

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JANUARY 2024

REPORT ON: DRUG AND ALCOHOL SERVICES INDICATORS – 2023/24 QUARTER 2

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC3-2024

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee on the performance of Drug and Alcohol Services.

2.0 RECOMMENDATIONS

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

- 2.1 Note the data presented in this report, including the improvements in key indicators relating to access to drug treatment services during 2023/24 (section 6 and appendix 1).
- 2.2 Note the range of ongoing improvement activity (section 7).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 Deprivation is high in Dundee. Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. Approximately 24,000 (25.5%) people in Dundee are recorded as economically inactive, this is 2% higher than the Scotland percentage of 23.5%. Health and wellbeing is known to vary by deprivation. Lifestyles that include smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities. In general, people whose lifestyles include all or some of these factors have or will have poorer health and can experience a range of other risks to their wellbeing or safety.
- 4.2 Dundee has the second lowest life expectancy in Scotland. In Dundee life expectancy is 76.7 years, whereas it is 79.1 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity including drug and alcohol use and mental illness. A significant proportion of the difference in life expectancy between Dundee and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol and suicide. Drug and alcohol use disproportionately affects the most vulnerable and socio-economically deprived people in Dundee's communities and is associated with other health and social problems, including poor mental health, crime, domestic abuse and child neglect and abuse. Drug and alcohol use is recognised both at a national and local level as a major public health and health equity issue.
- 4.3 In Dundee City, drug and alcohol services are provided by a range of organisations, including the Dundee Drug and Alcohol Recovery Service (DDARS), offering a mixed-model approach delivered by a multidisciplinary team in collaboration with social work, community justice and third sector services. The aim of this service model is to offer the right care, in the right place, at the right time for every person. It consists of both drop-in and appointment-based services alongside an assertive outreach component and additional services for children, families and

intensive input for expectant mothers. All elements of the service seek to provide same day access to treatment (Medication Assisted Treatment (MAT) Standard 1) and assertive outreach to those at the most risk of harm (MAT Standard 3).

5.0 DRUG AND ALCOHOL SUITE OF INDICATORS

- 5.1 In November 2022, PAC received the first suite of indicators focused on performance in drug and alcohol service (article VI of the minute of the meeting of the Dundee IJB Performance and Audit Committee held on 23 November 2022 refers). This followed a request from PAC for the development of a wider suite of indicators related to drugs and alcohol that would better demonstrate progress against local priorities and areas for improvement. Appendix 1 details the suite of indicators for alcohol and drug services, which were developed in collaboration with information and pharmacy colleagues in the Alcohol and Drug Partnership (ADP) and utilises many indicators already developed by the ADP for assurance and scrutiny purposes. In all data reports with public accessibility, content and disaggregation is assessed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.
- 5.2 The aim of this dataset is to provide oversight and assurance regarding activity and performance in drug and alcohol services. It contains a brief summary of data, alongside accompanying analytical narrative.
- 5.3 Data for indicators 1 – 14 presents rolling averages for each quarter. This includes the reporting quarter plus the previous 3 quarters, to give an annual pattern based on the reporting quarter. For example, Q2 23/24 also includes data for Q3 22/23, Q4 22/23 and Q1 23/24 and Q2 23/24. Reporting in this way allows for longitudinal comparison between the reporting quarter and previous years data.

6.0 WHAT THE DATA IS TELLING US

- 6.1 The number of suspected non-fatal overdose incidents reported by Scottish Ambulance Service and Police Scotland reduced by 5% between Q2 22/23 and Q2 2023/24.
- 6.2 The proportion of people who started treatment within 21 days of referral has increased from 61% at Q2 22/23 to 91% at Q2 23/24 and the waiting times standard continues to be met.
- 6.3 The number of referrals for alcohol treatment decreased from 654 at Q2 22/23 to 616 at Q2 23/24 and the number of individuals starting alcohol treatment increased by 19% during the same period. Statutory services are working to improve waiting times and they have experienced above average numbers of people disengaging prior to treatment.
- 6.4 The number of referrals for drug treatment services decreased from 555 at Q2 22/23 to 546 at Q2 23/24. However, the number of individuals starting drug treatment services has increased by 23% during the same period.
- 6.5 The number of Alcohol Brief Interventions (ABIs) decreased by 17% between Q2 22/23 (1459 ABIs) and Q2 23/24 (1210). ABI delivery was significantly impacted by the pandemic due to the reduction in face-to-face contact. That position is now beginning to improve; an ABI Co-ordinator has been appointed and is implementing a new training and improvement plan to increase delivery.
- 6.6 The number of unplanned discharges where the service user disengaged decreased by 8% between Q2 22/23 and Q2 23/24. The reduction in unplanned discharges may be indicative of ongoing work to address recording and accuracy of DAISy data as well as changes in service delivery to increase retention
- 6.7 In addition to the suite of indicators contained in appendix 1, the National Records of Scotland published their statistical report on drug-related deaths in Scotland in 2022 (report available in full at: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2022>). In 2022 there were 1,051 deaths due to drug misuse in Scotland; this is 279 fewer deaths than in 2021 and the lowest number of drug misuse deaths since 2017. In 2022 in Dundee, there was a total of 38 deaths; this is a reduction from 52 deaths in 2021. After adjusting for age, Dundee City had the second highest rate of

drug misuse deaths in Scotland (please note this is calculated over the five-year period 2018-2022).

7.0 SERVICE IMPROVEMENT AND PRIORITIES

- 7.1 The Alcohol and Drug Partnership has allocated funding to appoint: dedicated support to progress the Year of Kindness project, working alongside local community planning partnerships; a person to lead on the implementation of the Dundee Prevention Framework, helping to shift the focus to a more preventative approach; and, a person to lead the next stage of the Authentic Voice project encouraging the development of a meaningful infrastructure for including input from those with lived experience. The post of the Planet Youth Co-ordinator has been advertised and it is expected that recruitment will be concluded very soon.

The ADP has also approved plans to allocate funding to support the Lochee Hub manager for a period of 18 months; long-term funding for the Alcohol Brief Intervention co-ordinator (a Tayside post); additional funding to support Independent Advocacy for substance use; and funding to progress the development of Family Inclusive Practice.

A number of funding applications were made from Dundee to a new round of CORRA allocation and we are awaiting the outcome. The public version of the ADP's Investment & Commissioning Plan will be published on the ADP website (once the website is live).

At the ADP meeting in August there was a discussion about plans to develop a multi-service alcohol detox pathway for Dundee and Tayside. A scoping exercise is being conducted to support the progress of this development. The new pathway will replace previous arrangements which were put in place before the Covid-19 lockdowns.

The funding allocation from CORRA to Dundee to support the Working Better Together Substance Use & Mental Health project has been extended until end March 2025. This provides us additional time to progress and improve the learning from this work.

- 7.2 The ADP dedicated a meeting to focus on the specific issues and challenges caused by alcohol use. This meeting was supported by Alcohol Focus Scotland and the organisation will continue working in partnership to identify the key areas to focus on. The Scottish Government is currently running a national consultation on new proposals for the continuation of Minimum Unit Pricing (MUP) for alcohol. The ADP discussed the specific questions of the consultation and a collective submission was made. The ADP participated in the national consultation, supporting the position of the Scottish government for the introduction of increased. minimum price of 65p.
- 7.3 Due to the increase in Dundee of the use of non-opioids drugs (including cocaine and benzodiazepines) the ADP has commissioned Hillcrest Futures to deliver staff development sessions to a wide range of frontline professionals. There has been a large demand for these sessions and the ADP has agreed to continue with this programme with additional sessions.
- 7.4 Following the publication (earlier in 2023) of the Tayside 2021 Drug Deaths Review

Group annual Report, in October 2023 the ADP held a multi-agency event to discuss the recommendations of the report and develop a set of actions to progress. Following on from this annual event, a report will be submitted to the ADP in December focusing on the recommendations and additional actions required to further prevent drug deaths. The ADP will advise how it plans to progress and monitor the additional actions.

7.5 Work is currently beginning on a progress report on the first year of the ADP's delivery plan - this report will be available end April 2024.

7.6 The process of capturing experiential data includes training individuals with lived experience to conduct peer-based interviews. There is now increased focus on gathering experiential data, and that data will now be collected with respect to all the MAT standards. In preparation for the next MAT Implementation national benchmarking exercise, those leading on the local MAT implementation are meeting with the national MIST team to finalise plans for the data collection and reporting. Data for the benchmarking assessment will be gathered from January to end March 2024.

8.0 RISK ASSESSMENT

Risk 1 Description	Risk of IJB not being sufficiently sighted on performance related to alcohol or drug services in Dundee.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 X Impact 3 = Risk Score 9 (High)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Develop a dataset which will provide a suitable level of detail. - Agree on the frequency of reporting. - Liaise with the information and pharmacy colleagues in the ADP to ensure timeous reporting. - Liaise with operational managers to inform analysis and contribute improvement information.
Residual Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Planned Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

9.0 POLICY IMPLICATIONS

9.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

10.0 CONSULTATIONS

10.1 The Chief Officer, Heads of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

11.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

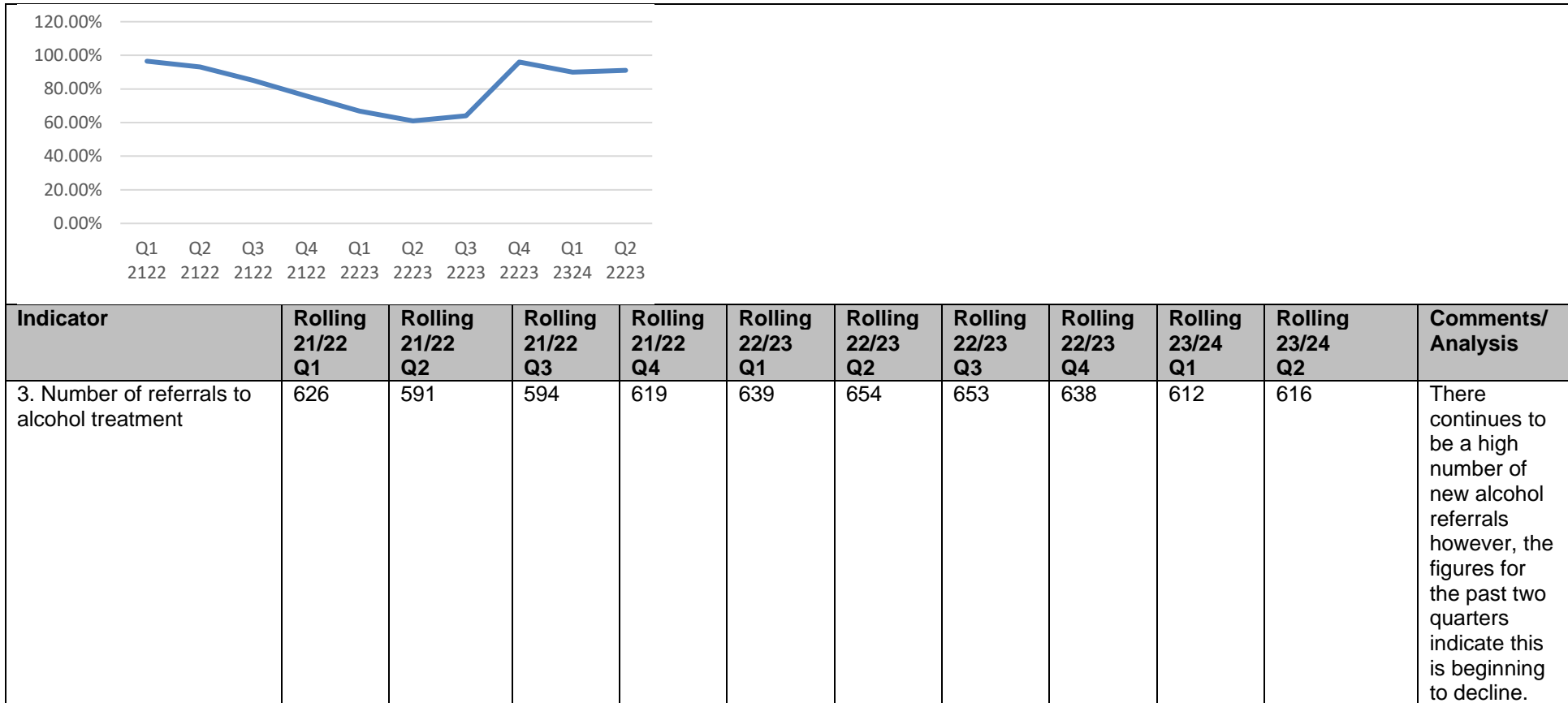
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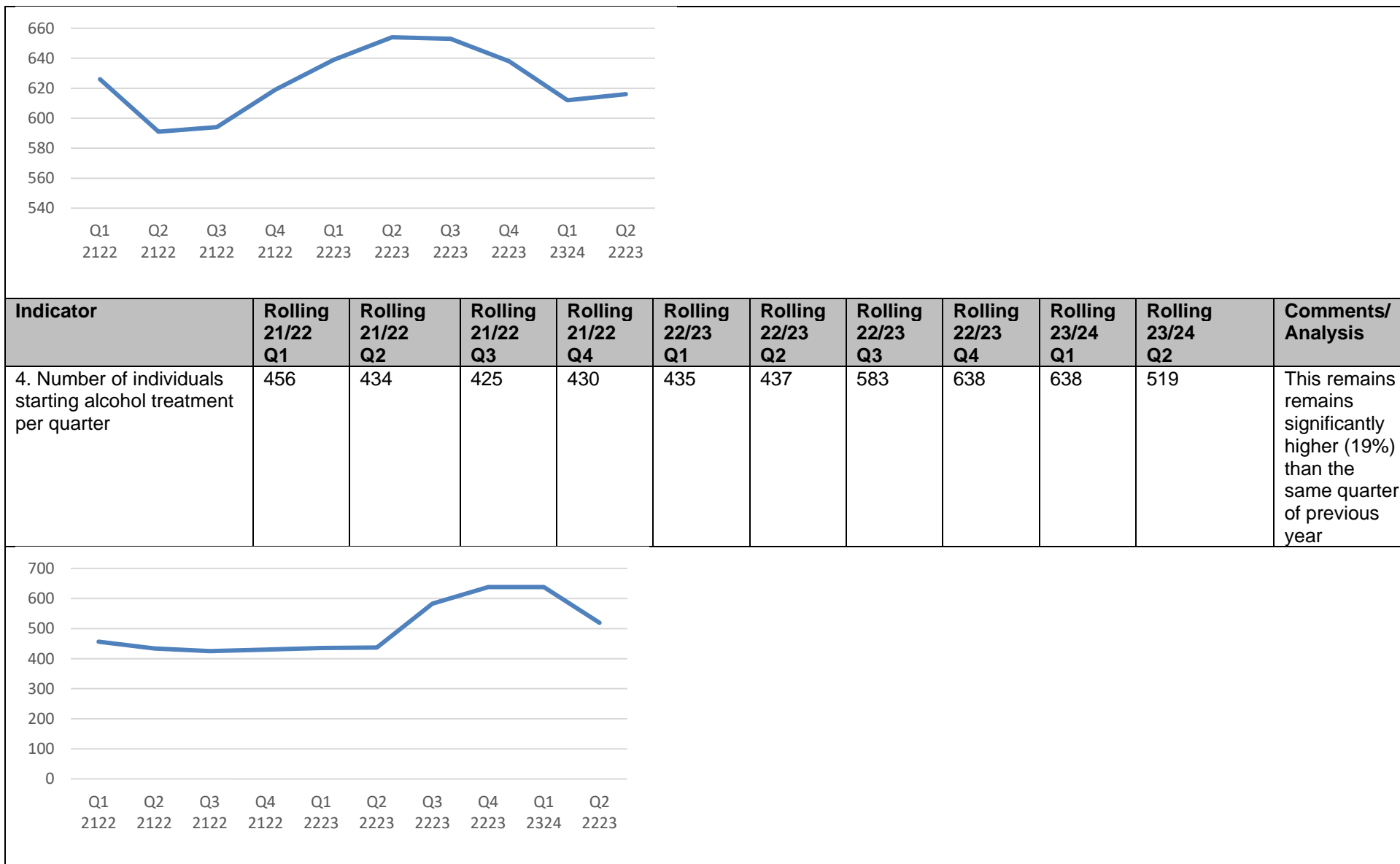
Lynsey Webster
Senior Officer, Strategy and Performance

Appendix 1

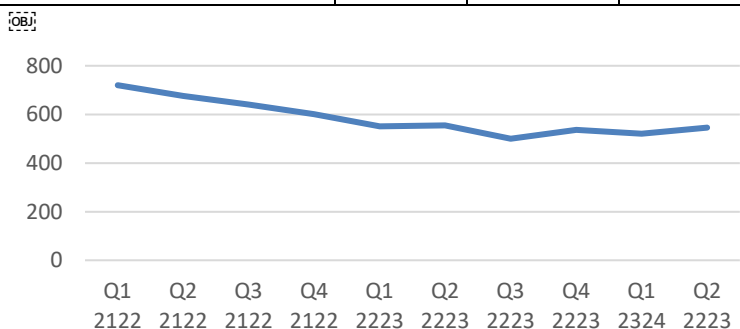
Drug and Alcohol Services Indicators – Q2 2023/24

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
1. The number of suspected non- fatal overdose incidents reported by Scottish Ambulance Service (and Police)	382	375	343	319	302	212	187	192	187	201	There has been a slight reduction in suspected NFOs compared to the same quarter 2022/23
<p>Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 2122 2122 2122 2122 2223 2223 2223 2223 2324 2223</p>											
2. Percentage of people referred to services who begin treatment within 21 days of referral	96.5%	93.1%	85.1%	75.7%	66.8%	61%	64%	96%	90%	91%	Dundee Continues to meet the waiting times standard.

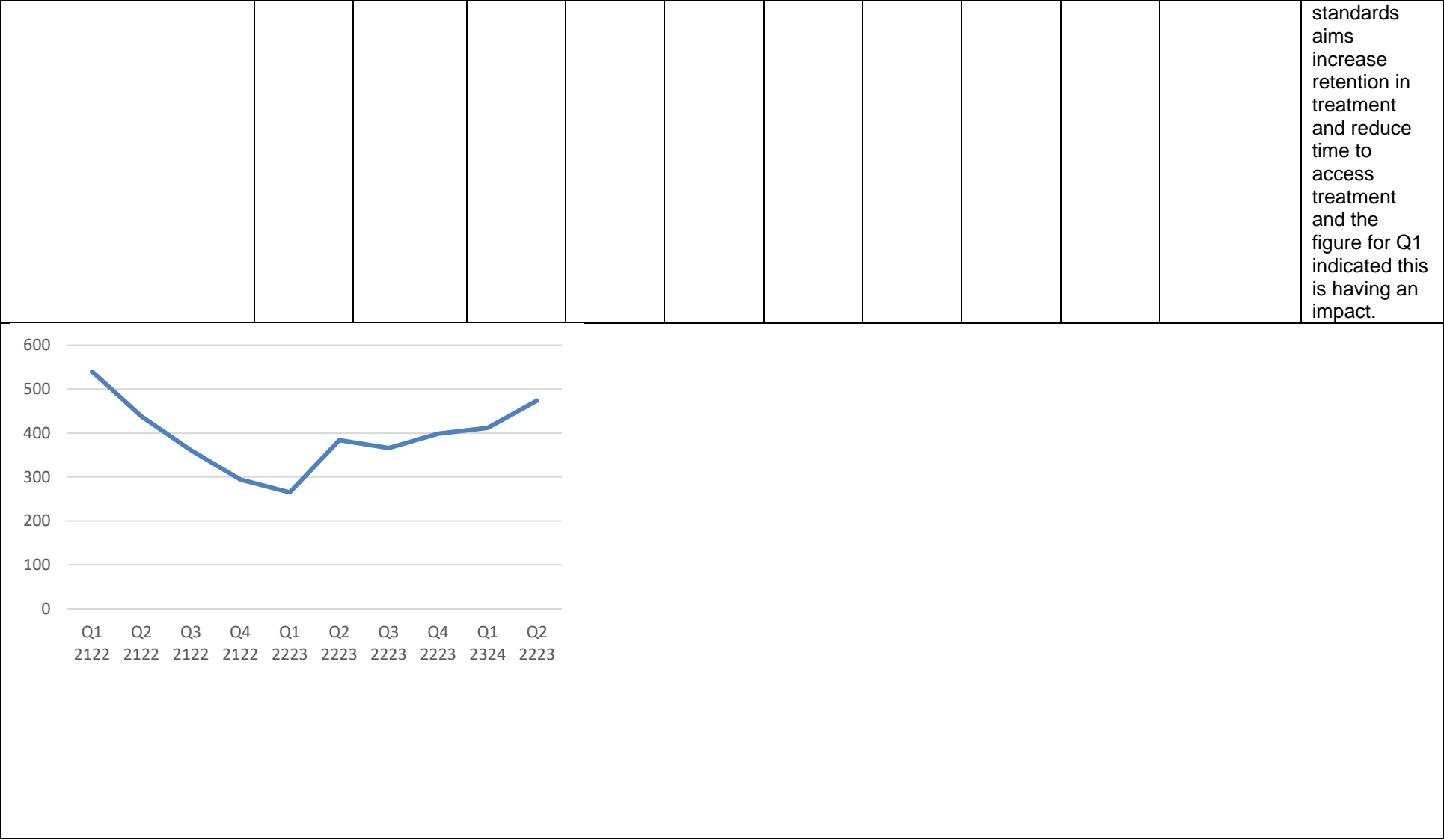




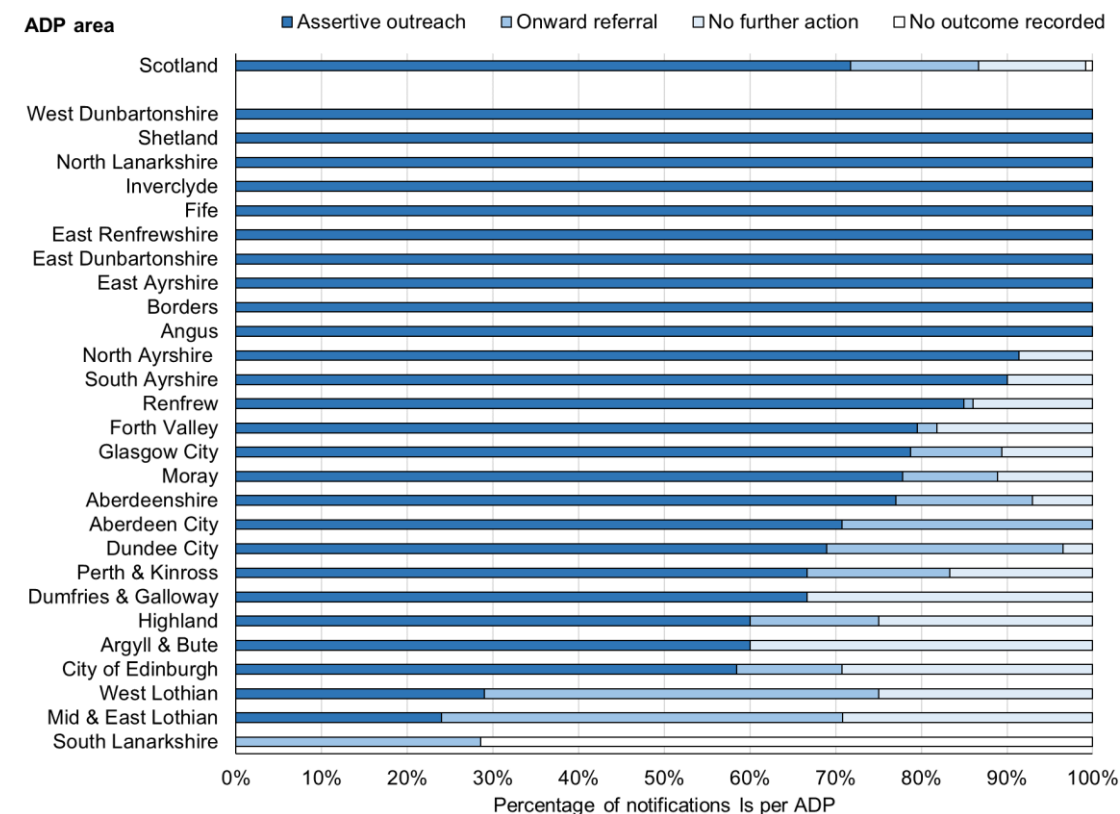
5. Number of referrals to drug treatment	720	676	640	601	551	555	500	537	520	546	There continues to be a steady number of new referrals.
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Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
6. Number of individuals starting drug treatment per quarter	540	438	361	294	265	384	366	399	412	474	The number of treatment starts in relation to referrals remains high and the move to direct access has significantly reduced the time into treatment. The implementation of MAT

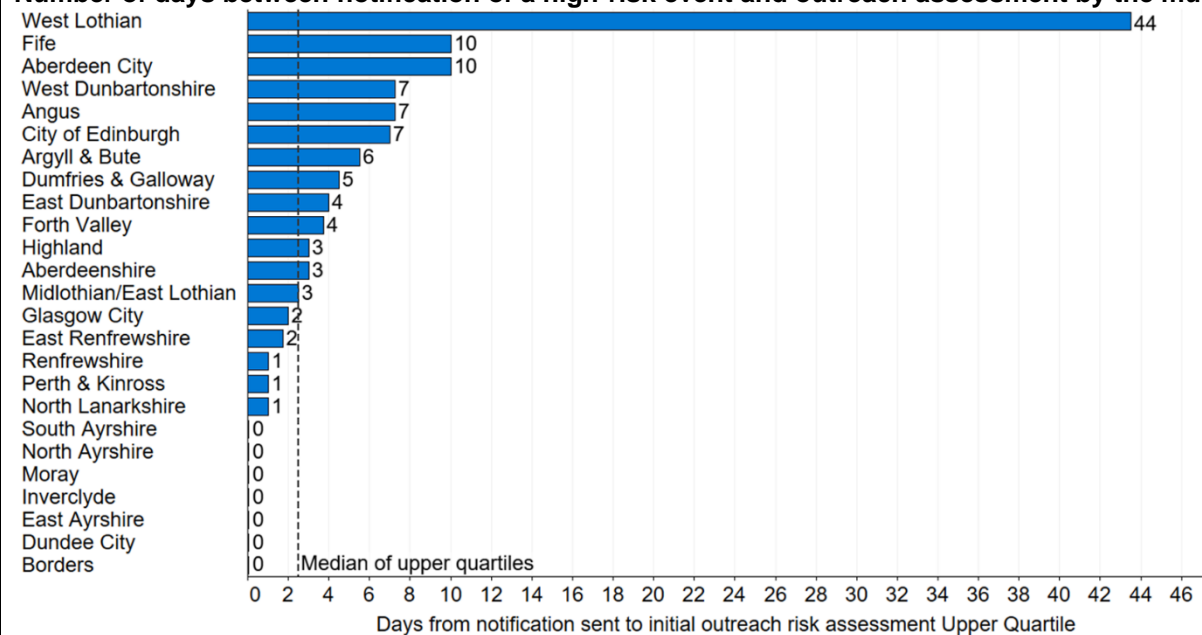


% of high-risk notifications by screening outcome by ADP area, 2023

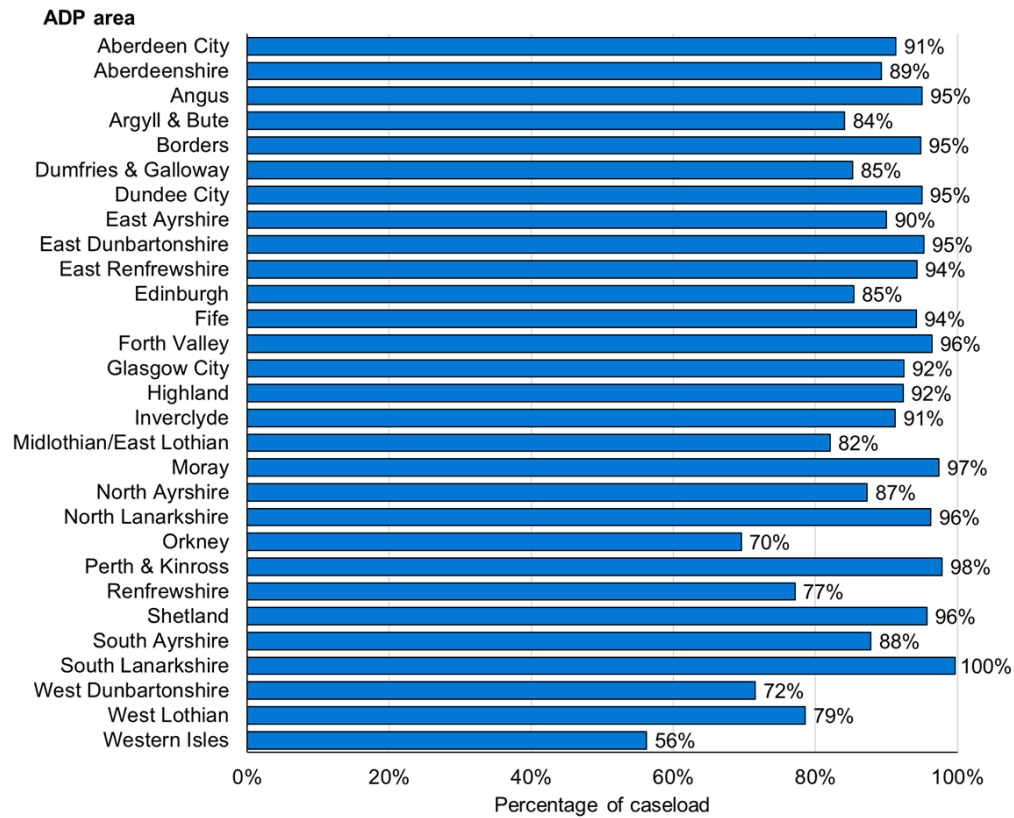


Across Scotland, all 1,236 high-risk events notified were screened and allocated to either assertive outreach, onward referral, no further action or no outcome recorded categories during the reporting period between November 2022 and February 2023. Ten ADP areas allocated 100% of high-risk events to assertive outreach. In 13 ADP areas 60% of people identified at high risk were offered assertive outreach. In three areas less than 60% of those at high risk were offered outreach. Two ADP areas allocated a higher proportion of screening to onward referral compared to other ADP areas (46%, n = 46 and 47%, n = 45). 11 ADP areas allocated none of the screening to no further action, with three ADPs allocating around 30% (numbers are individual to each ADP) of screening to no further action.

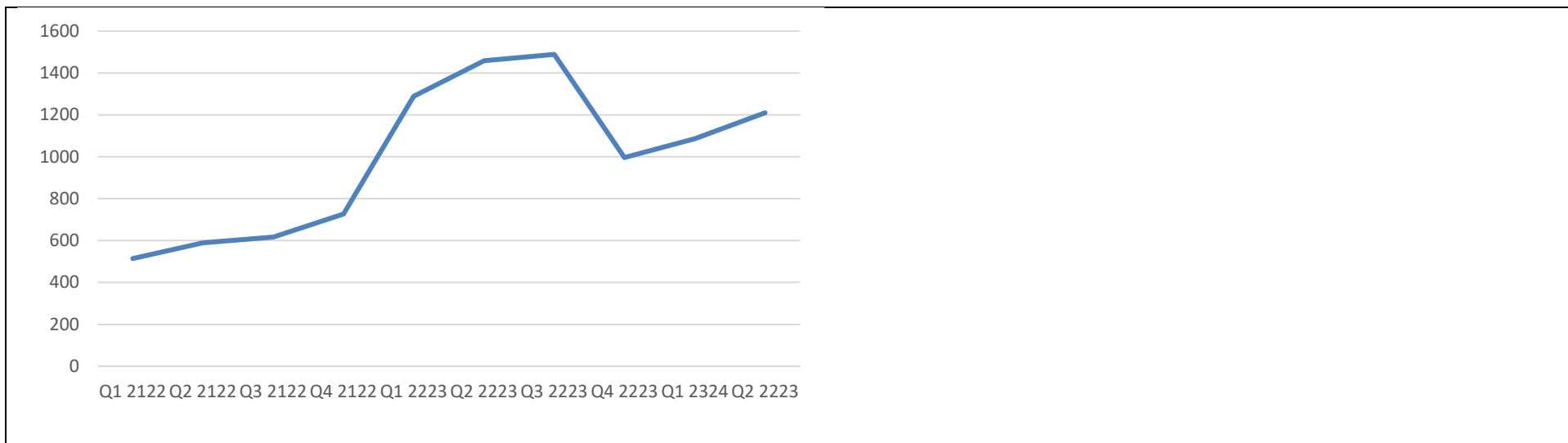
Number of days between notification of a high-risk event and outreach assessment by the multi-agency team for 75% of people by ADP area, 2023



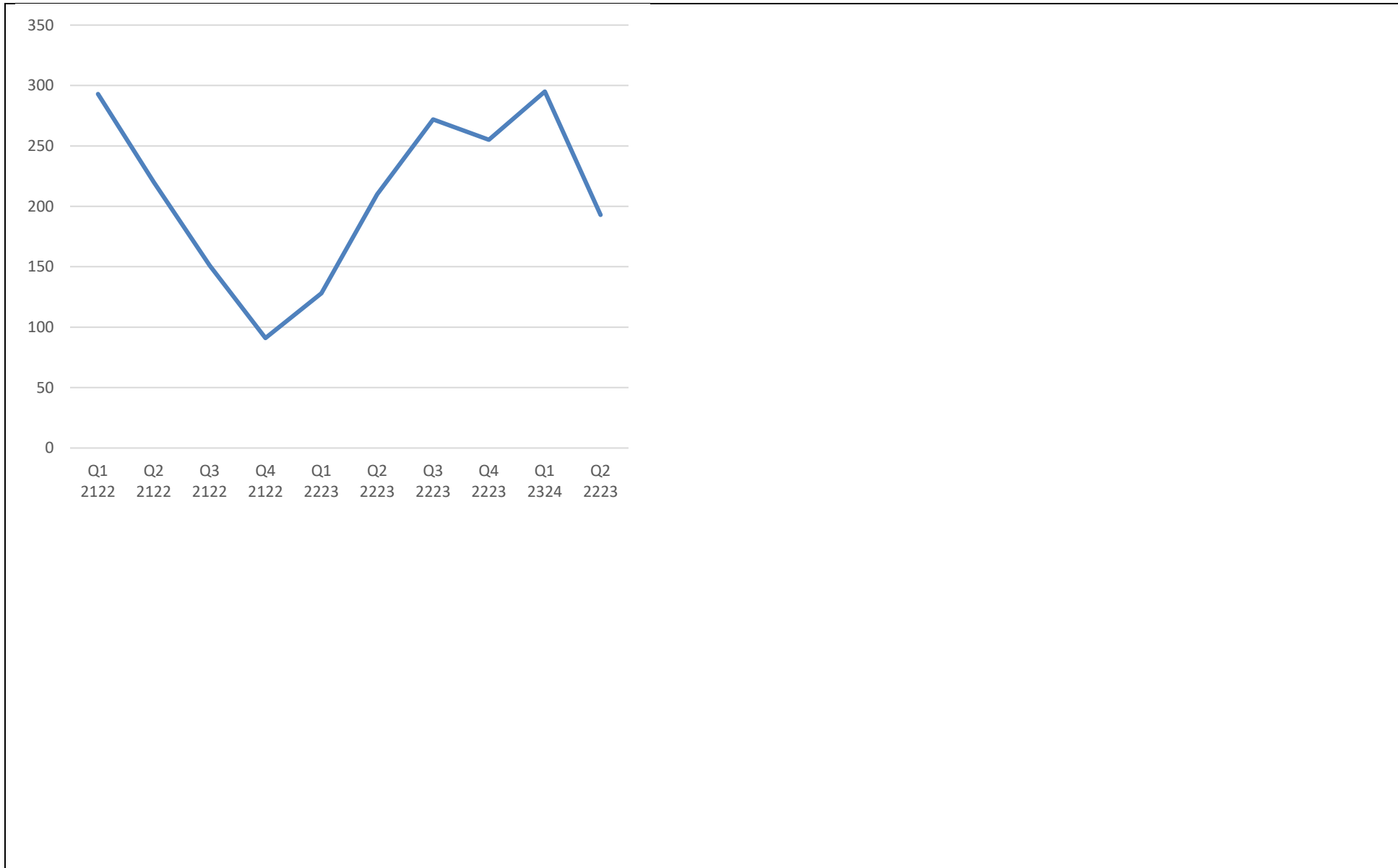
% of caseload retained in treatment for 6 months or more by ADP area, 2023



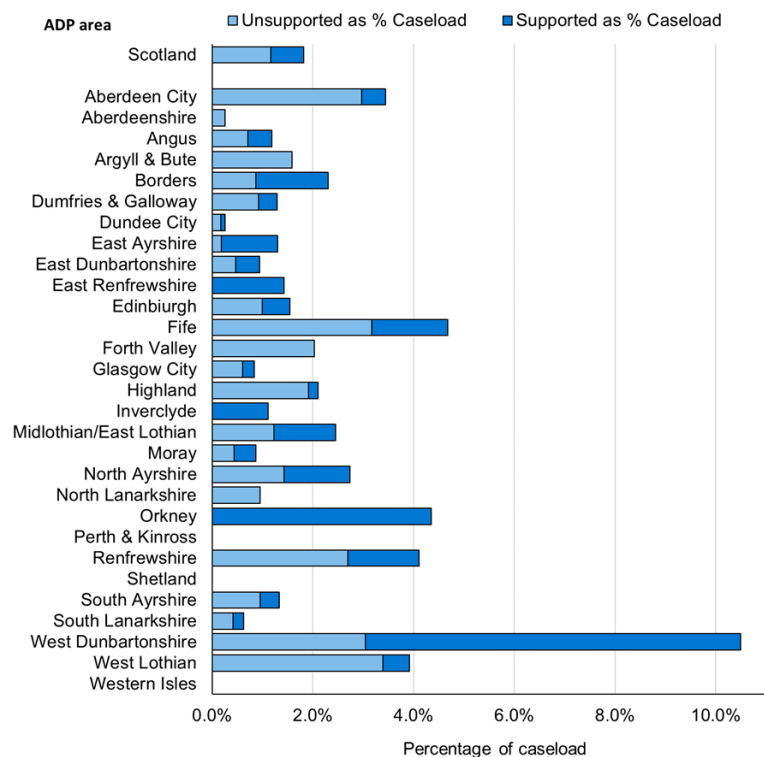
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
7. Number of alcohol brief interventions (ABI's) provided in Dundee	514	589	617	727	1289	1459	1489	996	1087	1210	ABI delivery was significantly impacted by the pandemic due to the reduction in face to face contact. That position is now beginning to improve as restrictions have eased. An ABI coordinator has been appointed and is implementing a new training and improvement plan to increase delivery.



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
8. Number of unplanned discharges (service user disengaged) recorded in DAISY	293	220	151	91	128	210	272	255	295	193	The reduction in unplanned discharges may be indicative of ongoing work to address recording and accuracy of DAISy data as well as changes in service delivery to increase retention



Discharges as a % of caseload by type and ADP area, 2023



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
9. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to drug use				572 (4.72)	524 (4.32)	441 (3.64)	410 (3.38)	390 (3.22)	392 (3.23)	418 (3.45)	Downward trend.

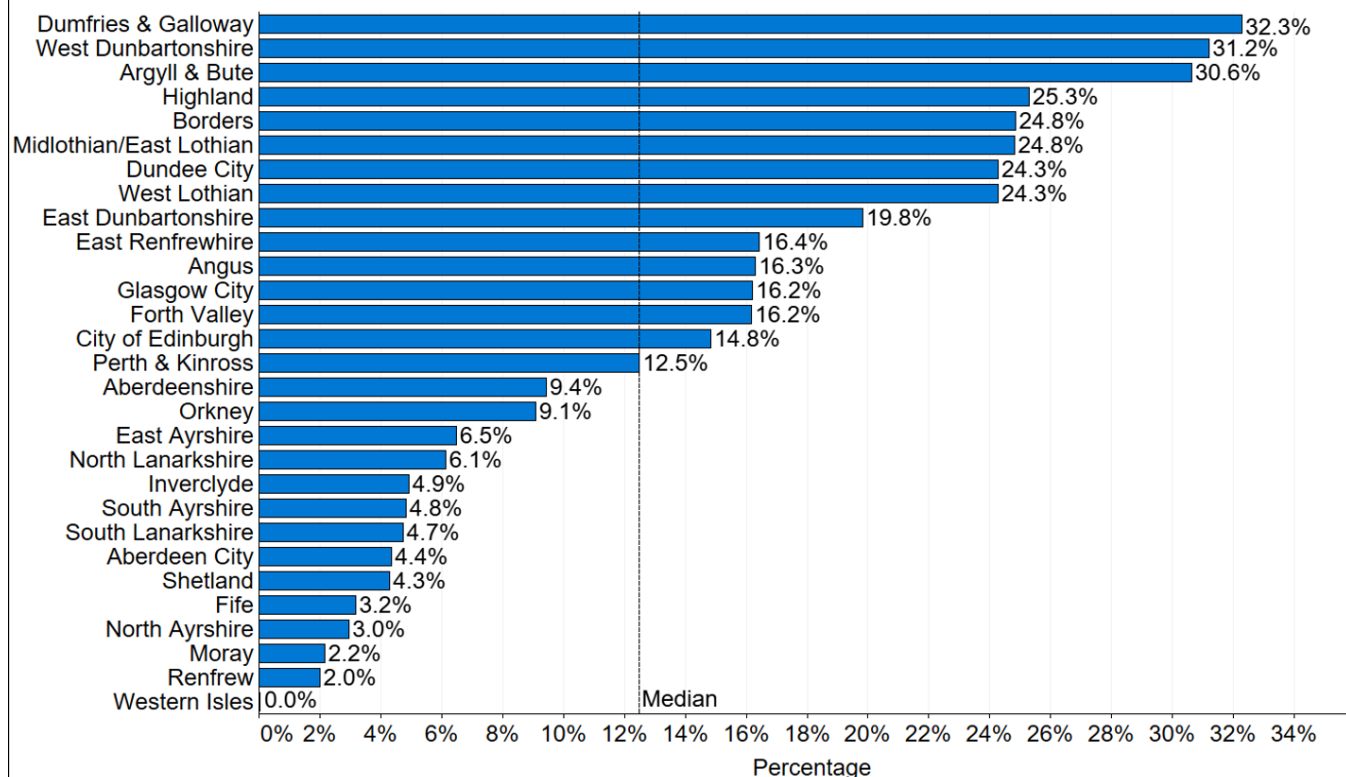
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
10. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to alcohol use				925 (7.63)	1151 (9.50)	1110 (9.16)	1006 (8.30)	979 (8.08)	1039 (8.57)	1072 (8.84)	Stable trend.
11. Naloxone Spend in Dundee				£67,417	£64,098	£70,622	£80,675	£77,134	£95,733 .30	Temporarily unavailable due to resources.	The supply of Nyxoid has increased from 130 kits in Q2 22/23 to 276 in Q1 23/24
12. Naloxone – Resupply Used				195	353	388	398	410	Data for Q1 23/24 not yet available.	Temporarily unavailable due to resources.	
13. Total number of Naloxone Kits Issued (actual quarters – not annual rolling)				1,569	1,944	1,715	1,602	1,320	Data for Q1 23/24 not yet available.	Temporarily unavailable due to resources.	Naloxone kits supplied in Dundee (report from Tayside Take Home Naloxone Programme PHS submissions) Naloxone spend does fluctuate across the

											<p>year depending on when orders for stock are placed. Nyxoid intranasal kits were introduced around Q4 21/22 and a lot of services ordered stock of these kits for the first time, hence an increase in charges that quarter. There is a time lag for when we then see these kits appearing in supply figures.</p> <p>First supplies are starting to decrease as saturation point is reached. This means replacement</p>
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											kits will start to increase and first supplies decrease. Kits last for 2 years so it is likely a dip in supply will be observed for a short period before starting to issue replacement kits.
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Comments/ Analysis
14. Total Spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS) and Dundee Drug Treatment Service (DDT)				£616,692	£589,455	£531,573	£492,637	£426,306	Data for Q1 23/24 not yet available. “Due to some major changes nationally with PIS/PRISMS reporting there was a significant delay in data being made	Temporarily unavailable due to resources.	Prescription data for prescriptions generated by DDARS and DTTO, dispensed in community pharmacy (report from prescribing support unit). Please note that this data describes prescription costs for

									available to us.		methadone and oral formulations of buprenorphin e. DDARS now holds stock of Buvidal (long acting subcutaneou s buprenorphin e). The cost of this stock is not included in prescription data. The number of people choosing Buvidal as OST has increased.

% of caseload prescribed long-acting injectable buprenorphine by ADP area 2023



28 of the 29 ADP areas reported individuals currently on their MAT opioid substitution therapy caseload with a prescription for long-acting injectable buprenorphine. The percentage of the current caseload per ADP currently prescribed long-acting injectable buprenorphine varies from 0% to 32.3%, with a median of 12.5% across Scotland. Opioid substitution therapy prescribing by gender shows a very similar picture. For males prescribed opioid substitution therapy, methadone accounted for 69% (n = 10,292) and females 72% (n = 5,264). For males prescribed opioid substitution therapy, oral buprenorphine accounted for 18% (n = 2,658) and females 16% (n = 1,138). For both males and females prescribed opioid substitution therapy, long-acting injectable buprenorphine accounted for 13% (n = 1,920 for males and n = 916 for females).