

Title of meeting: Cabinet Member for Health, Wellbeing and Social Care

Date of meeting: 3rd October 2019

Subject: Annual performance report for the adult substance misuse service

Report by: Director of Public Health

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose

- 1.1 To update the Cabinet member for Health, Wellbeing and Social Care on the performance of the adult substance misuse service during 2018/19

2. Recommendation

- 2.1 To note the contents of this report

3. Background Information

- 3.1 In November 2016 a new contract commenced to deliver the community adult substance misuse treatment in Portsmouth. This is delivered by the Society of St. James, who sub-contract Solent NHS Trust to deliver the medical elements of the provision. The total value of this contract in 2018/19 was £2,577,708.
- 3.2 This is an extensive service which provides the following elements of provision:
- Needle exchange and provision of other clean equipment to prevent the spread of blood borne viruses.
 - Outreach work with homeless and other vulnerable drug users at risk of drug related death
 - Support from Recovery workers, who will support the service user to develop and implement a recovery plan
 - Substitute medication, such as methadone or buprenorphine, which reduce and stop the use of illicit street drugs, provided by a consultant psychiatrist, Dr and nursing staff.
 - Generation of prescriptions and liaison with pharmacies to provide supervised consumption
 - Access to specific alcohol support workers
 - Therapeutic support groups
 - Detoxification, either home or residential

- Community 'day rehab', providing an intensive programme of support for service users who have recently completed a detoxification
- Residential rehabilitation
- Hospital liaison workers for those with drug, alcohol and homelessness issues.
- Supply of Naloxone, the heroin antidote, along with training for staff, drug users and carers.

3.3 During 2018 and into 2019 the service has undergone a Vanguard systems thinking review which has led to a change in the data which is collected and how it is collected. The service is now less process driven and more focused on ensuring the needs of service users are the priority.

4. Performance

4.1 During 2018/19 there has been a significant increase in the number of service users accessing drug and alcohol treatment, as highlighted in Table 1. In total there was an additional 140 service users reported to the National Drug Treatment Monitoring System (NDTMS), with additional service users who either opted out of NDTMS or were not receiving a structured treatment intervention (i.e. they may have been receiving support from a key worker, but not receiving substitute prescribing or attending therapy groups). Table 2 highlights the numbers of successful completions, where someone leaves treatment drug or alcohol free, or no longer with problematic use.

Table 1: Numbers receiving treatment (reported to NDTMS), with additional non-NDTMS reported for 2018/19.

Main substances used	2017/18	2018/19	2018/19 including non-NDTMS clients
Alcohol only	163	218	292
Alcohol and non-opiate	49	73	87
Non-opiate only	52	61	88
Opiate	692	744	759
Total	956	1096	1226

Table 2: Successful completions (Reported to NDTMS)

Main substances used	2017/18	2018/19
Alcohol only	54/163	89/218
Alcohol and non opiate	14/49	30/73
Non-opiate only	20/52	28/61
Opiate	45/692	42/744
Total	133	189

Leaving treatment drug / alcohol free, or no opiate or cocaine use, occasional alcohol use.

4.2 Re-presentations

One performance measure monitored by Public Health England is 're-presentations'. This is the number of service users that leave treatment as a successful completion which re-present to treatment within 6 months. Substance misuse is a relapsing condition and it may take service users many attempts to eventually live drug free. Table 3 highlights the change in performance from 2017/18 to 2018/19. The relatively low numbers of re-presentations mean that small changes can mean bigger percentage changes. Whilst opiate representations performance is worse than the previous year, all the other categories are improved, with increased numbers of completions and lower percentages of re-presentations.

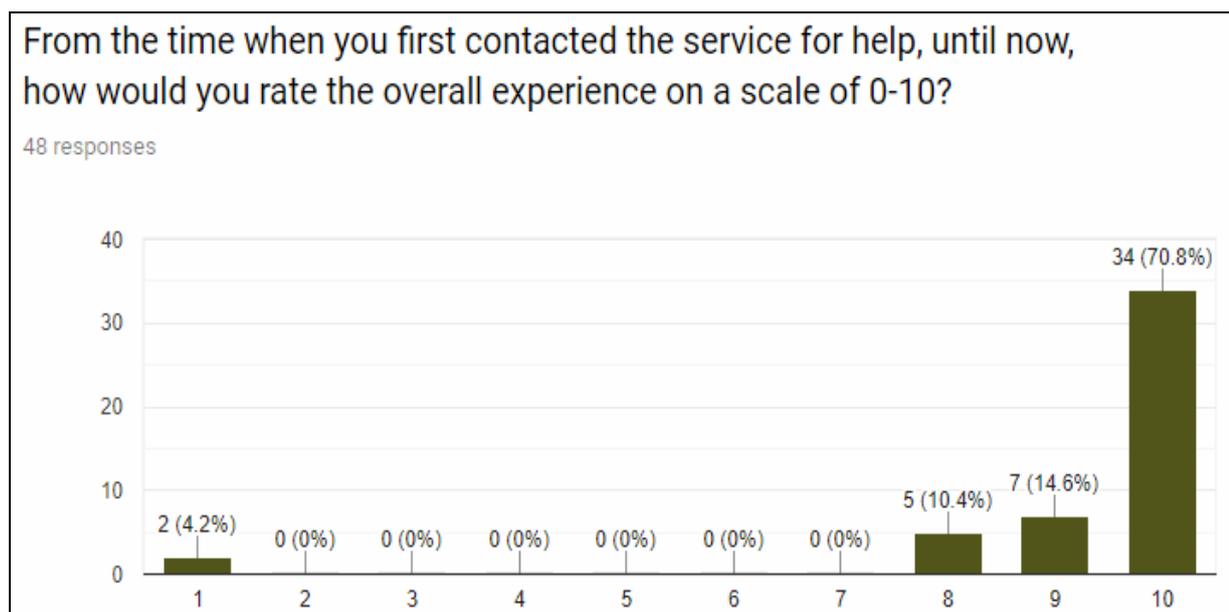
Table 3: Re-presentations in Portsmouth 2017/18 and 2018/19

Substance	2017/18	2018/19
Opiate	4/27 14.8%	5/22 22.7%
Non-opiate	0/8 0.0%	0/17 0.0%
Alcohol	5/26 19.2%	4/62 6.5%
Alcohol and non-opiate	1/8 12.5%	2/17 11.8%

4.3 Service user satisfaction

A service user satisfaction measure was introduced during 2018/19 as part of the Vanguard systems thinking work. Service users are asked to rate their satisfaction with the service at relevant points in their journey, for example prior to discharge or after a demand has been met. They are asked to scale the service from 1- 10 and explain what they think could have done differently if they didn't score a 10. Results are shown in the chart below.

The purpose of this measure is to help better understand and improve the service. Managers are tasked with looking at this measure and acting on the issues raised.



Person who scored 1:

John said the service was slow and disorganized. He was unhappy as he attended the service to be told that his appointment was not at 15:00 (which is what was detailed on his prison release letter) and that it was 16:00. This error was because admin had booked him in for 15:00 and informed the prison of this but it was not recorded on the paper diary which meant another client was booked into the 15:00 slot.

Sample of other comments:

"You called me a fair bit at the beginning to check in and less when I needed it (less). Really helpful." – Scored 10

"Felt very relaxed and comfortable and everything was explained well and clearly. Was very pleased to be met initially by the person who would be my key worker so I did not have to explain my story again to someone else."

"The service has always treated with me respect and helped me at some desperate times. The score has a lot to do with you, because you have really helped me a lot over the years. I am really grateful to you and the service generally."

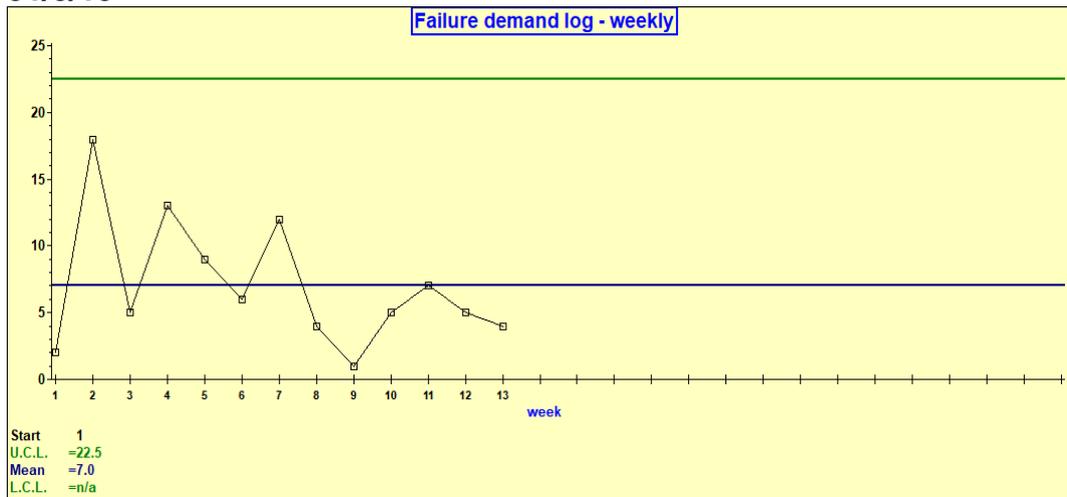
"It has helped me complete my DRR which has kept me out of prison. Was using cocaine 6 days a week now only 2. Friendly staff that are welcoming. Funny, happy key worker who makes time for me."

During psychosocial work, NVQ in health and social care never happened despite asking for it several times but never heard back. If it wasn't for this I would have scored a 10.

4.4 Failure Demand

Part of the Vanguard method is to log 'failure demand'. Failure demand is where a customer 'demand', typically calling into the Recovery Hub or a phone call, occurs due to the service not completing what was expected of it. Chart 1 below highlights the number of failure demands covering the period of introduction of this measure and the end of the year, there is a downward trend as the service responds to recorded failure demands. Through recording failure demand, the service has been able to identify that the process for generating prescriptions and these being dispensed by pharmacies was a common cause of problems. The service has subsequently commenced a Vanguard 'check' on this process to see what improvements can be made.

Chart 1: Failure demand log covering period of introduction of the measure up to 31/3/19



The time taken to provide a service user with a prescription for substitute medication has significantly reduced over the course of the year. This is a key measure, as it is important to engage a heroin user quickly on substitute medication at the point they access to increase engagement. At the beginning of the Vanguard process the average number of days it took from first presentation at the Recovery Hub to receipt of the prescription was 8.6 days. Since rolling out the new way of working, this has been brought down to an average of just 1.9 days.

4.5 Harm Reduction

An important function of substance misuse services is to minimise the harm that drug users cause to themselves and others. This including providing clean equipment that reduces the spread of blood borne viruses and providing a drug which is a heroin overdose antidote. Harm reduction activities save lives and prevent early deaths.

Needle exchange

Demand for clean needles increased during 2018/19, with a total of 158,785 needles being distributed, an increase of 8.3% on the previous year (n. 146,550). There was also an increase in some of the other safer injecting equipment provided, such as citric acid, water, spoons, but a reduction in the number of condoms distributed. The return of bins increased so that 3355 (50.5%) of the 6633 distributed were returned, up from a return rate of 41.8% the year before.

Naloxone

255 Naloxone kits were distributed in Portsmouth during the year. Naloxone is an opiate overdose antidote which can bring about a recovery from an overdose whilst an ambulance is called. Naloxone has been used a number of times in our supported housing projects to prevent overdoses becoming deaths. Service users have also reported using the drug to save the lives of friends.

5. Staff sickness

The average number of sick days amongst staff at the Recovery Hub was 7.79 days per employee.

6. Conclusion

The Society of St. James has been delivering the single substance misuse contract since November 2016. At the time they had to make significant changes to a substance misuse treatment system which had seen around 40% reduction in funding since 2013/14. These reductions had an obvious impact on delivery and the numbers of people engaged in treatment reduced. However in 2018 the provider, with the support of Portsmouth City Council, undertook a Vanguard systems thinking review, seeking to reduce waste, improve efficiency and the client experience. During 2018/19 the service has been able to work with significantly more people with substance misuse issues. The service is now measuring service user satisfaction and 'failure demand' in order to seek to make continuous improvement to delivery.

7. Equality impact assessment

No EIA completed as this is reporting on an existing service.

8. Legal implications

There are no legal implications arising from the recommendation in this report.

9. Director of Finance's comments

As this report is for information purposes only, no finance comments are required

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 Signed by: Director of Public Health

Appendices:

None

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