

The Audit Commission (2009) report “Drug and Alcohol Services in Scotland” – Progress report for Council

1. SUMMARY

- 1.1 The main body of the report details the progress made by the Council against the recommendations of The Audit Commission (2009) report “Drug and Alcohol Services in Scotland” published in March.
- 1.2 The Council has strong financial oversight of addiction expenditure and well established partnership working.

2. RECOMMENDATION

- 2.1 Contents of report to be noted by members.

3. DETAIL

3.1 Background

The Audit Commission report “*Drug and Alcohol Services in Scotland*” was published in March 2009.

The report examined:

- the extent and impact of drug and alcohol problems in Scotland
- the main areas of spend on drug and alcohol services
- how effectively this money has been spent
- joint working to plan and deliver drug and alcohol services

The report contains a checklist for statutory and non statutory agencies to match themselves against and this checklist has been utilised for the format of this report

In Argyll and Bute joint working to address alcohol and drug problems across the spectrum from *prevention to reducing availability* is coordinated via the Alcohol and Drug Partnership (ADP), previously known as the Alcohol and drug Action Team (ADAT). Coordination specifically of statutory *treatment* service provision is via the Argyll and Bute Addiction Team (ABAT), an integrated health and social work team.

- 3.1.a.** The Argyll and Bute Council (ABC) played an active role within the now defunct Argyll and Clyde ADAT. After the dissolution of Argyll and Clyde Health Board and in discussion with Highland DAAT it was agreed that Argyll and Bute would set up an ADAT based on the ABC boundary. The Argyll and Bute ADAT first met on 22 June 2007 but did not recruit any support staff until April 09.

The Council actively supported the Argyll and Bute ADAT (now ADP) by allocating time from the Addiction Team Manager to the cover some of the duties of the vacant role of ADP coordinator. This dual role by the Addiction Team Manager, whilst placing pressure on ABC resources, has had the positive effect of ensuring that ABC planning and strategies have for some time been integrated with ADP planning. It is hoped that the employment of an ADP coordinator will allow this close working to continue.

- 3.1.b** The ADP partners include Police, Education, Non Statutory Sector, Children and Families, Criminal Justice, Integrated Addiction Team, Health Promotion, Public Health. Homelessness, Mental Health etc.
- 3.1.c** The Scottish government in its review of ADATs recommended that these should come under the governance of the Community Planning Partnership and report via the Single Outcome Agreement. The ADP coordinator is expected to progress this development on behalf of the ADP partners.

3.2. Audit Commission Report - Progress to date

3.2.a Planning

The Council has, for a number of years incorporated its substance misuse planning within the ADAT (now ADP) strategic plan. This was to ensure compatibility, input from partner agencies and to reduce the number of plans which duplicate and overlap with each other. The Council will continue to work with the ADP to develop outcome measurements compatible with the SOA and ADP requirements. It is anticipated that this work will evolve and progress over during 09/10.

3.2.b Commissioning

Service strategies and outcomes are included within the Service Level Agreements (SLAs) which the Council has in respect of commissioning services from all the addiction non statutory providers. The SLAs are adapted in line with any strategic changes agreed by the ADP. The SLAs clearly state the expectations the Council has of each agency. There are core elements within each SLA with a service specific section clearly defining the services being purchased from each provider by the Council. Links are made within the SLAs to national documents such as the National Quality Standards for Substance Misuse Services. Details of the monitoring/reporting expectations are contained within each SLAs and statistics collated from each provider.

An example of integrating the Council SLAs with ADP strategic plans was the ABC/CHP decision to develop the integrated addiction team (see below) into a tier 3 service with the non statutory services providing the tier 2 services. This was then incorporated into the ABC SLAs. As this development met the ADP strategic objectives the ADP then responded positively to the request by ABC that part of the ADP underspend monies in 08/09 be allocated to the non statutory sector to aid their development into tier 2 services.

To date the Council only holds only one SLA *on behalf* of the ADP. The future role of the new ADP in terms of commissioning services is still to be discussed. The Council notes that ADPs are not legally constituted bodies and therefore at this time are unable to directly function as commissioners. The Council will play a full role in the future discussions in this area including clarifying the ADP processes for accountability and delegation.

3.2 c. Service Integration

In April 2008 the ABC and the Argyll and Bute CHP launched the fully integrated health and social care addiction team. The integrated team is 'hosted' by health, managed by the ABC Addiction Team Manager who is line managed by a health locality manager. Consequently all service planning between the two partners is fully integrated. The full integration of the statutory addiction services built on the foundation of a number of years of informal close working between health and social work addiction managers in Argyll and Bute.

Health and social work addiction managers had several years ago jointly developed, introduced and trained staff in both statutory and non statutory addiction services in the use of a Single Shared Assessment Tool with accompanying guidelines for information sharing. NHS Highland and ABC have a jointly agreed information sharing protocol. The integrated addiction team has written information available to services referring clients to the team and an information leaflet for clients giving them an explanation of the range of services available.

3.2. d. Finance

The Council is able to confirm all specific expenditure on addiction services and has regularly reported on these to the Scottish Executive/Government in previous years via the ADAT Corporate Action Plan (CAP). Estimating the expenditure of generic Council departments on addiction work is more difficult (as it is for such agencies as Scottish Ambulance, Primary Care etc.)

The ABC/CHP integrated addiction team has an aligned budget and the Team Manager (ABC employee) has the authority from the CHP to approve expenditure from the NHS budget. Finance officers from both CHP/ABC attend the management meetings to discuss budgetary issues. The Team Manager receives budget read outs from both ABC and CHP.

Financial management of the ADP budget is provided via CHP accountants who attend the ADP meetings and all ADP partners receive copies of the budget updates. The budget for addictions 08/09 is £658,382.

3.2. e. Risk Assessment

As the ABC/CHP addiction team is hosted by the CHP the team utilises the CHP organisational risk management templates and systems. These are discussed and updated at each management meeting.

3.2 f. Performance Management

As stated above there is robust financial information collated on the specific costs of both statutory and non statutory addiction services. Non statutory agencies return a range of statistics as part of their SLAs accountability to ABC and contribute to the ISD waiting times database. The integrated addiction team collates activity statistics and contributes to the ISD waiting time database.

3.3 Future developments

3.3. a. Baseline profile- the need to develop a drug and alcohol detailed profile for the Argyll and Bute area is recognised. The addiction team manager will work with the recently employed ADP information officer to begin this piece of work.

3.3.b Performance Management

The addiction team is hampered in collating statistical information due to difficulties with CHP and ABC staff being unable to utilise the same computerised systems to store client data. This difficulty is being addressed via an on going pilot scheme in one locality involving a range of integrated teams including the addiction team. The outcome of the pilot will be reported during August 2009. The aim is to bring the integrated addiction team within the performance management system (Pyramid) of the Council. This performance data is being gathered currently which includes historical data from January 2008 to the present. A target date of 8th September 2009 has been agreed to have this work completed on Pyramid.

The addiction manager plans to work with the ADP information officer to look at all present data collections systems across statutory and non statutory services and explore ways of streamlining these.

Across addiction services the difficulties in meaningfully measuring outcomes are acknowledged. The Council will work actively with the ADP to develop means of measuring outcomes which hopefully will not detract too many hours from direct client care. Valid measuring of outcomes is resource intensive.

4. CONCLUSION

4.1 Progress is satisfactory on commissioning, planning, finance governance and service integration.

4.2 Outstanding Issues:

- Attention is required to performance management in respect of giving practitioners and managers tools to easily input and extract information from both NHS and ABC systems without reducing the amount of time available to clinical/caseload work.
- There is a need to develop a baseline alcohol and drug profile for Argyll and Bute.
- Attention needs to be given to defining and measuring outcomes from service delivery. This should be done in conjunction with the ADP as outcomes link to the SOA via the ADP.

5. IMPLICATIONS

Policy:

Finance: None at present.

Personnel: Dependent on the findings from the pilot examining NHS/ABC staff sharing info.

Legal: Dependent on the outcomes and method of measuring these which to be discussed and agreed with the ADP coordinator.

Equal Opportunities:

For further information please contact: Mr Jim Robb Head of Service (Adult Care) or Mr Allen Stevenson Service Manager Argyll and Bute Council.