

Integration Joint Board

Date of Meeting: Wednesday 27th November 2019

Title of Report: Alcohol and Drug Partnership Annual Report 18/19

Presented by: John Owens, Independent Chair of Argyll & Bute ADP
Alison McGrory, Health Improvement Principal

The IJB is asked to:

- Note the Annual Report submitted to Scottish Government in September 2019.
- Consider how and on what the ADP should report to the IJB in future and the governance arrangements.
- Note progress with the recently updated Alcohol and Drug Partnership.
- Support the development of a new Alcohol and Drug Strategy for Argyll and Bute.

1. EXECUTIVE SUMMARY

All Alcohol and Drug Partnerships (ADPs) submit annual reports to the Scottish Government detailing work delivered in line with local and national priorities. Argyll and Bute's annual report was submitted in September 2019. The purpose of this paper is to provide an update on alcohol and drug matters to the IJB.

2. INTRODUCTION

The Scottish Government requires each local authority area to convene an ADP. Although this is not a statutory requirement like other bodies such as community justice and child protection, there is an expectation that ADPs will develop strategic plans to reduce the harm caused by alcohol and drug problems and work in partnership to achieve these strategic aims. Annual reports of activity are required each autumn.

In July the Scottish Government in partnership with Cosla published a delivery framework for ADPs that set out the following requirements:

- A strategy and clear plans to achieve local outcomes to reduce the use of and harms from alcohol and drugs.
- Transparent financial arrangements.
- Clear arrangements for quality assurance and quality improvement.
- Effective governance and oversight of delivery.

This can be viewed here: <https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/>

3. DETAIL OF REPORT

3.1 Argyll and Bute ADP

There has been an ADP in place for many years in Argyll and Bute. A review of membership took place in early 2019 and this resulted in a refreshed ADP with approximately 20 members convening in August 2019. Members comprise all relevant stakeholders including third sector, people with lived experience and carers, police, fire and rescue, youth services, commissioned addiction services, and statutory addiction services. Members have recently signed up to the HSCP’s code of conduct developed for Locality Planning.

3.2 Alcohol and Drug Strategy

The ADP is in the process of developing a new strategy to oversee alcohol and drug activity in Argyll and Bute. This will be presented at the March IJB to be launched on 1 April 2020.

In 2018 the Scottish Government published two strategic documents to address alcohol and drug harms:

- Rights, Respect and Recovery
- The Alcohol Framework 2018

These documents set out a series of outcomes and priority actions for Scotland, supporting the delivery of the Public Health Priorities. This is summarised in the table below:

Vision				
Scotland is a country where “we live long, healthy and active lives regardless of where we come from” and where individuals, families and communities:				
<ul style="list-style-type: none"> • have the right to health and life - free from the harms of alcohol and drugs; • are treated with dignity and respect; and • are fully supported within communities to find their own type of recovery. 				
Prevention and Early Intervention	Developing Recovery Oriented Systems of Care	Getting it Right for Children, Young People, and Families	Public Health Approach in Justice	Alcohol Framework 2018
Fewer people develop problem drug use	People access and benefit from effective, integrated Person centred support to achieve their recovery	Children and families affected by alcohol and drug use will be safe, healthy, included and supported	Vulnerable people are diverted from the justice system wherever possible, and those in the system are fully supported	A Scotland where less harm is caused by alcohol

3.3 Scottish Government Annual Report

3.3.1 Section 1 indicates that Argyll & Bute ADP has a total budget allocation of £2,179,315. This is made up of £972,277 funding from Scottish Government through NHS Board Baseline, HSCP funding of £851,107 and an additional allocation from SG of £355,931 via NHS Highland. This is spent in priority areas of **prevention** (£144,505); **treatment & support services** (£1,684,253); **consequences of problem alcohol and drug use** in ADP locality (£155,173).

3.3.2 Section 2 outlines work undertaken towards established improvement goals across the Scottish Government’s Ministerial priorities:

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	<ul style="list-style-type: none"> • Work closely with service providers to ensure staff, service users and systems are ready for DAISy implementation. • Provide support/advice, including opportunities to raise and discuss concerns, to all providers. • Participate in national process to implement DAISy, 	<ul style="list-style-type: none"> • Argyll & Bute ADP has continued to work towards the implementation of DAISy. We have worked in partnership with our statutory sector service providers, Argyll & Bute Addiction Team (ABAT), and our contracted partners, Addaction, to try to ensure their readiness for DAISy when it arrives. • The ADP support team coordinated a meeting between ABAT managers and staff, NHS Highland Data Protection Officer and Scottish Government in order to share concerns and answer questions (specifically with regards the introduction of a system that does not allow anonymous records). This was part of an ongoing process to increase confidence of staff in the purpose, effectiveness and current and future security of the reporting and recording system. The work has included an increased focus on the reduction of anonymous records being recorded. In 2016/17 the percentage of anonymous records was 65.4% this has decreased in 2018/2019 to 48.2%. • The ADP support team continue to attend the national DAISy planning meetings and have been able to share learning from these meetings locally.
2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of	<ul style="list-style-type: none"> • Work towards including Alcohol Related Deaths within the Drug Related Deaths group • Increase participation at D/ARD meetings with relevant parties invited and encouraged 	<ul style="list-style-type: none"> • Argyll & Bute ADP has for many years undertaken regular meetings of its Drug Related Death Group. The regularity of the meetings is often dependent on the availability of information on the, sometimes small number of, drug related deaths. The number of drug-related deaths in was 10 in 2016, 8 in 2017 and 9 in 2018. • In order to effectively include Alcohol Related Deaths in this process the same level of information would need to be

<p>opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.</p>	<p>to engage with the process.</p> <ul style="list-style-type: none"> • Establish process for recording death action plans and monitoring of the resulting actions (including identifying opportunities for future early intervention). • Participate in national DRD meetings and bring learning back to Argyll & Bute in order to improve processes. • Work with local partners to increase Naloxone distribution • Develop a process for identifying and responding early to new and emerging drug trends • Improve access to treatment for people living in remote and rural communities • Work with partners to engage with target groups who have previously been hard to reach 	<p>available. To date this has been difficult to gather and has resulted in a delay in the inclusion of Alcohol Related Deaths in this process. However the ADP is committed to overcoming this barrier and will continue to seek solutions in 2019/20.</p> <ul style="list-style-type: none"> • Throughout 2018/19 the attendance at DRD meetings increased and the ADP was able to widen the participation to include the consultant psychiatrist, ambulance service, Police Scotland and a Toxicologist. During this period the GP representative retired and we are in the process of identifying a suitable replacement in conversation with the Associate Medical Director. • The ADP support team continue to attend the National Drug Related Deaths Coordinator meetings and have been able to share learning from these meetings locally. • Argyll & Bute ADP Support Team have worked with the Addiction Team (ABAT) and our commissioned service provider, Addaction, to look at ways to increase training and widen the provision of Naloxone. There is an understanding that the barriers to wider distribution have been removed and partners should be building new routes for distribution. • The ADP has increased communication with a number of partner ADPs, particularly those in other remote and rural areas of Scotland, and are sharing intelligence on drugs and new trends. This has been supported by the delivery of training to raise partner's awareness of new and emerging drug trends. • Through work with the ABAT, Addaction, recovery communities, SDF, TSI and a range of local partners the ADP has developed our Recovery Oriented System of Care, known locally as Papa, to better establish pathways to support for people throughout Argyll & Bute, particularly in remote and rural communities. • SDF continue to deliver on the ADPs involvement strategy including engaging with previously hidden and hard to reach populations. This work is part of a
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		larger strategy to engage people in all elements of the ADPs work.
3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women	<ul style="list-style-type: none"> • Build on links between community based services and prison services serving Argyll & Bute. • Work with partners to review the needs of Argyll & Bute women in prison. • Develop a partnership approach with Community Justice and Criminal Justice teams to establish work aimed at ensuring a smoother transition between prison and community based services. • Work with partners to establish early intervention approaches aimed at supporting people in Police Custody 	<ul style="list-style-type: none"> • The ADP supported a funding bid by Community Justice co-ordinator to the Corra Foundation for establishment of better links between Scottish prison Service and local A&B services. • As part of the Community Justice proposal there will be information gathered on the needs of A&B women in prisons across Scotland. • The ADP is working alongside Community Justice and Criminal Justice to establish pathways based on the experience of people currently in or recently liberated from prison. • The ADP have worked with Addaction, NHS Mental Health Services and Police Scotland to establish an early intervention programme within Police Scotland custody suites aimed at offering support to people while they are in Police custody. It is hoped this will increase uptake of and referral on to appropriate services within the communities.
4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i> .	<ul style="list-style-type: none"> • Involve people with lived experience, including current and former service users, families, young people at all levels within the ADP • Work in partnership to develop local and area wide Recovery 	<ul style="list-style-type: none"> • The ADP has worked with SDF, SRC, SFAD, Addaction and ABAT to identify a number of routes for representation and to support people with lived experience to become members of the ADP. This has resulted in the ADPs new governance arrangements recognising lived experience reps as full members of the ADP, the identification, training and support of members to represent lived experience, families and young people. • The ADP has worked with a range of partners to help establish and build recovery communities in areas across Argyll & Bute including remote

	<p>Communities</p> <ul style="list-style-type: none"> • Work with SDF to implement the ADP's involvement strategy. 	<p>communities. This work continues to present challenges around sustainability, direction of travel and recruitment but significant progress has been made over the last 12 months with the establishment of an A&B wide Recovery Steering Group.</p> <ul style="list-style-type: none"> • SDF continue to lead on the delivery of the involvement strategy and are in the process of engaging with a wide range of partners (beyond the traditional drug and alcohol service providers) to establish the current levels of service user involvement, support needs of the services and consider their willingness to progress towards establishing a formal recognition system for those organisations who fully embrace the concepts and principles of service user involvement.
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4. RELEVANT DATA AND INDICATORS

An outcomes evaluation framework is expected to be published by Scottish Government late 2019 or early 2020. This will be used to performance manage the alcohol and drug outputs and outcomes across Scotland.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The ADP contributes to several of the HSCP's strategic priorities:

- Promote healthy lifestyle choices and increase self-management of long term conditions
- Reduce the number of avoidable emergency admissions to hospital.
- Minimise the time that people are delayed in hospital.
- Reduce the adverse events for children and young people, and provide the best start in life for them.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Section 1 of the report outlines the financial impact on the IJB of the delivery of services aimed at reducing the harms associated with alcohol and drug use in Argyll & Bute.

6.2 Staff Governance

The ADP is accountable to the IJB for all strategic planning and funding decisions. The ADP has responsibilities to the CPP for determining joint priorities and performance measures required for the Local Outcome Improvement Plan.

6.3 Clinical Governance

There are no clinical governance identified in this report.

7. PROFESSIONAL ADVISORY

The Associate Director of Public Health oversees the work of the ADP.

8. EQUALITY & DIVERSITY IMPLICATIONS

An equality and diversity impact assessment will be completed for the new ADP Strategy.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

There are no GDPR issues in this paper.

10. RISK ASSESSMENT

There are no identifiable risks identified in this paper. Alcohol and drug problems remain a risk to population health and wellbeing and therefore a preventable drain on the HSCP's resources.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Argyll & Bute ADP understands and works to the standards of engagement set out in the HSCP Engagement Framework. Engagement specifications have been completed for the development of the new strategy. Engagement is also achieved via partner representation at ADP meetings. Further to this a small contract with the partner Scottish Drugs Forum includes stakeholder involvement.

12. CONCLUSIONS

This paper provides an update on the wider partnership work to reduce alcohol and drug related harm in Argyll and Bute. The ADP plays a key role in targeting resources and services from a range of partners to reduce negative impacts on individuals, families and communities. This Annual Report 2018/19 represents a small proportion of the work undertaken by ADP partners; specifically that aimed at meeting the Scottish Government's Ministerial Priorities, it also gives an overview of funding allocated by the IJB to help meet these and other priorities set out by the ADP.

13. DIRECTIONS

	Directions to:	tick
Directions required to Council, NHS Board or both.	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

Author Name: Alison McGrory
Email: alison.mcgrory@nhs.net