
Report To:	Health and Social Care Committee	Date: 30 th April 2009
Report By:	Ian Fraser Corporate Director Education and Social Care	Report No: SW/12/09/BM/BK
Contact Officer:	Barbara Billings Head of Community Care and Strategic Services	Contact No: 01475 714015
Subject:	Initial Response to the Recent Report by Audit Scotland on Drug and Alcohol Services in Scotland	

1.0 PURPOSE

- 1.1 To introduce the main findings of the Audit Scotland report on drug and alcohol services to Committee.
- 1.2 To make members aware of the Council and its partners response to key issues raised by the report.
- 1.3 To report on the work of the Inverclyde Drug and Alcohol Forum, its impact and strategic direction and relationship to our Community Planning Partnership.

2.0 SUMMARY

- 2.1 The report (www.audit-scotland.gov.uk) 'Drug and Alcohol services in Scotland' was prepared for the Auditor General for Scotland and the Accounts Commission.
- 2.2 The report notes the impact of drugs and alcohol misuse in Scotland and the adverse effects it has on individuals and wider society in terms of health, child protection, crime, community safety, housing, employment and social exclusion.

3.0 KEY MESSAGES FROM THE REPORT

- 3.1 Scotland has high levels of drug and alcohol misuse compared to the rest of the UK. Drug and alcohol related death rates are among the highest in Europe and have doubled in the last 15 years. Drug and alcohol misuse are found across the society but people who are socially excluded and living in deprived areas are most affected.
- 3.2 In 2007/08, the public sector spent £173 million on drug and alcohol services in Scotland, £84 million specially in drug services and £30 million on alcohol services. The Report makes the point that dedicated spend is significantly higher in the drug field whereas alcohol related harm affects far greater numbers of our citizens
- 3.3 Audit Scotland note significant local variations on how drug and alcohol services are delivered, managed and funded across Scotland and question whether value for money is achieved. Costs are analysed per NHS Board area and include direct spend by statutory agencies.
- 3.4 The broader cost implications for Scotland in relation to the misuse of drugs and alcohol is estimated as being in excess of £5 billion per annum.

- 3.5 The report highlights the already high and increasing levels of both drug and alcohol related harm in Scotland and the rising incidents of drug and alcohol related death and significant harm resulting in repeat hospital admissions and GP consultations.
- 3.6 The report stresses the importance of developing evidence based, partnership working which responds to locally identified need for addiction services.

4.0 KEY RECOMMENDATIONS

- 4.1 Audit Scotland recommend national guidance in respect of minimal standards for drug and alcohol services which include quality and accessibility with clear lines of accountability and governance which monitor the performance of services.
- 4.2 Public sector bodies should ensure that all drug and alcohol services are based on an assessment of local need and that they are regularly evaluated to ensure value for money.
- Service specification should be in place for all drug and alcohol services and set out requirements relating to service activity and quality. Where services are contracted, this specification should be part of the formal contract.
 - Public sector bodies should set clear criteria of effectiveness and expected outcomes for the different services they provide and undertake regular audits to ensure services adhere to expected standards.
 - Use of the Audit Scotland Self Evaluation Checklist (Appendix 3) to help improve the delivery and impact of drug and alcohol services through a joined up, consistent approach is recommended.
- 4.3 Within Inverclyde the Inverclyde Alcohol and Drug Forum (IADF) is the coordinating group which supports the strategic development of drug and alcohol services. The function, governance arrangements and reporting mechanisms are described within this report.
- 4.4 An overview of Inverclyde's response to our challenge with drug and alcohol misuse is presented for member's consideration.

Appendix 3

5.0 RECOMMENDATION

- 5.1 It is recommended that Members note the content and 'key messages' of the Audit Scotland report.
- 5.2 It is recommended that Members note the current and developing arrangements for performance monitoring and reporting adopted by the Inverclyde Alcohol and Drug Forum.
- 5.3 Members are asked to note outcome measures and strategic developments which have a direct relationship to Audit Scotland's findings.
- 5.4 Members are asked to approve the use of the Audit Scotland self evaluation template and to receive a further report on its completion.

6.0 BACKGROUND

- 6.1 The issues raised in Audit Scotland's report in relation to the impact of drugs and alcohol on communities are recognised in Inverclyde.
- 6.2 Inverclyde Council and its partners have worked with local communities, service users and informal carers to develop a comprehensive and coordinated response to our problems in relation to drink and drugs.
- 6.3 Ten years ago Inverclyde had the unenviable record of having the highest male death rate due to alcohol in the UK and the highest number of heroin users simultaneously.
- 6.4 The Inverclyde Alcohol and Drug Forum (previously Inverclyde Substance Misuse Forum) was established to provide leadership and governance in response to the gravity of our local position and its affect on our community as a whole.
- 6.5 The Forum has been chaired throughout by the Convenor of Health and Social Care Committee.
- 6.6 Inverclyde Alcohol and Drug Forum has reviewed its structure and function over this time and has adapted in relation to new demands and requirements ensuring a multi agency stakeholder approach across the full range of activity which responds to problems of addiction.
- 6.7 A diagram which represents the membership of the Forum is appended (Appendix 1) as is a note of the current membership (Appendix 2). Appendix 1
Appendix 2
- 6.8 The IADF has recently reviewed its function and is in the process of creating a sub group which will allow effective performance monitoring against local and national targets. This responds directly to issues raised by Audit Scotland.
- 6.9 The current structure functions as a Development Group and as such feeds into the revised Community Planning Structure and has outcomes and targets which form part of the Single Outcome Agreement.
- 6.10 The IADF contributes to and feeds into the NHS Greater Glasgow and Clyde at (Alcohol Action Team) and DAT (Drug Action Team) which in turn interfaces directly with Scottish Government.
- 6.11 The IADF promotes integrated joint working and there are numerous examples of effective collaboration across agencies and services which have been to the benefit of the community as a whole.
- 6.12 The range of services available to those with problems of addiction, their families and communities has developed significantly over the past ten years though as noted by the Audit Scotland report funding sources have often been of a temporary nature.
- 6.13 Fairer Scotland Funding has been allocated to the further development of alcohol services which provide: detoxification and counselling to those most in need in our community i.e. homeless; socially excluded; for community engagement; and a major prevention/ culture change initiative. FSF has allowed additional counselling and family support services to be developed in the drugs field.
- 6.14 All of these initiatives are based upon evidence of previous work which has demonstrated success.
- 6.15 Audit Scotland note that there is a marked link between alcohol and drug related deaths and harm and social exclusion/ deprivation. This has been and remains a significant issue for us in Inverclyde.

7.0 CURRENT POSITION IN RELATION TO ALCOHOL & DRUGS IN INVERCLYDE

- 7.1 Member organisations and services within IADF have responded to concerns about the impact on children of problematic alcohol and drug misuse in parents (Hidden Harm, "Getting our Priorities Right") and have developed protocols and practice which minimises risk for vulnerable children.
- 7.2 This was reported on favourably by the recent HMle Child Protection Inspection.
- 7.3 Inverclyde has pursued collaborative developments in response to identified local need e.g. Korsakoff housing development for people with this severe form of Alcohol Related Brain Damage (COSLA Excellence Award winner).
- 7.4 Partners in Inverclyde have initiated and developed new services which deliver highly successful outreach alcohol detoxification and counselling delivered in a partnership model, involving Inverclyde Alcohol Services (local authority), CHP staff and the voluntary sector housing support providers. This service is targeted at those most in need and works primarily in SIMD areas throughout Inverclyde. (COSLA Excellence Award winner).
- 7.5 The Community Drug Team (Inverclyde Council) provides a direct input to the Special Needs in Pregnancy Service (SNIPS) along with colleagues from Children and Family Service and NHS staff. (COSLA Excellence Award – Chairs award, Guardian Gold Award).
- 7.6 A range of inputs have been delivered to children and young people in schools and community settings involving a number of partner agencies and services e.g. the Police, community work Inverclyde Alcohol Services, Community Drug Team.
- 7.7 A wide range of organisations contribute to the Inverclyde People's Day (Drugs, Alcohol and You) which is now an annual event and is well attended by the Inverclyde public. This, in conjunction with other substantial engagement and prevention activities assists in changing public attitude and awareness of the impact of substance misuse on our community.
- 7.8 In the area of protection and control a range of initiatives have been taken forward led by the Police and Community Safety and supported by partner members, aimed at curtailing the supply of alcohol to under age drinkers, taking positive action against drug dealers and ensuring ease of access to treatment (e.g. arrest referral schemes).
- 7.9 Inverclyde Alcohol Drug Forum now has a direct interface with the Licensing Board and informs decision making around the availability of alcohol outlets.

8.0 FUTURE DIRECTIONS FOR DRUG AND ALCOHOL SERVICES

- 8.1 Partners in Inverclyde Drug and Alcohol Services have developed a high level of joint working which provides ease of access to integrated multi agency services.
- 8.2 The Ravenscraig Reprovisioning offers an opportunity for Drug and Alcohol services provided by the Council and the CHP to co-locate.
 - 8.2.1 The Wellpark Centre, once rebuilt will accommodate a joint Health and Social Care Alcohol Service providing the existing Council Counselling, detox and rehabilitation, day Services with the NHS Day Hospital and Clinical Services.
 - 8.2.2 The relocation of joint Mental Health Services will provide an opportunity for co-location of Drug Services in Cathcart Street Greenock and the opportunity for further service integration.

8.5 Both of these developments consolidate the existing joint work which has been in place over the past decade.

9.0 INVERCLYDES PERFORMANCE – KEY FACTS

9.1 Drugs

- In 2001 Inverclyde reported the worst drug profile in Scotland. This is no longer the case. The prevalence of drug misuse has reduced locally.
- The numbers of new drug referrals have dropped significantly while those in treatment rise, demonstrating a fuller engagement with our drug using population.
- Only 1/3 of people with drug problems report injecting than was previously the case. This represents a major achievement in relation to harm reduction.
- In relation to public safety there are far less 'dirty needles' discarded posing a threat to children and the public at large.
- While drug deaths are small in relation to those caused by alcohol we have recently recording a reduction to single figures.

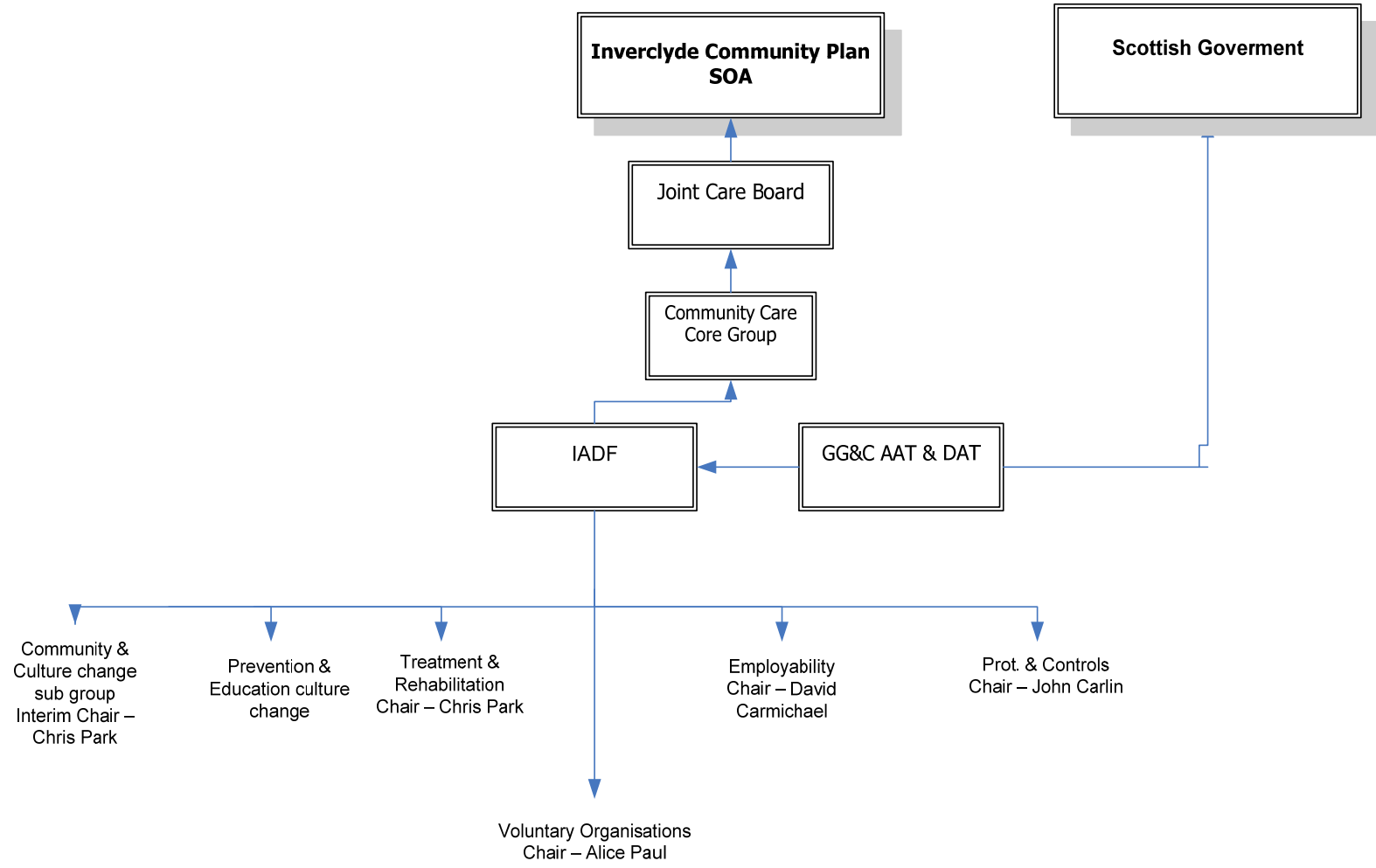
9.2 Alcohol

- Our alcohol related deaths have reduced over the same period. This is against a national and UK increase.
- We have developed services in Inverclyde in response to local identified need which do not exist elsewhere in the country. These are subject to systematic monitoring and scrutiny and demonstrate high levels of success.
- The numbers of young people aged 15 years who report having consumed 5 or more drinks at one time in the last month is now the lowest in the NHS GG & C Board area. This is very important in that early onset heavy drinking is a strong indicator of future problems.
- The numbers of people prosecuted for Drink Driving offences in Inverclyde has dropped.

10.0 CONCLUSIONS AND RECOMMENDATIONS

- 10.1 Members are asked to note the content and key messages of the Audit Scotland report.
- 10.2 Members are asked to approve the current and developing arrangements for performance monitoring and reporting adopted by the Inverclyde Alcohol and Drug Forum.
- 10.3 Members are asked to note the favourable outcomes reported in relation to improvements in Inverclyde's position in respect of both alcohol and drugs.
- 10.4 Members are asked to approve the use of the Audit Scotland Self Evaluation Template and to receive a further report on its completion.

Inverclyde Alcohol & Drug Forum



Members of Inverclyde Alcohol & Drug Forum [IADF]

Councillor Joe McElwee, Inverclyde Council [Chair] [joe.mcelwee@inverclyde.gov.uk]
Councillor Iain McKenzie, Inverclyde Council [Vice Chair] [iainzmck@ibm.com]
Barbara Billings, Head of Service, Community Care & Strategy [Barbara.billings@inverclyde.gov.uk]
Bob McLean, Lead Officer, Community Care [bob.mclean@inverclyde.gov.uk]
Chris Park, Acting Service Manager, Alcohol & Korsakoff [chris.park@inverclyde.gov.uk] *
David Carmichael, ASM, Community Drugs Team [david.carmichael@inverclyde.gov.uk] *
Lesley Watson, Lead Officer, Children & Families [lesley.watson@inverclyde.gov.uk]
Dr. Audrey Hillman, Ravenscraig Hospital [audrey.hillman@renver-pct.scot.nhs.uk]
Mandy Ferguson, DGM/DNL Addictions [mandy.ferguson@renver-pct.scot.nhs.uk]
Superintendent David Stewart, Strathclyde Police [david.stewart2@strathclyde.pnn.police.uk]
Fay Rodgers, Community Representative [no email address – correspondence posted out] *
Neil Campion, Education [neil.campion@inverclydeschools.org.uk] *
Janice Thomson, Argyll & Clyde Alcohol & Drug Action Team [janice.thomson@ggc.scot.nhs.uk]
Inspector Stephen Olej, Strathclyde Police [stephen.olej@strathclyde.pnn.police.uk] *
Jo Murray, GG&C [jo.murray@ggc.scot.nhs.uk]
Alice Paul, Inverclyde Community Care Forum [ICCF] [alice.paul@iccf.l.googlemail.com] *
Karen Haldane, Inverclyde Community Care Forum [ICCF] [Karen.haldane@googlemail.com]

Treatment & Rehabilitation Sub-Group

Chris Park, Acting Service Manager, Alcohol & ARBD [Chair] [chris.park@inverclyde.gov.uk] *
David Carmichael, ASM, Community Drugs Team [david.carmichael@inverclyde.gov.uk] *
Fay Rodgers, Community Representative [no email address – correspondence posted out]
Mark Stephenson, Inverclyde Alcohol Services [Hub Project] [mark.stephenson@inverclyde.gov.uk]
Pauline Harkins, Alcohol Liaison Officer, Inverclyde Alcohol Services [pauline.harkins@inverclyde.gov.uk] *
Mareike Awolin, Communitiess. & Culture Change Worker, Inverclyde Alcohol Services [Mareike.awolin@inverclyde.gov.uk] *
Craig Mitchell, Gryffe Unit, Gryffe Unit, Ravenscraig Hospital [Alcohol] [craig.mitchell@renver-pct.scot.nhs.uk]
Jacqueline McElwee, Gryffe Unit, Ravenscraig Hospital [Alcohol] [Jacqueline.mcelwee@renver-pct.scot.nhs.uk]
Brian Murphy, Deputy Centre Manager [Addictions], The Salvation Army [brian.murphy@salvationarmy.org.uk]
Joan Clarke, Leisure & Community Support [joan.clarke@inverclyde.gov.uk] *
Louise Jack, SNIPS Project [louise.jack@irh.scot.nhs.uk]
Rose Sloan, SNIPS Project [rose.sloan@irh.scot.nhs.uk]
Donna Miller, Moving On Inverclyde [contact@movingoninverclyde.co.uk] *
Marie Williams, Moving On Inverclyde [contact@movingoninverclyde.co.uk] *
Stewart MacDonald, Gryffe Unit, Ravenscraig Hospital [Drugs] [stewart.macdonald@renver-pct.scot.nhs.uk]
Archie Dempster [archie.dempster@inverclyde.gov.uk]
Kathleen McIntosh, Carr-Gomm Scotland [kathleenmcintosh@carrgommScotland.org.uk]
Alice Paul, Inverclyde Community Care Forum [alice.paul.iccf@googlemail.com] *
Berni McIntyre, Home Detox Outreach Project [bernie.mcintyre@inverclyde.gov.uk]
Aileen Thomson, Home Detox Outreach Project [aileen.thomson@inverclyde.gov.uk]
John Dunn, Criminal Justice [john.dunn@inverclyde.gov.uk] *
Heather Forbes, SAMH [Inverclyde Support Services] [regentstreet@samhservices.org.uk]
Alex Paterson, The Richmond Fellowship [apaterson@trfs.org.uk]
Mark Rodgers, MR Associates [mrassociates@mac.com]
Brian Young, Choose Life Project [brian.young@Inverclyde.gov.uk] *
Andrea Connelly, Social Work, Inverclyde Council [andrea.connelly@inverclyde.gov.uk]
Tracey McFall, Turning Point Scotland, [tracey.mcfall@gmail.com]
Andrew Todd, Inverclyde Counselling Services [atodd@rcatrust.org.uk]

Members of Communities & Culture Change Sub-Group [and what was Prevention & Education]

Chris Park, Inverclyde Alcohol Services [Chair] [chris.park@inverclyde.gov.uk] *
Pauline Harkins, Alcohol Liaison Officer Inverclyde Alcohol Services [pauline.harkins@inverclyde.gov.uk] *
Mareike Awolin, Comms. & Cult. Change Worker, Inverclyde Alcohol Services [Mareike.awolin@inverclyde.gov.uk] *

Marie Gunnis, Community Drugs Team [marie.gunnis@Inverclyde.gov.uk]
Dodds McFadyen, Youth Connections [dodds@_mcfadyen@yahoo.com]
Louise McVey, Community Safety Partnership [louise.mcvey@Inverclyde.gov.uk]
Joan Clarke, Leisure & Community Support [joan.clarke@inverclyde.gov.uk]
Jane Brown, Leisure & Community Support [jane.brown@Inverclyde.gov.uk]
Brian Young, Choose Life Project [brian.young@Inverclyde.gov.uk]
Bob Barr, Leisure & Community Support [bob.barr@Inverclyde.gov.uk]
Gordon Gillen, INDIE Project [Gordon.gillen@Inverclyde.gov.uk]
Rosina Stewart, Education, West Inverclyde Schools [rosina.stewart@Inverclydeschools.org.uk]
Katie Fowler, Education, East Inverclyde Schools [Katie.fowler@inverclydeschools.org.uk]
Neil Campion, Education [neil.campion@inverclydeschools.org.uk] *
Craig Beaton, Strathclyde Police [craig.beaton@Strathclyde.pnn.police.uk]

Members of Employability Sub-Group

David Carmichael, ASM, Community Drugs Team [Chair] [david.carmichael@inverclyde.gov.uk] *
Joe Donnelly, Getting It Together Inverclyde [joe.donnelly@inverclyde.gov.uk]
Theresa Cunningham, Inverclyde Employability Project [tcunningham@iep-greenock.org.uk]
Shaun Lundy, Economic Development [shaun.lundy@inverclyde.gov.uk]
Anne Clark, Social Work [anne.clark@inverclyde.gov.uk]
Graham McDermott, Community Planning, Inverclyde Council [graham.mcdermott@inverclyde.gov.uk]
Carrie Gibson, James Watt College [cgibson@jameswatt.ac.uk]
Cindy Robb, James Watt College [crobb@jameswatt.ac.uk]
Caroline Jamieson, The Princes Trust [caroline.jamieson@princes-trust.org.uk]
Yvonne Vance, The CRED Project [credproject@yahoo.co.uk]
Diane Samuel, Moving On Inverclyde Limited [contact@movingoninverclyde.co.uk] *
Lynette Robertson, JobCentre Plus [lynette.robertson@jobcentreplus.gsi.gov.uk]
Stuart Macdonald, Gryffe Unit, Ravenscraig Hospital [send to angela.jones@renver.pct.scot.nhs.uk]
Bob Barr, Leisure & Community Support [bob.barr@inverclyde.gov.uk] *
John Dunn, Criminal Justice [john.dunn@inverclyde.gov.uk] *
George Hepburn, Scottish Prison Service, Greenock Prison [george.hepburn@sps.gov.uk]
Janice Stewart, The Trust – New Directions [Janice.stewart@icdt.org.uk]
Tricia Donaghy, The Trust – New Directions [tricia.donaghy@icdt.org.uk]
Rab Gowans, Inverclyde Council, Criminal Justice [rab.gowans@inverclyde.gov.uk] *
Christine Buntrock, DTTO, [christine.buntrock@eastrenfrewshire.gov.uk]

Members of Protection & Controls Sub-Group

Inspector Stephen Olej, Strathclyde Police [Chair] [stephen.olej@strathclyde.pnn.police.uk] *
Chris Park, Inverclyde Alcohol Services [chris.park@inverclyde.gov.uk] *
Councillor Eric Forbes, Inverclyde Council [eric.forbes@inverclyde.gov.uk]
Rab Gowans, Criminal Justice [rab.gowans@inverclyde.gov.uk]
Craig Beaton, Strathclyde Police [craig.beaton@strathclyde.pnn.police.uk] *

*** Denotes those who are involved in more than one Group.**

	Assessment of current position					Comments
	No action needed	No but action in hand	Yes in place but needs improving	Yes in place and working well	Not applicable	
Governance for partners and partnerships						
Agreed priorities and plans						
Are all outcomes, strategies and action plans related to drugs and alcohol in a local area compatible?						
Is there joint involvement in strategic planning, priority setting, and resource allocation by partner agency and partnerships?						
Does planning for drug and alcohol services happen across agency and partnership boundaries?						
Are service outcomes, priorities and plans included in all service development and commissioning activities?						
Risks						
Has a joint risk assessment been carried out against agreed key priorities and actions?						
Are identified risks being actively addressed and monitored?						
Accountability						
Is there an agreed scheme of delegation that clearly states what services, resources and responsibilities partner agencies have devolved to other partner agencies or partnerships?						
Does the agreed scheme of delegation set out the process for accountability of the partnership?						
Financial management						
Has a joint financial framework been agreed by all relevant parties?						

	Assessment of current position					Comments
	No action needed	No but action in hand	Yes in place but needs improving	Yes in place and working well	Not applicable	
Does the joint financial framework include:						
<ul style="list-style-type: none"> • an agreed budget? • regular update reports? • accounting systems? 						
Will the joint financial framework allow the tracking of the funding?						
Commissioning						
Is the commissioning process between partners integrated, or at a minimum, complementary?						
Is there a clear protocol or established arrangements for commissioning and developing services involving NHS boards, local councils and the voluntary and private sectors?						
Do the commissioning arrangements link to each partner's mainstream activities and budget processes?						
Is there a standard contract or service level agreement used for all drug and alcohol services across the area?						
Does the contract or service level agreement include:						
<ul style="list-style-type: none"> • clearly defined roles and responsibilities? • lines of accountability? • quality standards, eg clinical guidelines or good practice that should be followed? • expected activity and/or outcomes? 						
Does every service have a contract or service level agreement in place?						
Are there shared guidelines, protocols and procedures with essential services (such as in housing, children's services and employment services) detailing the criteria for referral between services, the treatment and support options available and the protocols for sharing information between services?						

	Assessment of current position					Comments
	No action needed	No but action in hand	Yes in place but needs improving	Yes in place and working well	Not applicable	
Performance management framework						
Data collection						
Do performance monitoring arrangements collect robust and proportionate information on costs and performance of drug and alcohol services?						
Is there an agreed minimum level of data to be collected by all drug and alcohol services at a local level?						
Do these data incorporate:						
<ul style="list-style-type: none"> national data requirements? clear definitions? activity, outcomes and spend so that value for money can be monitored and evaluated? set timescales for collection? 						
Is there a brief reporting template for services to complete the data?						
These data will provide a financial benchmarking tool to compare services in terms of activity, outcomes and cost and to determine whether the services offer value for money.						
Service quality						
Does the performance framework include service quality such as national quality standards, application of clinical guidelines and service users' views?						
Is this performance framework monitored regularly?						
Are protocols in place to deal with failures in the application of these quality measures?						

		Assessment of current position					Comments
		No action needed	No but action in hand	Yes in place but needs improving	Yes in place and working well	Not applicable	
Evidence based services							
Basic questions							
Has all expenditure on drug and alcohol services in the area been identified?							
Have the range, activity and outcomes (or aims if outcomes are not available) of all the services provided in the area been mapped out?							
Are there evidenced reasons to justify the split of spending between different types of services?							
Make full use of existing evidence							
Is all of the information collected locally used to regularly review current provision against good practice, service activity and service outcomes (where available)?							
Is this information used to identify evidenced options for change?							
Is the latest evidence of effectiveness and identified good practice used?							
Is this information used to change existing services or commission new ones?							
Involving service users, their families, service providers and commissioners:							
Have the views of service users, their families, service providers and commissioners on the quality, accessibility and range of existing services been canvassed?							
Have the views of service users, their families, service providers, commissioners and the police on the new trends in drug and alcohol use been canvassed?							
Is the latest evidence of effectiveness and identified good practice used?							