



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	8 September 2020
<b>Report Title</b>	Alcohol and Drug Partnership (ADP) Annual Report
<b>Report Number</b>	HSCP20.038
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	Appendix 1 - ADP Timeline Appendix 2 - Progress Monitoring

### 1. Purpose of the Report

This report provides the Integrated Joint Board (IJB) with an annual report of the work of the Alcohol and Drug Partnership (ADP) and seeks to highlight particular progress and challenges. This report was requested by the IJB on the 2<sup>nd</sup> Sept 2019.

### 2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Notes the progress of the ADP in delivering its stated remit and objectives
- b) The IJB holds a workshop about drugs and alcohol issues in the City and the work of the ADP

### 3. Summary of Key Information

3.1. The Scottish Government published its national drug and alcohol strategy in November 2018: **Rights, Respect, Recovery** which allowed us to ensure strategic fit with developing priorities. Funding allocated to ADPs is to



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locally deliver the national strategy: [Rights, Respect, Recovery](#). The IJB is accountable for the financial governance of this investment.

**3.2.** The ADP membership has representatives of:

- Police Scotland
- Scottish Prison Service
- Aberdeen City Council (including Elected Members)
- NHS Grampian Public Health
- Aberdeen City Health and Social Care Partnership
- Scottish Fire and Rescue Service
- Aberdeen's 3<sup>rd</sup> Sector Interface (ACVO)
- Civic Forum
- Aberdeen In Recovery (people with lived experience of addictions)

The ADP works in partnership with:

- Public, localities, communities of interest and service users
- Community Planning Partnership; specifically Community Justice Board, Integrated Children's Services Board, Resilient, Included and Supported Group
- Public Health and Managed Clinical Network for Sexual Health and Blood Borne Viruses
- Aberdeen Health and Social Care Partnership staff

**3.3.** ADPs, although required by the Scottish Government, are non constituted bodies and as such governance and scrutiny are provided by the IJB. ADP officers are employed through the IJB. The scope of an ADP is wider than adult health and social care and therefore the ADP also sits as group within the Community Planning Partnership as an Outcome Improvement Group (OIG). Community adult alcohol and drug treatment services are the delegated responsibility of the Health and Social Care partnership.

**3.4.** Appendix 1 provides a Timeline of key ADP / IJB and Scottish Government milestones and activity.

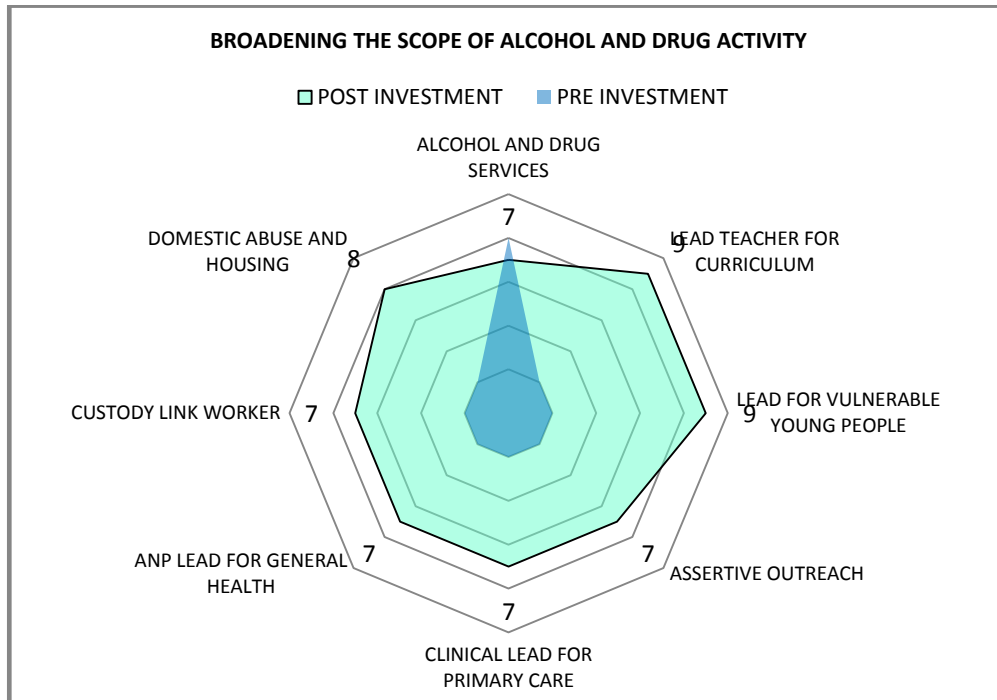
**3.5.** Over the past year the ADP has sought, through its improvement work and investments, to broaden the scope of activity to ensure a "whole system" approach to alcohol and drugs.

The ADP has invested Programme For Government funding in a number of posts that help push the agenda as illustrated in the chart below, with a



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broader response to prevention, early intervention and treatment, with more diverse investment away from just specialist drug and alcohol services.



Progress has been made in establishing posts and improvement projects with most achievement being pre-COVID.

**3.6. Appendix 2** shows the progress made in relation to Programme for Government investment and Improvement Projects. Key points in are:

- Recruitment has progressed despite COVID
- A number of projects are being reviewed on the basis of post-COVID feasibility and addressing emergent un-met needs
- Main challenge is ability to move at pace during current operational restrictions

### 3.7. FINANCE

On the 3rd Sept 2019 the IJB agreed investment by the Alcohol and Drug Partnership (ADP) of £1.3m. Due to some posts taking longer to fill than expected and the impact of COVID 19 on recruitment and operationalising plans the ADP has incurred slippage on planned investments. Final written confirmation is still to be received on the level of funding to be received by the ADP this financial year. Progress on investment continues to be made



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and an update on recruitment and performance is contained in the annual report. Further, due to COVID 19 some planned projects are no longer feasible or desirable in the short term and have therefore been reprioritised to ensure that resources are being utilised where there is evidenced need.

Members of the ADP, including people with lived experience, the AHSCP and wider services were asked for ideas and suggestions which were then developed further. The challenge was for the ADP to engage and develop ideas that could 1) be deployed quickly 2) meet emergent short term needs.

The ADP Lead has spent time engaging with a range of stakeholders in developing ideas that fit with the overall ADP Delivery Plan objectives. The ADP now has a list of prioritised and scalable projects to progress as and when funding is available. The ADP proposes to work within officer level powers to deploy this resource in line with the above criteria and in line with Scottish Government priorities.

As with other projects that have been funded as tests of change, if successful, longer term recurring funding will be identified through service redesign and transformation as the ADP seeks to move towards a strategy based on earlier intervention. This is in line with the “Alcohol and Drug Partnership (ADP) Investment Plan: Programme for government 2018-19: additional investment in services to reduce problem drug and alcohol use” agreed by the IJB on 11th Dec 2018.

### 3.8. KEY DATA

Alcohol and drugs continue to have a significant effect on the health and wellbeing of the local population. In 2019 there were 49 suspected drug related deaths. This is slight improvement on previous years.

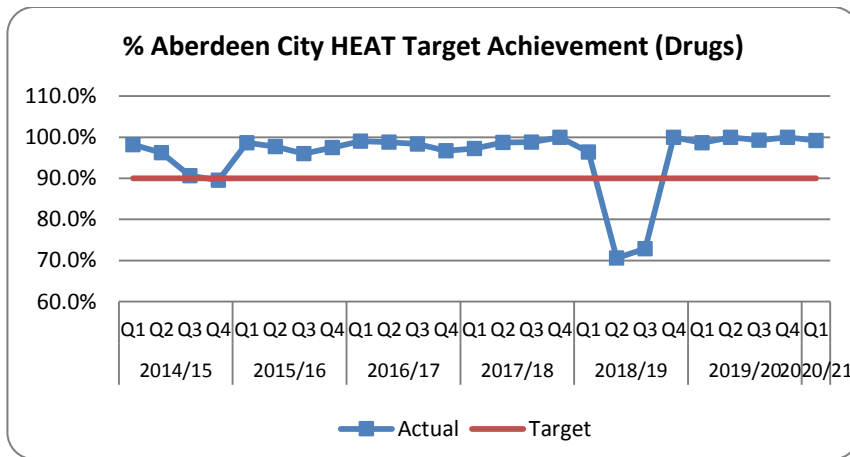
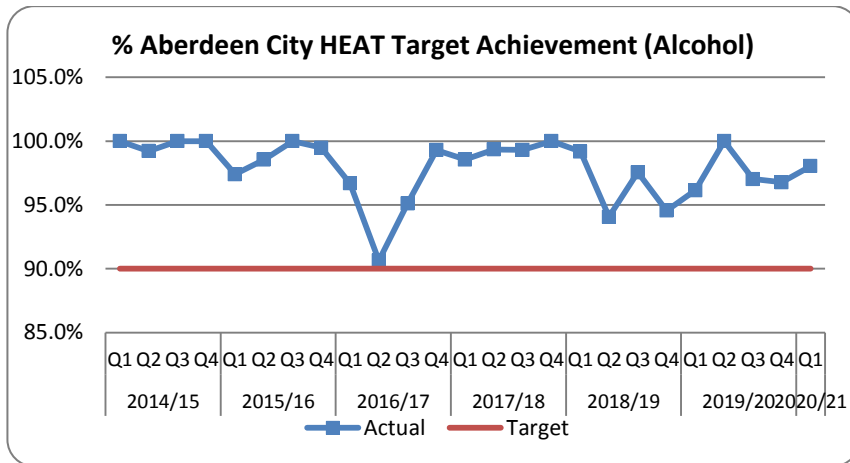
On a number of key measures Aberdeen is an outlier compared to the rest of Scotland. The negative impact of drugs and alcohol are city wide but have a disproportionately negative impact in areas of deprivation.

During COVID we have been reporting using a dashboard to keep partners updated. The full dashboard is available at Appendix 3. This dashboard contains data required by the Scottish Government and the Chief Officers Group.

In terms of key measures our drug and alcohol services have continued to meet Local Delivery Plan HEAT Waiting Times Targets:



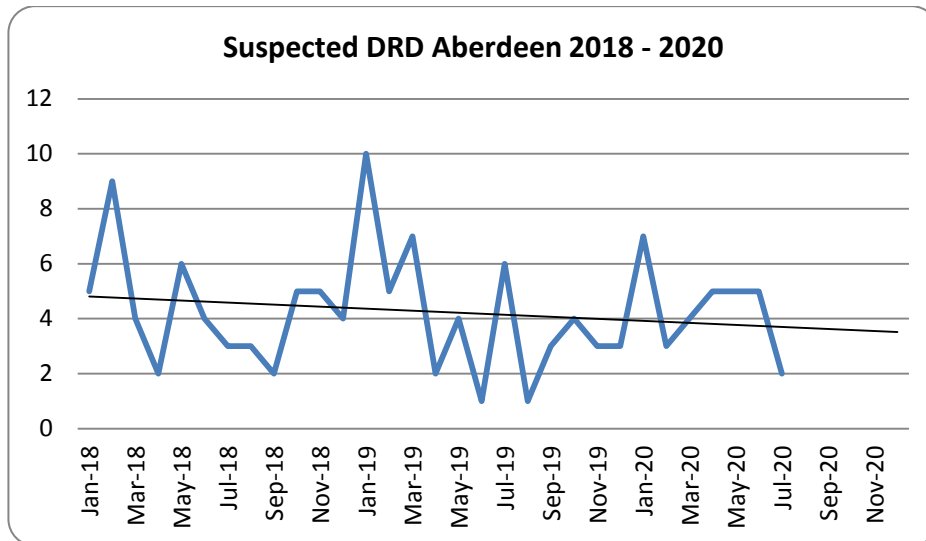
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In relation to our overall Stretch Aim: “Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026” we are seeing some small impact on reducing drug related deaths, however national figures for comparison for 2019 are delayed until Dec 2020. Likewise health survey figures for alcohol consumption are not currently updated.



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### 3.9. IMPACT OF COVID

We have not been able to take forward a number of initiatives due to the impact of COVID:

- Working with Public Health Scotland in developing a Whole System approach to alcohol and drugs
- The development programme we had planned to take forward with senior officers

One of the main challenges faced has been trying to engage with vulnerable people and ensure health protection messages are communicated. Most people who use our services do not have access to internet or digital equipment.

During COVID we have managed to make some progress:

- Our services have remained open to drug and alcohol referrals and have developed innovative responses including home and postal delivery of medication and harm reduction packs
- The ADP moved to part of other protection groups under the Chief Officer’s Group (COG): Violence Against Women’s Partnership, Child Protection Committee, Adult Protection Committee. This has allowed the ADP to become more focussed on emergent risks and trends and contribute towards a joint dashboard in relation to drug and alcohol harms. A joint meeting was held between the Chairs and Lead Officers of the four protection groups which proved to be useful in examining cross-cutting themes and issues.



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### 3.10. USING TELE-HEALTHCARE TO PREVENT DRUG RELATED DEATHS

In August 2019 a piece of research commissioned by the ADP was published looking at the scoping a Review of Tele-healthcare in Preventing Drug Related Overdose. The report was picked up nationally by the Society for the Study for Addictions. As a consequence of the work a national group has been set up with national proposals as part of the Scottish drug Research Network and Drug Death Taskforce. Aberdeen was awarded further funding from CORRA foundation to undertake an oxygen monitoring initiative related to this. Report available on request.

### 3.11. DEVELOPING ASSERTIVE OUTREACH

During the autumn of 2019 a group comprised of representatives from NHS Grampian, Social Work, Police Scotland, ACC Housing Access and Support, ACC Information Governance reviewed 10 drug related deaths that had occurred in 2018. This study confirmed that individuals at risk of drug related deaths, who are not engaged in substance use services, have multiple other life problems that are apparent to other public service partners.

There are multiple points of information held on a number of systems but no single agency has an oversight of the whole set of information or the circumstances, vulnerabilities or risks faced by individuals. Concerns are being raised and shared but concerted action is required to reduce risk and preserve life.

The way we organise ourselves and work (currently) separately makes it harder to reduce risk and demand. Services already can and do share information as evidenced from this review – the issue is what is then done with this in practical application e.g. multi-agency discussion to pull threads together and co-ordinate action.

We are going to develop a pro-active “forum” into which agencies can pool intelligence and work to reduce risk and ultimately reduce demand on our services.

This piece of work has been used to establish the development of an Assertive Outreach Team that will proactively engage with the most at risk. Report available on request.

### 3.12. WINTER NALOXONE OUTREACH TO HOMELESS PEOPLE

During winter of 2019/2020 nursing staff undertook joint work with Police Scotland and Housing Support / Turning Point Scotland colleagues by going out on the streets to engage with street beggars and rough sleepers.



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Staff were able to provide harm reduction packs, naloxone kits and fast-track appointments to people. This initiative was recognised nationally and generated some positive local front page media coverage.



### 4. Implications for IJB

#### 4.1. Equalities

- This work will have a positive impact on communities and service users through additional service capacity, improved access to support and improved service quality.
- This work will have a positive impact on staff in relation to investment in training, professional development and increased staff numbers.
- This work 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 work will have a positive impact on reducing the inequalities of outcome which result from socio-economic disadvantage.

#### 4.3. Financial

No direct financial costs to HSCP

#### 4.4. Workforce





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No direct impact to workforce of HSCP; positive impact for third sector workforce; positive impact for staff in alcohol and drug services

### 4.5. Legal

Contractual issues with existing providers

### 4.6. Covid-19

Positive impact on Operation Home First; aim to reduce harm to vulnerable groups impacted as a result of COVID19.

## 5. Links to ACHSCP Strategic Plan

- 5.1. This report seeks to support both the ACHSCP Strategic Plan and the ADP Delivery Plan and support the most vulnerable people impacted by drugs and alcohol through supporting Prevention, Resilience and Connections.

The primary direct link is with the Prevention Aim and the commitment of addressing the factors that cause inequality in outcomes in and across our communities.

## 6. Management of Risk

### 6.1. Identified risks(s)

There is a risk if the IJB do not scrutinise the activity of the ADP, that people in Aberdeen with drug and alcohol problems will not receive appropriate support within the funding available and rates of drug and alcohol deaths continue to impact on our services and communities.

### 6.2. Link to risks on strategic or operational risk register:



Risk 5 - There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.

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



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This report seeks to give assurance to the IJB that progress is being made by the ADP towards its strategic objectives and outcomes.

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



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### Appendix 1

#### ADP Timeline

##### June 2018

- Alcohol, Drugs and tobacco established as one of Scotland's six top public health priorities

##### August 2018

- Scottish Government gave Alcohol and Drug Partnerships (ADPs) across Scotland additional recurring funding as part of its Programme for Government. For Aberdeen City that equated to £666,404 per year. The IJB is accountable for the financial governance of this investment.

##### November 2018

- The Scottish Government published its national drug and alcohol strategy in November 2018: [Rights, Respect, Recovery](#) which allowed us to ensure strategic fit with developing priorities..

##### December 2018

- The ADP developed a framework for investment based on Scottish Government priorities and local performance. Ratified by the **IJB** on 11 December 2018.

##### February 2019

- ADP established and prioritised 13 Improvement Aims within the LOIP based on local need with an overall stretch aim of the “**Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026**”
- ADP renews and refreshes its Role and Remit

##### June 2019

- ADP Delivery Framework agreed with five work streams to incorporate the Improvement Aims, national priorities from Rights, Respect and Recovery and “single system” objectives such as service development and improvement.

##### September 2019

- September 2019 the **IJB** approved the Business Case to allow investment of £1.3m to be progressed and directions to ACC and NHSG to be made accordingly.

##### July 2019

- Drug Death Taskforce established by Scottish Government



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### **November 2019**

- Chief Officer of ACHSCP, Chief Executive of ACC and the Director of Public Health NHSG support the ADP to become an early adopter of a Whole System Approach as part of Public Health Scotland reform programme. This will seek to activate public health capacity and ADP objectives across the ACHSCP

### **January 2020**

- To help mitigate against associated risks the **IJB**, on the 21<sup>st</sup> January 2020, supported three broad actions to mitigate against underspend.

### **February 2020**

- Scottish Drug Deaths Crisis Conference Wednesday 26 February

### **April 2020**

- Joint letter from the Minister for Public Health, Sport and Wellbeing and the Interim Chief Medical Officer for Scotland on the need to maintain service-level provision of alcohol and drug services throughout the COVID-19 pandemic.

### **May 2020**

- Scottish Government funding letter received
- Letter from Scottish Government regarding the distribution of naloxone by non-drug treatment services.

### **July 2020**

- Funding received from Drug Death Taskforce for 3 projects

### **September 2020**

- ADP Annual Report to IJB
- Proposal regarding further utilisation of slippage and under spends
- ADP Annual Report Due to Scottish Government

## Appendix 2

### Progress Monitoring

This action plan captures progress against investment of ADP funds allocated by the Scottish Government via the 2018/19 Programme for Government investment of £666,404 per year. The investments were agreed by the ADP 31<sup>st</sup> May 2019 and ratified by the Health and Social Care Partnership Integrated Joint Board in Sept 2019

The ADP has developed a framework for investment based on Scottish Government priorities and local performance. The IJB is accountable for the governance of this investment. This was ratified by the IJB on 11 December 2018. This report highlights progress to date on taking the ADP agenda.

The Scottish Government published its national drug and alcohol strategy in November 2018: [Rights, Respect, Recovery](#) which allowed us to ensure strategic fit with developing priorities.

- 1) Established and prioritised 13 Improvement Aims within the LOIP based on local need with an overall stretch aim of the “**Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026**”
- 2) The ADP established a Delivery Framework within five work streams to incorporate the Improvement Aims, national priorities from Rights, Respect and Recovery and “single system” objectives such as service development and improvement. These themes are:

**Theme 1: Whole-Family Approach**

**Theme 2: Reducing Harm, Morbidity and Mortality**

**Theme 3: Service Quality Improvement**

**Theme 4: Supporting Recovery**

**Theme 5: Intelligence-Led Delivery**

This approach encompasses prevention and early intervention. It seeks to reduce the impact of parental drug and alcohol use on children, to support young people most at risk of developing drug and alcohol problems and to ensure that there is a consistent and measurable approach to education and prevention activity. This will also help support the work of the Integrated Children's Services Board and ensure that children have the best start in life.

## Theme 1: Whole-Family Approach

What will we do?	Timescale	How will we know it is working?	Who will be responsible?	Progress Update	RAG
1a We will fund, in line with ADP specification, a Support Teacher part time for 12 months to develop resources and develop staff at the value of up to £45,000	Jan 2020	Worker in post with a focus on 100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021	Eleanor Sheppard / Integrated Children's Services	Recruited and in post. Development work started. COVID plan developed. Framework developed	
1b We will fund, in line with ADP specification, a Lead Child and Family SW for 24 months to develop resources and develop staff at the value of up to £120,000	Feb 2020	Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021	Tam Walker / Integrated Children's Services	Recruited and in post. Development work started. SWOT analysis of current services and pathways	

Improvement Charters		Status	Progress	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
All data updated monthly																	
Increase the % of Care experienced children and young people receiving educational and support input on alcohol / drugs issues by 2021	Agreed by CP Board - Sept	TW/SR	5	5	5												
100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021	Agreed by CP Board - Sept	GM/LM /SR	5	5	5												

Commentary: Aug 2020

Very pleased to have manage to recruit during COVID. Work has begun on a multi-agency City wide framework for managing substance use and young people. This will be coming out or consultation in Sept. This will encompass universal and targeted specialist support for young people affected by their own or someone else's substance use. A specific action plan for managing substance use and young people during COVID as part of the ADP Public Protection role has been developed. A specific dashboard is being developed.

This approach 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.

## Theme 2 Reducing Harm, Morbidity and Mortality

What will we do?	Timescale	How will we know it is working?	Who will be responsible?	Progress Update	
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	Feb 2020	2 x Assertive Outreach workers in post working as part of housing / homeless support and as part of an assertive harm reduction team	ACC	Discussions with provider progressed Finalising KPIs and contract signing.	
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	March 2020	Worker in post developing pathways: increase in women in service, improved links with housing	ACC	This post has been recruited and person started.	
2c Fund, 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	March 2020	Nurse in post developing improved healthcare provision to at risk patients	NHS G / ACHSCP	This post has been recruited and person starting in Sept	
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	Feb 2020	Worker in post supporting the Localities develop responses to alcohol and drugs in line with ADP Framework.	ACC	Through review it is proposed that alternative investment is made. See report	
2e Fund, in line with ADP specification, 1x Custody Link Worker up to the value of £80,000 over a two year fixed	Feb 2020	Worker in post working with staff	Chris Smillie / ACHSCP	This post is filled but delayed	



period to support continuity of treatment and care between community and justice (previously agreed – included for context)		in Kittybrewster, identifying underlying health and wellbeing issues, linking with Primary Care		due to requirement for normal police checks and then restrictions due to COVID. Near Me being looked as an alternative model.	
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<b>Improvement Charters</b>		Status	Progress	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
All data updated monthly																	
1	Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.	Agreed by CP Board - Sept	TS/SR	6	6												
2	Reduce the number of births affected by drugs by 0.6 %, by 2022	Agreed by CP Board - Sept	SR	4	4												
3	Increase by 100% the number of Alcohol brief interventions (ABI) delivered in Aberdeen City by 2021	Agreed by CP Board - Sept	TS	6	6												
4	Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.	Agreed by CP Board - Feb	SR/LA	5	5												
5	Increase the number of alcohol licensed premises awarded Best Bar None status by 2021.	Agreed by CP Board - Sept	MH	5	5												

6	Increase % of the population who feel informed about using alcohol responsibly by 2021	Agreed by CP Board - Feb	GR	5	5												
7	Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021	Agreed by CP Board - Feb	SR	5	5												
8	Increase by 10% the percentage of adults in Aberdeen City who are non drinkers or drink alcohol in a low risk way by 2021.	Going to CP Board June 21						Charter required									
9	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	Going to CP Board June 21															Charter required
10	Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021.	Agreed by CP Board – July 19	SR	6	6												

**Commentary: Aug 2020**

- We have made good progress in developing our Assertive Outreach team. We have successfully recruited a lead co-ordinator from Police Scotland and are in the process of finalising data sharing agreements between partners. This will allow... We are in the final stages of contracting of contracting two assertive outreach workers for to provide a frontline response for the most at risk of drug related death.
- Good progress in recruiting to a joint ADP / Violence Against Women Partnership Post to improve tenancy retention, support women and pathways for those vulnerable to gender based violence.
- We have also been successful in recruiting a Band 7 nurse to work as an Advanced Nurse Practitioner. This post will across our services providing a service to .....

- We have also been successful in recruiting a Clinical Lead GP for Substance Use. This post will help provide leadership across primary care to develop consistency and practice and provide decision support and quality assurance.
- Due to COVID it is proposed to reinvest funding ear-marked for an ADP specification a Locality Based Development Worker. This is on the basis that it is unlikely that face-to-face development work will be able to be undertaken and this would mean that the funds would be under-utilised whilst there is evident unmet need in the community.
- Due to COVID planned work with Public Health Scotland to examine and develop a “whole-system” approach to drug and alcohol issues has been impacted. This has a significant impact on the work we had been planning in relation to whole population approaches to harmful alcohol consumption.

This approach 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.

## Theme 3 Service Quality Improvement

What will we do?	Timescale	How will we know it is working?	Who will be responsible?	Progress Update	RAG
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.	Feb 2020	Worker in post supporting the development of the Alcohol Hubs; Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit	ACC / Substance Misuse Service	Progressing to recruitment stage	Yellow
a Band 6 nurse to work in the Integrated Alcohol Service up to the value of £50,276 per year	Feb 2020	Worker in post supporting the development of the Alcohol Hubs; Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit	NHS G / Substance Misuse Service	Appointed	Green
iii 12 GP sessions per year and 12 Consultant GI Sessions per year	March 2020	GP sessions in place supporting the development of the Alcohol Hubs; Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit	NHS G / Practices / Substance Misuse Service	Consulting / paused	Yellow
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	Existing	GP sessions in place supporting the development of the Alcohol Hubs; Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit	NHS G / Practices / Substance Misuse Service	Continuing	Green
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	April 2020	Additional nursing in post; service capacity re-aligned; improvement work progressing		Appointed	Green

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	Feb 2020	Additional nursing in post; service capacity re-aligned; improvement work progressing		Appointed	
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	May 2020	Improvement project on line, demonstration of improved outcomes		Reconsider investment	
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	Existing	Programme in place and staff seconded onto placements		Progressing	

	Service Objectives – 3 Year	Outputs	Who will be responsible?	Progress Update	RAG
1	<ul style="list-style-type: none"> <li>• Increase number of women engaged in the service</li> <li>• Increase uptake of male and female contraception</li> <li>• Increase the number of people who have sexual health education input</li> <li>• Increase the number of medicine reviews</li> <li>• Increase distribution of naloxone</li> <li>• Increase uptake of BBV testing</li> </ul>	Support the roll out and use the Vision/ EMIS Guideline and ensure that associated tasks are identified and taken forward through the MDT Recovery Meeting	All Drugs / Primary care clusters	Services have predominantly been invested in developing response to COVID.	
2	BBV's Support the efforts to reduce risks associated with injecting behaviour and collaborate on the agenda to eradicate Hepatitis C by ensuring increase in the uptake and consistency of DBST and BBV treatment across the team.	Increase uptake of BBV testing / treatment within team. Ensure staff trained, supported, and confident	All		
3	As a minimum undertake an annual recovery meeting to review whole practice patient population.	MDT Recovery Meetings recorded	Drugs / Primary care clusters		

4	Retention Develop and Support innovation to reduce the discharge rate from the service.	Ensure cases are appropriately managed and reviewed to ensure service is safe, effective, person centred Ensure that there are opportunities for those at risk to reduce harm and improve health and wellbeing outcomes.	Drugs		
5	Naloxone – Support culture of naloxone being available for all forms of opioid use including prescribed medications and ensure that all service users (including family and significant others) are supplied naloxone and routinely reoffered.	Increase distribution of naloxone. Ensure staff trained, supported, and confident	All		
6	Demonstrate improvement and utilisation of the Alcohol Hubs in line with remit	Baseline data improvement in uptake. Hospital admission data related to each Hub	Alcohol		
7	Increase the uptake of IAS and increase service caseload by 20% each year.	Caseload data. Duration of engagement	Alcohol		
9	*Waiting Times (SMS) – Current target 90% of patients to start treatment within 21 days of treatment. Production of Monthly Waiting Times Reports. Identify issues and develop plan to resolve.	Ensure cases are appropriately managed and reviewed to ensure service is safe, effective, person centred and can meet obligations to waiting time standard	All		
10	*Performance Monitoring (SMS) – Produce Performance review report for each SMS cluster and Service Level report. Data to be reviewed with Team Leaders and action plans put in place as required.	Ensure data requested is supplied accurately and on time National Quality Principles / Quality assurance measures (TBD) are reported	All		
11	*Customer Feedback (SMS) – Review Quality & performance measures as part of performance report which would include Service User Feedback & outcomes for Service Users.	Seek service user feedback from surveys, observed practice, shadowing, “you said, we did” etc	All		
12	*Drug & Alcohol Related Deaths & Complaints – Ensure learning from DRDs/ Complaints are shared with all staff – distribution via email and Shared Learning Events.	Review forms are completed in conjunction with supervisor Cases / learning discussed at Communication meeting / team meetings, clinical forums	All		
13	Contribute to service development, implementation and reporting of Quality Assurance Framework and the National Quality Principles, Grampian Clinical Development and Governance Framework.	Participation / contribution to clinical leadership, observed practice, shadowing, supervision	All		
14	Support the implementation of the Scottish Government Daisy (Drug and Alcohol Information system).	Ensure data requested is supplied accurately and on time.	All		

15	Take forward recommendations in relation to “The Delivery of Psychological Interventions in Substance Misuse Services in Scotland Report”.	Staff have training plans. Staff have access to supervision and coaching. Staff use and are supported to use core behavioural skills. Trauma is recognised in and discussed in care formulations and discussed in supervision.	All		
*IJB level objectives					

**Commentary: Aug 2020**

- Services have predominantly been invested in developing response to COVID. A number of actions have been undertaken:
- Including postal and doorstep delivery of injecting equipment, medicines, food and naloxone kits.
- Referral routes into drug and alcohol services have remained open albeit there has been a slight dip in alcohol referrals. Drug treatment referrals have remained constant.
- Contact with service users has mostly been via phone calls with some work undertaken vi packages such as Near Me. Many people with drug and alcohol problems don't have the resources to engage in digital based services. ADA have been able to supply some people with phones and SIM cards. We funded ADA to have a freephone number for their Helpline.
- Cases have all been assessed and scored on a RAG basis relating to risk

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.

## Theme 4 Supporting Recovery

What will we do?	Timescale?	How will we know it is working?	Who will be responsible?	Progress Update	RAG
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 a range of groups, activities. AiR recently became established as a registered charity with OSCR.	Jan 2020	Grant fund in place, agreement in place; reporting and feedback from AiR.	ACHSCP / ADP	Funding in place. AiR continuing to operate through COVID albeit in a limit form. Awaiting data reporting	

Improvement Charters:		Status	Progress	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
All data updated monthly																	
<b><i>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.</i></b>	<b><i>Going to CP Board June 21</i></b>															<b><i>Charter required</i></b>	

### Commentary: Aug 2020

- AiR have plans to develop their "Living Well With ORT" programme, develop peer Naloxone distribution and



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.

## Theme 5 Intelligence-led Delivery

What will we do?	Timescale	How will we know it is working?	Who will be responsible?	Progress Update	RAG
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	Jan 2020	Post filled, digital strategy developed and in place, Daisy Implemented	SMS	Post filled  Digital strategy developed and progressing	
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	Feb 2020	Programme delivered	Simon Rayner	Reconsider proposal	
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	Ongoing	Resource utilised to inform test of change and future strategic direction.	ADP / AHSCP / CPP Localities	Reconsider proposal	

**Commentary: Aug 2020**

- ADP Development Programme - this sought to invest £50k in CPD for senior officers in relation to drug and alcohol issues and to underpin proposals by Public Health Scotland to support a “whole-system” approach to the topic. It is proposed that this funding is utilised on emergent themes and the programme revisited next year when face-to-face CPD can be undertaken and Public Health Scotland are available. This will retain the ethos of developing innovative thinking to addressing complex system wide issues
- Localities Funding - as per update report to IJB in Dec 2019 funding of £300k that had been allocated equally to the three city localities was to be moved to be distributed through the HIF process from August 2020. As there have been emergent issues in localities and new opportunities, in particular in relation to young people affected by substance use, drug and alcohol A&E attendances and prison liberations. It is proposed to use £50k from each of the three localities to support initiatives to support communities.

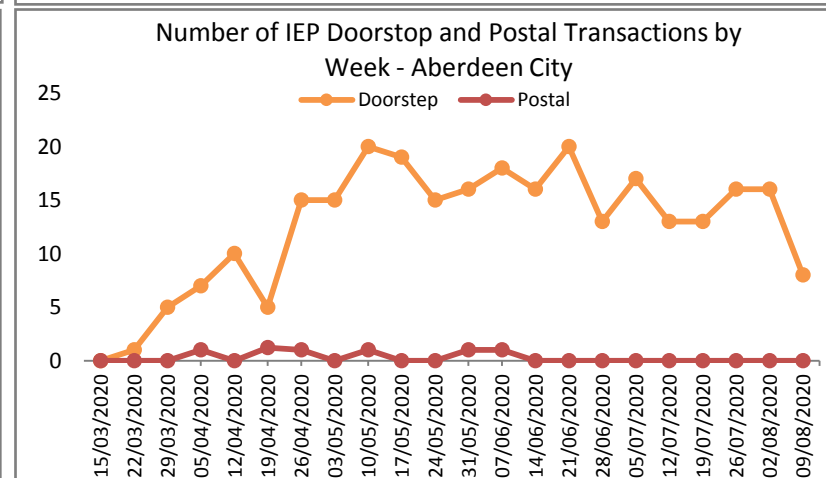
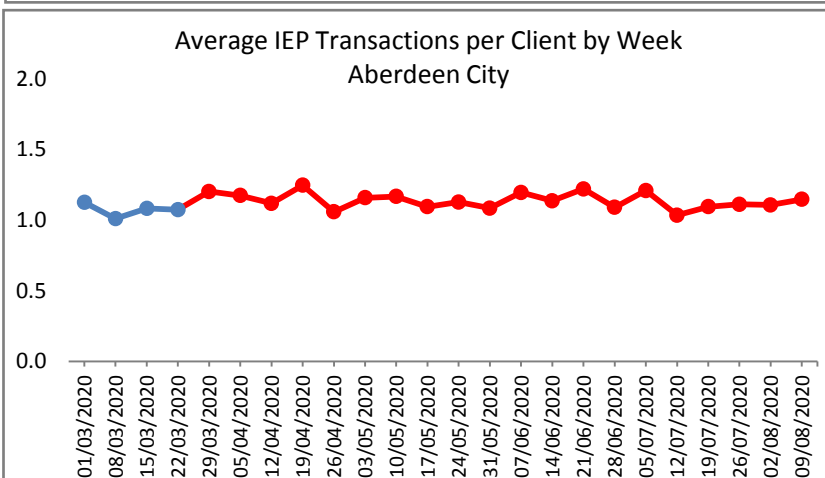
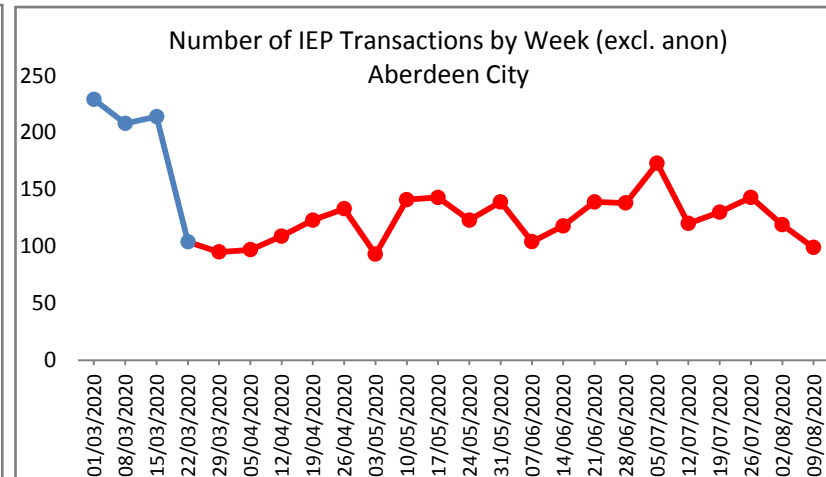
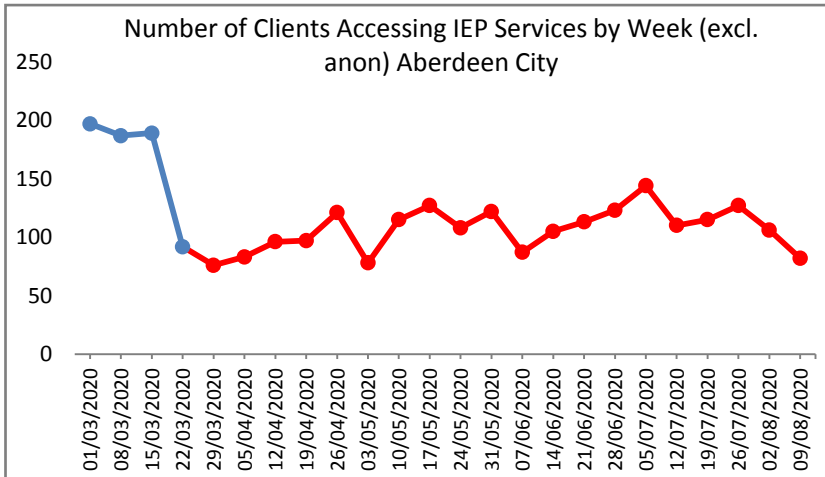
Score	Stage of Project	Description
1	Project area identified and agreed	Project has been identified as a priority from the Local Outcome Improvement Plan or Locality Plan
2	Project Charter and team in place	Draft Improvement Project Charter has been developed (rationale, initial aims, scope, resources, timescales, measures, expected outcomes) and project team formed.
3	Understanding baseline of current system	Current system is being analysed- applying tools such as process mapping; cause & effect diagrams etc to understand processes and people, including readiness for change and analysis of baseline data
4	Project Charter is endorsed by Community Planning Aberdeen Management Group	Knowledge of the system and other evidence of what could work have been brought together into a theory of change. This has been articulated in a final Improvement Project Charter which has been shared with the appropriate strategic leadership group e.g. Community Planning Aberdeen Management Group. (A driver diagram may also be developed to support this stage.)
5	Change ideas and project measures developed	Range of specific change ideas developed further, measurement plans established and initial PDSAs are being planned
6	Testing underway	Testing strategy developed and is being deployed. Data being gathered and analysed (e.g. through use of run charts)
7	Initial indications of improvement	Anecdotal evidence or feedback that changes are resulting in improvement can be reported.
8	Improvements achieved	Evidence of improvements shows in project measures and has been reported to Community Planning Aberdeen Management Group. Implementation and Spread plans are being developed and deployed.
9	Sustainable improvement	Implementation plans have been deployed for key changes. Spread plans are developed if appropriate. Data indicates sustainability of impact of changes implemented in system.
10	Project complete	The aim has been met or exceeded and improvement sustained and spread where appropriate. Changes are now part of business as usual.

# Aberdeen City ADP – Weekly Dashboard

Week commences on a Thursday for all data unless stated otherwise

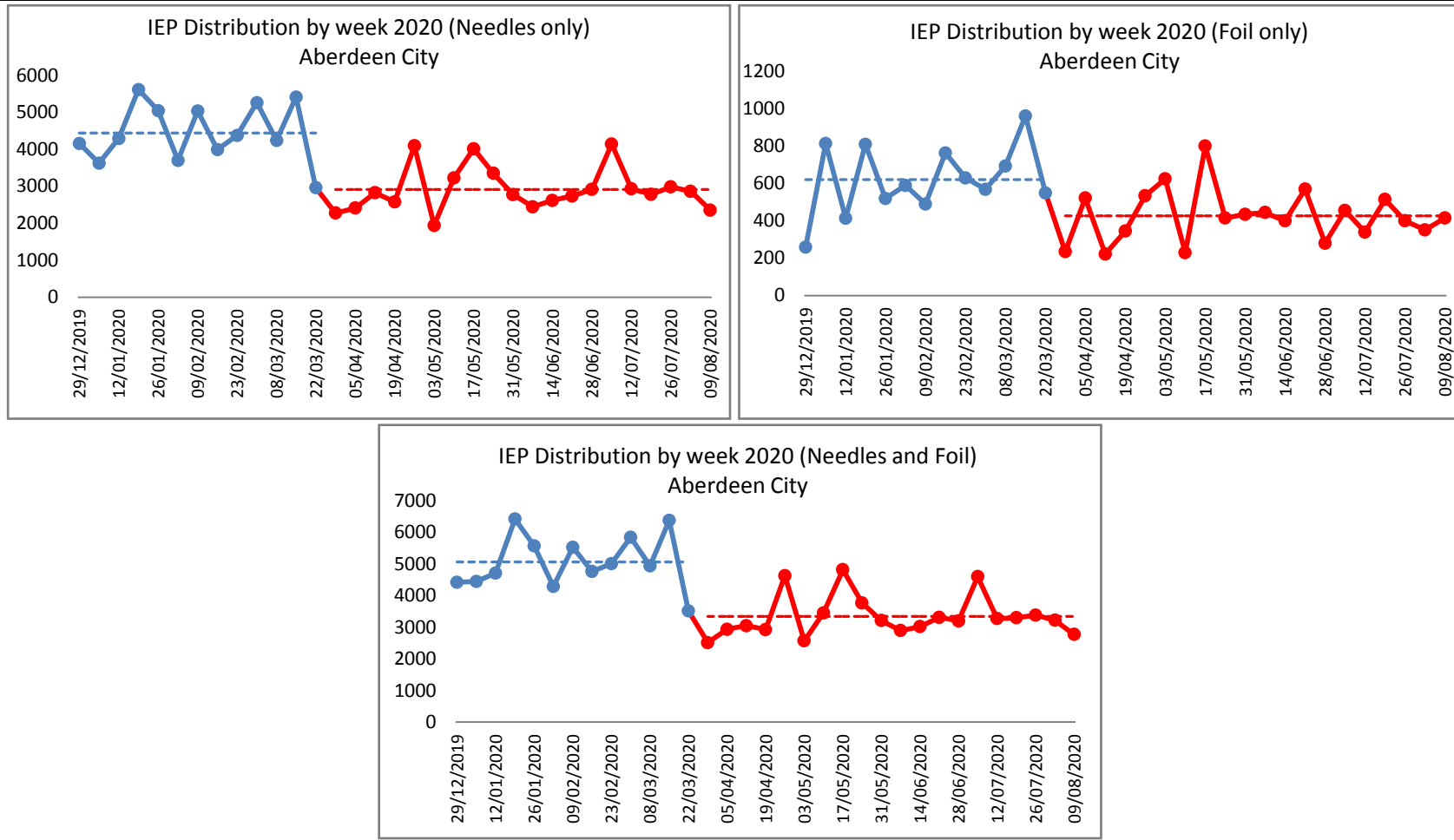
### IEP Distribution

The data presented in the charts below details Injecting Equipment Provisions (IEP) in Aberdeen City ADP per week since the beginning of March 2020. A new process of doorstep deliveries and postal supplies has been implemented recently and data is starting to build for this provision. This data is live time so will be up to date when it is pulled after the week end. The number of clients chart excludes anonymous clients but these figures are recorded locally and account for around 3% of all transactions. ***This data is week commencing on a Sunday due to requirements from other departments.***



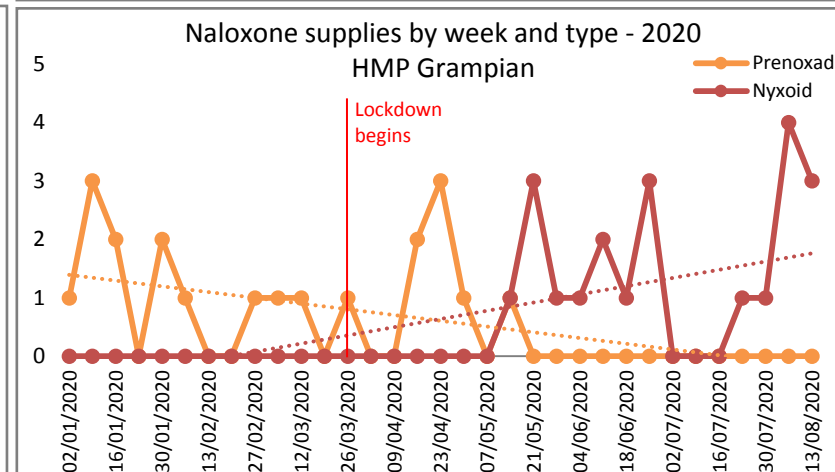
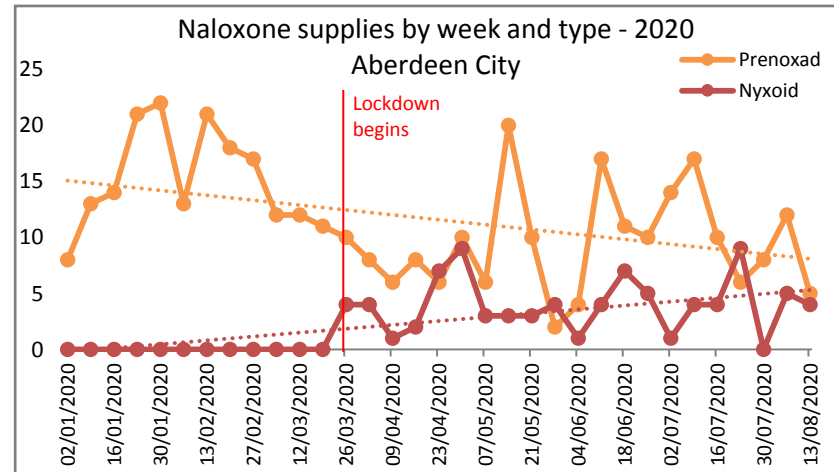
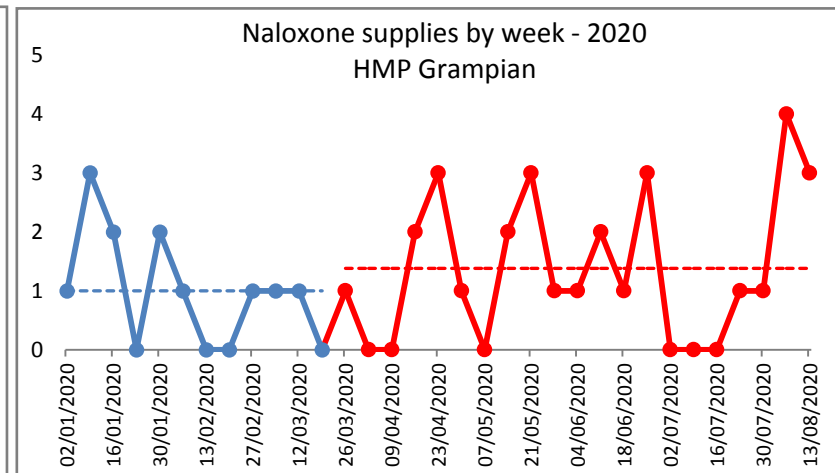
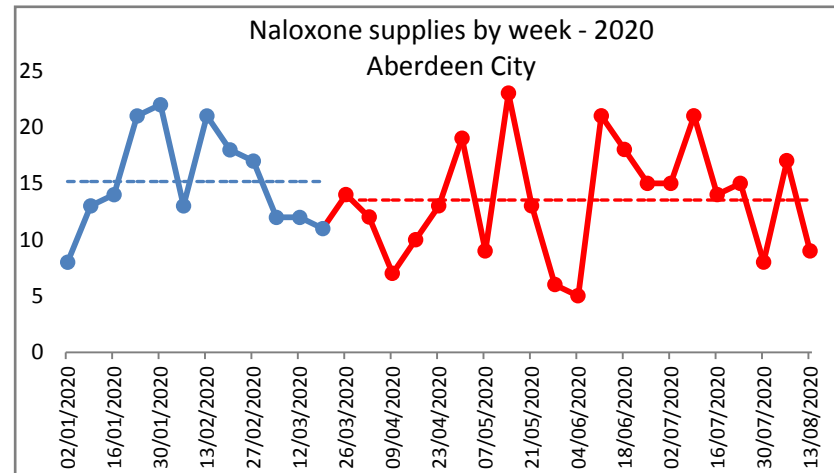
## IEP Type

The data presented in the charts below details the types of Injecting Equipment Provisions (IEP) distributed in Aberdeen City ADP per week since the beginning of March 2020. Needle data is the combination of all syringes and barrels distributed. The blue dotted line shows the average distribution pre-lockdown per week, and the red dotted line shows the average post-lockdown per week. The averages for needles were 4438.77 pre-lockdown and 2911.65 post; giving a health debt of -1527.12. Average for foil was 620.92 pre-lockdown and 426.8 post-lockdown; the health debt is -194.12. Overall for needles and foil the average pre-lockdown was 5059.7 per week and 3338.45 per week post; this is a health debt of -1721.24 This data is live time so will be up to date when it is pulled after the week end. ***This data is week commencing on a Sunday due to requirements from other departments.***



## Naloxone Supplies

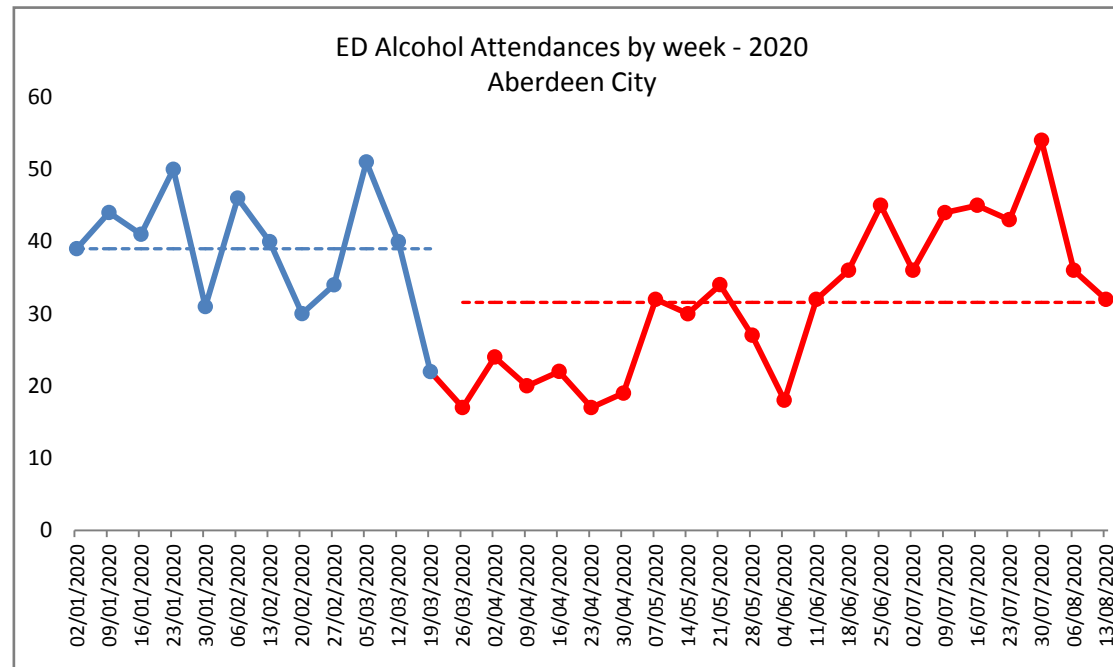
The data presented in the chart below is the number of Naloxone kits distributed to persons at risk, family/friends and service workers per week since the beginning of 2020, in Aberdeen City and HMP Grampian. The blue dotted line shows the average Naloxone supplies pre-lockdown and the red dotted line shows the average supplies post-lockdown. For Aberdeen City community supplies the average pre-lockdown was 15.17 per week and post is 13.52; this is a health debt of -1.64. For HMP Grampian, pre-lockdown average was 1 per week and post-lockdown is 1.38 per week; this is a health debt of +0.38. The nasal Naloxone Nyxoid became available in Grampian late March 2020; the bottom charts show the supply of Nyxoid against Prenoxad. This data can take a couple of weeks to be uploaded onto the Neo360 system therefore the more recent weeks' data could be higher.



## ED Presentations - Alcohol

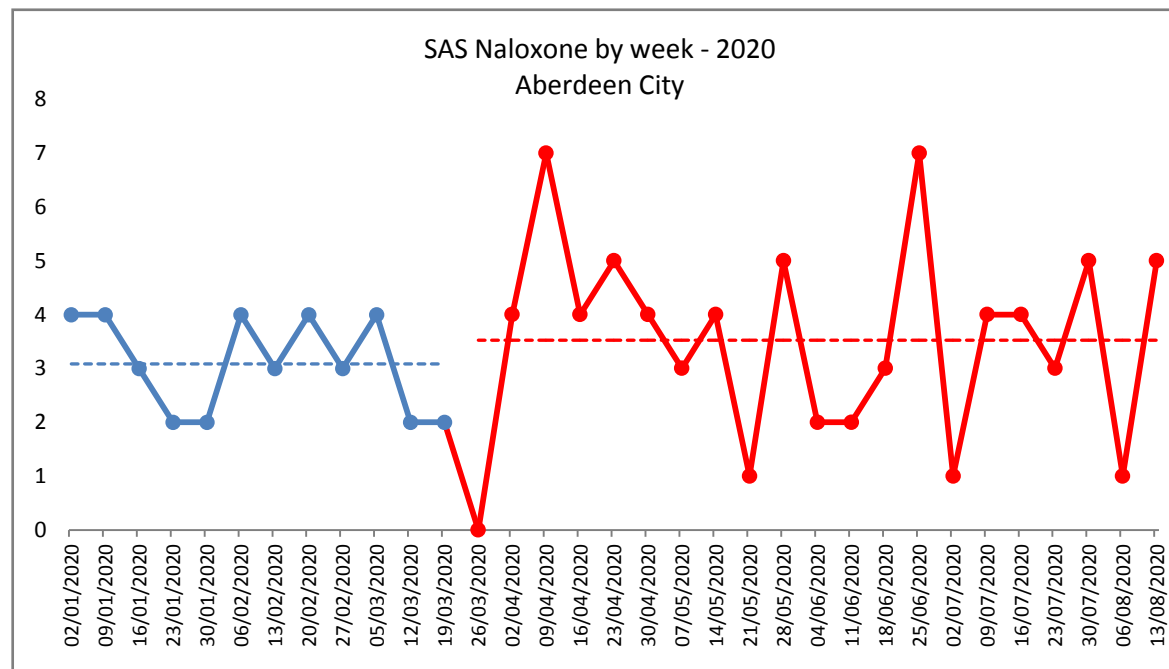
The data presented in the chart below is the number of Emergency Department presentations in Aberdeen City (ARI and RACH) since the start of 2020. The blue dotted line shows the average ED attendances pre-lockdown at 39 per week, and the red dotted line shows the average attendances post-lockdown at 31.7 per week. This is a health debt of -7.43.

This data can take a number of weeks to be uploaded due to the processes within A&E. It is also not 100% accurate as it is extracted using common alcohol related terms in the presenting complaint and some ICD-10 codes. We do not have a way to extract this information for drugs currently.



### SAS Naloxone Administration

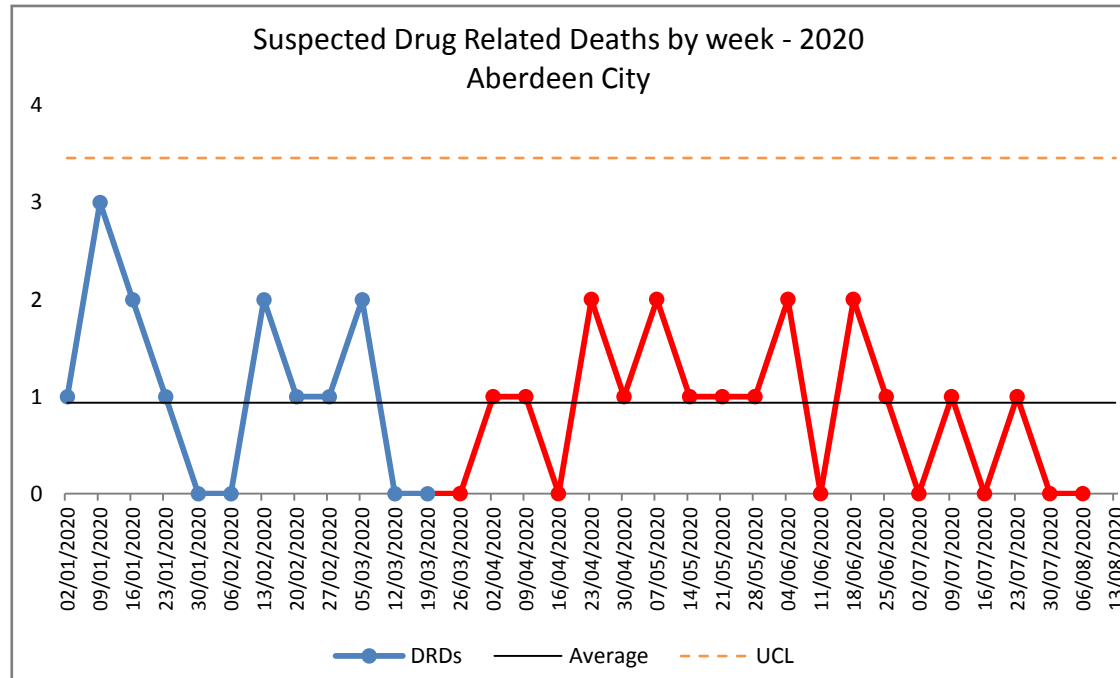
The data presented in the chart below is the number of incidents the Scottish Ambulance Service attends where Naloxone is administered by them since the start of 2020. The blue dotted line shows the average Naloxone SAS administrations pre-lockdown at 3.08 per week, and the red dotted line shows the average administrations post-lockdown at 3.52 per week; this is a health debt of +0.44. This data has a two day lag and is received daily.





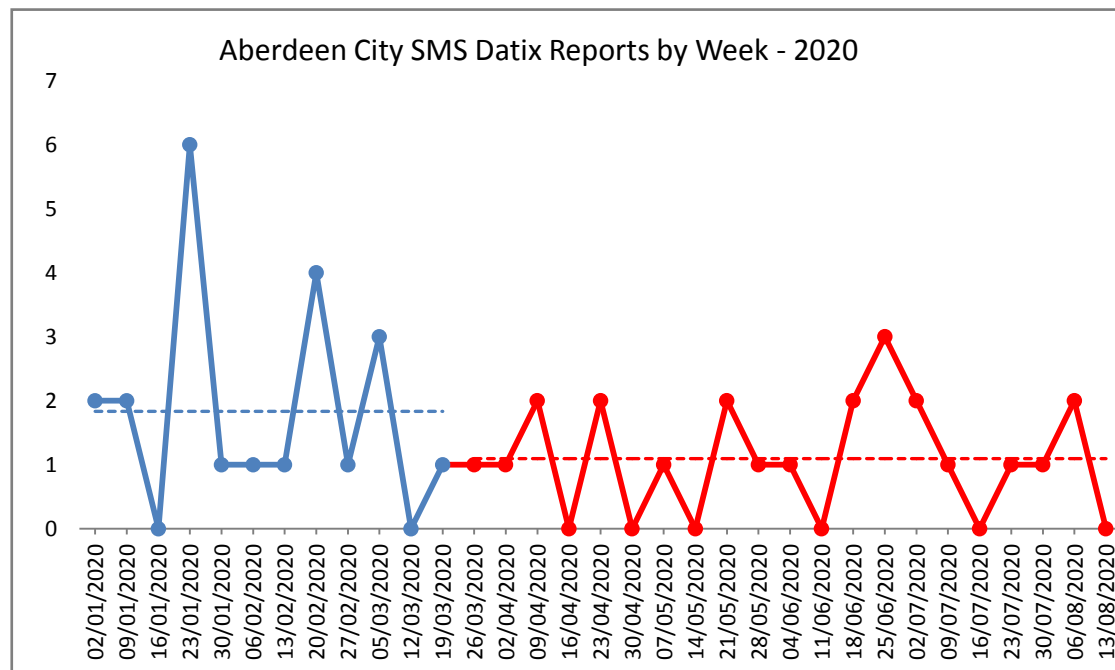
## Drug Related Deaths

Data for Drug Related Deaths (DRDs) is collected and analysed through National Records Scotland. The data and figures are not finalised until summer of the following year; therefore any 2020 figures will not be confirmed until summer 2021. Please note all of the following figures are suspected DRDs and must be treated with caution. Please do not share these figures any wider than the members of the COG. A control chart has been used here to assist with the accuracy of this data.



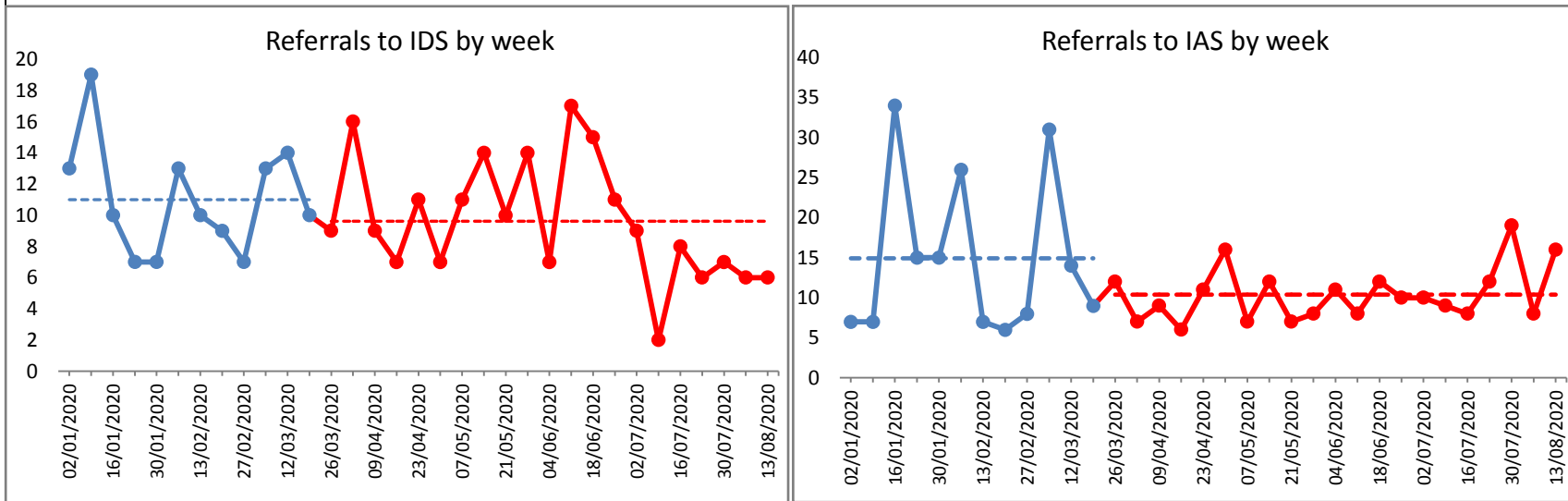
### Datix Reports – Incidents in Service

Datix reports are raised within the Substance Misuse Service (SMS) when an event or incident led to or could have led to an undesirable outcome. It allows the service to review these incidents, analyse the circumstances surrounding them and learn from them to improve the service and prevent future incidents of a similar nature. The blue dotted line shows the average reports pre-lockdown at 1.83 per week, and the red dotted line shows the average reports post-lockdown at 1.1 per week; this is a health debt of -0.74. The data is based on the adverse event date; it is very minimal for SMS however we will monitor this weekly to ensure the service is still operating safely and effectively.



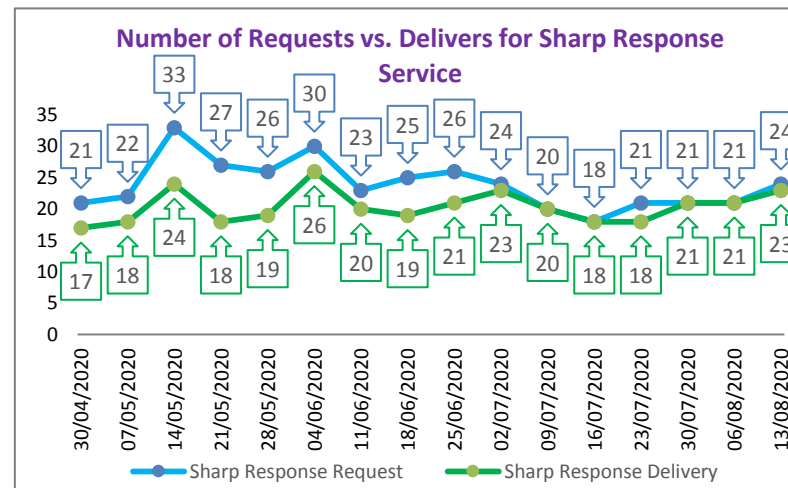
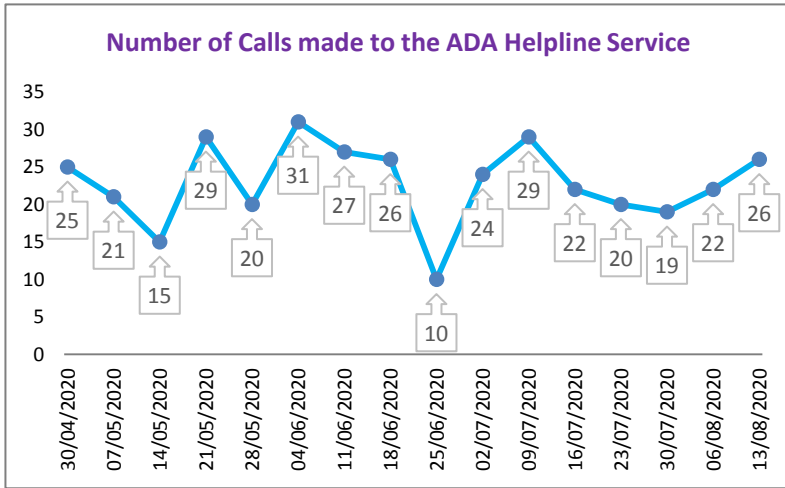
### Referrals to Substance Misuse Service

The data presented in the chart below is the number of referrals the Substance Misuse Service has received into their integrated drug (IDS) and alcohol (IAS) services. The blue dotted line shows the average number of referrals per week pre-lockdown and the red dotted line shows the average number per week post-lockdown. The IDS pre-lockdown average was 11 per week, and post-lockdown is 9.62 per week; this is a health debt of -1.38. The IAS pre-lockdown average was 14.92 per week, and post-lockdown is 10.38 per week; this is a health debt of -4.54. There can be a several day delay on this data dependant on administrative capacity.



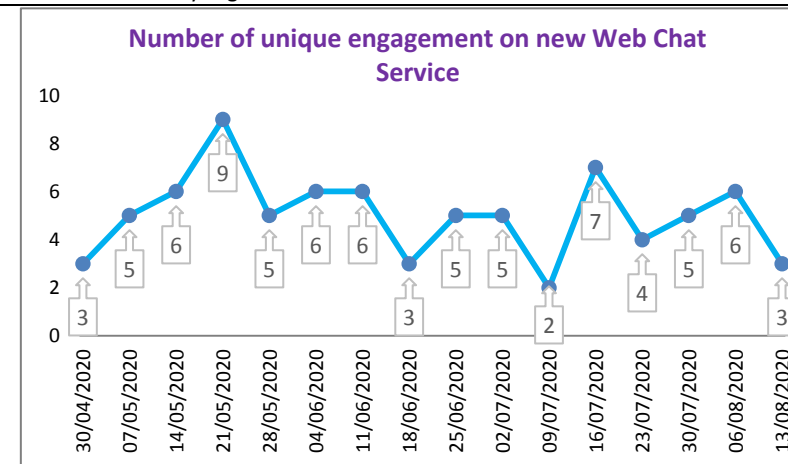
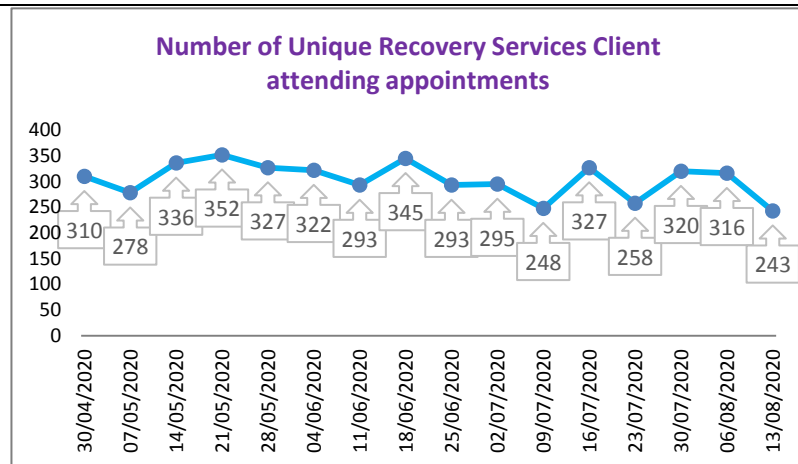
## ADA Performance

Data was requested from ADA related to the services they are providing during the Coronavirus outbreak. Historic data was unavailable therefore these charts will develop in the coming weeks, week commencing on a Thursday. More information is summarised for each analysis.



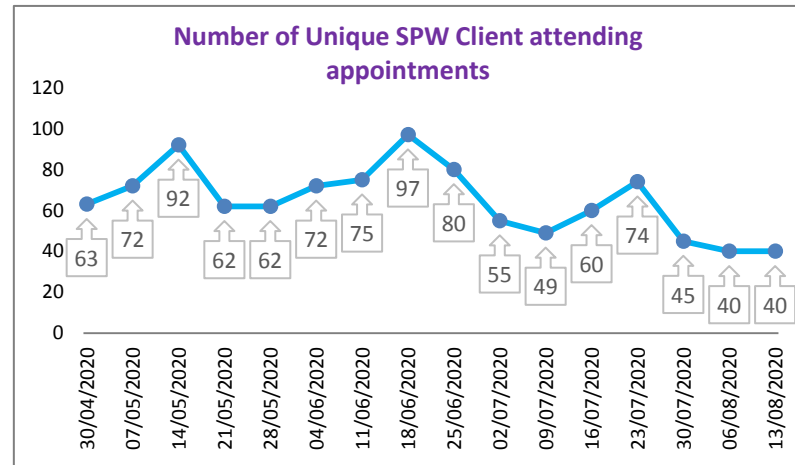
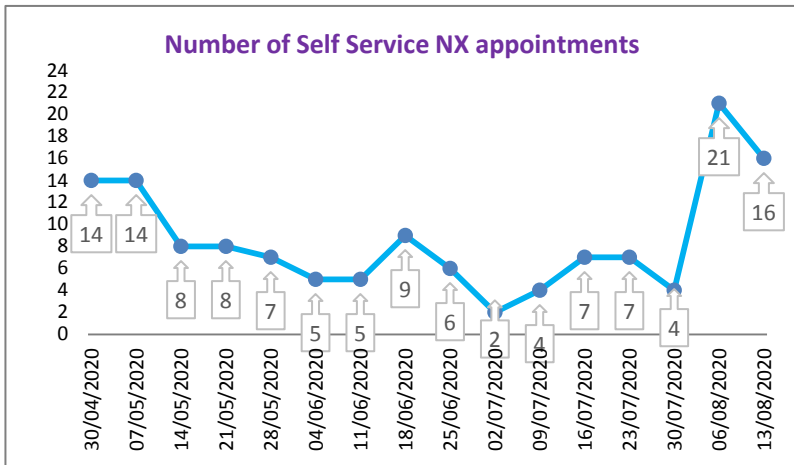
Figures indicating the number of calls received to the ADA Helpline number. Our helpline number is 01224 594700 (or 07927192706). The Helpline operates 10.30am-1pm and 2pm-5pm Monday to Friday. At weekends it is 12pm-1pm and 2pm-5pm

**Self-service Needle Exchange;** As a result of the lockdown due to Coronavirus, we now offer a self-service needle exchange option. This comprises a cabinet with 2 types of pre-made needle packs located within our static site needle exchange service based at Hadden Street (which is open Mon-Fri 1030-1 & 2-5 and Sat/Sun 12-1 & 2-5). There is also the option of self-service drop off for used needles and syringes at the same site.



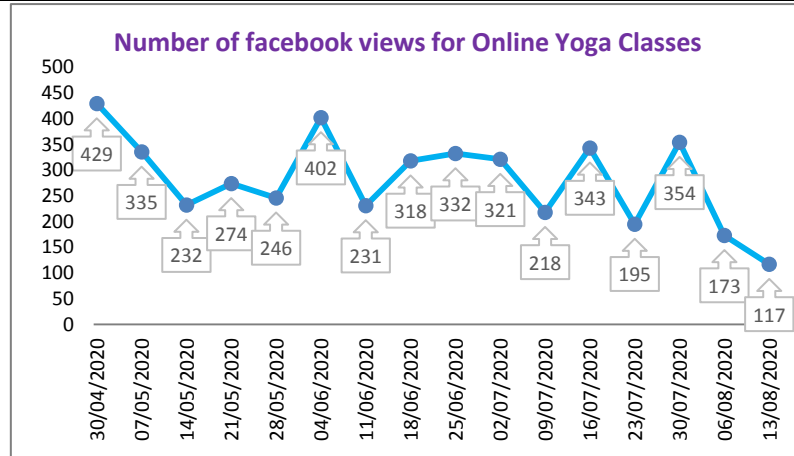
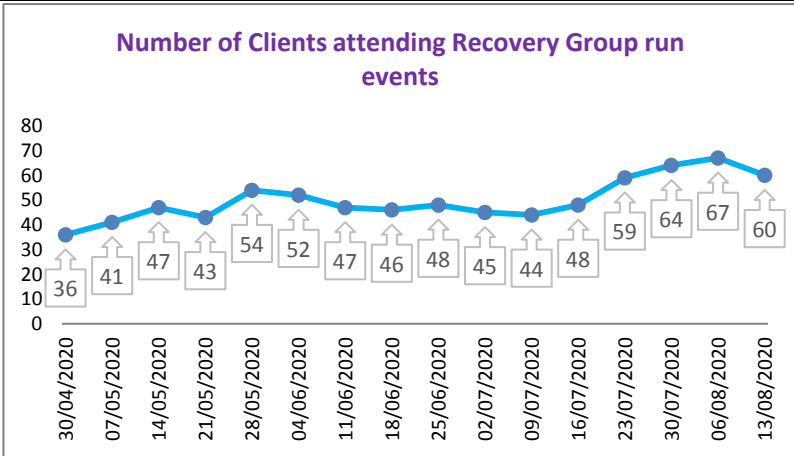
As a result of Coronavirus ADA have moved all Structured Work (Treatment) to Zoom along with other platforms supporting clients where face to face is not possible at the moment. All Clients with alcohol and/or drugs issues are contacted regularly to maintain a supportive platform.

Web Chat service, brought online at the start of the COVID-19 lockdown is just starting. The service is available 7 days a week from 12pm-1pm and 2pm-5pm. Operating as a hosted platform and linked to [www.alcoholanddrugsaction.org.uk](http://www.alcoholanddrugsaction.org.uk) provide ADA with the ability to Chat in Real-time with existing or first time contacts seeking advice or support.



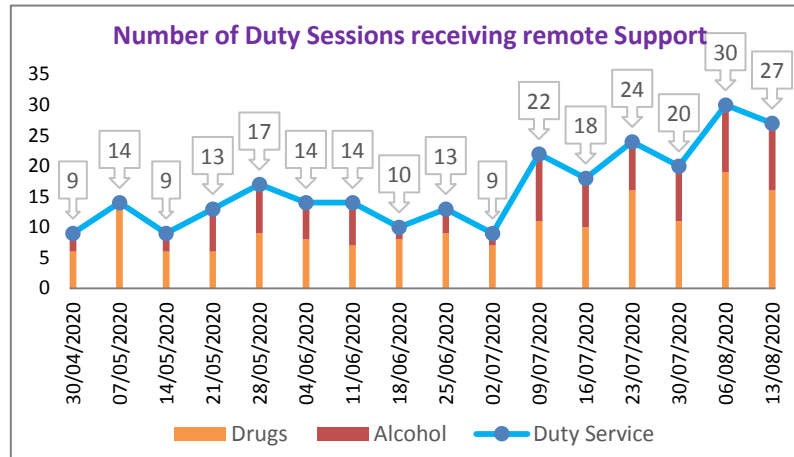
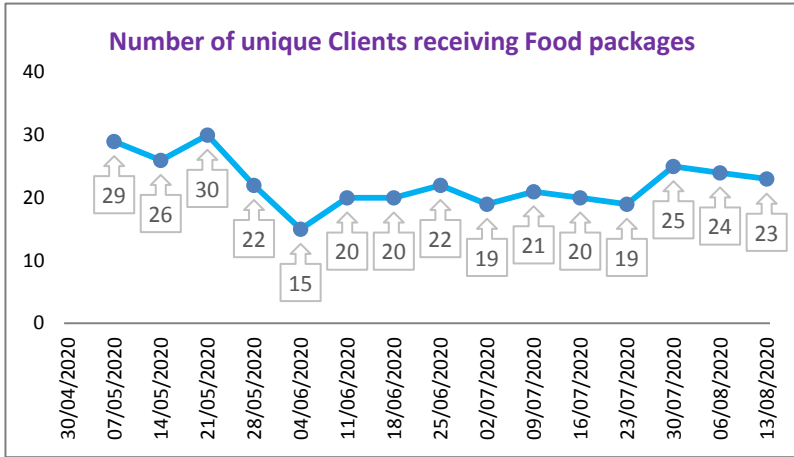
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As a result of Coronavirus we now call those open Structured Preparatory Work (SPW) clients rather than see them face to face. SPW is for those clients who have issues with alcohol and/or drugs (or who are supporting a loved one who has these issues) and who are at a stage where they wish a more regular and planned approach to the support that they require (e.g. appointment based rather than drop in via duty).



Coronavirus has had a considerable impact on a number of our Groups. Activity Groups have stopped for now. ADA have moved to adopt the Zoom platform to help maintain contact with Clients in many areas. Support Groups such as ADAPT have now moved to Zoom and new Daily Check in Groups are getting off the ground. Yoga Classes run by ADA members are posted online to Facebook and proving very successful.

Yoga Classes; Amber Clarkson, member of the Recovery Service Team has recorded a Weekly Yoga session, this is live on Facebook weekly. This is proving popular. Amber is a qualified Yoga Instructor with 250+ hour teacher training course plus additional training certificates. Classes started mid-March.  
<https://www.facebook.com/AlcDrugsAction/videos/>



ADA have now started to deliver food packages to support Clients struggling at this time.

DUTY. As a result of the lockdown ADA are operating a Remote contact service to Clients. Clients attending ADA or calling will have their details passed to a member of the DUTY Team working from home, the team member will call the Client and provide support by phone.