
Report To:	Health & Social Care Committee	Date: 22 October 2009
Report By:	Robert Murphy Acting Corporate Director, Social Care	Report No: SW/42/09/BM/BK
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Subject:	A NEW FRAMEWORK FOR LOCAL PARTNERHSIPS ON ALCOHOL AND DRUGS – INVERCLYDE ALCOHOL AND DRUG PARTNERSHIP	

1.0 PURPOSE

- 1.1 The main findings of the Audit Scotland report on drug and alcohol services were reported to Committee (30th April 2009).
- 1.2 A commitment was given at this time that Inverclyde Alcohol and Drug Forum would complete the self evaluation tool in preparation for the establishment of Inverclyde Alcohol and Drug partnership. Appendix 1
- 1.3 To identify key requirements and reporting mechanisms outlined in the Scottish Government publication (www.scotland.gov.uk/publications/2009/04/23084201/2) which sets out a new framework for local partnerships on alcohol and drugs.

2.0 SUMMARY

- 2.1 The framework sets out the responsibilities of Scottish Government and Local Government, NHS Board, Agencies and Partnerships and the accountability arrangements between them.
- 2.2 The Scottish Government and COSLA are committed to the framework and invite community planning partners to operate within its terms.

3.0 CONTEXT

- 3.1 Local partnerships on alcohol and drugs have existed in a number of forms since 1989.
- 3.2 The most recent structure is that of Alcohol and Drug Action Teams. Concerns have been expressed as to the commitment to and effectiveness of ADATs.
- 3.3 The Delivery Reform Group reported to Ministers at the beginning of this year advising of the establishment of Alcohol and Drug Partnerships on a national basis.

The findings and recommendations of Audit Scotland's study were taken into account.

4.0 KEY FEATURES OF ALCOHOL AND DRUG PARTNERHSIPS

- 4.1 The Framework document recognises the development of a Single Outcome Agreement (SOA) for each Local Authority area and the commitment of Community Planning Partnerships (CPP) to achieve national outcomes.

The importance of tackling problem alcohol and drug use is reflected in the National Performance Framework (NPF).

4.2 In Inverclyde the detrimental effects of alcohol misuse is a key SOA outcome.

4.3 NHS Boards are accountable for their performance directly to Scottish Ministers.

The Local Delivery Plans relate to HEAT targets and inform the basis of an annual 'performance contract'. Targets on alcohol and drugs feature in the HEAT system. ADP will be Local Authority area based and relate to the Scottish Government via CPP arrangements.

4.4 The Scottish Government's Strategic Approach to alcohol and drug issues is embodied in 'The Road to Recovery' (2008) and 'Changing Scotland's Relationship with Alcohol: A Framework for Action' (2009).

4.5 The strategic documents set out the emphasis on recovery for drug users and a whole population approach to tackling the impact of alcohol misuse on our communities.

5.0 RECOMMENDATION

5.1 It is recommended that members agree the content and routes of accountability in relation to the work of Inverclyde Alcohol and Drug Partnership.

5.2 It is recommended that Members note the current and developing arrangements for performance monitoring and reporting which have a direct relationship to Audit Scotland's findings and to the further development of effective partnership working.

5.3 Members are asked to note the favourable outcomes in relation to both drugs and alcohol which was reported to Committee (30th April 2009) and the mature multi agency partnership forum established by the Inverclyde Alcohol and Drug Forum which provides a solid basis for further development as our Alcohol and Drug Partnership.

Barbara Billings
Head of Community Care and Strategy

6.0 BACKGROUND

- 6.1 Key reports highlighted concern about the level of effectiveness of joint working, representation and commitment to Alcohol and Drug Action Teams on a national basis.
- 6.2 This is by no means uniform and does not reflect current practice in Inverclyde or indeed the GG&C Board wide ADAT structure.
- 6.3 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.
- 6.4 This is reflected in positive outcomes locally in both the drugs and alcohol fields where a number of significant improvements are evidenced.
- 6.5 The framework for alcohol and drug partnerships stresses the need for multi agency partnership working at the local level focused on alcohol and drug misuse.
- 6.6 Partnerships should be firmly based within existing structures and involve Local Authorities, Health Boards, Police, Scottish Prison Service, Community Justice Authorities and third sector organisations.
- 6.7 The governance and accountability arrangements for the partnership should be consistent with existing accountability arrangements between the Scottish Government and local partners. That is SOA's between Government and CPPs and the NHS performance management arrangements including HEAT targets.
- 6.8 Scottish Government will support local partnerships to achieve locally agreed outcomes.
- 6.9 The Alcohol and Drug partnership within each Local Authority area will be firmly embedded within wider arrangements for community planning.
- 6.10 An expert local team supporting the operation of each ADT should be established.
- 6.11 NHS Boards which include more than one Local Authority area have responsibility for establishing coordination arrangements at Board level.
- 6.12 The ADP will develop a comprehensive and evidence based local alcohol and drug strategy and local outcomes framework.

Scottish Government will develop national core indicators which will be included within the local outcomes framework.

7.0 ROLES AND RESPONSIBILITIES

7.1 Scottish Government:

- Will ensure that national strategies are implemented at a local ADP level and will work with partners to ensure that sound, cost effective evidence based practice is developed.
- Will ensure that CPP's give appropriate emphasis to outcomes around reducing alcohol and drug misuse.
- Will use NHS performance management systems as the basis for engagement with individual Health Boards on reducing alcohol and drug misuse, ensuring

appropriate spend and commitment to joint working.

- Will promote an 'Outcomes Tool Kit' and the use of 'National Quality Standards for Substance Misuse Services'.
- Will promote good practice and comparative information on cost effectiveness of services which inform commissioning.

7.2 Local Authority and NHS Board:

- Will participate fully in the development and operation of local partnership arrangements including the ADP's and NHS Board area level coordination arrangements.
- Will ensure that partnership arrangements allow them to meet their respective responsibilities to account to the Scottish Government, other partners and the public.
- Will establish a local expert team to support the operation of the local ADP ensuring a comprehensive, evidence based alcohol and drug strategy for the area ensuring that spend is targeted towards achieving outcomes.

7.3 Other Partners:

- Will contribute to the design, establishment and operation of local partnership arrangements and contributed to the achievement of agreed local outcomes.

8.0 RECOMMENDATIONS

- 8.1 Committee is asked to note the content of the above guidance issued by the Scottish Government in relation to the establishment of Alcohol and Drug Partnerships in Scotland.
- 8.2 Committee is asked to note the governance requirements in relation to the community plan and SOA's.
- 8.3 Committee is asked to note the joint responsibility upon Local Authorities and NHS Boards to contribute fully to the development of the ADP and Coordination arrangements with the Board in relation to the Board's Local Delivery Plan.
- 8.4 Committee is asked to note the current delivery arrangements in respect of drug and alcohol services, the positive outcomes in relation to drug and alcohol previously reported and the review process which has been undertaken in preparation for the establishment of Inverclyde Alcohol and Drug Partnership.

Appendix 4.

Self-assessment checklist for partners

The checklist on the next few pages sets out some of the high-level practical issues around drug and alcohol services raised in this report. NHS boards, councils, police forces, prisons and the voluntary and private sectors should use the checklist to assess themselves against each statement as appropriate and assess the strength of all relevant partnership arrangements.

This checklist is based on statements from a variety of sources including previous Audit Scotland reports, Audit Commission reports and National Audit Office reports.

	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?				✓		Yes. Every effort is made to coordinate and integrate planning functions via the ADP and its sub groups.

	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	
Is there joint involvement in strategic planning, priority setting, and resource allocation by partner agency and partnerships?			✓			Yes, the ADP coordinates and agrees strategic priority and resource allocation from designated partnership monies e.g. new alcohol funds
Does planning for drug and alcohol services happen across agency and partnership boundaries?				✓		Yes. As above.
Are service outcomes, priorities and plans included in all service development and commissioning activities?			✓			Yes. There is an acknowledged need to "firm up" on performance monitoring to further inform commissioning activities

Risks						
Has a joint risk assessment been carried out against agreed key priorities and actions?		✓				ADP Executive group will assess risk of action/inaction/service failure across activity areas more formally than is currently the case.
Are identified risks being actively addressed and monitored?		✓				Identified risks are being addressed although requires formalisation.
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?		✓				This is being actively considered in terms of the modernisation agenda.
Does the agreed scheme of delegation set out the process for accountability of the partnership?		✓				Any process of delegation would make clear the lines of accountability to the partnership.

Financial management						
Has a joint financial framework been agreed by all relevant parties?	✓					Agency spend is clear. Protocols around joint commissioning are weak.
<p>Does the joint financial framework include:</p> <ul style="list-style-type: none"> ● an agreed budget? ● regular update reports? ● accounting systems? 	<p>✓</p> <p>✓</p> <p>✓</p>					The new partnership monies which respond to the National Plan for Alcohol is applied via a transparent partnership process. Regular reports and accounting takes place. The total service framework however is agency based/ monitored via contracts with third sector providers.
Will the joint financial framework allow the tracking of the funding?	✓					All spend by partner agencies are captured, and activity reported. A transparent financial framework which monitors joint spend has yet to be established.

Commissioning						
Is the commissioning process between partners integrated, or at a minimum, complementary?			✓			Yes. The ADP ensures joint complementary activity.
Is there a clear protocol or established arrangements for commissioning and developing services involving NHS boards, local councils and the voluntary and private sectors?			✓			Good partnership working exists between statutory and voluntary sector ADP members. Apart from out of area rehabilitation services, commissioning tends to be on a single agency basis.
Do the commissioning arrangements link to each partner's mainstream activities and budget processes?	✓					This would be a desired outcome of the fully developed financial framework.
Is there a standard contract or service level agreement used for all drug and alcohol services across the area?		✓				Local authority and NHS have their own contract/SLAs - not shared.
Does the contract or service level agreement include: <ul style="list-style-type: none"> ● clearly defined roles and responsibilities? ● lines of accountability? ● quality standards, e.g. clinical guidelines or good practice that should be followed? 			✓ ✓ ✓			All contracted service contain clearly defined roles and responsibility and lines of accountability. Quality standards are monitored both internally and externally

<ul style="list-style-type: none"> ● expected activity and/or outcomes? 			✓			and performance is likewise monitored against agreed outcome measures.
Does every service have a contract or service level agreement in place?				✓		Yes - all contracted services.
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?			✓			This is variable from typed protocols in relation to child protection to best practice in relation to work with ADP partnership agencies.

Performance management framework						
Data collection						
Do performance monitoring arrangements collect robust and proportionate information on costs and performance of drug and alcohol services?		✓				Robust information is gathered in respect of project funding e.g. FSF. Value for money to be systematically embedded throughout service areas.
Is there an agreed minimum level of data to be collected by all drug and alcohol services at a local level?		✓				We will be assisted by central guidance.
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? 			✓ ✓ ✓ ✓			Will be assisted by Scottish Government support/clarity around definition and standards.
Is there a brief reporting template for services to complete the data?		✓				To be developed.
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?			✓			All services whether directly provided by statutory agencies or contracted operate to national quality standards as minimum, likewise clinical guidelines. The ADP ensures active service user "voice" around service quality and development.
Is this performance framework monitored regularly?			✓			Yes. Requires work to systematically evaluate performance.
Are protocols in place to deal with failures in the application of these quality measures?			✓			Via contract monitoring/evaluation of performance against anticipated outcome.

Evidence-based services						
Basic questions						
Has all expenditure on drug and alcohol services in the area been identified?			✓			Yes, though needs to be refined.
Have the range, activity and outcomes (or aims if outcomes are not available) of all the services provided in the area been mapped out?			✓			Yes, though needs to be updated in a systematic manner.
Are there evidenced reasons to justify the split of spending between different types of services?		✓				This has often been driven by external funding sources.
Make full use of existing evidence			✓			Yes, we are well informed in respect of research and development.
Is all of the information collected locally used to regularly review current provision against good practice, service activity and service outcomes (where available)?			✓			Yes - see above
Is this information used to identify evidenced options for change?			✓			Yes, we proceed on the basis of best practice, value for money services.
Is the latest evidence of effectiveness and identified good practice used?			✓			Yes - see above.
Is this information used to change existing services or commission new ones?			✓			Yes. We are also informed by pilot project activity on a lo-

						quality basis.
Involving service users, their families, service providers and commissioners:				✓		we have well developed mechanisms for engaging with service users, families, service providers and commissioners via ADP.
Have the views of service users, their families, service providers and commissioners on the quality, accessibility and range of existing services been canvassed?				✓		Yes - see above
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?				✓		Yes, this is an integral function of Inverclyde Alcohol and Drug Partnership
Is the latest evidence of effectiveness and identified good practice used?				✓		Yes.