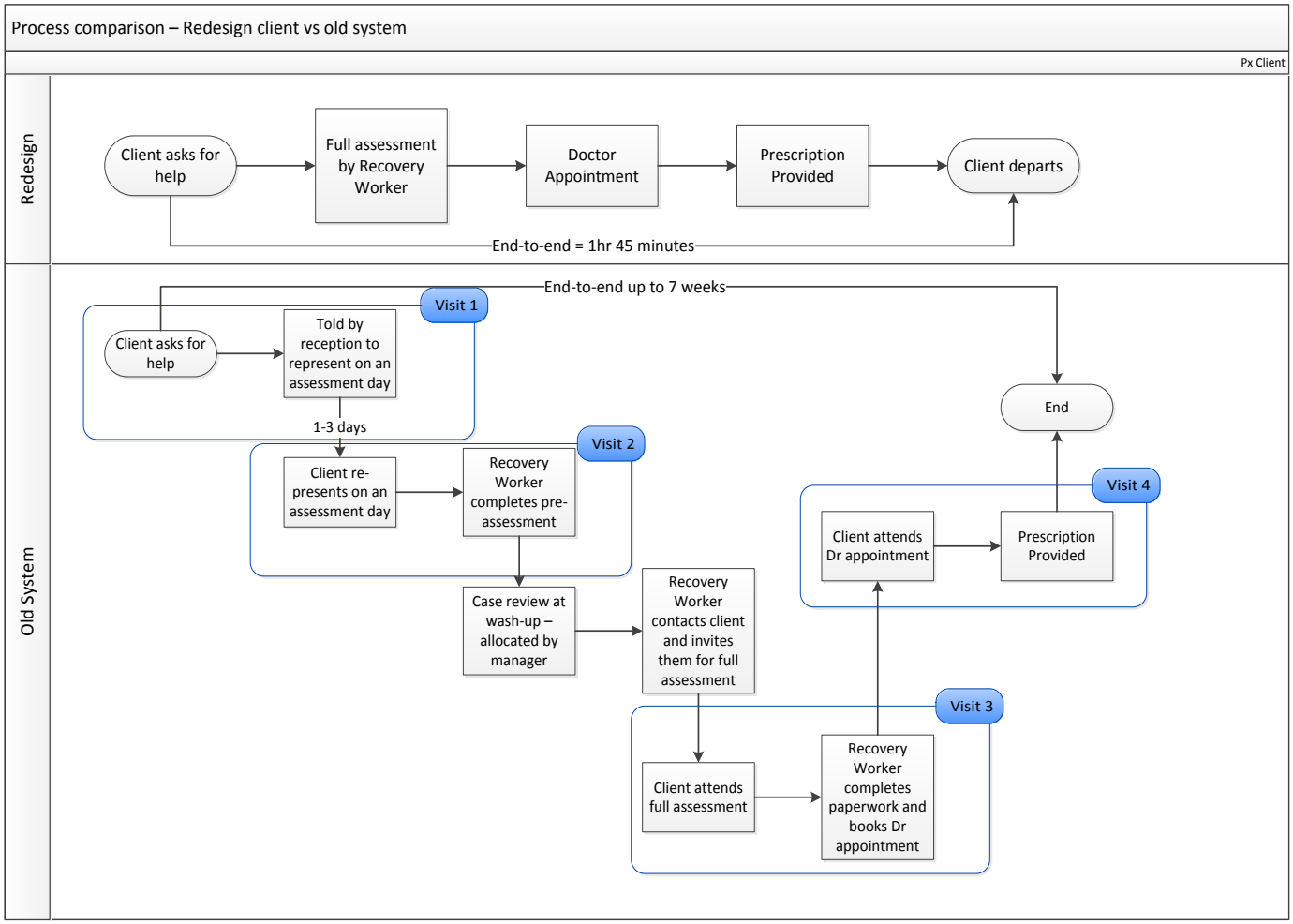
Proportionate - What is a proportionate response to the situation?
Legal - What does the law say we should or should not do?
Accountable - Can I account for my actions (or inaction)?
Necessary - What is it necessary to do or not do in this situation?

In supporting this small cohort of clients in Redesign, the team learned the following:

- A single assessment, at the point of contact, was effective in encouraging clients to engage with the service;
- A narrative-based assessment, replacing the 'tick box' form, was also effective in enabling Recovery Workers to have a more 'human' conversation with each client; and,
- Where possible and appropriate, providing clients with the opportunity to see a doctor immediately after their assessment was welcomed by clients in enabling their needs to be met more quickly.

The diagram below illustrates the contrast between the 'old' system that the team found during 'Check' and the experimental model used during Redesign. The old system would routinely require the client to visit the service 3-4 times and would take up to seven weeks

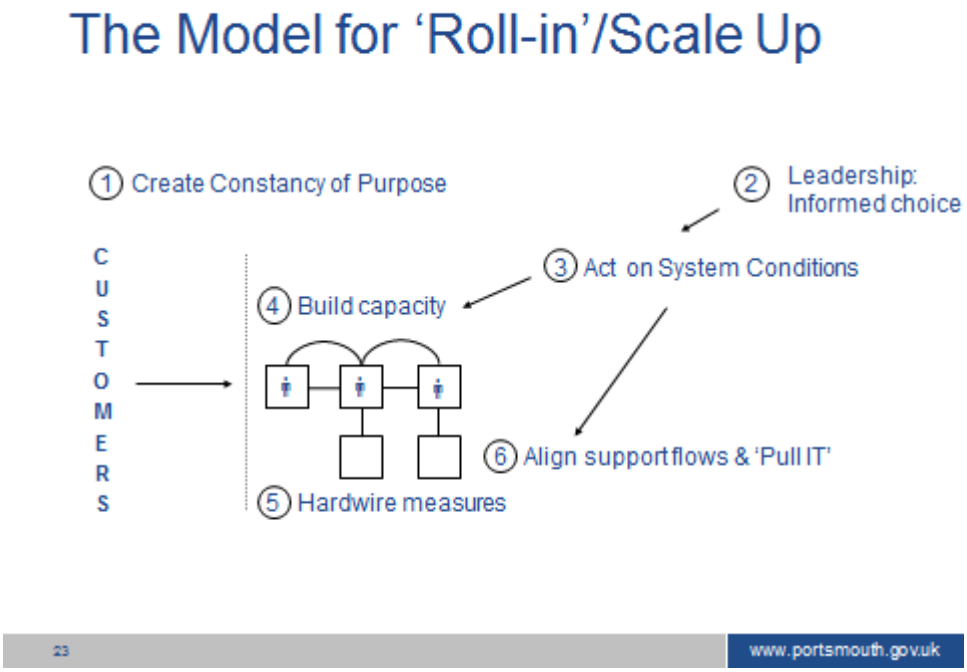
to (in this case) supply the client with a prescription. In Redesign, the team learned that the 'perfect' flow for a similar case would involve all of the work being done in a single visit to the Recovery Hub, with an end-to-end time of 1 hour 45 minutes. Clearly, this would not always be possible, but it did demonstrate what *could* be achieved if the system had no artificial barriers or delays within it.



The team presented detailed findings from the Redesign phase to senior leaders in April 2018. It was agreed that the team could move on to the third phase - 'Roll-In'.

e. June 2018 - November 2018 - Scaling up the new system

Having devised a new process using action-based learning, the team set about the process of 'Roll-In' - gradually transferring all Recovery Workers (and the clients that they support) to the new approach.



Primarily, this is achieved via one-to-one training and coaching with each individual member of staff, personalised around their learning style. The team followed the 'EDIP' model in completing this work, as follows:

Explain - Team member explains the new way of working and the learning that underpins it, to the member of staff being trained.

Demonstrate - Team member takes a new case and shows their colleague how to complete the new process, while continuing to explain the differences with the 'old' system of work.

Imitate - The person being trained then takes their first case using the new approach, supported (in person) by their coach/mentor. After the live work is completed, the coach will ask the member of staff to reflect on 'how it went' and how the principles that underpin the new system have been applied. This step is repeated until coach and member of staff are both confident that the learning has been sufficient.

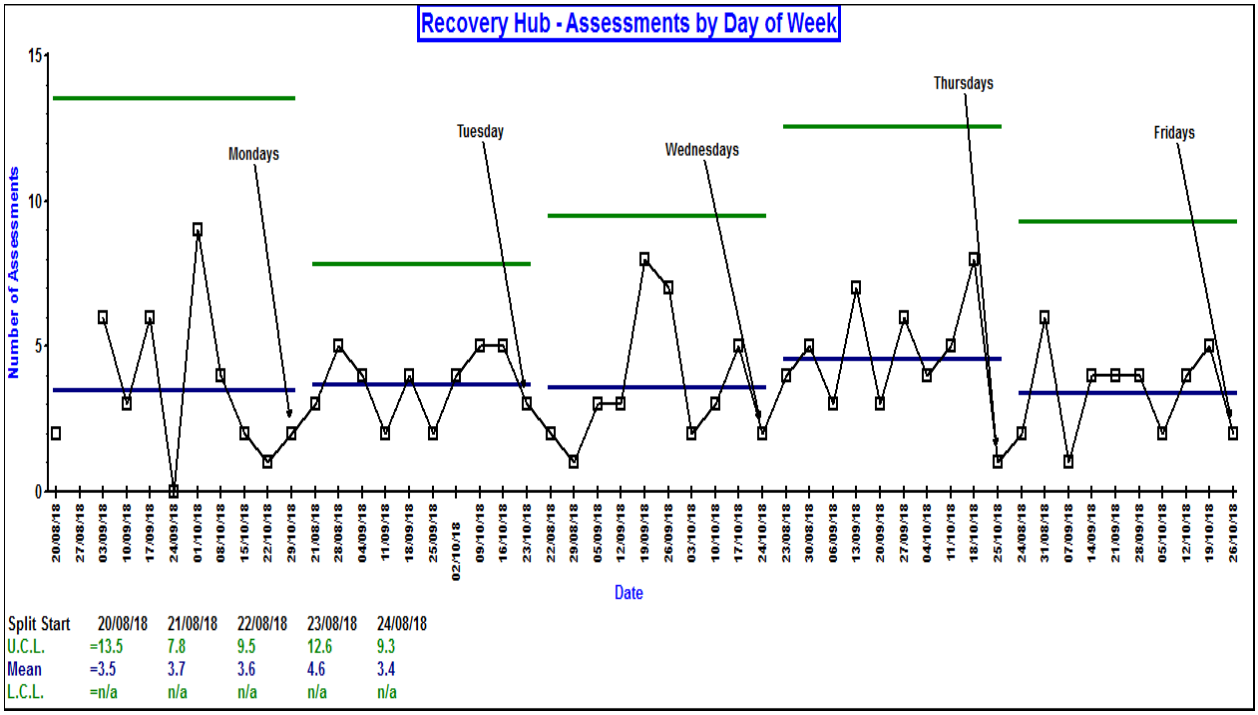
Practice - Once the worker has achieved competence in the new process, they carry on taking all new work using the new approach, following the value steps identified in 3.4 above. They will continue to reflect on the work as they complete it in discussions with their coach, until both agree that it is appropriate for their ongoing learning to be dealt with by their regular line manager.

Because of the nature of the work at SSJ, staff having part-time hours, and 'assessment days' (ie - days when new clients would come in) being only two days a week, the process of completing EDIP with all staff was time-consuming for all concerned.

Broadening access

As noted above, the 'old' system had been designed to only provide drop-in assessments on Tuesdays and Thursdays. Clients who presented at the service or phoned in on other days of the week were advised to attend on those days to seek help. By August 2018, enough of the Recovery Workers were working to the new approach (ie had completed 'EDIP') to enable the service to expand access. From late-August 2018, the service moved to offering assessments five days a week. Because of uncertainty about the likely impact, this was not proactively marketed externally at the time. Internally, the service re-profiled the staffing available to run its 'duty' function, to ensure that staff would be available to meet the anticipated demand.

Perhaps surprisingly, demand (as measured by requests for assessment) 'flattened out' relatively quickly, and by late-October, although Thursday remained the busiest day of the week, most of the rest of the week was roughly at the same level, as shown in the chart below:



As a result, the service has been able to considerably broaden access for clients within its existing resources and is better-placed to provide the initial assessment at the time that is most convenient to the client.

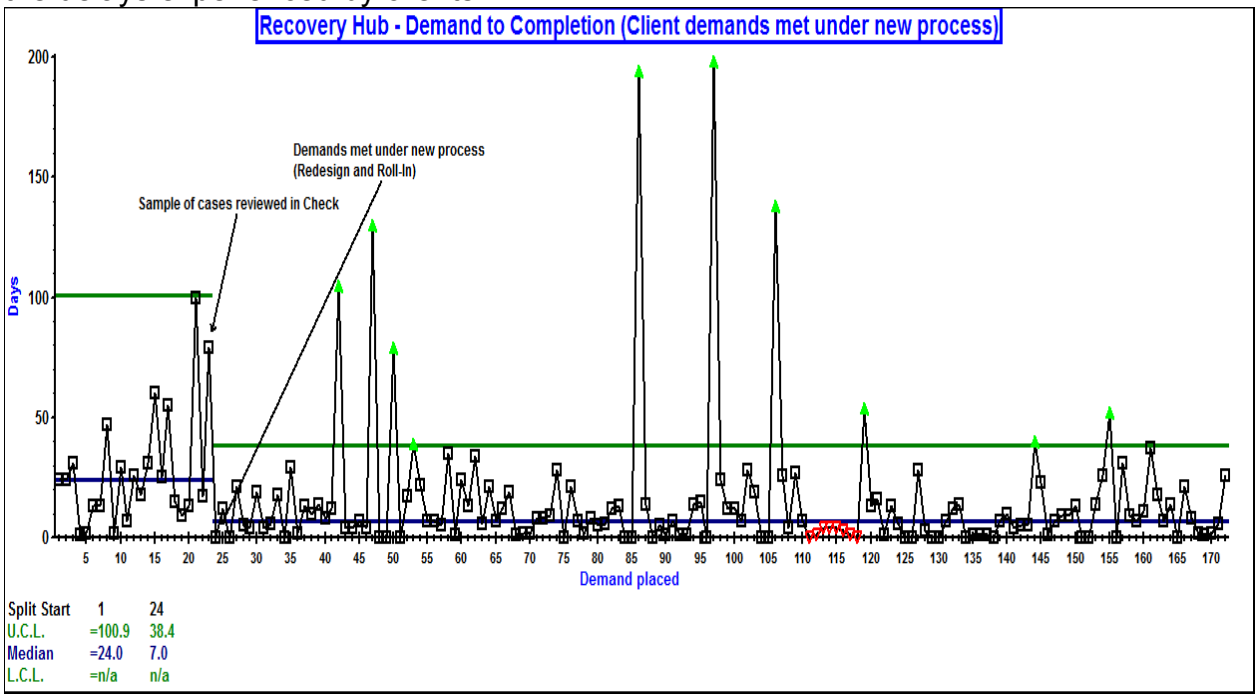
Improving capability of response

A key element of the Redesign was to attempt to simultaneously improve how readily the service could respond to customer demand as well as enabling Recovery Workers to personalise the approach to the unique circumstances of each individual client.

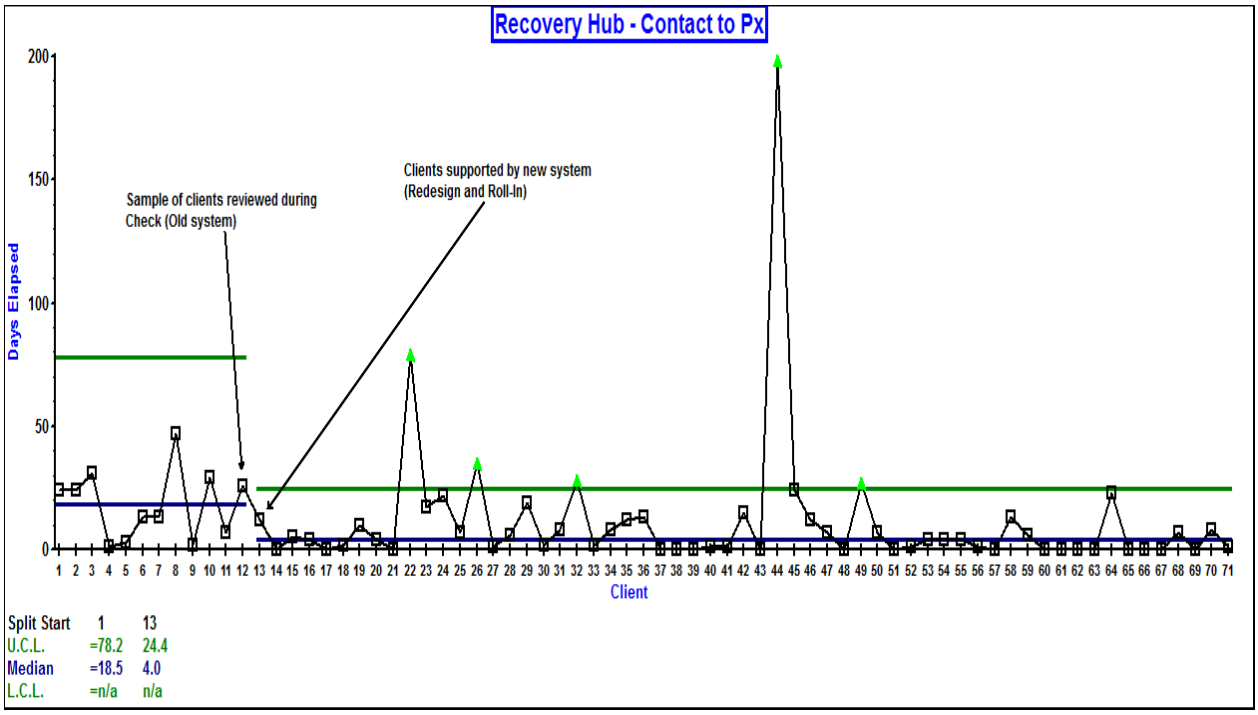
When the team studied the system in 'Check', they found that the fragmented process created considerable delays for the client. As shown in the diagram at 3.4 above, a typical client would need to attend the Recovery Hub 3-4 times over a period of time in order to get access to (for example) a prescription. The team attempted to overcome this by

enabling Recovery Workers to complete assessments at the point of contact and then to begin to work on 'Delivering the Intervention' (the third Value Step) immediately after the assessment, wherever possible.

This has been effective to date, with clients receiving the services/support they asked for considerably more quickly in the 'new' system. The chart below shows cases sampled from the 'old' system on the left hand side of the split, with the 'new' system on the right. To date, the median time taken to complete the work on behalf of clients and get access to services for them has fallen from 24 days to seven days. Clearly, as shown on the chart, there are still factors that can delay the completion of work - referrals to services outside of SSJ's control are still subject to whatever wait times prevail at the time, while some clients still take time to fully engage with the service, which can create delays. Nevertheless, the data collected to date shows that removing fragmentation from the system has enabled Recovery Workers to at least 'get things started' more quickly, which in turn has reduced the delays experienced by clients.



Similarly, the time clients wait to get a prescription has also reduced, and largely for the same reasons (the data in this chart is a subset of the one above). In this case, the waiting time for a prescription has come down from a median of 18 days to a median of four



Institutional Action-Based Learning
The key to sustaining and improving upon the progress that the service has made to date will be for the service to continue to make change based on learning, with the primary role of management becoming to continuously act on improving the system, for the benefit of clients.

This will include:

- Understanding of variation via appropriate use of measures
- Monitoring failure demand and acting to design it out wherever possible
- Engaging staff in understanding obstacles and acting to remove them.

The service has adopted these disciplines into its business-as-usual approach to management. This work has already identified further scope to improve the system in areas that were not part of the original scope of the intervention. In the coming months, the service will look to first understand, and then improve:

- Interface with pharmacies in the city (ie for prescriptions)
- Doctor availability
- Referral processes to other services
- Links to the criminal justice system
- Admin support and processes within the service

The service has achieved a great deal in radically redesigning its operating model:

Clients can now ask for help on five days of the week, rather than just two;
Clients receive an assessment from a Recovery Worker at the point of contact, and wherever possible the worker will start to put services and support in place immediately after the assessment;

Clients will generally be supported by one named worker, enabling them to build a supportive relationship; and, the assessment process itself is now narrative-based and personalised around client needs and circumstances, rather than being a standardised 'tick box' exercise.

To date, the changes made have been highly effective - the service is measurably more responsive to client need and feedback from clients is very positive. However, it is impossible to accurately state the *long term* benefits to clients at this stage. Because this work is still very new, we will need to consider the impact on the wider system in due course.

……
Signed by (Director)

Appendices:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	**Location**
Check Presentation	PCC Internal Network
Redesign Presentation	PCC Internal Network
Roll-In Presentation	PCC Internal Network