

Mental Health and Substance Use: Improving Our Response

Edinburgh Drug Treatment and Testing Order
Workshop Summary Report

Wednesday 1 November 2023

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Published Month Year

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Contents

Introduction	2
Session activities	3
Next steps	5

Introduction

Overview

Healthcare Improvement Scotland (HIS) staff joined colleagues from Edinburgh Drug Treatment and Testing Order (DTTO) services and other stakeholders on Wednesday 1 November at Edinburgh Training and Conference Centre.

The aim of the face to face workshop was to assist staff in identifying the key elements for a new DTTO service and to plan future steps towards implementation.

Scene setting

Healthcare Improvement Scotland introduced the session and provided an overview of the Mental Health and Substance Use Programme. An overview of the previous workshops was provided, including work on service mapping and developing personas which were on display for staff to use and reflect on. The session focused on three practical exercises:

- Identifying overarching principles for the service
- Identifying challenges and priorities, with teams developing 'how might we' statements, and
- Using 'how might we statements' to identify change ideas.

Before the activities began there was group discussion on the purpose of the session and how it fed into proposals for a new Drug Treatment and Testing Service. It was agreed that a formal consultation process was required locally with a broad range of staff, and therefore there was a requirement to develop a business case to initiate this process. Outputs from this workshop will help inform this.

Activity 1 – Identifying service principles

In the first activity of the session, staff discussed the key overarching principles of the Drug Treatment and Testing Service and grouped these into themes. At the core of this was the need to provide person-centered support, with additional themes complementing, including:

- care and compassion
- dignity
- respect and rights, and
- Inclusion and safety.

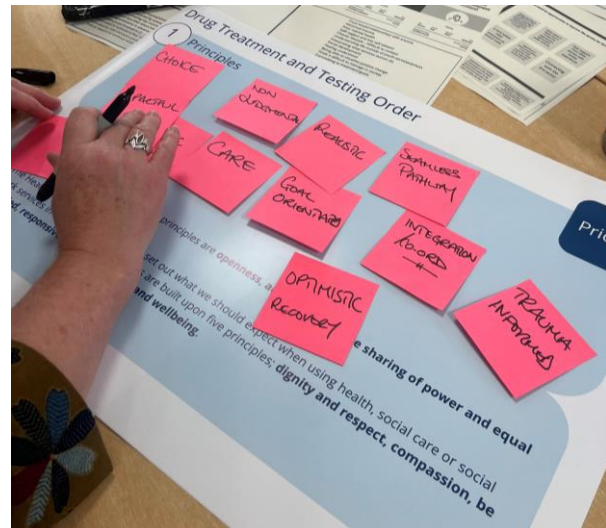
It was recognised that the service needs to provide real choice including different recovery choices (not necessarily always complete abstinence) and be asset based. It was also noted that the service should be co-produced in terms of design and delivery.

Activity 2 – Identifying challenges and ‘how might we’ statements

Considering previous discussion and the service map and personas, groups worked to identify some of the main challenges and priorities these.

Identified challenges included:

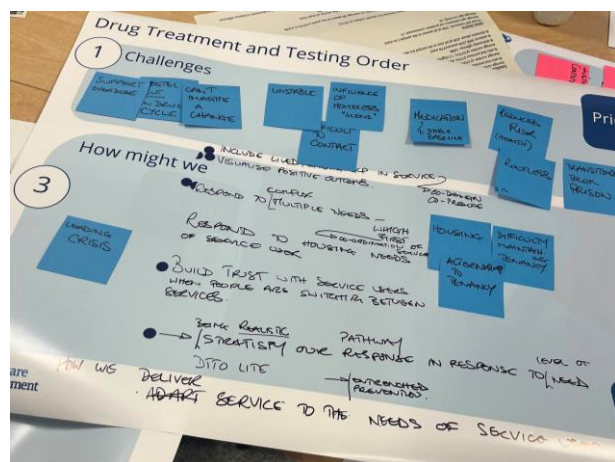
- building trust with service users
- supporting change and realistic goals
- supporting stability and routine for service users, and
- maintaining engagement to support positive outcomes.



Next, several ‘How might me’ statements were identified.

‘How might we...’ statements included:

- **“How might we construct service options to deliver all of this”**
- **“How might we provide a more adaptable service and more flexible support”**
- “How might we support service users to identify what is important to them and what they want to achieve”, and
- “How might we build trust with service users”.



The statements in bold were chosen to discuss further.

Activity 3 – Ideas to deliver ‘how might we’

Teams then generated ideas related to their ‘how might we’ statement. This included consideration of ideas to help deliver ‘how might we’, the barriers and enablers and who should be involved to help delivery.

How Might We...	Opportunities and potential actions
“How might we provide more adaptable service and more flexible support”	<ul style="list-style-type: none"> - Review and improve mandatory and clinical testing. - Use more local spaces in the community with clients seeing several staff members around same time rather than numerous journeys. - Provide more flexibility (e.g. more intensive support when required and less so as well). - Integrate the service with wider addiction services so it would not stand alone. - Build on improving links between DTTO, hubs and other 3rd sector services. Could the DTTO be modelled as a recovery hub? - Better re-engage with clients not attending - Improve lived experience engagement in this work using service user feedback
“How might we construct service options to deliver all of this”	<ul style="list-style-type: none"> - Develop a business case - Engage early with service users and staff (including unions). - Carry out a formal service review consultation

Enablers and Barriers to Delivery of How Might We Statements

Enablers	Being honest and transparent with all staff about the improvement work, involving them throughout the process and responding to them.
	Identifying ‘the right people’ to enable working with other services
	Use of models such as ‘Thrive’, which includes motivational interviewing and a solution focused approach.
	Opportunities to reduce duplication
	Use MAT Standard 1 to support monthly reporting (with DAISy Drug and Alcohol Information System) and consider court obligations

	Define the additionally of the Drug Treatment and Testing Order Service – e.g. its intensive support and the importance of the relationship with the Sheriff
	Consider the Drug Treatment and Testing Order Service’s identity within a system of support
Barriers	Staff may be anxious about change, however this could be supported with engagement
	Finances

Who can help delivery?

These were identified as the **Clinical Director, Strategic and Operational leadership, Staff, Unions, Staff Side Representatives Service Users** working alongside NHS and local authority managing change processes.

General discussion points

Group feedback from the activities included the following points in terms of drivers for the service review and what can be done now.

Drivers for the service review:

- reducing duplication in service
- how to implement mat standards and report on them
- reviewing court obligations and mandatory testing
- finance
- lack of premises and suitability
- service needs more integration to achieve common outcomes
- need to consult staff and service user engagement
- how can we change to help people who disengage with the service
- need to define the additional support of a Drug Treatment and Testing Order and how services are connected within wider addiction services and system

What we can do now:

- Stratify patients – to consider matching level of intensity to level of need
 - Currently support is intensive throughout the Drug Treatment and Testing Order
 - Intensive support could be provided within a Community Payback Order with a drug treatment requirement, defined by somebody’s clinical needs and risks.
 - Community Payback Orders offer more flexibility
 - Need to focus on the recovery instead of the order.

- Develop a dedicated team and/or integrated teams for some orders.
- Maximise use of clinical capacity, for example, identify people that require more intensive support for the approximately 20 spaces still available.
- Match level of intensity to risk and need in an integrated approach
- Explore co-location within the recovery hubs
 - At present there are limitations on suitable/practical space – co-location would allow more flexibility and may be more convenient for the person receiving treatments
- Identify ways to allocate the most appropriate people to teams with most capacity
- Explore integration of lived experience, visible recovery, and peer support into service delivery
- Enhance clinical psychology input – to ensure that interventions necessary to achieve the Medication Assisted Treatment Standards, such as structured psychological therapy and assertive outreach are offered/available - all need to be in place to hit mat standards
- Ensure consistency of support provided by staff, for example, assertive outreach – and if not being provided consistently, review with staff
- Review Medication Assisted Treatment Standards 1-10 and score these on intensity.

Next steps

A range of next steps were identified from the session. These included:

Action	Lead	Due
A summary report of this meeting will be provided.	HIS	24 November 2023
HIS to handover work and materials to Edinburgh to develop business case and take forward consultation	HIS	December 2023
Identify an NHS Clinical Lead for of Drug Treatment and Testing Order to co-lead on business case development with justice.	Edinburgh HSCP	
Set out a high-level timeline to ensure clear milestones to enable formal service review consultation to take place timeously	Edinburgh team	
Begin informal pre-engagement with staff and lived and living experience and collate feedback	Edinburgh team	
Complete an integrated impact assessment	Edinburgh team	
Define service model for service review consultation including core components of service and where staff are to be located	Edinburgh team	

Appendix 1: Tools used in activity 1

Drug Treatment and Testing Order

1 Principles

Person-centred (at centre with others around)
Rights, strenghts and assests based
Dignity and respect (and rights)
Meaningful choice available - (choice through discussions and pathways)
Inclusion
Care and compassion - kindness
Co-production
Safety
Recovery choices (not just complete abstinence)

Prioritise

2

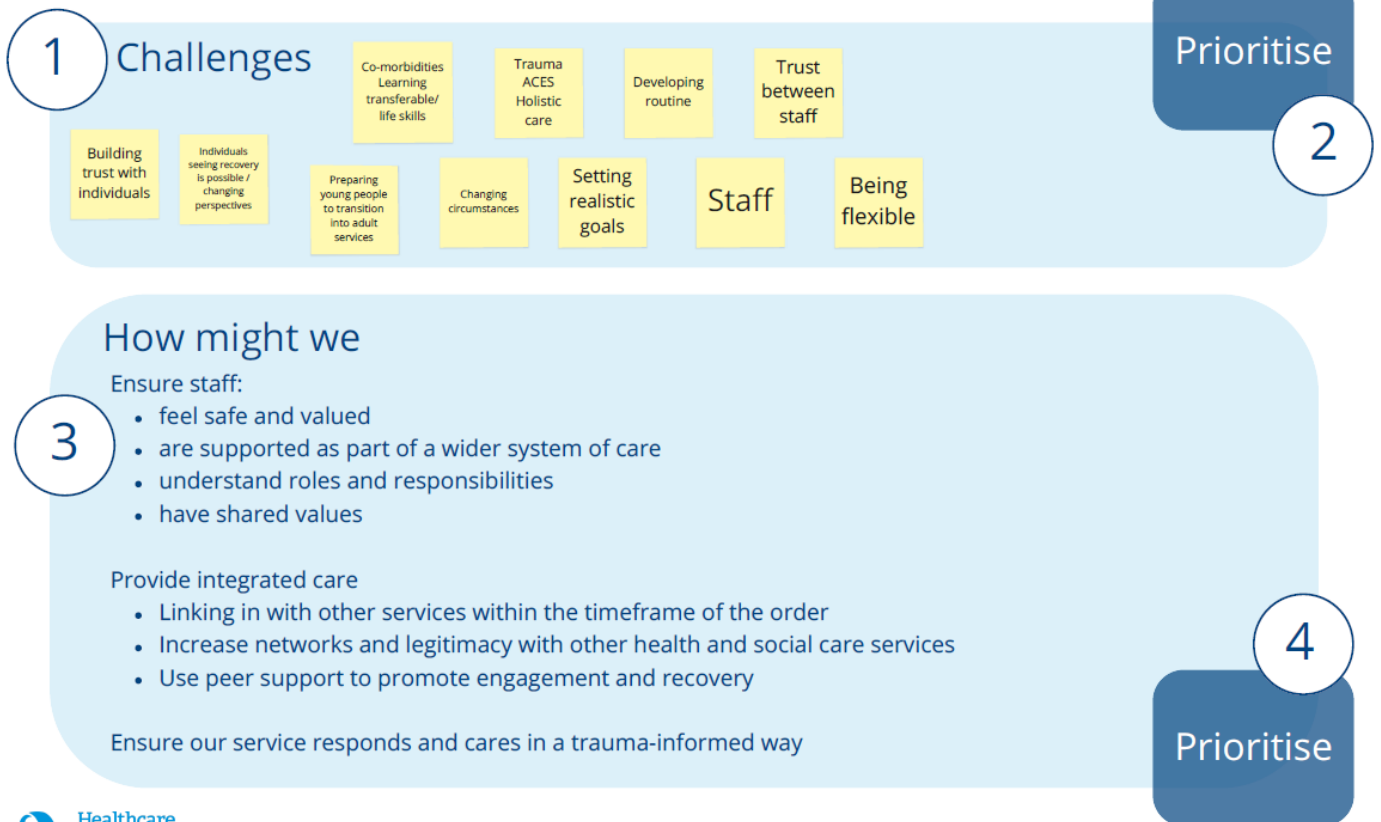
Examples

Scottish Parliament. Our founding principles are **openness, accountability, the sharing of power and equal opportunities**.

The Health and Social Care Standards set out what we should expect when using health, social care or social work services in Scotland. The Standards are built upon five principles; **dignity and respect, compassion, be included, responsive care and support and wellbeing**.

Appendix 2: Tools used in activity 2

Drug Treatment and Testing Order - Service Perspective



Drug Treatment and Testing Order



Appendix 3: Tools used in activity 3

Drug Testing and Treatment Order



How Might We: How might we provide more adaptable service and more flexible support

IDEAS to deliver HMW	1. Follow MAT standards (reporting and audit) Use of Daisy to improve data. 2. Reviewing and improving TESTING (mandatory and clinical) 3. More flexibility eg using local spaces in community or seeing several professionals in same place around same time (less travel) 4. Building on improved links between DDTO and HUBS. Link DDTO into other service such as 3rd sector and improve/for these. 5. Improved lived experience/engagement using service user feedback 6. Intensity of staff support able to flex to be more intensive when needed/less so other times nursing and others (support referrals) 7. Importance of relationship with the sheriff 8. Should not be a stand alone service 9 Better to re-engage with clients not attending 10. Should not be a stand alone service - wider addictions service - MORE INTEGRATED 11. Get best staff mix 12. Deliver statutory	Prioritise
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WHO is involved	See below (clinical director, strategic and operational leaders and staff during work) SW - eg Carey 'working with opposite number is important'	Consideration of DDTO as a recovery HUB?
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ENABLERS	BARRIERS
Be honest and transparent with staff - involving staff whole way though and involve them - Explain why you can and cant progress with work - Need to work together with other sectors 'who is that person' - Strategic and operational leadership - Clinical director (although vacant) - Use 'Thrive model' everyone has motivational interviewing - solution focused & interconnected	Staff anxious about change knowledge how to manage change Finance to support

Drug Testing and Treatment Order



How Might We: construct service options to deliver all of this

IDEAS to deliver HMW	Develop business case. Engage early with staff. Engage staff side and unions. Engage service users. Formal service review consultation	Prioritise
WHO is involved	Carey Fuller Linda Irvine-Fitzpatrick Anna Duff NHS Clinical Director to be identified	Staff Unions Staff side representatives Service Users NHS and LA managing change processes

DRIVERS FOR CHANGE	Short-term solutions
All of what we've said today Reducing duplication MAT Standards - MAT 1; Looking into monthly reporting; DAISY Court obligations Mandatory testing - review how it is done and where it is reviewed: for court; for clinical decision making Finance Availability of premises Need to be integrated Consultation with staff Service user engagement Need to define the additionality of DDTO - e.g. intensive support; Sheriff relationships Define DDTOs identity within a system of support Staffing	PARKING LOT Exploring using existing DDTO nursing capacity to support treatment for those on CPOs
	TO BE DECIDED
	Staffing Where staff are located How linked/integrated DDTO is with other services Core service components and principles Clinical governance and oversight

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