
Report To:	Inverclyde Integration Joint Board	Date:	26th January 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	IJB/05/2016/DG
Contact Officer:	Deborah Gillespie Head of Service Mental Health, Addictions & Homelessness	Contact No:	715284
Subject:	INVERCLYDE ALCOHOL AND DRUG PARTNERSHIP'S ANNUAL REPORT (SELF-ASSESSMENT) 2014/15		

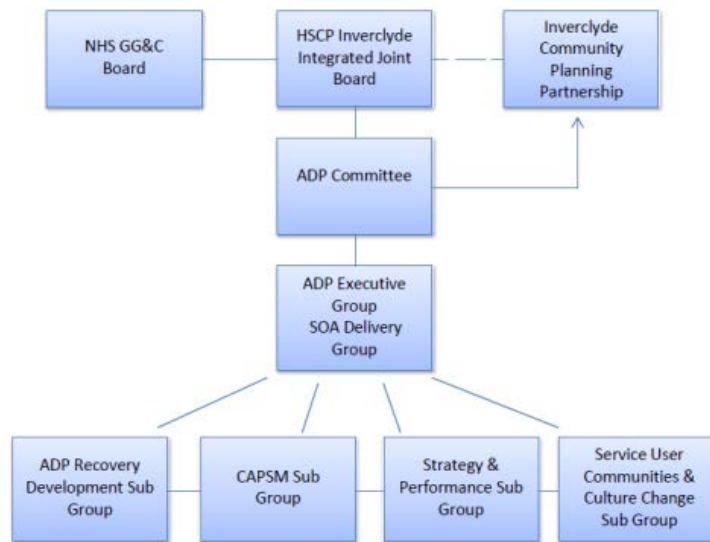
1.0 PURPOSE

- 1.1 To advise the Integration Joint Board of the Inverclyde Alcohol and Drug Partnership's Annual Report (Self - Assessment) for the period 2014/15.
- 1.2 To inform the Board of key areas of progress over 2014/15 and areas of focused development for the Alcohol and Drug Partnership (ADP) in 2015/16.
- 1.3 To ask the Board to note details of the ADP's performance framework and benchmarking report, which form part of the Scottish Government's performance monitoring arrangements for assessing the partnerships progress towards meeting National Outcomes for ADPs.
- 1.4 To advise the Integration Joint Board of direction from Scottish Government which requires that ADPs have arrangements for linking into local decision-making processes including Health and Social Care Partnerships.
- 1.5 To raise awareness of alcohol and drug issues informing local priorities, ensuring strategic and delivery plans for alcohol and drug outcomes are embedded within integrated Health and Social Care arrangements.

2.0 SUMMARY

- 2.1 The work of the ADP is directed by the commitments outlined within the ADP Delivery Plan. The Plan provides details of arrangements for meeting priorities within the context of ADP National Outcomes, Ministerial Priorities for ADPs (set by Scottish Government) and local priorities. The Plan provides the focus for partnership working across Inverclyde ADP partners. This work is monitored by the ADP performance framework.
- 2.2 Inverclyde ADP's governance arrangements provide a framework within which the alcohol and drug policy agenda can be taken forward. This framework provides a mechanism for linking with wider planning structures including the Community Planning Partnership (CPP) and Health and Social Care Partnership (HSCP). The structure has been reviewed over the past few years as the ADP partnership has

evolved to better reflect identified need and the range of activities undertaken. The ADP Executive group has a dual function acting also as a Single Outcome Agreement Delivery Group for alcohol within the Community Planning Partnership. Inverclyde ADP is a specific client planning group within the Inverclyde HSCP governance arrangements. The ADP reports to the HSCP Integrated Joint Board. Figure 1 ADP Governance Structure



(CAPSM: Children Affected by Parental Substance Misuse)

- 2.3 The annual report provides an update on the ADP's progress towards meeting the ADP Delivery Plan commitments including reporting on performance against targets within the ADP performance framework.
- 2.4 The annual report identifies the ADP priorities for further development in 2015/16. The five key commitments for 2015/16 following this self-assessment have been identified as:
1. Continue to embed Recovery Orientated Systems of Care (ROSC) across services.
 2. Implementing National Quality Standards for Drug and Alcohol Services.
 3. Implementation of the new National Drug and Alcohol Information System (DAISy).
 4. Reduce drug related deaths.
 5. Workforce development.

3.0 RECOMMENDATIONS

- 3.1 That the IJB note the ADP Self-Assessment (Annual Report) for 2014/15.
- 3.2 That the IJB note the progress of the ADP across the self-assessment criteria and take cognisance of areas for future development within the self-assessment criteria including priority areas for development in 2015/16.
- 3.3 That the IJB note the ADP performance reporting across ADP outcomes and the action being undertaken across partners to work towards meeting targets and outcomes.

Brian Moore
Corporate Director
(Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The Scottish Government's governance framework for Alcohol and Drug Partnerships is outlined within '*Updated Guidance for Alcohol and Drug Partnerships on Planning and Reporting Arrangements (Scottish Government July 2015)*'. This details the reporting requirements which support the embedding of outcomes based planning and reporting at a local level, helping ADPs to self-assess their performance (including benchmarking against other ADPs) and to articulate their contribution to their local SOA/health and social care plans in supporting joint improvements. This also contributes to a national picture of our overall progress in supporting alcohol and drug prevention, treatment and recovery.
- 4.2 Alcohol and Drug Partnerships are asked to evidence their delivery, activities, and progress against a range of themes within an Analyse, Plan, Deliver and Review framework. The self-assessment process includes a traffic light coding system (RAG score) to rate performance where: *RED* – reflects not yet started or being considered for the future. *AMBER* – reflects work in progress but not yet completed or still some development needed. *GREEN* - indicates work either completed or a pattern of work fully established to the ADP specification and now an on-going piece of work which includes further enhancements.
- 4.3 Of the 20 assessment themes which were subject to RAG scores, no theme was assessed as having a RED RAG score and ten areas had AMBER and GREEN RAG scores.

Areas with **Green** RAG scores included progress across the following themes:

- An ADP joint strategic needs assessment process is in place.
- An outcomes based ADP Joint Performance Framework is in place.
- We have a shared vision and joint strategic objectives for people affected by problem substance use, and our work is aligned with our local partnerships, e.g. child protection committee, violence against women, community safety, and prevention programmes including with education.
- Our planned strategic commissioning work is clearly linked to Community Planning and local integrated health and social care plans.
- Service Users and carers are embedded within the partnership commissioning processes.
- We adhere to statutory requirements regarding Equality Impact Assessments.
- We can evidence a range of prevention, treatment, recovery & support interventions (including early intervention) commissioned by the ADP which have been delivered in the reporting period.
- A schedule for service monitoring and review is in place, which includes statutory provision.
- We evidence that the ADP and partners are contributing to delivery of a whole population approach for alcohol.

- 4.4 Areas with an **Amber** RAG scores included areas of work which continue to be progressed across the following themes:

- Integrated Resource Framework Process: Requires broader capture of finance information across partner agencies. An integrated resource framework across all partner agencies requires development.
- A person centered recovery focus has been incorporated into our approach to strategic commissioning. Our Recovery Orientated System of Care (ROSC) is in development.
- We are working to deliver Joint Workforce plans which are based on the needs of our population, as outlined in 'Supporting the Development of Scotland's Alcohol and Drug Workforce' statement. We are being supported by the Scottish Drugs Forum (Workforce Development Team) to take this work forward.

- We continue to develop support to communities across a range of dimensions: prevention of developing problem alcohol/drug use; community safety including violence against women, and reducing reoffending where substance misuse is a feature; collaborating with interventions for children affected by parental substance misuse; and supporting people in moving on from treatment and care services for ongoing recovery (e.g. self-directed support, mutual aid/recovery communities).
- The ADP Delivery Plan is reviewed on a regular basis, which includes a review of the provision of prevention activity, recovery, treatment and support services (ROSC).
- Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services.
- Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.
- The ADP is working towards setting in place a framework for a quality assurance system which governs the ADP and evidences the quality, effectiveness and efficiency of services within the framework of requirements of the *National Quality Principles: Standard Expectations of Care and Support in Alcohol and Drug Services*.
- The ADP is working towards meeting the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland.

4.5 Performance Framework:

The ADP performance framework links ADP national and local outcomes with indicators and targets and includes benchmarking with National data and other ADPs within NHS Greater Glasgow and Clyde. The performance framework also illustrates the range of actions undertaken across the seven National ADP Outcomes.

4.6 Drug and alcohol issues within Inverclyde are profound and pervasive and benchmarking gives some indication of this across a number of key reporting areas. The performance framework provides a mechanism for measuring the impact of actions undertaken to address the impact of alcohol and drug misuse and to support prevention strategies. The ADP continues to work on identifying meaningful targets across all indicators.

4.7 A sample of performance against targets met and those where the target was not met are provided below:

Targets met:

- Reduced Alcohol related hospital admissions
- Reduced Alcohol related mortality
- HEAT target for alcohol and drug services waiting times –waiting three weeks or less for treatment
- Increased referrals with acute liaison services for alcohol and drug
- Increasing reach to these needing drug services demonstrating an increased referral rate
- Decrease in prevalence of injecting among those in drug services
- Retention of people in treatment demonstrated by the increase in the number of problem drug users still in treatment 3 months after treatment commencing
- A reported reduction in mean number of units of alcohol consumed by young people who are weekly drinkers (15 years) – SALSUS
- HEAT Target for delivery of alcohol brief Interventions has been met.
- All ADP Partner agencies have had access to training on New Psychoactive Substances
- Reduction in the number of Domestic Fires where alcohol/drug is suspected to be a contributory factor including where there were casualties or fatalities
- % of people perceiving rowdy behaviour very/fairly common in neighbourhood lower than national level
- Number of licensed premises in force per on trade, off trade and personal

licenses in force per 10K population, is lower than national rate

ADP targets were not met across the following indicators:

- Drug related hospital admissions
- Drug related mortality, i.e. drug deaths
- The estimated prevalence of problem drug use
- Percentage of 15 year old pupils who have used illicit drugs in the last month or last year
- Proportion of 15 year olds drinking on a weekly basis
- Criminal Offences: Numbers of serious assaults, vandalism, breach of the peace

4.8 Actions to Address Ministerial Priorities:

The ADP funding allocation letter for 2015-16 outlined a range of Ministerial priorities and asks ADPs to describe in the annual report their measures for delivering these during 2015/16. Ministerial priorities and our commitments to deliver these are as follows:

- *Implementing improvement methodology, including implementation of the Quality Principles: Care and Support in Drug and Alcohol Services and the recommendations outlined in the independent expert group on opioid replacement therapies (ORT).*

We will continue to analyse our practice and develop service responses in partnership with users and other partners. We will embed 'Outcome Star' and relevant outcome measurement tools to assure performance measurement. We will manage risk in relation to ORT, promote alternative treatments to methadone and place recovery at the heart of all service provision. We will continue to support and promote our Intensive Family Response Service to address whole family needs and support training and development of Addiction staff.

- *Improving data compliance with the Drug and Alcohol Treatment Waiting Times Local Delivery Plan (LDP) Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD). Increasing compliance with the Scottish Drugs Misuse Database.*

We will work effectively to ensure that targets are met in respect of DATWTD. We will ensure full staff capacity and the development of low threshold approaches to access care. We will ensure that all relevant staff are trained and supported to ensure efficient and effective recording and practice.

- *Preparing local systems to comply with the new Drug & Alcohol Information System (DAISy) which is expected to be operational by Autumn 2016.*

All staff involved in delivery will be trained and supported to use the new system. We will refine our processes and maximise the effectiveness of organisational information systems.

- *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.*

We will implement the NHS GG&C Prison Healthcare New Substance Misuse Strategy which includes a recovery focused model for delivery of substance misuse services including bespoke Addiction Nurse Service in SPS. The Persistent Offenders Partnership [POP] will continue to work into prisons. Throughcare Support Officers Services will continue to work across NHS services in prison and the community to support suitable release plans including arrangements with GP

prescribers and support services being in place prior to release from custody.

- *Compliance with the Alcohol Brief Interventions (ABIs) Local Delivery Plan (LDP) Standard.*

We will deliver extensive training, modify reporting systems and support effective reporting of ABIs.

- *On-going implementation of a Whole Population Approach for alcohol: recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.*

We will sustain our existing comprehensive input to all school aged children in Inverclyde. We will continue to engage with our community in respect of alcohol awareness and education and develop further our input to people who are homeless and to prisoners.

- *ADP engagement in improvements to reduce alcohol related deaths.*

We will continue to develop services which prevent and divert people from dangerous consumption and ensure effective services for those who require them.

- *Increasing the reach and coverage of the national naloxone programme and tackling drug related death.*

We will support the development of alternatives to methadone and promote and sustain our significant recovery developments including the wider coverage of Naloxone uptake.

- *Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).*

We will deliver tailored inputs to every school which highlight the risks attached to NPS. We will deliver bespoke training on NPS. We will continue to monitor NPS impact upon statutory services linking actively with the Drug Trend Monitoring Group.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications: None

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There are/are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
No	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

6.0 CONSULTATION

6.1 The ADP Annual Report is produced in collaboration with partners and is approved by the ADP Committee.

7.0 BACKGROUND PAPERS

7.1 **Inverclyde HSCP ADP Annual Report**

<http://www.inverclydeadp.org.uk/GetAsset.aspx?id=fAAzADMAOQA2ADIAfAB8AEYAYQBsAHMAZQB8AHwANgAxAHwA0>

Changing Scotland's Relationship with Alcohol: A Framework for Action, March 2009: <http://scotland.gov.uk/Publications/2009/03/04144703/0>

The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem, May 2008: <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

Scottish Government (2014) Updated Guidance for Alcohol & Drug Partnerships (ADPs) on Planning & Reporting Arrangements 2014-15. Available from : <http://www.gov.scot/Resource/0045/00453380.pdf>

Delivering Recovery - Opioid Replacement Therapies in Scotland-Independent Expert Review. Scottish Government 2013. <http://www.gov.scot/Publications/2013/08/9760>

Supporting the Development of Scotland's Alcohol and Drug Workforce: Scottish Government 2010. <http://www.gov.scot/Publications/2010/12/AandD>

The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services: Scottish Government 2014. <http://www.gov.scot/Publications/2014/08/1726>