

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

Date of meeting: 3rd October 2019

Subject: Changes to data that Portsmouth provides to the national drug treatment monitoring system

Report by: Director of Public Health

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1 To seek approval from the Cabinet member for Health, Wellbeing and Social Care to reduce the amount of data which is provided by our substance misuse service to the National Drug Treatment Monitoring System (NDTMS). To seek approval to use alternative local measures.

2. Recommendation

- 2.1 The Cabinet member approves a reduction in specific treatment data collected and submitted to the NDTMS.
- 2.2 The Cabinet member approves the additional service improvement and outcome measures which have been developed as part of the Vanguard systems thinking intervention.

3. Background Information

3.1 National Drug Treatment Monitoring System (NDTMS)

The NDTMS state that their data *helps drug and alcohol treatment demonstrate the outcomes it achieves for the people it treats, and in doing so aids accountability for the money invested in it. NDTMS is a national standard and is applicable to young people and adults within community and secure setting based treatment providers.* (Appendix 1)

The data items contained in the NDTMS dataset are intended to support the following (Appendix 1):

1. Provide measurements that support the outcome and recovery focus of the Government's drug strategy, such as:
 - proportion of clients successfully completing treatment
 - proportion of clients that do not return to treatment following a successful completion

- value for money
- housing and employment
- health and quality of life outcomes
- support for children and families of drug and alcohol dependents

2. Provide information which can be used to monitor how effective drug and alcohol treatment services are and help to plan and develop services that better meet local needs

3. Produce statistics and support research about drug and alcohol use treatment

4. Provide measurements to support the Public Health Outcomes Framework

3.2 NDTMS require a comprehensive dataset, which is reviewed frequently, usually annually. The Current dataset is O, having begun in the early-mid 2000s with dataset A. In most cases additional fields have been added each year, with others revised. The full details of dataset O fields are in Appendix 1, page 13 to 41.

3.3 This level of data capture, data processing and cleaning required is a significant burden on our substance misuse treatment providers.

3.4 Since 2013/14 the funding available to substance misuse treatment in Portsmouth has reduced from £4.7 million in 2013/14 to £3 million in 2019/20. Through recommissioning and pro-active contract management the service has implemented efficiencies and service reduction to manage this funding reduction. Nationally the substance misuse treatment sector has seen significant reductions in funding of approximately 18% since 2013/14¹. During this period of reducing resources the NDTMS data requirement has not been reduced, meaning the data burden is greater proportionately.

3.5 Whilst NDTMS does have mandatory data fields, completing NDTMS itself is not a mandated function for Public Health.

4. **Systems thinking intervention**

4.1 During late 2017 and 2018 our substance misuse service providers, the Society of St. James and Solent NHS Trust, working with Portsmouth City Council, undertook a Vanguard systems thinking intervention. This looked at the processes and delivery of the Recovery Hub. The outcome and progress from this intervention was reported to the Cabinet member on the 29th January 2019². This included a changed assessment process, to a more narrative assessment focused on the needs of the client, rather than the process needs of the service. The new service purpose (from the customer's viewpoint) was "Help me to make my life better".

4.2 This process has led the service providers to seek to reduce data collection which does not support the purpose of the service. There was data which the intervention found did not aid the service's purpose. Whilst some of this data would be required for monitoring, such as data that captures protected

¹ <https://www.bbc.co.uk/news/uk-england-44039996> Accessed 04/09/19

² <https://democracy.portsmouth.gov.uk/ieListDocuments.aspx?CId=475&MId=4208&Ver=4> Accessed 04/09/19

characteristics (e.g. gender, ethnicity etc.), and other data which is required for effective service planning and safeguarding, other data could be removed without any impact on the service user or service.

- 4.3** The Vanguard method has a key principle in redesigning service provision, which is '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. It was found that some of the data demands were pushed by the service and were not necessary to support them and were often unwanted by the client.

5. Changes to data reporting

- 5.1** It is proposed by the service provider and the Public Health team that the following mandatory data fields are no longer completed as they do not add value to the service user at assessment:

- Time since last paid employment
- Age of first use of problem substance
- Severity of Alcohol Dependence Questionnaire (SADQ)

The reason for proposing the top two fields are not completed is that they are not reliable, as service users struggle with recall, and they do not help to determine the treatment options at assessment. For example, service users in our treatment services are typically aged 30 plus and may have first used a problem drug in their late teens, their recall will be unreliable and does not impact on the treatment they require at this point.

The SADQ is a 20 question screening tool³. Whilst this would still be used prior to a detoxification, the service felt it was not helpful during an assessment to add significantly more questions.

- 5.2** It is also proposed that the Treatment Outcome Profile (TOP) is no longer recorded at assessment and subsequent reviews and at treatment exit. The TOP form, Appendix 2, captures self-reported data from service users in the following areas:

- Substance use
- Injecting behaviour
- Crime
- Health & Social Functioning.

There are up to 27 different fields to complete, some with scaling questions. Self-reported questionnaires may potentially have issues with reliability, as they rely on service users to accurately recall substances they have consumed over the past 28 days. There may also be various reasons a service user will not be honest about their substance use or criminality, due to potential consequences to them.

³ <https://webarchive.nationalarchives.gov.uk/20171114113622/https://www.alcohollearningcentre.org.uk/Topics/Latest/Severity-of-Alcohol-Dependence-Questionnaire-SADQ/> Accessed 04/09/19

It is recommended that a TOP is completed at the beginning of treatment and subsequently every 12 weeks. During the Vanguard 'check' phase, the intervention found that the TOP was leading to a lot of waste work, with staff chasing service users to complete the forms and reluctance on part of service users to complete the forms again. The service questioned the reliability of the answers. They also found that reviews were more focused on process and meeting the needs of the service ('push'), rather than focusing on what was important for the client ('pull').

5.3 NDTMS have informed us they do not have the power to 'make' the providers complete NDTMS data, they can only advise and ensure that they are aware of the implications of not maintaining your data quality/completeness. NDTMS have highlighted the benefits of TOP:

- Providers and commissioners benefit from benchmarking and needs assessment reporting
- TOP should be used as a motivational tool to use with clients
- The TOP Outcomes reports are available for commissioners and the providers and show a comparison of the start TOP to the review/ exit TOP and are therefore able to show how much better clients are doing during/ at the end of treatment
- TOP data is essential to feed in to the Value for Money tools such as the social return on investment tool and the commissioning tool developed for local authorities
- NDTMS is very frequently used to support national policy and business cases. National negotiations about issues such as the future of local authority funding use NDTMS data, as well as business cases for additional grant funding for the sector, such the capital grants and innovation funds.

5.4 During the systems thinking intervention roll out, new measure have been introduced which align with the Vanguard methodology, these are included in the *Annual performance report for the adult substance misuse service* provided to the cabinet member on the same date as this report. These measures include service user satisfaction and the recording of 'failure demands'.

5.5. Public Health are keen to maintain measures which show the impact the service is having on substance use, and quality of life. The service has introduced the following measures:

Substance use

Instead of asking service users to report on their substance use in the TOP questions, we have asked their recovery worker to categorise this area based on what they have observed/ screened / had reported over the continuum of the previous 12 weeks.

This service reports that this gives a clearer picture than the TOP questions and is less subjective and prone to recall bias. The most recent data from this measure is in Table 1 below.

Table 1: Level of substance misuse over the past 12 weeks

	Substance use over last 12 weeks	
Abstinent count	280	31%
Better count	183	20%
Don't know count	103	12%
Same count	270	30%
Worse count	57	6%
	Total = 893	

Quality of life

We are obviously interested in ascertaining whether we are helping to improve the quality of life for our service users. The service trialled different measures to capture changes in 'quality of life' and found that questions which used the term 'quality of life' were not specific enough to be meaningful to our service users and did not give an understanding of what is working / not working. Using the principle of 'action based learning' the service adapted this measure and decided to ask a question which is explicitly linked to the service purpose, "Help me to make my life better". The data collected to date relating to this measure is detailed in Table 2. These measures will be tracked over a period of time for each individual, recording changes and trends. This also allows supervisors to work with Recovery workers to understand why service users' lives are not getting better.

Table 2: Is the work we are doing helping you to make your life better?

Response	Count	Percentage
Better	180	67%
Don't know	37	14%
Same	45	17%
Worse	6	2%
Total	268	

5.6 Whilst these measures are new, they have been tested as part of the Vanguard systems intervention. However, they are not validated by objective academic research. We will seek to work with academic partners to assess whether these measures provide an objective appraisal of the service performance and an improvement in outcomes for service users.

6. Conclusion

The substance misuse sector nationally have seen significant reductions in funding over the past 6 years, however the national data requirements have not reduced and place a disproportionate burden on services seeking to maximise client engagement and support. Portsmouth City Council and our service providers have engaged in a systems thinking intervention which has sought to remove work that does not add value to the client, or which the client has not sought. We have identified some data fields within the NDTMS dataset which sit in this category and are seeking permission to no longer provide these.

5. Equality impact assessment

No EIA completed, this decision does not alter the data collected and monitored related to protected characteristics.

6. Legal implications

As the provision of data to NDTMS is not mandatory it is open to the Cabinet Member to consider the recommendation and make a decision based on the considerations set out in the report.

7. Director of Finance's comments

There are no financial implications relating to this report.

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Signed by: Director of Public Health

Appendices:

1. National Drug Treatment Monitoring System (NDTMS) Adult drug and alcohol treatment business definitions Core dataset O, 2019
2. Treatment Outcome Profile form

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
Systems intervention in substance misuse.	https://democracy.portsmouth.gov.uk/ieListDocuments.aspx?CId=475&MId=4208&Ver=4