



## RISK AUDIT AND PERFORMANCE

<b>Date of Meeting</b>	3 <sup>rd</sup> November 2020
<b>Report Title</b>	Alcohol and Drug Partnership Funding
<b>Report Number</b>	HSCP.20.059
<b>Lead Officer</b>	Alex Stephen, Chief Finance Officer
<b>Report Author Details</b>	Name: Simon Rayner Job Title: ADP Lead Email Address: simon.rayner@nhs.net Phone Number: 07910171129
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	1. Project Summaries 2. Progress Monitoring

### 1. Purpose of the Report

- 1.1. This report seeks support for Alcohol and Drug Partnership (ADP) investment plans that have been developed as a result of budget slippage and the impact of emergent issues as a result of COVID 19

### 2. Recommendations

- 2.1. It is recommended that the Committee:

- a) Approve the proposals and agree that the APD progresses developments

### 3. Summary of Key Information

- 3.1. On the 3<sup>rd</sup> Sept 2019 the IJB agreed investment by the Alcohol and Drug Partnership (ADP) of £1.3m. Good progress has been made toward recruitment and an annual report was presented to the IJB on the 8<sup>th</sup> Sept 2020. Due to some posts taking longer to fill than expected and the impact of COVID 19 on recruitment and operationalising plans the ADP has



## RISK AUDIT AND PERFORMANCE

incurred slippage on planned investments. 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.

- 3.2. The request from the AHSCP Chief Finance Officer was for the ADP to engage and develop ideas that could 1) be deployed quickly 2) meet emergent short-term needs.
- 3.3. 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 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.
- 3.4. These projects will be taken forward using Community Planning Partnership Improvement Methodology to demonstrate progress and outcomes.
- 3.5. 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.
- 3.6. 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 locally deliver the national strategy: [Rights, Respect, Recovery](#). The IJB is accountable for the financial governance of this investment.
- 3.7. 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)



## RISK AUDIT AND PERFORMANCE

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

- 3.8.** 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). Adult alcohol and drug treatment services are the responsibility of the Health and Social Care partnership
- 3.9.** 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.
- 3.10.** 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.
- 3.11.** The ADP has 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"
- 3.12.** 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:



## RISK AUDIT AND PERFORMANCE

**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**

3.13. Progress against the Delivery Plan can be found at Appendix 2

3.14. Projects that have been revised are:

Ref	Narrative	Sum to be redeployed
1	<b>Executive Programme</b> – 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	£50,000
2	<b>Localities Development Worker</b> – this sought to fund a 1 year post at a cost of £43k to help facilitate community development of ideas and projects to take forward within the Local Outcome Improvement Plan. It is proposed that this funding is utilised to deal with more immediate emergent issues and the community development element is support from within “in-house” capacity.	£43,000
3	<b>GP Vision Programme</b> – this sought to invest £10k annually in licence fees to upgrade Vision to enable recall and flagging of at risk patients. This aspiration has been superseded by natural system improvements.	£10,000
4	In the initial version of the financial plan we had an unallocated sum of £100k this has been revised as of October 21 to indicated unallocated available funding in 20/21 as £182k	£182,000



## RISK AUDIT AND PERFORMANCE

5	Slippage on operationalising funded posts is estimated at £43k. Recruitment process has been reactivated and the assumption is that costs will be incurred from November onwards.	£43,000
6	<b>Localities Funding</b> - 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 Health Improvement Fund (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.	£150,000
7	In total this equates to £478k (of which £10k is recurring) to be redeployed towards supporting emergent community themes and supports Operation Home First.	<b><u>£478,000</u></b>

**3.15.** 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 proposals have all been presented to the ADP members. The ADP now has a list of prioritised and scalable projects to progress as and when funding is available. There are some uncertainties and assumptions regarding finance that require clarification.

**3.16.** Proposed projects are:

Ref	New Projects	Cost
a)	Public Protection Learning and Development	£25,000
b)	Young People Resilience Hub (@ 9 months)	£79,000
c)	Prison Throughcare (@ 24 months)	£70,000
d)	Link worker A&E (@ 14 months*)	£46,000
e)	IT for drug and alcohol services	£50,000
f)	Drug Death Prevention - Accommodation Technology	£70,000
g)	Fast Track BBV Test and Treat	£65,000
	<b>Total</b>	<b>£405,000</b>
	<b>Balance</b>	<b>£73,000</b>



## RISK AUDIT AND PERFORMANCE

\*Depending on contract advice

The ADP have agreed that, due to timescales and social distancing, projects proceed as proposals, and that once high level agreement is achieved, fuller engagement with people with lived experience and other stakeholders is supported

### 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

No direct financial costs to HSCP

#### 4.4. Workforce

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





## **RISK AUDIT AND PERFORMANCE**

### **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)**

The main risk is from delay in agreeing priority investment whilst people continue to be harmed from the impact of alcohol and drugs

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

The main risk relates to not achieving the transformation that we aspire to, and therefore our ability to sustain the delivery of our statutory services within the funding available. The resultant risk is that the Integration Joint Board fails to deliver against the strategic plan.

Risk 2. There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and project an overspend

Risk 5. "There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet performance standards or outcomes as set by regulatory bodies."



Risk 9. Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system.



## RISK AUDIT AND PERFORMANCE

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

This report seeks to take forward projects that help invest ADP funding in projects that can be delivered quickly, meet needs of Operation Home First and the local requirements of the ADP.

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





## RISK AUDIT AND PERFORMANCE

### APPENDIX 1

#### a) Public Protection Learning and Development £25k

Evidence shows us that there are multiple cross cutting issues such as correlations between domestic abuse, alcohol use, child protection, adults at risk, drug related deaths, child neglect amongst many others

In June the Chairs and Lead Officers of four groups with roles in relation to public protection, Child Protection Committee, Adult Protection Committee, Alcohol and Drugs Partnership and the Violence Against Women Partnership, met jointly to discuss areas of common interest and to explore cross cutting themes. This was generally felt to have been a positive meeting and that emergent themes of risk management, data, cross cutting practice and a need for Public Protection learning and development were evident.

This proposal seeks to support system wide thinking and approaches to public protection to ensure a more preventative response to harm. Success will be gauged by the emergent data and plans that allow us to support Aberdeen Together and ensuring that cross cutting issues are routinely embedded in a whole systems approach to public protection.

To help support the joint Learning and Development approach the ADP is proposing to invest £25k into this area to help support:

- Resources to support senior officers outlining public protection strategic groups, their role and their interface
- Enhance the Getting It Right For Every Child (GIRFEC) website to host all L&D materials for professionals and to provide information to the public about public protection issues
- Commission L&D tutorials from specialists in their topics utilising local experts to ensure that it bespoke to Aberdeen
- Link in with national campaigns such as the current Safe Spaces campaign re domestic abuse

Those involved in developing this have been:

- Chief Social Work Officer
- Service Manager, Integrated Children & Family Services



## RISK AUDIT AND PERFORMANCE

- Chairs and Lead officers of the APC, CPC, ADP, VAWP

Proposed funding source: use £25k of funding earmarked for Senior Officer CPD

This proposals supports with the ADP Delivery Plan Workstream 1 theme of **Whole Family Approach** to reducing and preventing harm, and with the AHSCP Strategic Plan intention of working with partners to achieve positive health outcomes for people and address the preventable causes of ill-health in our population.

### b) Young People Resilience Hub – alcohol and drugs £79k

The COVID-19 pandemic has seen a significant change in the needs of children and families and Community Planning Partners had to quickly and proactively respond.

Children and Family Services identified that some children and young people would require a level of targeted support beyond that possible through schools' digital and enhanced contact and from planned contact with Children's Social Work professionals.

As a response three resilience hubs for young people were formed, combining, education, social work and community resources. The hubs, in recognition of the links between child poverty and neglect/family breakdown provide practical support which has been a critical success factor of the hub model.

During 6 weeks between 7<sup>th</sup> April and 12<sup>th</sup> May substance use was raised 91 times as an emergent issue / theme.

Data from the hubs clearly shows how the family environment is impacting on children and young people and highlights a need to link more fully with colleagues in health and across the Alcohol and Drugs Partnership in order to develop an appropriate local response.

The APD is proposing to invest in three workers aligned to each hub for a period of nine months. After this time a review take place to consider longer term requirements.

Workers will be procured from the Third Sector

3 x young people resilience workers @ £35k for nine months                      £79k



## RISK AUDIT AND PERFORMANCE

Those involved in developing this have been:

- Chief Social Work Officer
- Chief Education Officer

This proposal fits with the ADP Delivery Plan **Workstream 1** theme of Whole Family Approach to reducing and preventing harm, and with the AHSCP Strategic Plan intention of working with partners to achieve positive health outcomes for people and address the preventable causes of ill-health in our population.

### c) Prison Through Care £70k

Proposal is to create a worker to engage with people being released from prison to ensure they actively accessed the appropriate services to maintain their recovery and wellbeing in the community. There have been seven drug related deaths of people liberated from prison within the last two months.

The worker would engage with people identified at the case management board who would require help to access relevant support. Discussions with the individuals would start in prison prior to release and would aim to have a plan to ensure all identified actions were complete. This would include benefits, health and recovery service, housing, counselling, practical support and any others identified. The aim of this worker is not to provide ongoing long term support but to case manage and ensure access to support is achieved.

The worker will be procured from the Third Sector.

1x Key worker for Prison @ two years £70k

Those involved in developing this have been:

- Head of Offender Outcomes, Scottish Prison Service, HMP & YOI Grampian
- Development Team Leader, Aberdeen City Council, Housing Access and Support



## RISK AUDIT AND PERFORMANCE

This proposal fits with the ADP Delivery Plan **Workstream 2** theme of Reducing Harm, Morbidity and Mortality, and with the AHSCP Strategic Plan to support Connections and Resilience.

### d) Link Worker – A&E

Proposal is to invest in a Link Worker to be based at the Emergency Department (ED) for test of change; they will be part of Primary Care network of support; help reduce the underlying causes of potential readmission across the full remit of Link Worker role: finance, housing, domestic abuse, drugs, alcohol, health and wellbeing etc. Data indicates:

- Alcohol related admissions dropped during COVID but are increasing and return to pre COVID 40 per week
- Using SPARRA data we see a significant number of patients at risk of alcohol related re-admission
- Twenty-seven (57%) Aberdeen postcode areas are above Scottish average for generating alcohol related admissions (deprivation)
- 2550 emergency alcohol related hospital admissions in 6 months to May 2016 (SPARRA) generated by 1117 people in Aberdeen City. 10 GP practices have 56% of the at risk of alcohol related readmission patients (SPARRA)
- About 30% of GP referrals to alcohol services don't appear
- We tracked back 2-year activity of 85 alcohol related deaths. 2977 bed days cost of £1.5m
- We have information about alcohol related admissions but not information about drug related admissions and in particular drug related overdoses
- Non-fatal overdose is a strong indicator for future fatal overdose.
- An assertive outreach team is being formed in the City to engage with people at risk of drug related death; there is an increasing list of risk criteria
- NHS Lothian have a scheme whereby specialist drug services are alerted when there is a drug overdose admission; the service then undertakes outreach to the individual

Those involved in developing this have been:

- AHSCP Senior Leadership Team
- Primary Care Lead GP Services
- Senior Operational Response Team



## RISK AUDIT AND PERFORMANCE

- Divisional Operational Manager, Division of USC (ED, Acute Med, Short Stay Med, H@N, S&C)

This proposal fits with the ADP Delivery Plan **Workstream 2** theme of Reducing Harm, Morbidity and Mortality, and with the AHSCP Strategic Plan to support Connections and Resilience. The proposal also supports Operation Home First in seeking to reduce admission to A&E and make better use of existing commissioned pathways.

### e) IT Funding

There are 75 specialist drug and alcohol staff working in services who have access to four laptops, but this is predominantly Medical and Pharmacy staff.

An IT review has been undertaken for health and social care staff by MH&LD Support Manager. We require to get our community staff to a standard where they can proactively work flexibly moving forward, link into MS team meetings & online training, access clinical data from home and use NHS Near me. At present all their IT equipment is desktop computers in their existing offices which they now have limited access due to following social distancing guidance.

IT kit - £50k

Those involved in developing this have been:

- Frontline and Admin Staff
- Social Work Service Manager
- Substance Misuse Service Operational Management Team
- Assistant Service Manager MH, LD and SMS

This proposal fits with the ADP Delivery Plan **Workstream 4 theme** of Service Quality Improvement, and with the AHSCP Strategic Plan to support Prevention, Connections and Resilience.

### f) Drug Death Prevention - Accommodation Technology

This proposal seeks to develop the use of tele-healthcare technology to prevent drug related deaths. By using existing kit that is used to help support older, frail and vulnerable people we seek to undertake a research project to evaluate the use of such technology in preventing drug related deaths. By using breathing,



## RISK AUDIT AND PERFORMANCE

movement and vital signs trackers we aim to provide an early warning of when individuals encounter potentially life-threatening symptoms. Kit will be linked to response services and in particular an “on call” service delivered by Bon Accord Care and funded by ACC Housing Service.

This proposal will be supported from independent research undertaken by Chair of the National Drug Death Taskforce.

ADP funding will support the purchase of kit (£60k) and the research (£10k). The response service will be funded by ACC Housing Service.

Those involved in developing this have been:

- Development Team Leader, Aberdeen City Council, Housing Access and Support
- Bon Accord Care
- Professor of Substance Use, University of Stirling

This proposal fits with the ADP Delivery Plan **Workstream 2** theme of Reducing Harm, Morbidity and Mortality, and with the AHSCP Strategic Plan to support Prevention, Connections and Resilience.





## RISK AUDIT AND PERFORMANCE

### g) Fast Track BBV Test and Treat

This proposal seeks to fund the purchase of a mobile testing machine that will be able to be used to test for Blood Borne Viruses. Currently when a test is taken it is sent to virology labs for processing with the results taking up to 7 days to be available. Depending on the result further appointments are then required to follow up and initiate treatment.

This machine can be used to be near patients, produce results in 60 – 90 minutes which can allow treatment, if required, to be initiated immediately.

Data shows that through COVID the number of people accessing clean injecting equipment has dropped. Currently we don't know what this means – it could mean people are re-using equipment and / or sharing equipment which increase the risks of infection.

Glasgow currently has a significant outbreak of HIV amongst their drug using population. HEP C continues to be a prevalent blood borne virus within our population, with the Scottish Government setting eradication as a high level ambition.

This proposal will allow testing, results and treatment to be undertaken within 1 appointment whilst the patient is attending our Integrated Drug Service.

This proposal will run as a test of change and supports the principles of Operation Homefirst as well as giving us an “early warning” system for a potential outbreak of HIV or HEPc and allow appropriate Health Protection action to be undertaken.

The ADP funding will support the purchase of a testing machine and testing cartridges – this will cost £65k. Public Health Research will undertake evaluation of the project. The Peter Brunt Centre Liver Service will support and lead the development.

Those involved in developing this have been:

- Managed Clinical Network for Sexual Health and BBVs
- Substance Misuse Service
- Public Health Researcher





## **RISK AUDIT AND PERFORMANCE**

This proposal fits with the ADP Delivery Plan **Workstream 2** theme of Reducing Harm, Morbidity and Mortality, and with the AHSCP Strategic Plan to support Prevention

## 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 measureable 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	4	4	4						4	4				

	100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021	Agreed by CP Board - Sept	GM/L M/SR	4	4	4						4	4				
--	---	---------------------------	--------------	---	---	---	--	--	--	--	--	---	---	--	--	--	--

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, 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	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	Feb 2020	Worker in post supporting the Localities develop responses to	ACC	Through review it is proposed that alternative investment is made. See report	

support our ambition for our strategy to be rooted in community action		alcohol and drugs in line with ADP Framework.		
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 – included for context)	Feb 2020	Worker in post working with staff in Kittybrewster, identifying underlying health and wellbeing issues, linking with Primary Care	Chris Smillie / ACHSCP	This post is filled but delayed due to requirement for normal police checks and then restrictions due to COVID. Near Me being looked as an alternative model.

<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							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)	Agreed by CP	TS	6	6							6	6				

	delivered in Aberdeen City by 2021	Board - Sept															
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							6	6				
5	Increase the number of alcohol licensed premises awarded Best Bar None status by 2021.	Agreed by CP Board - Sept	MH	5	5							6	6				
6	Increase % of the population who feel informed about using alcohol responsibly by 2021	Agreed by CP Board - Feb	GR	5	5							6	6				
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							6	6				
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	
---	---	---------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	------------------	--

**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	
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	
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	
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	Continuing	

			Misuse Service		
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	April 2020	Additional nursing in post; service capacity re-aligned; improvement work progressing		Appointed	
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> </ul>	Support the roll out and use the Vision/ EMIS Guideline and ensure that associated tasks are identified and	All Drugs / Primary care clusters	Services have predominantly been invested in developing response to COVID.	

	<ul style="list-style-type: none"> <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>	taken forward through the MDT Recovery Meeting			
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 opiod 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	Ensure data requested is supplied accurately and on time	All		

	reviewed with Team Leaders and action plans put in place as required.	National Quality Principles / Quality assurance measures (TBD) are reported			
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 via 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>Increase number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in</b>	<b>Going to CP Board June 21</b>															<b>Charter required</b>





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.

<b>Score</b>	<b>Stage of Project</b>	<b>Description</b>
<b>1</b>	Project area identified and agreed	Project has been identified as a priority from the Local Outcome Improvement Plan or Locality Plan
<b>2</b>	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.
<b>3</b>	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
<b>4</b>	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.)
<b>5</b>	Change ideas and project measures developed	Range of specific change ideas developed further, measurement plans established and initial PDSAs are being planned
<b>6</b>	Testing underway	Testing strategy developed and is being deployed. Data being gathered and analysed (e.g. through use of run charts)
<b>7</b>	Initial indications of improvement	Anecdotal evidence or feedback that changes are resulting in improvement can be reported.
<b>8</b>	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.
<b>9</b>	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.
<b>10</b>	Project complete	The aim has been met or exceeded and improvement sustained and spread where appropriate. Changes are now part of business as usual.