



**REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 29 MAY 2018**  
**REPORT ON: DRUG AND ALCOHOL TREATMENT WAITING TIMES**  
**REPORT BY: CHIEF FINANCE OFFICER**  
**REPORT NO: PAC41-2018**

**1.0 PURPOSE OF REPORT**

To provide an update to the Performance and Audit Committee on Substance Misuse waiting times performance in Dundee.

**2.0 RECOMMENDATIONS**

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Notes the current position in relation to Drug and Alcohol Treatment Waiting Times as outlined in section 5.2 of this report and Appendix 1.
- 2.2 Notes the improvement actions planned to respond to areas of pressure identified as outlined in section 5.3 of this report.
- 2.3 Notes the intention to develop a balanced scorecard as outlined in section 4.2 of this report.
- 2.4 Agrees that a further report be provided outlining the Substance Misuse Improvement and Redesign Plan.

**3.0 FINANCIAL IMPLICATIONS**

Improvement actions described within this report are funded within current resource allocated to the Health and Social Care Partnership.

**4.0 MAIN TEXT**

**4.1 Background to Drug and Alcohol Treatment Waiting Times**

- 4.1.1 The Scottish Government set a target that by June 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks (21 days) for treatment that supports their recovery. This was one of the national HEAT (Health improvement, Efficiency, Access, Treatment) targets, number A11. This target was achieved nationally in June 2013 and has now become a Local Delivery Plan (LDP) standard.
- 4.1.2 Information about waiting times is collected using the Drug and Alcohol Treatment Waiting Times Database which went live across Scotland on 1 April 2011. This database collects information about the length of time people wait for specialist drug and/or alcohol treatment after they have been referred to treatment services in Scotland.
- 4.1.3 Within Dundee a Finance, Commissioning and Performance Group, chaired by the Locality Manager with responsibility for Substance Use Services, has been established to oversee performance and improvement actions in relation to Substance Use. The Group aims to

ensure that citizens of Dundee will have access to the information, support and treatment that they need to live a fulfilled life.

## **4.2 Drug and Alcohol Balanced Scorecard**

4.2.1 A Drug and Alcohol Balanced Scorecard is currently being developed to support ongoing continuous improvement and reporting progress and outcomes. This is in recognition that the performance targets in relation to access to treatment does not provide information about the outcomes and impact of service provision on people who use services and their families, the quality of services provided, impact on children and vulnerable adults and progress against other strategic priorities and ministerial targets which Alcohol and Drug Partnerships and IJBs are required to report on.

4.2.2 The aim of the Balanced Scorecard is to support ongoing continuous improvement over time. It supports self-evaluation in relation to substance misuse by implementing a single dataset which enables understanding of:

- Impact on children, families and adults affected by substance misuse
- Accessibility, Safety and Quality of service provision
- Recovery outcomes and individuals experience of services
- Progress in protecting individuals from harm, early intervention and prevention
- Progress in meeting statutory and regulatory requirements such Drug & Alcohol Quality Principles, Dundee Local Outcome Improvement Plan and Alcohol & Drug Partnership Ministerial Outcomes.

4.2.3 It is aimed that, where possible, common datasets can be agreed across Tayside to support Tayside wide benchmarking and where possible Local Community Planning Partnership (LCPP) level data can be provided to support locality based benchmarking once the dataset is agreed. It is anticipated that the balanced scorecard will be completed by June 2018.

## **5.0 CURRENT PERFORMANCE**

### **5.1 Drug and Alcohol Waiting Times and Treatment Types**

5.1.1 Drug and alcohol waiting times are defined in two ways by Information Services Division (ISD) Scotland - completed waits and ongoing waits. Completed waits are described as waiting times for clients who have started first treatment for alcohol or drug use. Ongoing waits are described as waiting times for clients still waiting to start first treatment as of the end of the quarter for alcohol or drug use.

5.1.2 Drug and alcohol treatment types have been aggregated into five types by ISD Scotland:

- Structured preparatory and motivational intervention
- Prescribed drug treatment (Includes Prescribing by GP or Specialist)
- Community based detoxification
- Community based support and/or rehabilitation (Includes Structured Psychosocial Interventions, Structured Day Programmes and other Structured Interventions)
- Residential Detoxification and Rehabilitation (Includes Residential Rehabilitation and Residential Detoxification/ Inpatient Treatment)

5.1.3 The drug and alcohol waiting times data is published each quarter by ISD Scotland. Due to this the last published data is performance data until December 2017.

### **5.2 Current Performance Summary**

5.2.1 The Drug and Alcohol Waits Performance Report noted in Appendix 1 and our current performance data position highlights a positive trend in relation to people receiving first alcohol treatment within the 21 day target. However, the report demonstrates a negative trend in relation to people first receiving drug treatment within 21 days.

5.2.2 The main reason for a reduction in alcohol waiting performance during 2017 was due to absences and vacancies within Integrated Substance Misuse Services. These have now

been resolved and it is anticipated that the services should continue to realise achievement of the alcohol waiting times target. While there is a risk that similar issues may occur in the future it is anticipated that such risks will be removed with the introduction of a direct access service.

5.2.3 The main reason for a reduction in drug treatment waiting times performance is due to the capacity of the Integrated Substance Misuse Services (ISMS) to provide and monitor prescribed drug treatment and the capacity of the service to meet demand.

5.2.4 More specifically, the ISMS is now doing the structured preparation work and due to this is better able to retain individuals in treatment and identify where complex risk management is required. However, undertaking the structured preparation work subsequently impacts on nursing and social work resource available within the service.

5.2.5 The service prescribing, nursing and social work capacity has been raised as a risk during 2017 and 2018 through the Dundee Health and Social Care Partnership Governance Group, through NHS Tayside Datix System and through the IJB Risk Register.

### **5.3 Improvement and Redesign Plan**

5.3.1 Upon transfer between managers of operational responsibilities for Substance Misuse Services in January 2017, an evaluation of the service risks, performance and model using learning from Local Adverse Event Reviews, Significant Case Reviews, Tayside Clinical Care and Professional Governance, National Standards and Guidance, legal requirements, current performance and workforce capacity was undertaken.

5.3.2 This led to a change in how drug waiting times were recorded by the medical and nursing part of the service. This was so that greater transparency and understanding could be gained regarding the actual wait for drug treatment to inform an improvement and redesign programme. Previously waits had been described in terms of access to structured preparatory treatment only and wait for assessment for prescribed drug treatment was not recorded as part of the drug and alcohol local delivery plan reporting on waiting times.

5.3.3 Whilst it is acknowledged that the current trend must be seen in context of greater transparency in reporting in relation to drug waiting times and service capacity, it is also recognised that delays in accessing treatment can impact on Adults quality of life and recovery. Due to this, a commitment has been made to finding sustainable solutions so that people can access to the information, support and treatment that they need to live a fulfilled life.

5.3.4 A resolution to reasons for delay in access to treatment is supported through a redesign and improvement programme which aims to improve outcomes for people who use substances. This is recognition that access is one part of a recovery orientated system of care.

5.3.5 Key activity which will respond to alcohol and drug treatment waiting times as part of a wider redesign and improvement programme is:

- Continued implementation of a weekly huddle in the Integrated Substance Misuse Service to agree priorities and a plan to ensure maximum efficiency and focus across the team.
- Continued implementation of increased access to a range of prescribed treatment options so that this improves choices and outcomes for people.
- Investment in additional nursing, social work and clerical workforce to mitigate service capacity risks during a period of transition and change.
- Draft of an escalation and contingency plan and prioritisation of services to ensure that there is an effective response in the event of an increase in demand and to respond to current pressures. It is aimed that this will be finalised by end May 2018.
- Planned nursing and medical workforce development activity to increase prescribing capacity across the service over next five years and as part of this agreeing a workforce risk management strategy whilst the developments are being taken forward.
- Implementation of a direct access health and social care substance service by September 2018. This will mitigate waits and improve coordinated access to services.

- Reconfiguration of health, social care and third sector substance misuse and operational protecting people services into four locality multi-disciplinary teams who will work as one team to provide holistic, person centred support which is 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, to exit prostitution, to live independently after a period of homelessness or prison. It is aimed to complete this aspect of the redesign activity by April 2019.
- Development of a third sector locality based early intervention and prevention service which will aim to support people at an early stage in order to intervene early to support people to recover and reduce need for prescribed drug or alcohol treatment. It is aimed to complete this aspect of the redesign activity by April 2019.

5.3.6 It is aimed that these activities will both improve outcomes for people and will mitigate risks in relation to wait for prescribed alcohol and drug treatment.

## 5.4 Summary

5.4.1 We have made progress in Dundee in relation to improving access to alcohol treatment but we also recognise that further work is needed to increase access to drug treatment and range of supports available to enable people to recover.

5.4.2 The risks in relation to prescribing capacity and the ISMS capacity to respond safely to demand have been raised with Dundee Health and Social Care Partnership Governance Groups and through the IJB risk register.

5.4.3 We have made a commitment to redesigning health, social care and third sector substance use and operational protecting people services to improve access and support to citizens of Dundee and with that implementing a number of actions noted above to support realisation of this commitment.

## 6.0 POLICY IMPLICATIONS

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

## 7.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	The risk of not meeting waiting time's targets could negatively affect outcomes for individuals and their carers.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 5 x Impact 5 = Risk Scoring 25 (Extreme Risk)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Weekly review of performance.</li> <li>- Monitoring at the Finance, Commissioning and Performance Group.</li> <li>- Redesign of substance misuse services</li> <li>- Prescribing and service capacity raised as a risk within IJB, DHSCP Governance Group and NHS Tayside Risk Management System.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 5 x Impact 5 = Risk Scoring 25 (Extreme Risk)
<b>Planned Risk Level</b>	Likelihood 5 x Impact 5 = Risk Scoring 25 (Extreme Risk)
<b>Approval recommendation</b>	The risks are deemed to be acceptable with the expectation that the mitigating actions are taken forward.

**8.0 CONSULTATIONS**

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

**9.0 BACKGROUND PAPER**

None.

Dave Berry  
Chief Finance Officer

DATE: 7 May 2018

Alexis Chappell  
Locality Manager

## Appendix 1

### 1.0 DRUG AND ALCOHOL WAITS PERFORMANCE REPORT

#### 1.1 Background to Drug and Alcohol Treatment Waiting Times

1.1.1 The Scottish Government set a target that by June 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was one of the national HEAT (Health improvement, Efficiency, Access, Treatment) targets, number A11. This target was achieved nationally in June 2013 and has now become a Local Delivery Plan (LDP) standard.

1.1.2 Information about waiting times is collected using the Drug and Alcohol Treatment Waiting Times Database which went live across Scotland on 1 April 2011. This database collects information about the length of time people wait for specialist drug and/or alcohol treatment after they have been referred to treatment services in Scotland.

1.1.3 Within Dundee a Finance, Commissioning and Performance Group, chaired by the locality Manager with responsibility for Substance Use Services, has been established to oversee performance and improvement actions in relation to Substance Use. The Group aims to ensure that citizens of Dundee will have access to the information and support that they need to live a fulfilled life.

#### 1.2 Drug and Alcohol Waiting Times and Treatment Types

1.2.1 Drug and alcohol waiting times are defined in two ways by ISD Scotland - completed waits and ongoing waits. Completed waits are described as waiting times for clients who have started first treatment for alcohol or drug use. Ongoing waits are described as waiting times for clients still waiting to start first treatment as of the end of the quarter for alcohol or drug use.

1.2.2 Drug and alcohol treatment types have been aggregated into 5 types by ISD Scotland:

- Structured preparatory and motivational intervention
- Prescribed drug treatment (Includes Prescribing by GP or Specialist)
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- Residential Detoxification and Rehabilitation (Includes Residential Rehabilitation and Residential Detoxification/ Inpatient Treatment)

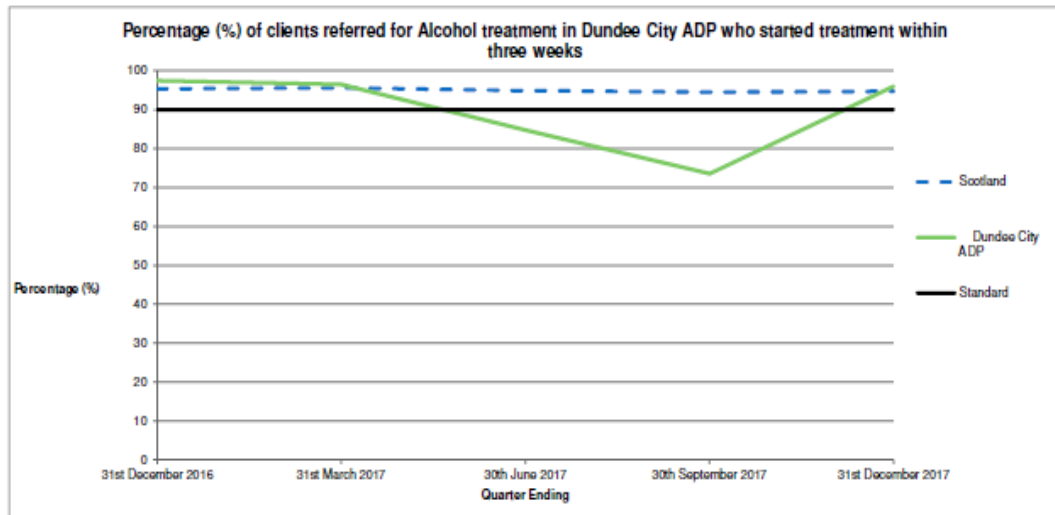
### 2.0 CURRENT PERFORMANCE - ALCOHOL

#### 2.1 Completed Waits – Alcohol Treatment.

2.1.1 Completed measures percentage of people who have started their first treatment. In this context, Graph A demonstrates our performance against the 3 week target for the period 31<sup>st</sup> December 2016 to 31<sup>st</sup> December 2017 for people waiting for alcohol treatment.

2.1.2 The data identifies that as a Partnership, performance is now meeting the target that people will wait no longer than three weeks for alcohol treatment that supports their recovery. A reduction in performance was demonstrated during June to September but was remedied at year end.

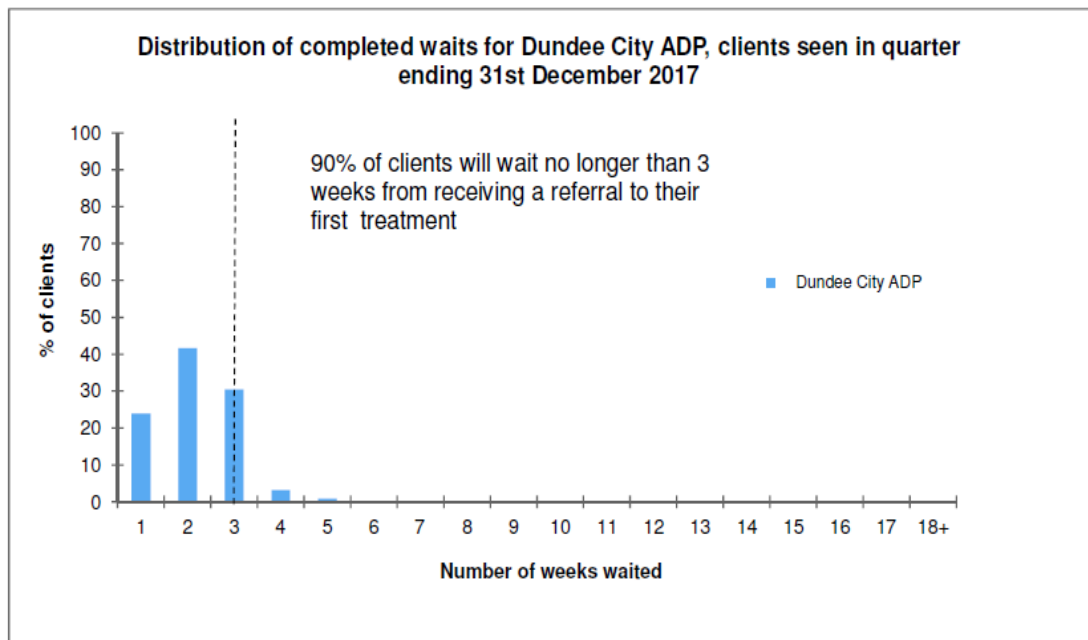
2.1.3 GRAPH A - % Of People Referred For Alcohol Treatment Who Started Treatment Within Three Weeks.



2.2 Length of Wait

2.2.1 Graph B below demonstrates the length of time people wait for their first alcohol treatment. This indicates that the majority of people referred were provided with first alcohol treatment within the first two weeks with a small number of people being seen outwith the three week target.

2.2.2 GRAPH B – Distribution of completed waits for Dundee City ADP,

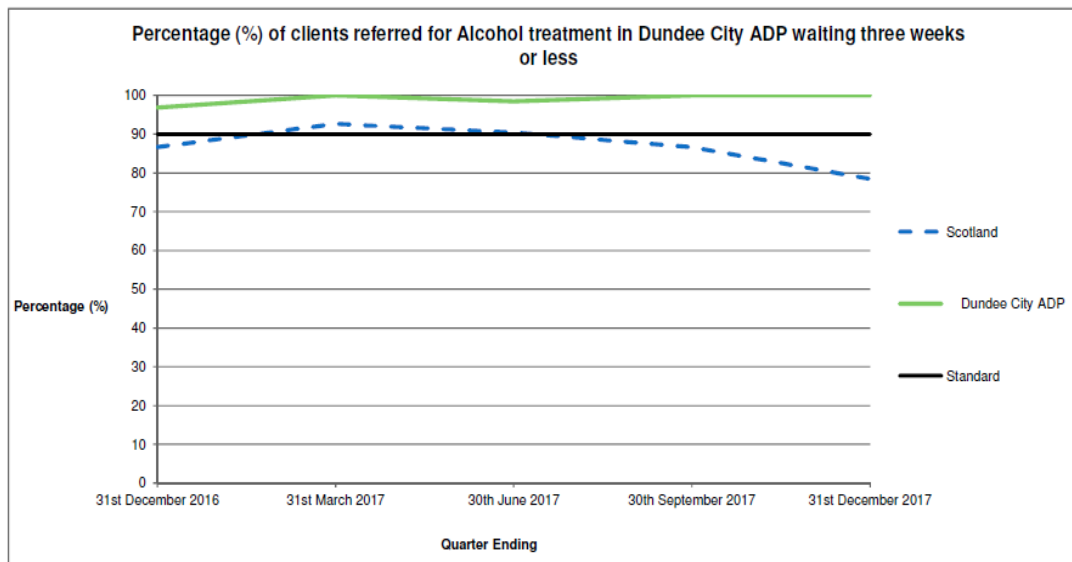


Source: Drug and Alcohol Treatment Waiting Times Database

### 2.3 Ongoing Waits – Alcohol Treatment

2.3.1 This indicator measures percentage of people who are waiting to start their first treatment. In this context, the Graph C below demonstrates our performance against the 3 week target for the period 31st December 2016 to 31st December 2017. The data identifies that as a Partnership, it is predicted that people will receive first treatment in 3 weeks.

2.3.2 GRAPH C – Percentage of people referred for alcohol treatment waiting three weeks or less.



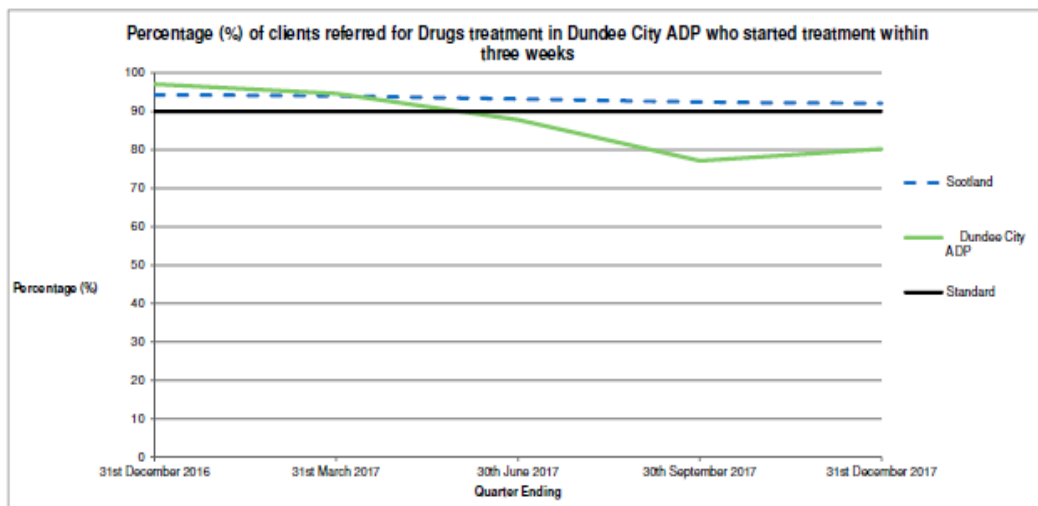
### 3.0 CURRENT PERFORMANCE – DRUG WAITING TIMES

#### 3.1 Completed Waits – Drug Treatment

3.1.1 Completed waits measures percentage of people who have started their first treatment. In this context, Graph D demonstrates our performance against the 3 week target for the period 31st December 2016 to 31st December 2017 for people waiting for drug treatment.

3.1.2 The data identifies that as a Partnership, we are not meeting the performance target that people will wait no longer than three weeks for drug treatment that supports their recovery.

3.1.3 GRAPH D - % Of People Referred For Drug Treatment Who Started Treatment Within Three Weeks.

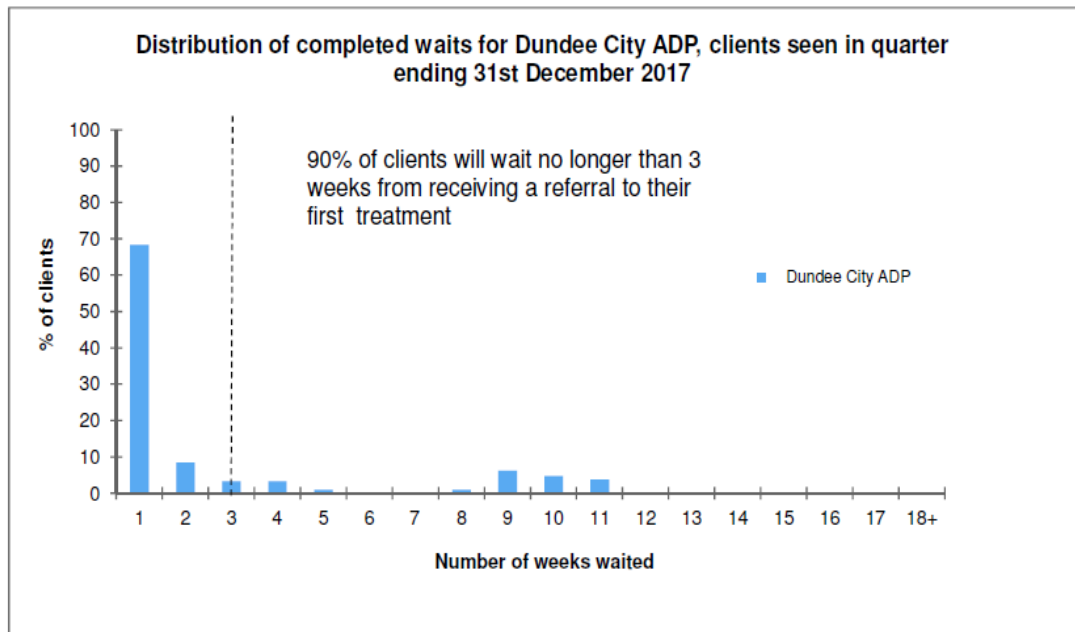




### 3.2 Length of Wait

3.2.1 Graph E below demonstrates the length of time people wait for their first drug treatment. This indicates that the majority of people referred were provided with first drug treatment within the first three weeks with a small number of people being seen out with the three week target.

3.2.2 GRAPH E – Distribution of completed waits for Dundee City ADP

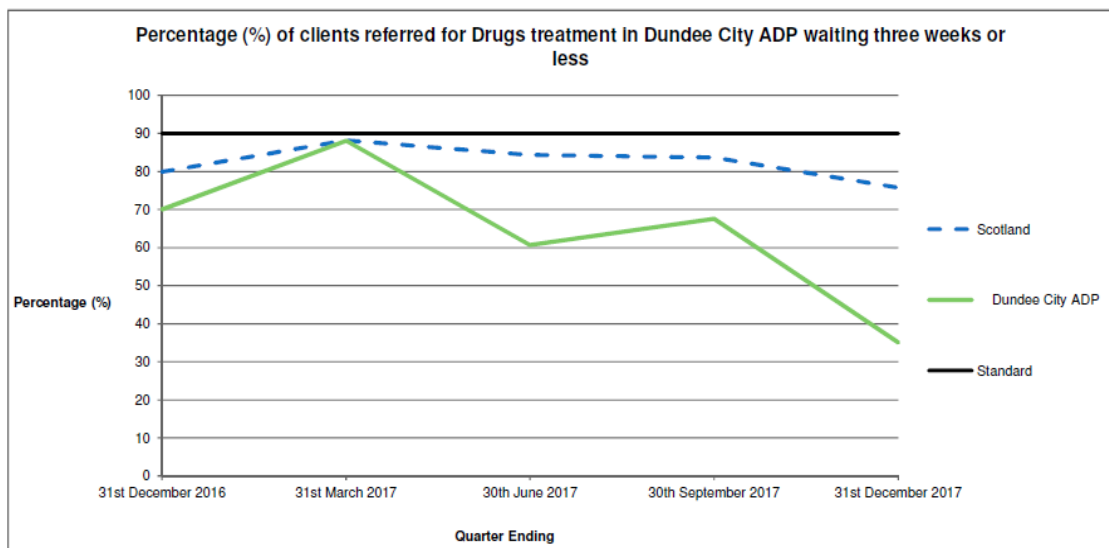


Source: Drug and Alcohol Treatment Waiting Times Database

### 3.3 Ongoing Waits – Drug Treatment

3.3.1 This indicator measures percentage of people who are waiting to start their first treatment. In this context, the Graph F below demonstrates our performance against the 3 week target for the period 31st December 2016 to 31st December 2017. The data identifies that as a Partnership, it is predicted that the majority of people will not receive first treatment in 3 weeks.

3.3.2 GRAPH F – Percentage of people referred for drug treatment waiting three weeks or less.



#### 4.0 BENCHMARKING

4.1 Graph G highlights the comparison across Tayside in relation to completed waits for alcohol and drug treatment. This highlights that although 57% of completed waits across Tayside are from Dundee, Dundee has comparable performance in relation to the Perth and Kinross and Angus.

4.2 Graph G – Distribution of Completed Waits by Tayside ADP

