



INTEGRATION JOINT BOARD

Date of Meeting	15 December 2021
Report Title	ADP Investment Programme
Report Number	HSCP.21.119
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Simon Rayner, Strategic Lead Alcohol and Drugs; Simon.rayner@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	Included at the end of this report: Appendix A – Funding and Decision Tracker Appendix B – Direction – NHS Grampian Appendix C – Direction - ACC

1. Purpose of the Report

- 1.1. To update the Integration Joint Board (IJB) on the programme of investment and work being undertaken by Aberdeen City Alcohol & Drug Partnership (ADP) in relation to funding made available via the Scottish Government's National Mission to reduce drug and alcohol related harm.

2. Recommendations

- 2.1. It is recommended that the IJB:

1. Approves the ADP plan:
 - A) to match fund successful applications for funding from the CORRA Foundation as detailed in paragraph 3.17 of this report.
 - B) to fund the recruitment of a Specialist Pharmacist as detailed in paragraph 3.18 of this report.



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- C) to use funding as detailed in paragraph 3.19 for expenditure against Buidal by prescribing services and to fund any overspend on this budget from ADP Reserves.
 - D) to use the funding streams detailed in paragraph 3.20 to provide the ADP Assertive Outreach Programme which is currently funded on a fixed term.
 - E) to fund the recruitment of a Consultant Psychiatrist as detailed at paragraph 3.21.
 - F) to extend funding for the Young People Resilience Hubs for a further 12 months as detailed at paragraph 3.22.
2. Makes the directions as attached within Appendix B and instructs the Chief Officer to issue the direction to NHS Grampian (NHSG) to deliver the ADP plans outlined in 1 A) to E) above.
 3. Makes the directions as attached within Appendix C and instructs the Chief Officer to issue the direction to Aberdeen City Council (ACC) as per 1 F) above.

3. Summary of Key Information

- 3.1. The Scottish Government (SG) published its national drug and alcohol strategy in November 2018: **Rights, Respect and Recovery** which allowed us to ensure strategic fit with developing priorities.
- 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 3rd 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



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- Public Health and Managed Clinical Network for Sexual Health and Blood Borne Viruses
 - Aberdeen City Health and Social Care Partnership staff.
- 3.3.** ADPs, although required by SG, are non-constituted bodies and as such governance and scrutiny are provided by 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.
- 3.4.** The ADP has developed a framework for investment based on SG priorities and local performance. The IJB is accountable for the governance of this investment. This was ratified by the IJB on 11 December 2018.
- 3.5.** The ADP has established and prioritised 13 Improvement Aims within the Local Outcome Improvement Plan (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”.
- 3.6.** The ADP established a Delivery Framework 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. 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

- 3.7.** In January 2021 the Scottish Government launched a national mission to reduce drug related deaths and harms. The national [Mission](#) includes priorities of:
- a) Improving access to treatment services
 - b) Increasing the uptake of residential rehabilitation



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- c) Whole family approaches to treatment
- d) Implementation of new [Medication Assisted Treatment Standards](#) .

3.8. The mission is supported by an investment of £50 Million per year from 2021 for the next five years to local areas. This funding has been dispersed in a number of ways:

- I. Direct allocation to local budgets
- II. Through application via a grant making body called - [CORRA More info through the link](#)
- III. Through application via implementation of the national Medication Assisted Treatment (MAT) Standards.

3.9. In total there are seventeen funding streams. This report sets out ADP plans and progress for the investment locally.

3.10. The table below summarises the funding that has been made available to the ADP from the Scottish Government. ADP investment plans are detailed at Appendix A.

Ref	SG Allocation / Budget	Date allocated / confirmed	Status	Frequency	
ADP 1	Reserves	1,320,957	Ongoing	Received	Non-recurring
ADP 2	Baseline Funding	4,537,000	March 21	Received	Recurring
ADP 3	ADP Uplift - National Mission Priorities	190,625	June 21	Received	Recurring
ADP 4	ADP Uplift - Residential Rehabilitation	190,625	June 21	Received	Recurring
ADP 5	ADP Uplift - Whole Family Approach	133,437	June 21	Received	Recurring
ADP 6	ADP - DDTF 6 Priorities	226,876	March 21	Received	Fixed Term
ADP 7	ADP - PfG	662,695	March 21	Awaiting	Advised by SG to assume recurring
ADP 8	MAT Standards	-	Awaiting	Awaiting	Recurring
ADP 9	Buvidal	120,000	Aug 21	Received	Non-recurring
ADP 10	Outreach	114,375	Aug 21	Awaiting	Advised by SG to assume recurring
ADP 11	Near-fatal overdose pathways	114,375	Aug 21	Awaiting	Advised by SG to assume recurring



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ADP 12	Lived and Living Experience	19,062	Aug 21	Awaiting	Advised by SG to assume recurring
	Sub Total	7,630,027			
ADP 13	CORRA Application - Improving access	100,000	Feb 22	Awaiting	Recurring
ADP 14	CORRA Application – Increase Support	100,000	Feb 22	Awaiting	Recurring
ADP 15	CORRA Application – Whole Family Support	100,000	Feb 22	Awaiting	Recurring
ADP 16	CORRA Application – Whole Family Psychological Wellbeing	100,000	Feb 22	Awaiting	Recurring
ADP 17	CORRA Application – Paths to Employment	50,000	Feb 22	Awaiting	Recurring
	(potential) Total	8,080,027			

3.11. The ADP meeting in August 2021 agreed a set of principles for discussing and allocating the investment.

- Transparent process
- Engagement with stakeholders
- Needs led
- Evidence led
- Outcomes focussed
- Bias to local investment
- Direction – fit with local ADP delivery plans
- We have Test of Change Projects running that may need mainstream funding.

3.12. The ADP was keen to ensure that the investment process was not competitive and supported integrated joined up working. In particular where applications to CORRA would be made by independent organisations the ADP was keen that this work led to co-production of ideas and proposals that build on existing services and systems.

3.13. The ADP ran two workshops via MS Teams during September 2021 to brief stakeholders, provide an opportunity for engagement and to generate ideas for investment.

3.14. Stakeholders were brought together to explore the themes of: Whole Family Approach; Local Service Improvement; Residential Rehabilitation; Outreach and Non-fatal Overdose and Supported Living Experience. The contributions of stakeholders in



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relation to these themes directly contributed to the improvement projects that have been developed.

- 3.15.** The workshops were attended by approximately 50 people spanning health and social work services, third sector providers, people with lived experience and other individuals. The sessions offered an open forum to raise and discuss ideas in small groups, the outputs of which were then brought together. There was strong correlation between all discussions with common themes, challenges and ideas voiced.
- 3.16.** A coproduction panel was formed with service managers, service providers and people with lived experience to synthesis ideas generated from the workshops into proposed applications that align with the ADP Delivery Framework.
- 3.17.** The ADP was allocated £190,000 (**ADP3**) on a recurring basis for taking forward Mission Priorities; £133,437 (**ADP 5**) towards a “whole family approach” to support people affected by drug use harms. The decision of the ADP in October 2021 was to “match fund” successful applications made to CORRA.
- 3.18. ADP 6** The Drug Death Task Force allocated fixed term funding of £125,000 and £101,000 in 2020 with strict criteria on where and how funding was to be deployed. This funding is fully allocated. The ADP sought to undertake a “test of change” with a specialist pharmacist post to undertake medication safety reviews. The fixed term nature of this funding has prevented recruitment to a specialist pharmacy post and the recommendation is to fund this post from **ADP 3** as recurring income stream.
- 3.19.** Buprenorphine is a new long acting formulation of Buprenorphine which is an opioid agonist. Generally it is well received and liked by service users and for many it is preferable to methadone. One advantage is the fact that, for some, it can be administered as a single monthly injection. As a new medication it is significantly more expensive than other forms of opioid replacement treatment and the SG have funded the transition of the medication on to the local formulary with an expectation that from 2022 this is met from local drug budgets in the same way as any other medication. The recommendation is to use funding detailed at **ADP 9** for expenditure against Buprenorphine by prescribing services and to fund any overspend on this budget from ADP Reserves detailed at **ADP1**.



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- 3.20.** The ADP has been allocated £114,375 (**ADP 10**) to develop assertive outreach responses to support people at high risk of harm to engage in support services and £114,375 (**ADP 11**) to develop pathways to support people who have experienced a non-fatal overdose into support services. Non-fatal overdose is a strong indicator of future fatal overdose. The ADP established an Assertive Outreach Team as a Test of Change using Reserves (**ADP 1**) – the recommendation is to fund the Assertive Outreach Team recurrently using **ADP 10** and **ADP 11**.
- 3.21.** At the ADP meeting of October 2021, a proposal to fund from **ADP 1** an additional Consultant Psychiatrist within the Integrated Drug Service was agreed. This post will help develop a response to people with a dual diagnosis of mental illness and substance use issues pending confirmation of MAT Standards funding.
- 3.22.** On 1 December 2020 the IJB ratified a proposal for the ADP to fund 3rd sector drugs workers to be part of the Young People Resilience Hubs (*Fit Like Hubs*) for 12 months. The ADP in conjunction with the Chief Social Work Officer (ACC) and the Integrated Children's Board, based on evaluation of the first 12 months of work, recommend continuing to fund this service for a further 12 months.

4. Implications for IJB

- 4.1. Equalities, Fairer Scotland and Health Inequality** - An HIA assessment was completed during October & November 2021. Drug related problems and mortality are eighteen times higher in areas of deprivation across Scotland and this is evident in Aberdeen. The assessment indicates that:
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.

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



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- 4.2. **Financial** – contained in Appendices A to C and summarised in para 3.10 above.
- 4.3. **Workforce** – contained in Appendices A to C and summarised in para 3.10 above. We will seek procurement from existing expertise and arrangements within the Third Sector.
- 4.4. **Legal** - There are no direct legal implications arising from this report.
- 4.5. **Other** - There are no other anticipated implications as a result of this report.

5 Links to ACHSCP Strategic Plan

- 5.1 The Scottish Government expect to see alcohol and drugs as an identifiable section within the ACHSCP Strategic Plan and outcomes relating to this are contained with the extant plan and the revised Strategic Plan. This plan, the ADP Delivery Plan and priorities within the Community Planning Partnership should all be corporate and work is being undertaken to ensure this.

6 Management of Risk

6.1 Identified risks(s)

Difficulty in the recruitment of staff is a potential risk to delivery.

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 IJB fails to deliver against the strategic plan.

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.

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


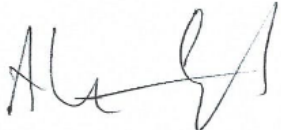
This investment will bring additional service capacity, opportunity for redesign and partnership working which will help mitigate risks.



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We have, where possible, sought to recruit from the Third Sector as a means of developing integrated services and reduce risks and challenges associated with recruiting clinical staff.

Detailed reporting is required by the SG on delivery and financial investment.

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



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APPENDIX A

The Notes below provide an accompanying narrative for each line of investment:

ADP 1 Aberdeen City ADP had a reserve that was built up from funding allocated partway through previous financial years, staff turnover and slippage from project initiation delays etc. At the start of the financial year 2021/22 this amounted to £1.3m. All of this funding has been allocated to projects and improvements.

ADP 2 Aberdeen City ADP receives £4.4m from the Scottish Government. This is an accumulation of funding allocations which have been invested in various services and projects and constitutes the core funding that supports our Integrated Drug Service, Integrated Alcohol Service and commissioned 3rd sector specialist drug and alcohol services. In the allocation of 2020 and 2021 the Scottish Government indicated an expectation of local NHS boards to pass on a 5% increase to ADPs.

ADP 3 Aberdeen City ADP was allocated £190,000 on a recurring basis for taking forward Mission Priorities. The decision of the ADP in October 2021 was to allocate £100,000 to “match fund” application made to CORRA. **See note ADP 14.** The request is made to fund a Specialist Pharmacist post at 8a level.

ADP 4 Aberdeen City ADP was allocated £190,000 for increasing the uptake of residential rehabilitation services and improving support pathways into and returning to the community.

ADP 5 Aberdeen City ADP was allocated £133,437 towards a “whole family approach” to supporting people affected by drug use harms. This funding is being used to “match fund” a CORRA application. See note **ADP 16.**

ADP 6 The Drug Death Task Force allocated funding of £125,000 and £101,000 in 2020 with strict criteria on where and how funding was to be deployed. This funding is fully allocated. The fixed term nature of this funding has



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prevented recruitment to a specialist pharmacy post and the request is to fund this post from **ADP 3** as recurring income stream.

ADP 7 Programme For Government – in 2018 Aberdeen was allocated £662,000 on a recurring basis for a number of SG priorities. This funding is fully allocated. See note **ADP 1**.

ADP 8 The SG have established an iterative approach to funding MAT Standards with each area self-assessing against the standards and entering into a dialogue on the improvement and resource required.

ADP 9 Buprenorphine is a new long acting formulation of Buprenorphine which is an opioid agonist. Generally it is well received and liked by service users and for many it is preferable to methadone. One advantage is the fact that, for some, it can be administered as a single monthly injection. As a new medication it is significantly more expensive than other formulation and the SG have funded the transition of the medication on to the local formulary with an expectation that from 2022 this is met from local drug budgets in the same way as any other medication.

ADP 10 Aberdeen ADP has been allocated £114,375 to develop assertive outreach responses to support people at high risk of harm to engage in support services. We established an Assertive Outreach Team as a Test of Change using Reserves (**ADP 1**) – we propose to fund the Assertive Outreach Team recurrently using this funding.

ADP 11 Aberdeen ADP has been allocated £114,375 to develop pathways to support people who have experienced a non-fatal overdose into support services. Non-fatal overdose is a strong indicator of future fatal overdose. We established an Assertive Outreach Team as a Test of Change using Reserves (**ADP 1**) – we propose to fund the Assertive Outreach Team recurrently using this funding.

ADP 12 Aberdeen has been allocated £19,062 to support the voices and engagement of people with lived experience of drug and alcohol issues.



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At the end of May 2020 the Scottish Government opened four funding streams which are administered through a grant making body called CORRA and more information can be found [here](#). Local areas were invited to make applications against the four funds. There were different criteria for the funds depending on the type of organisation and value of application. The maximum application amount was £100,000 and one application could be made per organisation.

ADP 13 Aberdeen ADP supported Alcohol & Drugs Action to bid for £100,000 pa to improve access to drug services and increase delivery capacity for harm reduction outreach.

ADP 14 Aberdeen ADP has supported Penumbra to apply for £100,000 pa to increase practical help and support to people engaged in our Integrated Drug service. If the application is successful the ADP would seek to match fund. See note **ADP 3**.

ADP 15 Aberdeen ADP supported Alcohol & Drugs Action to apply for £100,000 pa to increase specialist drug support for families affected by drug related harms.

ADP 16 Aberdeen ADP supported Penumbra to apply for £100,000 pa to provide psychological wellbeing workers to support families affected by drug related harms. The ADP will match fund this at £133,437 per year. See note **ADP 5**.

ADP 17 Aberdeen ADP will support Aberdeen In Recovery to apply for £50,000 pa to sustain and develop their pathway to employment, with a particular focus on encouraging people in recovery to become qualified support workers. The ADP will match fund this at £20,000 per year.



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APPENDIX B

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DIRECTION

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

NHS GRAMPIAN is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below:

- a) To match fund, from the ADP Budget, successful applications for funding from CORRA as detailed in paragraph 3.17 of this report - **Recommendation (A)**.
- b) To recruit a specialist pharmacist up to the value of £80k per year from the ADP Budget as detailed in as detailed in paragraph 3.18 of this report - **Recommendation (B)**.
- c) To fund as detailed at **ADP 9** and as detailed in paragraph 3.19 of this report for expenditure against Buidal by prescribing services and to fund any overspend on this budget from ADP Reserves detailed at **ADP 1 Recommendation (C)**, up to the value of £250k.
- d) To fund as detailed at **ADP 11** and **ADP 12** and as detailed in paragraph 3.20 of this report to fund the ADP Assertive Outreach Programme which is currently funded on a fixed term from **ADP 1** paragraph 3.10 of this report. **Recommendation (D)** up to the value of £228k per year.
- e) To fund and recruit from the ADP Budget Consultant Psychiatrist as detailed at paragraph 3.21 of this report. **Recommendation (E)** up to the value of £150k per year.



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- f) To extend from the ADP Budget for the Young People Resilience Hubs for a further 12 months as detailed at paragraph 3.20 of this report.
Recommendation (F) up to the value of £120k per year.

Services will be provided in line with the Board's Strategic Plan and existing operational arrangements pending future directions from the Board.

Related Report Number: - HSCP.21.119

Approval from IJB received on: - 15 December 2021

Description of services/functions: - **Drug treatment and support services**

Services: - services listed in Annex 2, Part 2 of the Aberdeen City Health and Social Care Integration Scheme – “9. Services provided outwith a hospital in relation to an addiction or dependence on any substance” and page 71 Local Authority Drug and Alcohol Services.

Link to strategic priorities (with reference to strategic plan and commissioning plan),

Scotland's Public Health Priorities:

- a Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs

Strategic Plan

- Prevention • Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health: Work with Alcohol and Drug Partnership (ADP) to deliver Drug Strategy: Page 34 Outcomes Reduction in number of drug-related deaths.
- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.



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Commissioning:

- is undertaken for outcomes (rather than for services)
- decisions are based on evidence and insight and consider sustainability from the outset
- adopts a whole-system approach
- actively promotes solutions that enable prevention and early intervention
- activities balance innovation and risk
- decisions are based on a sound methodology and appraisal of options
- practice includes solutions co-designed and co-produced with partners and communities

Link back to National Health and Wellbeing Outcomes

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5 Health and social care services contribute to reducing health inequalities.

7 People who use health and social care services are safe from harm.

8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9 Resources are used effectively and efficiently in the provision of health and social care services.

Timescales involved:- Start date: - 15 December 2021 End date: various

Associated Budget:- Alcohol and Drug Partnership **Availability:** - Confirmed



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APPENDIX C

INTEGRATION JOINT BOARD

DIRECTION

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

Aberdeen City Council (ACC) is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below:

To extend funding contractual arrangements for the Young People Resilience Hubs from the current provider for a further 12 months as detailed at paragraph 3.20 of this report.
Recommendation (F) up to the value of £120k per year.

Services will be provided in line with the Board's Strategic Plan and existing operational arrangements pending future directions from the Board.

Related Report Number: - HSCP.21.119

Approval from IJB received on: - 15 December 2021

Description of services/functions: - Drug treatment and support services

Services: - services listed in Annex 2, Part 2 of the Aberdeen City Health and Social Care Integration Scheme – "9. Services provided outwith a hospital in relation to an addiction or dependence on any substance" and page 71 Local Authority Drug and Alcohol Services.

Link to strategic priorities (with reference to strategic plan and commissioning plan),

Scotland's Public Health Priorities:

- a Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs



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Strategic Plan

- Prevention • Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health: Work with Alcohol and Drug Partnership (ADP) to deliver Drug Strategy: Page 34 Outcomes Reduction in number of drug-related deaths.
- Develop a consistent person centred approach that promotes and protects the human rights of every individual and which enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community.
- Promote and support self-management and independence for individuals for as long as reasonably possible.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.
- Strengthen existing community assets and resources that can help local people with their needs as they perceive them and make it easier for people to contribute to helping others in their communities.

Commissioning:

- is undertaken for outcomes (rather than for services)
- decisions are based on evidence and insight and consider sustainability from the outset
- adopts a whole-system approach
- actively promotes solutions that enable prevention and early intervention
- activities balance innovation and risk
- decisions are based on a sound methodology and appraisal of options
- practice includes solutions co-designed and co-produced with partners and communities

Link back to National Health and Wellbeing Outcomes

1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5 Health and social care services contribute to reducing health inequalities.

7 People who use health and social care services are safe from harm.



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8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9 Resources are used effectively and efficiently in the provision of health and social care services.

Timescales involved:- Start date: - 15 December 2021 End date: - as outlined

Associated Budget:- Alcohol and Drug Partnership **Availability:** - Confirmed