



INTEGRATION JOINT BOARD

Date of Meeting	3 September 2019
Report Title	Alcohol Drug Partnership Update
Report Number	HSCP19051
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Simon Rayner
Consultation Checklist Completed	yes
Directions Required	yes
Appendices	Appendix 1 Spending Proposal Appendix 2 Directions to ACC and NHSG

1. Purpose of the Report

- 1.1. The Scottish Government has provided Alcohol and Drug Partnerships (ADPs) across Scotland additional recurring funding. For Aberdeen City this equates to £666,404 per year. The funding is allocated to locally deliver the national strategy: [Rights, Respect, Recovery](#).
- 1.2. The IJB is accountable for the financial governance of this investment. This paper is presented to the IJB to allow ratification of the ADP proposal and to direct NHS Grampian and Aberdeen City Council accordingly. This report sets out the detail of the intended investment as agreed by the ADP on the 31st May 2019.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
 - a) Approve the expenditure as set out in paragraph 4.3; and
 - b) Make the Directions as set out in Appendix 2 relating to the five workstreams set out in Appendix 1 and instructs the Chief Officer to issue the Directions to the Aberdeen City Council and NHS Grampian.



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3. Summary of Key Information

- 3.1 The Scottish Government allocated £666,404 on a recurring basis from September 2018. In the financial year 2018/19 £666,000 of funding was not spent and was carried forward into financial year 2019/20, as the funding announcement was delayed pending the publication of a national strategy. This makes the total amount available for investment in 2019/20 as £1,332,404. This report details investment of the full £1,332,404 with investments proposed on a mixture of recurring and fixed term basis. The detail of the intended investment was agreed by the ADP on the 31st May 2019.
- 3.2 The key challenges in relation to drugs and alcohol for Aberdeen City are:
- High rates of drug related death – 52 in 2018 – predominantly in areas of higher deprivation,
 - High rates of alcohol related death – 51 in 2018 – predominantly in areas of higher deprivation,
 - High numbers of alcohol related illness and hospital admission,
 - Complex poly-drug use,
 - Ageing demographic of drug users: A high proportion of this population have multiple underlying health conditions and have a physiological health age which is comparable to those who are 15 years older in the general population ([Scottish Government / Scottish Drugs Forum 2017](#)),
 - The government have indicated that, across Scotland, we need to increase capacity to ensure the most vulnerable have “low threshold” access to treatment and increase the retention in treatment services and in particular Opiate Substitution Therapy (OST).
- 3.3 The development of the investment detail involved discussion with:
- Public, localities, communities of interest and service users,
 - Professionals,
 - Community Planning Partnership; specifically Community Justice Board, Integrated Children’s Services Board, Resilient, Included and Supported Group as well as Alcohol & Drugs Partnership,



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- Public Health and Managed Clinical Network for Sexual Health and Blood Borne Viruses,
- Aberdeen Health and Social Care Partnership staff.

3.4 The ADP membership has representation from the following agencies

- Police Scotland,
- Scottish Prison Service,
- Aberdeen City Council,
- NHS Grampian Public Health,
- Aberdeen Health and Social Care Partnership,
- Scottish Fire and Rescue Service,
- ACVO,
- Civic Forum,
- Aberdeen In Recovery (people with lived experience of addictions),
- Drug, Alcohol and Blood Borne Virus Forum.

3.5 The ADP is an Outcome Improvement Group of Community Planning Aberdeen. The ADP has a stretch aim of “*Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026*”, as well as improvement charters to:

- *Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021,*
- *100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021,*
- *Reduce the number of births affected by drugs by 0.6 %, by 2022,*
- *Increase % of the population who feel informed about using alcohol responsibly by 2021,*
- *Increase by 10% the percentage of adults in Aberdeen City who are non drinkers or drink alcohol in a low risk way by 2021,*
- *Increase the number of Number of alcohol licensed premises awarded Best Bar None status by 2021,*
- *Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021,*



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- *Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021,*
- *Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021,*
- *Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021,*
- *Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021,*
- *Increase number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in their community by 2021,*
- *Increase the uptake and retention of people in the Justice System with drug and alcohol related problems in specialist substance use services by 100% by 2021.*

- 3.6 The five business cases were presented to the AHSCP Executive Programme Board of the 14th August 2019. The business cases set out standard details of the business need, objectives, scope, risks, assumptions, dependencies, constraints etc. All five business cases were agreed and will help to deliver the outcomes from the LOIP and the IJB Strategic Plan.
- 3.7 The ability to recruit clinical staff is seen as a potential risk to delivery. This has been partly offset through investing in an improvement programme to encourage recruitment into the sector. Employment of clinical staff is the preferred option, however, if this is unsuccessful we will revisit other options. The investment will support an overall redesign of services towards longer term sustainable models of delivery.
- 3.8 In summary this investment supports a range of action across the Alcohol and Drugs Partnership, the Health and Social Care Partnership and Community Planning Partnership to work together to tackle drug and alcohol related issues. It supports whole system approaches and seeks to include and involve localities, the public, service users and those with lived experience of recovery.



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3.9 The investment is spread across a range of strategic interventions with allocations approximately distributed as:

- 46% *prevention and early intervention,*
- 43% *treatment and tertiary prevention,*
- 4% *invested in recovery,*
- 4% *invested in improving intelligence,*
- 3% *not allocated to be carried forward.*

3.10 The values invested don't necessarily represent the "priority level" of an activity –they also reflect the cost of "doing" something. Within the ADP delivery plan and the Community Planning Aberdeen LOIP there are a significant number of improvement projects that intend to use existing resources differently and more effectively, therefore the investment does not represent the totality of activity that the ADP aspires to.

4 Implications for IJB

4.1 Equalities

This investment will have a positive impact on communities and service users through additional service capacity, improved access to support and improved service quality.

This investment will have a positive impact on staff in relation to investment in training, professional development and increased staff numbers.

This investment will have no negative impact on employees, service users or other people who share characteristics protected by The Equality Act 2010

4.2 Fairer Scotland Duty

This investment will have a positive impact on reducing *the inequalities of outcome which result from socio-economic disadvantage.*

4.3 Financial – contained in Appendix 2 and summarised below:



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	ACC	ACC	NHS	NHS	
	Recurring (£)	Non-Recurring (£)	Recurring (£)	Non-Recurring (£)	Total (£)
Workstream 1 Allocation	100,000	45,000	0	0	145,000
Workstream 2 Allocation	29,895	43,177	59,256	220,000	352,328
Workstream 3 Allocation	44,000	0	348,087	10,000	402,087
Workstream 4 Allocation	0	0	40,000	0	40,000
Workstream 5 Allocation	0	0	25,898	50,000	75,898
Workstream Localities	0	300,000	0	17,091	317,091
TOTAL	173,895	388,177	473,241	297,091	1,332,404

4.4 Workforce – contained in Appendix 2.

4.5 Legal - There are no direct legal implications arising from this report.

4.6 Other - There are no other anticipated implications as a result of this report.

5 Links to ACHSCP Strategic Plan

5.1 The Scottish Government expect to see alcohol and drugs as an identifiable section within the AHSCP Strategic Plan. This plan, the ADP Delivery Plan and priorities within the Community Planning Partnership should all be corporate and work is being undertaken to ensure this.

6 Management of Risk

6.1 Identified risks(s)

Recruitment of clinical staff is a potential risk to delivery.

6.2 Link to risks on strategic or operational risk register:

Adult drug treatment services are currently graded “High Risk” on the risk register due to ongoing vacancies; service capacity and the ongoing negative impact on waiting times and patient safety.



6.3 How might the content of this report impact or mitigate these risks:



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This investment will bring additional service capacity, opportunity for redesign and partnership working which will help mitigate risks.

A recruitment programme led by quality improvement processes is being used to encourage recruitment of new staff.

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)



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Appendix 1

Summary of investment details

Workstream 1: Whole Family Approach

- 1a *We will fund, in line with ADP specification, a Guidance Teacher part time for 12 months to develop resources and develop staff at the value of up to £45,000*

2 Work Stream Reduce Harm, Morbidity and Mortality

This Workstream encompasses primary, secondary and tertiary prevention in relation to reducing harm, morbidity and mortality. We will take whole-population approaches to reducing alcohol consumption, with the aim of preventing harm. Where people are using drugs and alcohol we will ensure there are appropriate supports to allow people to reduce risks and harm and improve access to help for the most at risk. We will aim to reach out to people who are vulnerable either by location or circumstances and seek to work in partnership with communities and colleagues across housing, health, social care and justice to ensure a “whole system” response.

We will:

- 2a *Procure from the 3rd sector, in line with ADP specification, 2 x Assertive Outreach Workers for a fixed period of 2 years at a value of up to £135,000 to work with homelessness, rapid housing, overdose prevention*
- 2b *Fund in conjunction with Violence Against Women Funding, in line with ADP specification, a Housing / Domestic Abuse Worker at the value of up to £30,000 per year to improve tenancy retention, support women and pathways*
- 2c *Fund, in line with ADP specification, a Band 7 RGN Advanced Nurse Practitioner Nurse up to the value of £59,256 to improve general health and respond to increasing presentations of poor general health from older drug users across the sector*
- 2d *Fund, for a fixed period of 12 months, in line with ADP specification a Locality Based Development Worker at the value of up to £43,177 to help support and engage localities to develop improvements and delivery ADP priorities and to support our ambition for our strategy to be rooted in community action*



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- 2e *Fund, in line with ADP specification, 1x Custody Link Worker up to the value of £80,000 over a two year fixed period to support continuity of treatment and care between community and justice (previously agreed by the IJB).*

3 Work Stream 3 Service Quality and Outcome Improvement

This Workstream encompasses primary, secondary and tertiary prevention in relation to reducing harm, morbidity and mortality, and whole-population approaches to reducing alcohol consumption with the aim of preventing harm. Where people are using drugs and alcohol in risky ways, we will ensure there are appropriate supports to allow people to reduce harm and services to help facilitate this. We need to ensure that those at greatest risk of harm from drugs and alcohol have access to appropriate support to reduce risk as easily as possible. We will ensure our services are able to demonstrate a high standard of delivery and reportable quality-assurance outcomes in line with national and local expectations. We will involve service users in our quality-assurance processes. We will ensure that our staff working in specialist addiction services are appropriately supported and valued in our quality processes to ensure best possible care, recruitment and retention. In line with the National Quality Principles service users should be supported by workers who have the right attitudes, values, training and supervision throughout the recovery journey. We will support specialist addiction services to reduce harm and support the most at risk to seek help. We will develop innovative ways to engage those most at risk and seek to improve quality of life. We will seek to ensure that there are opportunities for those at risk to reduce harm through the provision of health improvement work to reduce harm and improve health and wellbeing outcomes. We will build the capacity of our specialist drug services to improve access whilst maintaining waiting times standards. We will seek to increase retention in drug treatment.

We will:

- 3a *fund in line with ADP specification increase scale and pace of change of the Alcohol Hub model, specifically:*
- i. *a Social Worker to work within the AHSCP Integrated Alcohol Service up to the value of up to £49,000 per year Extension of alcohol hubs by two this will increase capacity and establish alcohol services in areas of greatest need with a plan to link longer term to Community Care and Treatment Hubs.*
 - ii *a Band 6 nurse to work in the Integrated Alcohol Service up to the value of £50,276 per year*



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- iii 12 GP sessions per year and 12 Consultant GI Sessions per year
- 3b continue to fund the existing Alcohol Hubs at a value of £12,000 for the provision of 12 GP sessions and 12 Consultant GI sessions per year
- 3c fund, line with ADP specification, four Band 6 nurses to work in the Integrated Drug Service up to the value of £50,276 per year each to increase capacity and to facilitate improved service user retention, increase innovation and improve outcomes to meet national quality standards
- 3d fund, line with ADP specification, a Band 8a nurse to work across the Integrated Drug Service and the Integrated Alcohol Service up to the value of £68,983 per year to lead quality improvements, lead on non medical prescribing, lead on trauma informed care, outreach for complex cases and overdose incidence
- 3e fund, in line with ADP specification, the development of a new way of working with Primary Care Vision / EMIS system at a value of £10,000 per year that will improve our ability to performance manage BBV testing, Medicine Reviews, Contraception Reviews etc
- 3f fund, in line with ADP specification, Staff / workforce development / recruitment and retention programme at a value of £10,000 to help mitigate against staff recruitment risks

4 Supporting Recovery

An individual's recovery from a drug or alcohol-related problem is personal to them. Different people will achieve recovery in different ways and it is our role to ensure that there are appropriate supportive opportunities to allow people to sustain their recovery in their community. Increasing the visibility of recovery gives strength and hope to others who are on their own journey. Increasing the visibility of recovery helps reduce stigma and can put a human face to the complex issues underlying drug and alcohol use. Ensuring that there are a range of options for people to engage in recovery helps give resilience and reduce isolation. We will seek to remove barriers to recovery and support housing, employability and education opportunities.

We will

- 4a grant fund, in line with ADP specification, Aberdeen In Recovery (Scottish Charity number SC049125) up to the value of £40,000 per year Grant Fund **Aberdeen In Recovery** to provide peer led recovery support group and undertake



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a range of groups, activities. AiR recently became established as a registered charity with OSCR.

5 Intelligence Led

Knowledge and understanding in relation to the underlying causes of drug and alcohol problems are increasing all the time and this understanding helps us develop effective evidenced-based strategies for reducing the negative impact on our society. We want to ensure that people have access to knowledge and information about drugs and alcohol to encourage personal choice and self-care. We want to hear from people and communities affected by drugs and alcohol and we want to be able to inform them of our work and how they can help. To do this we need to be able to measure our progress and report our performance against our aspirations.

We will

- 5a *fund data management capacity at a value of £ £25,898 per year reduce demand on practitioners and prepare for Scottish Government DAISY system coming on stream in January 2020. Longer term we will develop a digital strategy for our addiction services*
- 5b *fund in line with ADP specification, a development programme at a value of £50,000 to lead a cohort of senior officers and the ADP through process of “discovery” examining world class evidence to formulate innovations and improvements at a strategic level for the City*

Locality Partnerships

Engaging local communities and ensuring that our strategies meet the needs of the population is a key component of effective delivery. In preparation for the implementation of Community Planning and AHSCP localities we will allocate resource to each locality. This resource to allow communities to help deliver the ADP framework and support local grass roots activity. Help shape the future ADP delivery plan through improved intelligence and co-production.

We will:

- 5c *make available, on a non recurring basis, £300,000 for the three City localities, North, Central and South to develop community based responses to drug and alcohol issues and to help local communities deliver the ADP Objectives*



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Appendix 2

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DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

ABERDEEN CITY COUNCIL AND NHS GRAMPIAN are hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan, Appendix A to this report and existing operational arrangements pending future directions from the Board.

Related Report Number: - HSCP201955

Approval from IJB received on: - 3rd September 2019

Description of services/functions: -

To support the delivery of the Alcohol and Drug Partnership strategic delivery as detailed in the five workstreams business cases as attached to this Direction, specifically:

Aberdeen City Council:

- 1a To provide leadership, develop resources and implement project charter, ensuring that 100% of schools have % of schools with a progressive, cohesive and relevant substance misuse curriculum



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- 2a To provide, for a fixed period of 2 years, support to people who are homeless or rapidly re-housed and people who are at risk of overdose to specifically help reduce the rate of drug related deaths in this target group
- 2b To provide a recurring Housing / Domestic Abuse development service in-conjunction with the Violence Against Women partnership to improve pathways, joint working, retention of tenancy, anti-social behaviour, rent arrears and to specifically support women into treatment services and specifically women affected by substance use and domestic abuse
- 2d To provide developmental capacity for a fixed period of 12 months to help support and engage localities to develop improvements and delivery ADP priorities and to support our ambition for our strategy to be rooted in community action in line with Local Outcome Improvement Plan
- 3a To provide a recurring Social Work service to facilitate the extension of alcohol hubs to increase capacity and establish alcohol services in areas of greatest need with a plan to link longer term to Community Care and Treatment Hubs

NHS Grampian

- 2c To provide a recurring Advanced Nurse service to improve general health and respond to increasing presentations of poor general health from older drug users across the sector from a number of key service locations across the city
- 3a Provide a recurring specialist alcohol mental health nursing service to facilitate the extension of alcohol hubs to increase capacity and establish alcohol services in areas of greatest need with a plan to link longer term to Community Care and Treatment Hubs.
- 3b To continue to provide alcohol hubs in Kincorth and in Woodside
- 3c To provide recurring additional specialist nursing service capacity within the Integrated Drug Service increase capacity and to facilitate improved service user retention, increase innovation and improve outcomes to meet national quality standards
- 3d To provide recurring a senior mental health nurse practitioner service to lead quality improvements, lead on non medical prescribing, lead on trauma informed care, provide outreach for complex cases and overdose incidence



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- 3e To provide new way of working with Primary Care Vision system that will improve the ability of clinicians to performance manage BBV testing, Medicine Reviews, Contraception Reviews etc
- 3f To provide a staff / workforce development / recruitment and retention programme to help mitigate against staff recruitment risks
- 4a To grant Fund **Aberdeen In Recovery** – (AiR) is a peer led recovery support group to under a range of supports, groups, activities.
- 5a To provide recurring data management capacity to reduce demand on practitioners and prepare for Scottish Government DAISY system coming on stream in January 2020.
- 5b To provide over a fixed period a development programme to lead a cohort of senior officers and the ADP through process of “discovery” examining world class evidence to formulate innovations and improvements at a strategic level for the City
- 5c Provide local communities with resources over a fixed period to ensure that the ADP Strategy meets the needs of the population allow communities to help deliver the ADP framework and support local grass roots activity to help shape the future ADP delivery plan through improved intelligence and co-production.

All investments will be supported by a Service Level Agreement or Service Specification provided and monitored through the Alcohol and Drug Partnership.

- **Reference to the integration scheme: -**

Annex 1 Part 2:

- 6. Services provided in a hospital in relation to an addiction or dependence on any substance.
- 9. Services provided outwith a hospital in relation to an addiction or dependence on any substance.

Annex 2 Part 1:

- Drug and alcohol services

Link to strategic priorities (with reference to strategic plan and commissioning plan):-

- Reduction in number of drug-related deaths:
- Reduction in number of drug-related hospital admissions



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- Reduction in number of alcohol-related deaths
- Reduction in number of alcohol-related hospital admissions

Timescales involved:-

Start date: - 3 September 2019

End date: - Ongoing

Associated Budget:-

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TOTAL	173,895	388,177	473,241	297,091	1,332,404

Details of funding source: - The Scottish Government allocation of £666,404 recurring funding to Alcohol and Drug Partnerships.

Availability: - Confirmed