



# Community Planning Aberdeen

<b>Progress Report</b>	Project End Report: 12.8 Increase uptake of drug treatment
<b>Lead Officer</b>	Gale Beattie, Chair of the ADP
<b>Report Author</b>	Simon Pringle
<b>Date of Report</b>	20/04/2023
<b>Governance Group</b>	CPA Board – 28 June 2023

## Purpose of the Report

This report presents the results of the LOIP Improvement Project 12.8 which aimed to 'increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023' and seeks approval to end project.

## Summary of Key Information

### 1. BACKGROUND

- 1.1 Ten cases that were classified as drug related deaths from 2018 through toxicology reporting were reviewed to identify opportunities for earlier intervention to support individuals. Whilst drug use was cases were currently open to substance use services. A panel reviewed the cases to see what learning 2 could be taken and how systems could be improved. Data was analysed against an emergent profile of risk factors emergent from local reviews and national reports.
- 1.2 As a result of the cases review multi-disciplinary Assertive Outreach (AO) meetings were established and two FTE AO workers employed, where those individuals that have been identified as being at risk or concern can be targeted by the appropriate AO team members (inc the AO workers, ADA Substance Use Workers etc) to provide the right support and link into services as needed.
- 1.3 The referral pathways to drug treatment are mainly through the Timmermarket Clinic, usually via GPs where individuals are referred to the Integrated Drug Service (IDS). We would look to MAT prescribing is available at a wider range of locations and that the commencement of treatment is more rapid.

### 2 IMPROVEMENT PROJECT AIM

- 2.1 Against this background, on March 2022 the CPA Board approved for the initiation of the [project charter](#) 12.8 of an improvement project which aimed to 'increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023.

2.2 In Aberdeen engagement with ADA alcohol services by Postcode in priority neighbourhoods from 3 year average over 2019/20, 2020/21 and 2021/22 being AB11 (31). AB16 (27). AB24 (41) Other (105).

### **3 WHAT CHANGES DID WE MAKE?**

3.1 Following engagement session with staff, clients and key stakeholders, the following change ideas were identified by the project to achieve the aim of increasing uptake in drug treatment.

**1. Improving direct access into service for those not utilising existing access processes (all priority localities)**

**2. Staff going to street beggars and offering services, in partnership with Police and Homeless service**

As part of the development of the new ADA Sharp Response service, a street outreach team will be available to target those street drinkers, drug using 'hot spots', street beggars (among other groups) to help engage with these groups who are traditionally hard to reach. In addition, a direct referral pathway and SOP between ADA and Police Scotland has been developed to make referrals easier

**3. Identification of people at high risk by partner organisations and developing pilot direct access pathways for drug treatment – Development of a Crisis Response Service**

As part of the development of the new ADA Sharp Response service, a team are available daily to check in with partners in Housing (ACC), ARI (NHS) and others to identify those at risk and who are requiring support/access to treatment. This commenced in July 2022 and

MAT Standards 'Direct Access Prescribing' developed with a weekly onsite presence from NHS Senior CMHN prescriber at Hadden St. Daily MAT appointment are now available for same day prescribing at Timmermarket Clinic.

**4. Outreach service and direct access for those known to have non-fatal overdose and supporting engagement with services and supporting engagement with services Design of and implementation of needle exchange service user questionnaire to get feedback regarding prescribing.**

Design of and implementation of needle exchange service user questionnaire to get feedback regarding prescribing was completed. Initial feedback from the questionnaire is currently (19 questionnaires completed as of end June 2022) being collated for preliminary findings was used (alongside Mist-Q and other lived experience inputs) for MAT standards implementation at ADA Hadden St premises and via other ADA/partner services as need dictates.

**5. Development of ADA Sharp Response service**

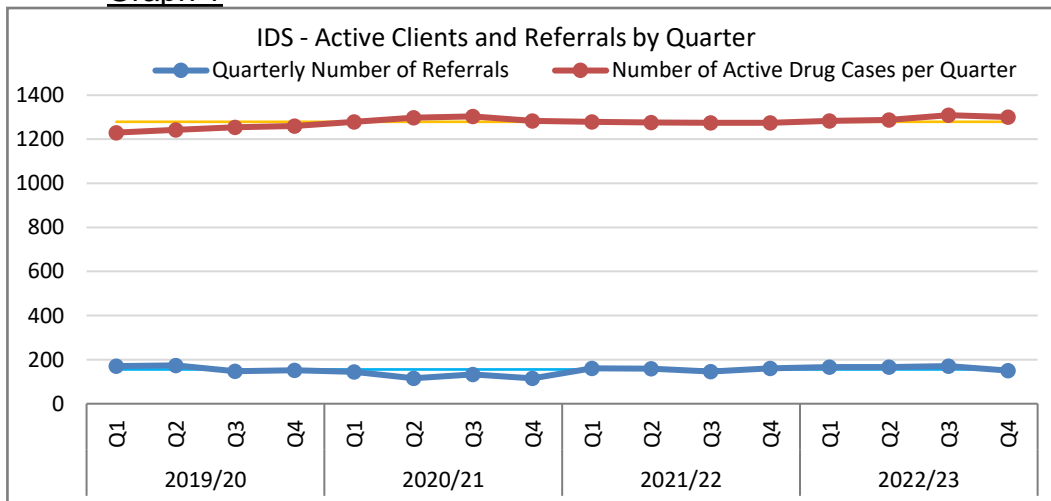
- NHS staff have shadowed ADA Sharp Response service, discussions around information sharing and other protocols have taken place and a SOP is being finalised including links to MAT Standards (in particular MAT Standard 3). The new Sharp Response service, which will include a crisis response element, commenced on 1<sup>st</sup> July 2022.

- A bespoke Sharp Response app was developed to aid ordering, delivery and reporting and was operational from October 2022.
- With additional Corra funding, the Sharp Response mobile needle exchange service was further developed and expanded. In addition to our new Crisis Response service which allowed for the rapid referral and assessment of those referred through DACT, Assertive Outreach and from other partner agencies to ADA for support. It also allowed for faster onward referral to IDS. In addition, as the MAT Standards were implemented, including (Mat Standards 1) a same day prescribing service run by NHSG onsite within ADA IEP service commenced on 25<sup>th</sup> August 2022.

**4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?**

4.1 Yes, the project has achieved its aim with a 20% increase in uptake of drug treatment (active clients at Integrated Drug Service – (IDS) from 1083 (2019/20) as an average across the year for the number of active clients at IDS to 1295 in 2022/23. Since Q3 21/22, there has been an increase in active clients each quarter with a peak in Q3 in 2022/23 1309 active clients. As shown below referrals have remained consistent with a 2% increase from 2019/20 to 2022/23. It is perhaps important to note that there may have been an expected ‘natural’ realignment post Covid 19 restrictions. It is therefore difficult to say with certainty whether this has had an impact in any way or not, the increase reported.

**Graph 1**



**Active Clients - Baseline (2019/20): 1083 Aim: 1191 (10% increase)**

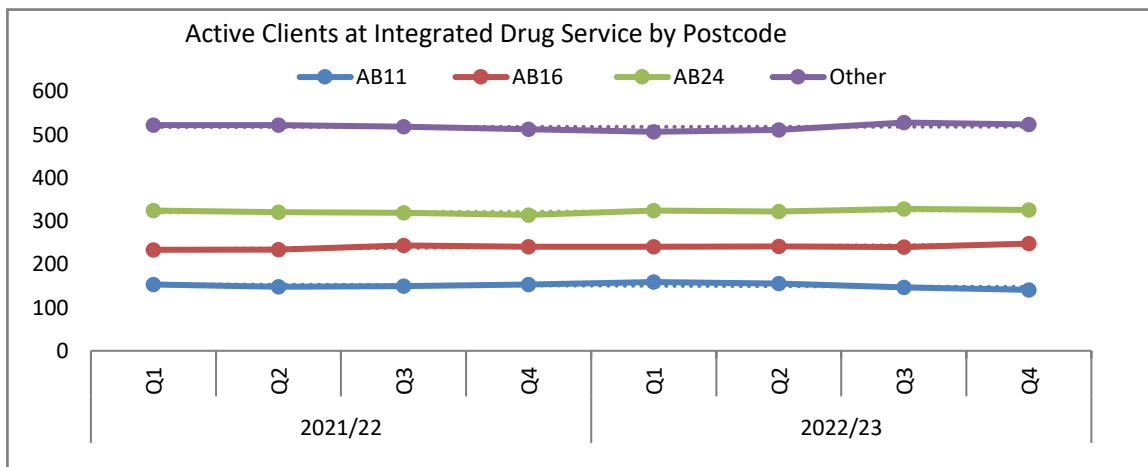
This data shows the total number of active cases each month, therefore each case will be counted once against each month in which they were open, i.e. if someone was open from 14th Jan - 22nd March they would be counted once in Jan, once in Feb and once in March. Where a patient has been discharged and re-referred within a month, they will be counted more than once. This data counts the number of open cases and not the number of individuals.

Referrals data is based on all open cases as at 29th Sep 2022, and all referrals from April 2019 which have since been discharged.

4.2 The changes tested have allowed for have allowed barriers such as access/support to get to appointments and engagement to be reduced. Having a clear pathway for people who have had a near fatal overdose has allowed discussion with partners and an assertive approach to encourage engagement with services. The indication is that this support is helping people re engage with services. It appears that the rolling out of further Medication-Assisted Treatment (MAT) Standards and the sustainment of the general flexible approach to services, such as the crisis response services allows opportunities for the further increase in immediate access to drug treatment and opportunities to increase engagement and retention rates. This is worth continuing with in order that any sustainable positive change can be best measured.

4.3 Data for the period 2019/20 was unavailable by locality for IDS and therefore the project used 2021/22 as the baseline for this. Whilst the 10% increase has not been seen within key priority locality postcodes AB11 (Torry), AB16 (Northfield) and AB24 (Seaton/Woodside) the number of active individuals with IDS have remained steady from the baseline in 2021/22. Specifically in AB11 (151 active clients same as 21/22, 2% increase in AB16 (243), and 2% in AB24 (325).

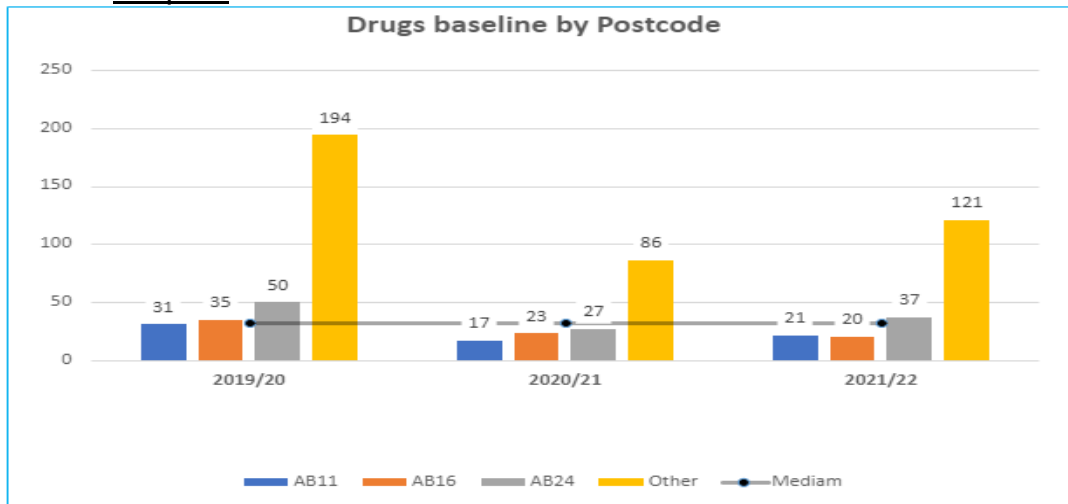
Graph 2



Baseline (2021/22): AB11 (151), AB16 (238), AB24 (320). Aim: AB11 (166), AB16 (262), AB24 (352) (10% increase)

4.4 As well as the Integrated Drugs Service (IDS), the project looked to increase engagement with ADA Drugs Services by key priority neighbourhoods. The 10% increase in engagement has been achieved in each postcode, with a 26%, 23%, 42% and 27% increase in 22/23 in AB11, AB16, AB24 and other respectively compared to 20/21-21/22 3 year average, as evidenced below.

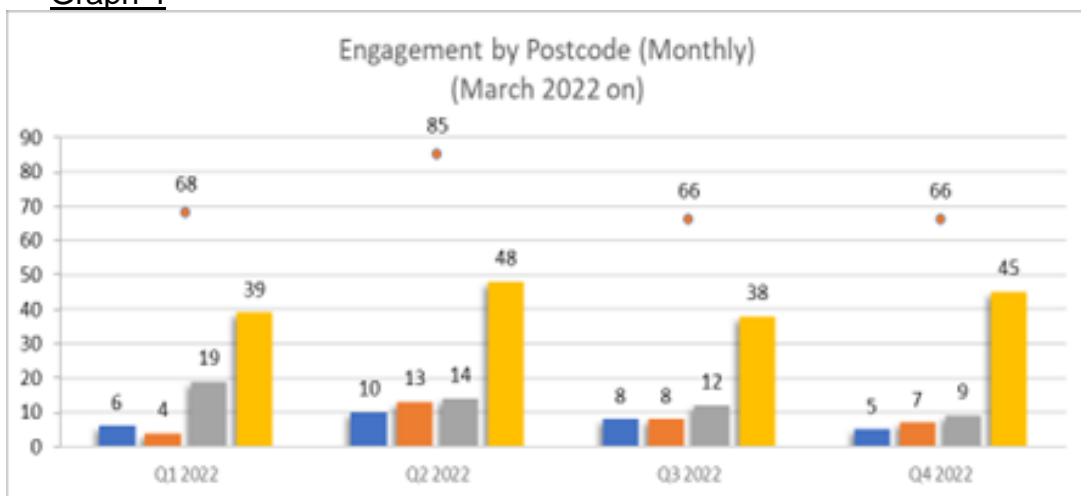
Graph 3



Baseline Averages: AB11 (23) AB16 (26) AB24 (38) Other (134) Aim: AB11 (25) AB16 (29) AB24 (42) Other (147) (10% increase)

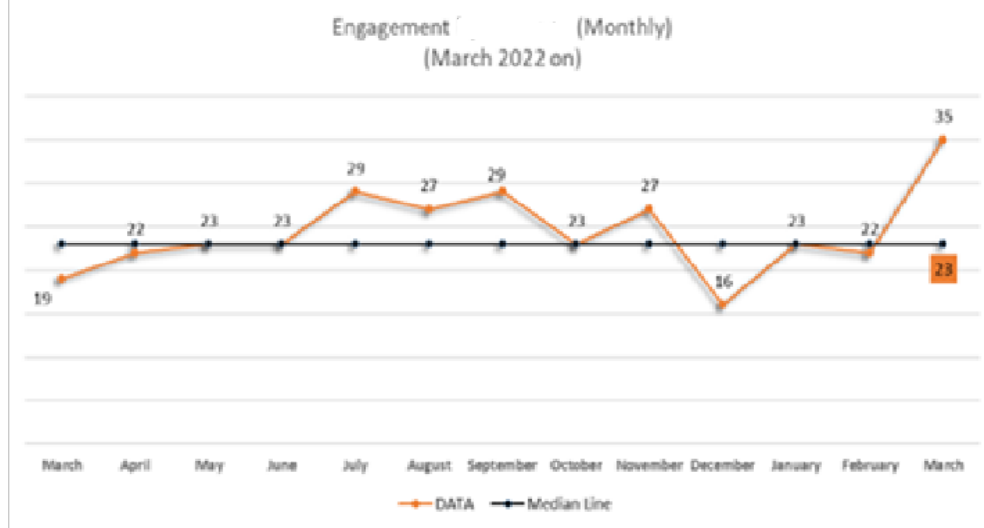
4.5 Graph 4 below shows the actual achieved engagements through duty over the year (2022/23) with AB11 (29) AB16 (32) and AB24 (54) Other (170). Resulting in a 26%, 23%, 42% and 27% increase in 22/23 in AB11, AB16, AB24 and other respectively compared to 29/20-21/23 3 year average.

Graph 4



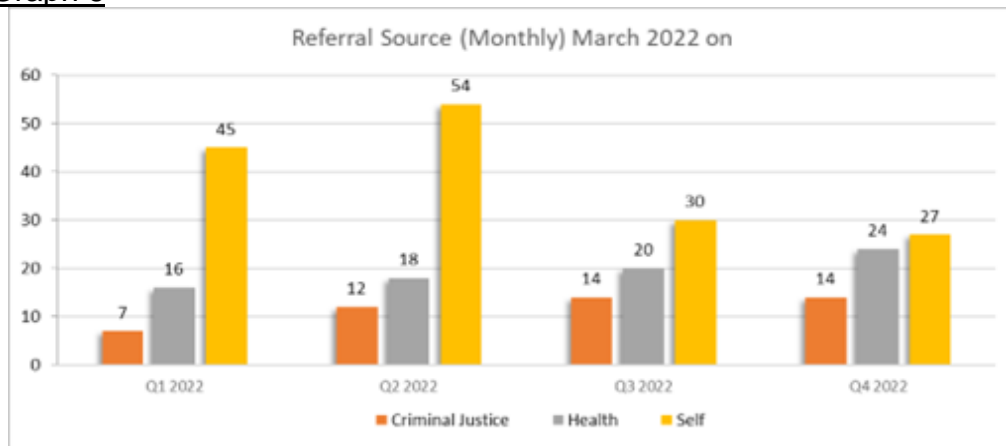
4.6 Graph 5 below shows the breakdown of monthly engagement for ADA duty service (where the individual presented for support around drug use). This shows a consistent level of engagement above the median, except for a couple of months across the last year. The increase in engagement seen in July to September 2022 aligned with the introduction of the enhanced Sharp Response IEP delivery service and the Crisis Response service changes.

**Graph 5**



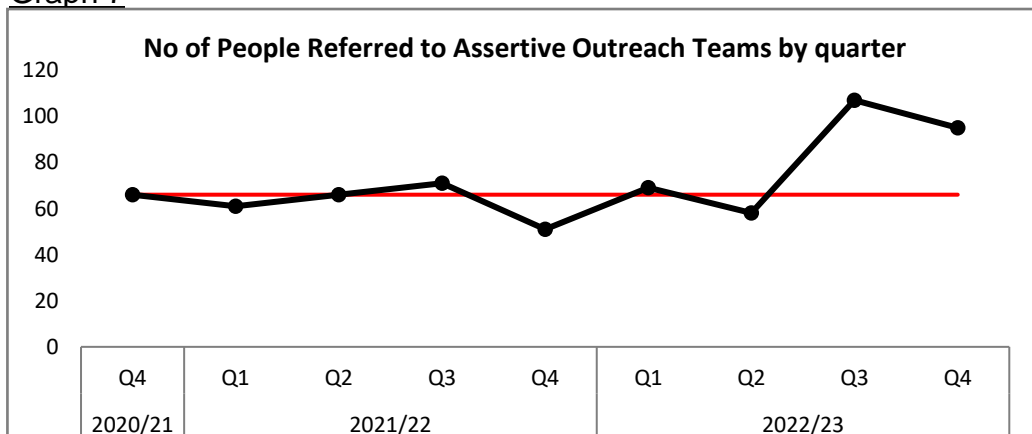
4.7 Graph 6 below shows the Quarterly Referrals to ADA which shows that self-referral via our duty drop in service continues to be the primary route into our support services.

**Graph 6**



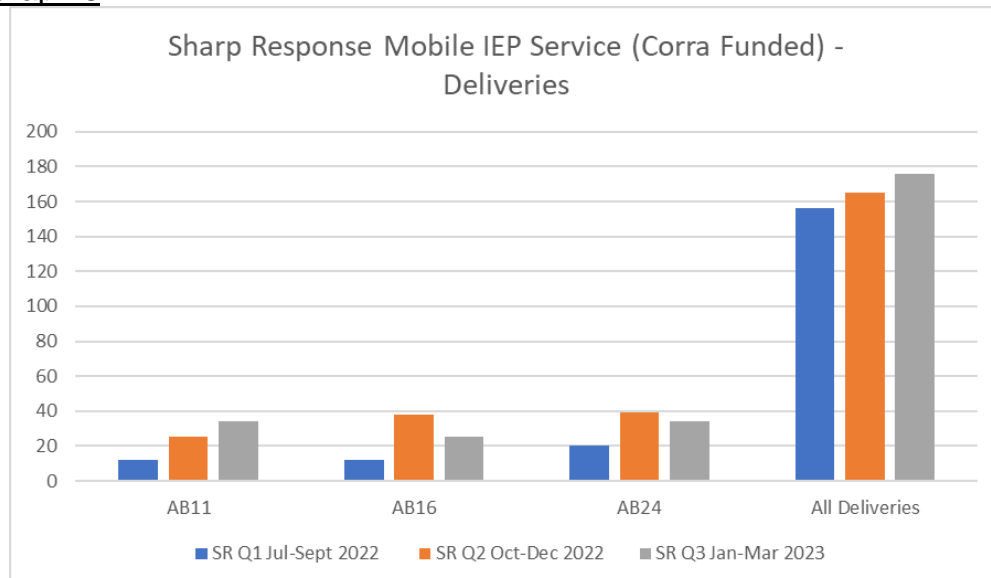
4.8 As well as the outcome measures above, the project measured the impact of the specific changes with the impact recorded as follows:

**Graph 7**



4.9 Graph 7 above shows a 34% increase in referrals to Assertive Outreach (AO) in 2022/23 compared to 2021/22. This has led in turn, to referrals to ADA Sharp Response and Crisis Response services.

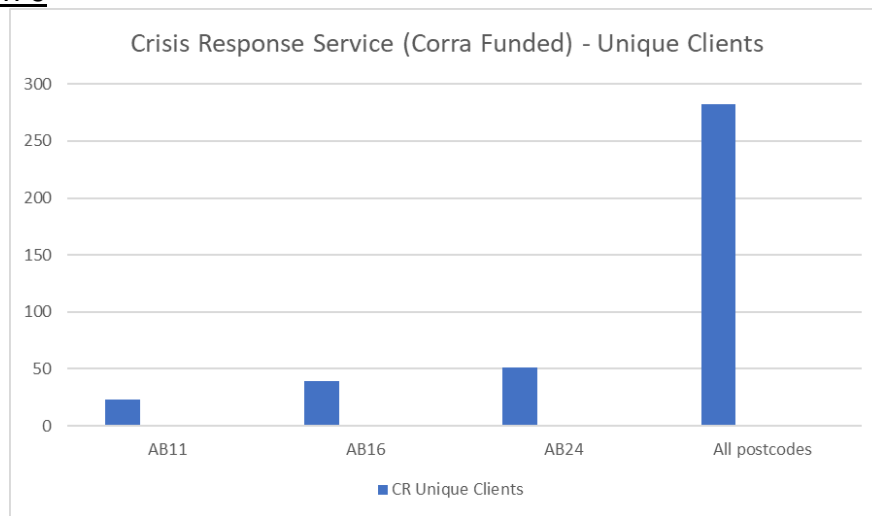
**Graph 8**



4.10 Graph 8 above shows the breakdown of postcode area (as well as all deliveries) for ADA Sharp Response mobile needle exchange service. This service began as a relaunched service with Corra funding on 1<sup>st</sup> July 2022 and data shows to 31<sup>st</sup> March 2023. This has seen a steady growth in deliveries and when appropriate links in clients requiring MAT to services such as IDS Timmermarket clinic and/or NHSG Nurse Prescriber at ADA. A Sharp Response client commented *'The people delivering to my house were perfect, extremely nice and always checking in on me and showing genuine concern and care'*.

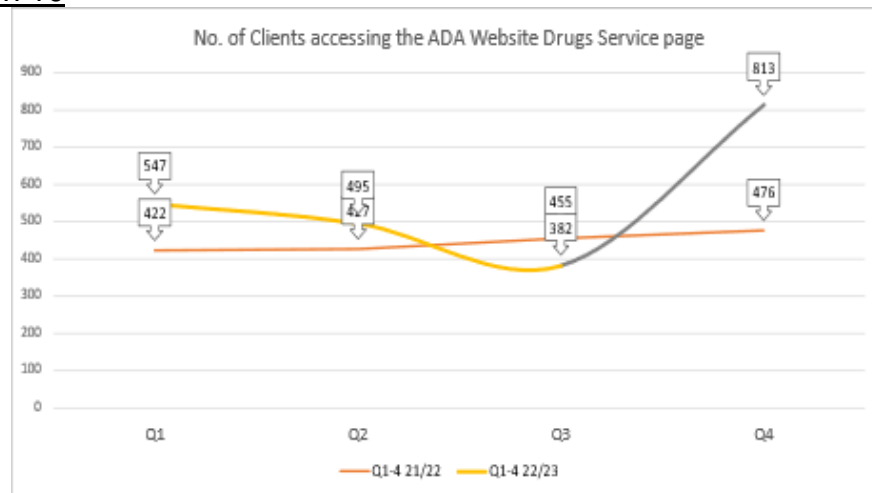
4.11 Since its inception as part of the Corra funded project on July 1st 2022 there have been 2 components of the service ('Sharp Response' mobile needle exchange and 'Crisis Response' interventions, engagement/re-engagement services). There have been 65 unique individuals who have received the Sharp Response service and 282 unique individuals who have received the Crisis Response service (outlined in the graph below). In addition, there were 72 referrals from Police Scotland/Kittybrewster Custody Suite. As part of the development of the new ADA Crisis Response service, a team is available daily to check in with partners in Housing (ACC), ARI (NHS), Assertive Outreach (AO) team and others to identify those at risk and who are requiring support/access to treatment. Daily crisis intervention/home visits commenced in August 2022. A Crisis Response client commented *'I can't thank them enough for your help. This is above and beyond anything I ever expected'*, while another client said *'Thank you for coming out and helping me again. This has been so important to me. Thank you'*. The Crisis Response service is in addition to the Sharp Response needle exchange deliveries outlined in graph 9 above.

**Graph 9**



4.12 Graph 9 above shows the breakdown of postcode area (as well as all deliveries) for ADA Crisis Response service. As a new service (since July 2022) referrals and contacts and appropriate links in clients requiring MAT have been consistently made to services such as IDS Timmermarket clinic and/or NHSG Nurse Prescriber at ADA.

**Graph 10**



4.13 There has been a 35% increase in clients accessing the ADA website drugs service page between 21/22 (1701) and 22/23 (2310). Graph 11 shows the engagement rates here, with the increase partially attributable to social media campaigns ADA have operated in order to publicise support available or when there are particular alerts to be highlighted.

## 5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 Along with already established pathways for referring to IDS, the roll out of MAT Standards and with the continuation of Assertive Outreach, Sharp Response and Crisis Response services in addition to the already established services, we



are confident that there can be a continuation of reduced access to barriers to treatment for drug problems and to generally sustain the improvements made.

- 5.2 The improvements tested have now been embedded and moved to business as usual. The processes and referral routes will be reviewed on an ongoing basis to ensure that it continues to achieve the outcomes provided to date. Any changes required will be actioned. The review will include feedback from individual services users and relevant staffing groups. Continue to review the number of referrals compared to uptake to ensure that demand on services is considered.

## **6 HOW WILL WE MONITOR THESE IMPROVEMENTS?**

- 6.1 With already established monitoring through agreed quarterly KPI reporting from ADA as the ADP commissioned alcohol & drugs service, along with NHSG monitoring (for IDS and other activity data) any improvements can be tracked and monitored going forward.
- 6.2 Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Alcohol and Drugs Partnership, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

## **7 OPPORTUNITIES FOR SCALE UP AND SPREAD**

- 7.1 ADA received 5 year funding from The Corra Foundation starting on 1<sup>st</sup> July 2022 to allow the development of the service further to continue to offer the mobile IEP delivery and pick up (Sharp Response) and to also look at developing the service to offer a multi-agency/partnership approach to supporting clients, through a crisis response and enhanced support to marginalised target groups and to help increase and retain engagement (Crisis Response). Whilst now implemented, this continues to be developed, and as the graphs above shows the number of unique individuals who have received support through either the ADA Sharp Response or Crisis Response services since July 2022.

### **Recommendations for Action**

It is recommended that the CPA Board:

- i) Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been achieved and the changes embedded as business as usual
- ii) Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and
- iii) Note the plans to scale up and spread the changes tested.

### **Opportunities and Risks**

The implementation of MAT Standards (particularly Mat Standard 1, where same day prescribing is now available through Timmermarket clinic 5 days per week and via ADA

Hadden St 1 day per week), the Assertive Outreach multi -agency forum, alongside ADA (as the 3<sup>rd</sup> sector commissioned alcohol and drug service) services such as the well-established 7 day duty drop in and flexible Sharp Response and Crisis Response services allow opportunities for the increase in immediate access to drug treatment and opportunities to increase engagement and retention rates.

The potential risks arise when potential funding squeezes arise during periods of political change (e.g. austerity programmes) or where services can become limited. For example, if need dictates that evening and weekend provision is required for access to MAT. Aberdeen City has some provision of 7 day and evening support for problematic drug use, primarily through ADA, but not so far for MAT.

### **Consultation**

Alcohol and Drugs Partnership  
CPA Management Group

### **Background Papers**

The following papers were used in the preparation of this report.

ADA Quarterly KPIs, as agreed with ADP commissioners (including Sharp Response app developed by Philip Marno, Data Systems Manager at ADA, Crisis Response spreadsheet, Nebula Case Management system. NHSG data set from Claire Holdsworth.

#### Contact details:

Simon Pringle, Direct Access Services Manager, ADA  
[simon@alcoholanddrugsaction.org.uk](mailto:simon@alcoholanddrugsaction.org.uk)