



PERTH & KINROSS INTEGRATION JOINT BOARD

9 DECEMBER 2020

UPDATE ON REDESIGN OF SUBSTANCE USE SERVICES AND IMPACT OF COVID 19 IN PERTH AND KINROSS

**Report by Clare Mailer, ADP Chair
(Report No. G/20/150)**

PURPOSE OF REPORT

To update the IJB on progress with the redesign of substance use services and implementation of a Recovery Oriented System of Care (ROSC) in Perth and Kinross in the context of the COVID 19 pandemic.

1. RECOMMENDATION(S)

- 1.1. That the IJB notes the progress of PKADP noted within the annual report 2019-20.
- 1.2. That the IJB notes the content of PKADPs strategic delivery plan.
- 1.3. That the IJB continues to promote a whole system approach toward service design and delivery

2. SITUATION/BACKGROUND AND MAIN ISSUES

2.1 SUBSTANCE USE AND RELATED HARM AND IMPACT OF COVID19

2.1.1 Harm from Alcohol

Alcohol continues to have a significant impact on communities in Perth and Kinross. Since the lockdown associated with the COVID 19 pandemic began NHS Tayside Public Health has undertaken weekly monitoring of emergency department (ED) attendances for drugs and alcohol across Tayside. This data has not yet been broken down by individual IJB but the Tayside picture shows that alcohol related ED attendances up to the end of September 2020 are around 900 fewer compared to 2019. However, lockdown saw a significant reduction in ED attendances for all causes that lasted for about six weeks. Thereafter the number of alcohol related attendances continued to rise weekly

until mid-July. The data has fluctuated weekly since then but alcohol remains a significant contributor to attendances.

In addition to ED data, so far in 2020/21 there have been 112 recorded alcohol related hospital admissions between April and July which is 18% of the 2019/20 total. There were 618 attendances in the 2019/20 financial year which was the highest number of attendances since 2012/13. Whilst numbers attending hospital for alcohol related reasons have reduced during lockdown alcohol remains a significant contributor to hospitalisations.

Numbers of referrals for specialist substance misuse services in Perth and Kinross for alcohol treatment have seen considerable increases between quarters 1 and 2 of 2020/21. In quarter 1 there were 92 referrals for alcohol treatment and in quarter 2 there were 144. In context quarter 2 is the highest quarterly number of referrals for alcohol treatment for the past three years.

Nationally over 1 million people have reported drinking more since the pandemic began. The data available therefore indicates that while there have been reductions in the number attending acute services, people are increasingly requiring specialist support with their alcohol use and demand is likely to increase in the coming months.

2.1.2 Harm from Drugs

Up to September 2020 there have been 23 notifications of suspected drug deaths in Perth and Kinross (Including Perth Prison). This compares to 20 suspected drug death notifications for 2019 as a whole. Data for both years are not completed the reasons for which are outlined in 2.2.1 below.

As noted above both drug and alcohol ED attendances have been monitored weekly. Drug attendances over 2020 show a slightly different pattern to alcohol. They have largely remained consistent with 2019 and are around 50 fewer than up to the end of September 2019. In 2019/20 there were 232 drug related hospital attendances, the highest annual number recorded in our available data. There have been 64 drug discharges in Perth and Kinross in quarter 1 of 2020/21 which is 27% of the annual total for 2019/20.

There have been 60 referrals for drug treatment in quarter 1 and 59 in quarter 2. Referrals for drug treatment therefore have remained largely consistent so far this year and are slightly lower than 2019/20 over the same period (149 compared to 119). Drug harm continues to be a significant concern and the data indicates that lockdown did not significantly reduce the number of new people seeking treatment for drug misuse.

2.2 COVID IMPACT REPORT

Substance Use Services, like all others, have had to adapt to respond to the ongoing pandemic. Significant adjustments to the way services are delivered have been made to reflect the Scottish Government's framework and implementation of restrictions, including the recently introduced tier system.

Services continue to meet all the national guidance. Risk assessments, safe systems of work, staff training and communications are regularly reviewed to minimise risk and ensure service users and carers continue to receive the support they require.

2.2.1 Drug Deaths

Ongoing challenges in terms of national toxicology services, which pre-date COVID-19, mean that it is not possible to give an accurate figure of drug deaths in Scotland. This is because analysis cannot take place regarding accidental or intentional overdose of substances, which substances (including alcohol) are present in the blood stream, any underlying physical cause of death and whether this is the primary cause or not. Anecdotal information is available within areas but this is not shared nationally as to do so, without proper analysis, would not be helpful.

2.2.2 Naloxone

In May 2020, the Lord Advocate confirmed that the legislation with regard to the distribution of naloxone by non-drug treatment services had been reviewed and that, for the duration of the COVID19 crisis, it would not be in the public interest to prosecute any individual working for a service registered with the Scottish Government who supplies naloxone in an emergency, to save a life. It is of note that this does not affect the legislation that governs the administration of naloxone, which has been promoted across Scotland as a public health measure for the last 10 years and is in place across Tayside. Training continues to be available via Scottish Drugs Forum or the local ADP for any group or individual who wishes it.

2.2.3 Drug Death Taskforce

The Drugs Deaths Taskforce was established in July 2019 by the Minister for Public Health and Sport, supported by the Cabinet Secretary for Justice, to tackle the rising number of drug deaths in Scotland. The primary role of the taskforce is to co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death.

The Drug Deaths Taskforce produced a set of COVID-19 Recommendations– 16 April 2020. P&K ADP undertook a self-assessment against these recommendations and used this to inform improvement actions noted below. The self-assessment also informed a wider Tayside-wide document that was shared with Gold Command in April 2020.

2.2.4 SHAAP

Likewise, Scottish Health Action on Alcohol Problems (SHAAP), a national partnership of Medical Royal Colleges in Scotland and the Faculty of Public Health, based at the Royal College of Physicians of Edinburgh produced a set of guidance for working with people with alcohol problems during the COVID-

19 outbreak. Again, P&K ADP undertook self-assessment against these recommendations and used this to inform actions and new ways of working.

2.2.5 Access to services

Prior to COVID restrictions being implemented, a weekly drop-in “clinic” was in place in Perth & Kinross. This is a joint approach facilitated between NHST Substance Misuse Service, P&K D&A Team, Churches Action for The Homeless (CATH), Hillcrest Futures Community Recovery Service and Tayside Council on Alcohol.

The drop in and triage are held at Drumhar health centre. Rural drop ins have been trialled in Crieff and Blairgowrie to compliment this.

Following COVID restrictions, the drop-in clinic has been held via telephone five days per week. The process for commencing Opiate Substitution Therapy (OST) was shortened, with people typically starting their OST within 1-5 days of Non-Medical Prescriber assessment. PK ADP provided funding for the purchase of secure lock boxes that enabled people to store OST medication in and provided pre-paid mobile phones for people that were at risk of social isolation during the lockdown phase. This has helped reduce the risk of vulnerable people becoming isolated and unable to access support and medication.

2.2.6 Delivery of Opiate Substitution Therapy

With the advent of COVID-19 meaning that many individuals with long term health conditions had to self-isolate and/or shield, arrangements required to made to ensure that access to medications were uninterrupted. Although some community pharmacies offer a free medication delivery service, this is not part of the NHS contract and does not cover daily delivery of Controlled Drugs. In addition, disruption to public transport services across Perth & Kinross impacted on individuals being able to access community pharmacy.

PKSMS individually reviewed all their patient records to risk assess and identify individuals who could have supervision and/or dispensing schedules relaxed during the Covid-19 pandemic. This review process balanced risk of overdose and diversion of harmful controlled drugs in to communities against risk of covid-19 to patients, public and community pharmacy services. Approximately 40% of patients had supervision requirements removed. Individuals who were identified as high risk or vulnerable, or new to treatment have had daily supervision maintained.

Where individuals are self-isolating and unable to identify a named person/patient representative, staff deliver dispensed medications including OST, a schedule 2 Controlled Drug. Based on assessment of risk, OST delivery is undertaken by one, or two, members of staff. These staff do not need to belong to the same service. Partnership arrangements are in place between NHS Substance Misuse Service (PKSMS), Hillcrest Futures Community Recovery Service, and PKC Social Work Drug & Alcohol Team to

enable joint working to facilitate the delivery of medication. Staff are not responsible for supervising the consumption of medication.

These measures have helped ensure people have been able to access medication during the pandemic while reducing their risk of contracting COVID 19. This is significant given that a large number of people requiring OST have underlying health conditions so are at greater risk of severe illness or death if they contract COVID 19.

2.2.7 Postal delivery of naloxone and Injecting Equipment Provision

Due to COVID-19, many services across Scotland are trialling a postal mailing service for Injecting Equipment Provision (IEP). The intention is to provide safe and sterile injecting equipment to people who inject drugs while lockdown and social distancing measures are in place. The updated Scottish IEP guidelines recommend introducing postal IEP but until the pandemic it had not been done. Services in Grampian, Highlands, and Tayside are among some of the areas which have started to implement the service. NHS Tayside have established a postal IEP service, delivered by Hillcrest Futures and We Are With You. Along with the postal IEP, services are also offer postal naloxone.

2.2.8 COVID 19 testing in hostels for people who use substances

NHS Tayside has been able to implement testing for people with problem substance use (drugs or alcohol) who live in hostels with shared facilities and who are currently incarcerated. These settings were a priority to support due to the proximity of numbers of vulnerable people. There is close joint working between Substance Use Services and hostel staff and there are weekly meetings. Arrangements are in place in hostels to support social distancing.

2.2.9 Drug Trends Monitoring

Locally, Hilcrest Futures Community Recovery Service and Harm Reduction Service is collating drug trends information on behalf of the Tayside Overdose Prevention Group. This information supports local and national planning.

2.3 INVESTMENT

In June 2020, ADPs across Scotland were advised that funding was available to ADPs to work towards addressing the priorities noted by the Drug Death Taskforce. PKADP was successful in receiving funding of £78, 490 to support;

- the implementation of an outreach response to people, not open to substance use services, who have experienced non-fatal overdose. This outreach service will also facilitate a wider distribution of naloxone across Perth & Kinross and harm reduction advice and IEP.
- the rollout of Buvidal (long acting buprenorphine) across Perth & Kinross.

- support a partnership approach to workforce development across Education & Children's Services, and substance use services, specifically motivational interviewing.

2.4 ANNUAL REPORT

PKADPs annual report was submitted to Scottish Government on 15 October 2020 and is attached as Appendix 1. The report highlights progress made in the following areas – communication and engagement with communities, access to treatment and support, quality assurance, and engagement with people with lived experience.

2.5 DELIVERY PLAN

PKADPs Strategic Delivery Plan 2020-23 was submitted to Scottish Government on 23 September 2020 and is attached as Appendix 2. The Plan is written around the four priorities as noted within the national substance use strategy; Prevention and Early Intervention, Recovery Orientated Systems of Care, Getting it Right for Children and Families, and, Promoting a Public Health Approach to Justice. Progress against the Delivery Plan will be reviewed on a biannual basis.

2.6 PERFORMANCE FRAMEWORK

PKADP has agreed a set of Key Performance Indicators (KPIs) that are reported to ADP Strategy Group on a quarterly basis.

3. NEXT STEPS

3.1 STIGMA

"Moving Beyond 'People First Language' – a glossary of contested terms in substance use" a resource developed and published by Scottish Drugs Forum is free and available now via download at –

<http://www.sdf.org.uk/wp-content/uploads/2020/10/Moving-Beyond-People-First-Language.pdf>

The Glossary supports a consensus on some key concepts and terms in substance use by defining and explaining the cause and nature of contention and suggesting better practice in terms of the language choices we make. The central aim is to improve understanding and address the stigma betrayed in some common terms and concepts current within the field.

PKADP will work with communications partners across the Partnership to promote the above resource and challenge stigmatising language.

3.2 INTEGRATION OF SUBSTANCE USE SERVICES

The integration of all community-based substance use services in Perth & Kinross is the focus of the ADP over the course of 2020-23. This work is in line with the Scottish Governments vision that a whole systems approach will be used in the design and delivery of substance use services that are family inclusive. Using a transformational change philosophy, the ADP has, and is, engaged with key stakeholders as to how services should be delivered.

3.3 NON-FATAL OVERDOSE PATHWAY

NHS Tayside Substance Misuse Service and PKC Social Work Drug & Alcohol (SW D&A) Team receive information from Scottish Ambulance Service (via NHST Public Health) and Police Scotland (Adult Support and Protection Vulnerable Person report) with respect to any non-fatal overdose incident that either or both services attend. Where a person is known, contact is made by their worker within 72 hours. Where not known, a letter/telephone call from SW D&A Team to the person concerned offering contact and advising of supports available.

This will be augmented to include third sector and peer support services in 2020-21 to provide 'assertive outreach' to people not currently known to services.

3.3 GOVERNANCE

- 3.3.1 The Partnership Delivery Framework (Scottish Government, 2019) sets out the expectation of the strategic relation between IJBs, ADPs and other community planning partners.
- 3.3.2 A mapping exercise would support a partnership approach between the ADP, Community Planning Partnership, Integrated Children's Services and the IJB. This is required in order to facilitate the flow of information and sharing of strategic priorities and planning between each group.

4. CONCLUSION

P&K ADP has made significant progress in developing and implementing a Recovery Orientated System of Care across Perth & Kinross. Significant investment across statutory and third sector services as well as community-based resources and involving people with lived experience has provided a foundation for a whole systems approach to integrating substance use services. Quarterly monitoring of key performance indicators provides a benchmark for measuring effectiveness and impact.

This work will continue, as will the ongoing response to the COVID 19 pandemic.

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TE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.