



INTEGRATION JOINT BOARD

Date of Meeting	7 th June 2022
Report Title	ADP Investment Programme
Report Number	HSCP22.037
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 – Directions to NHS Grampian Appendix B – Directions to Aberdeen City Council

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 related harm.

2. Recommendations

- 2.1. It is recommended that the IJB:

1. Approves the ADP investments as detailed at 3.18:
 - A) To carry forward funding and continue to purchase residential rehabilitation as required



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- B) To allocate Child and Family Social Work funding to undertake staff training and tests of change in line with Whole Family approaches
 - C) To create additional capacity with Alcohol and Drugs action to help meet national Medication Assisted Treatment Standards
 - D) Create an additional nursing posts to help meet national Medication Assisted Treatment Standards
 - E) To run a communications plan to increase distribution and uptake of naloxone
 - F) To procure an independent research to undertake studies into drug deaths to help inform prevention strategy
 - G) To establish a support hub for parents and professionals affected by foetal alcohol spectrum disorder
 - H) To establish a development officer post in Criminal Justice Social Work to help support operational service developments
 - I) To fund additional support for the ADP and help support improvement work through transfer of funds to Community Planning management team
 - J) To match fund 50% of cost of additional support for young people in the Fit Like Hubs as part of an application to CORRA Scotland
 - K) To support feasibility work and establishment of a drug checking service
 - L) To establish advocacy support for people using our drug treatment services
 - M) To contribute funding to a service redesign, in partnership with primary care management to deliver Medication Assisted Treatment Standards
2. Makes the directions as attached within Appendix A and instructs the Chief Officer to issue the direction to NHS Grampian (NHSG) to deliver the ADP plans outlined in A, B, D, E, F, G, H, I, J, L, M
3. Makes the directions as attached within Appendix B and instructs the Chief Officer to issue the direction to Aberdeen City Council (ACC) to deliver the ADP plans outlined in B, C, G, I, L

3. Summary of Key Information



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- 3.1. This paper presents a number of investments that the ADP are taking forward and seek to have the overall investment plan. The proposals have been developed in conjunction with ADP members and other topic experts / leads.
- 3.2. This report follows on from investment plans ratified by the IJB on the 24th August 2021 and 15th December 2021.
- 3.3. There is an intention to hold a seminar for IJB members on the ADP and its work later in the year.
- 3.4. 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.
- 3.5. The ADP membership has representatives of:
 - Police Scotland
 - Scottish Prison Service
 - Aberdeen City Council
 - 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
 - Public Health and Managed Clinical Network for Sexual Health and Blood Borne Viruses
 - Aberdeen City Health and Social Care Partnership staff.
- 3.6. 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.



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- 3.7.** 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.
- 3.8.** 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”.
- 3.9.** 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

- 3.10.** In January 2021, the Scottish Government launched a national mission to reduce drug related deaths and harms. The national [Mission](#) includes priorities of:
- Improving access to treatment services
 - Increasing the uptake of residential rehabilitation
 - Whole family approaches to treatment
 - Implementation of new [Medication Assisted Treatment Standards](#) .
- 3.11.** 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:
- Direct allocation to local budgets



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- 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.

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

3.13. The table below summarises the funding that has been made available to the ADP from the Scottish Government.

ADP Funding Tracker					
Ref		SG Allocation / Budget	Date allocated / confirmed	Status	Frequency
ADP 1	Reserves	1,320,957	Ongoing	Received	Non-recurring
ADP 2	Baseline Funding ¹	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	Confirmed	Advised by SG to assume recurring
ADP 8	MAT Standards	462,000	Awaiting	Awaiting	Recurring
ADP 9	Buvidal	120,000	Aug 21	Received	Non-recurring
ADP 10	Outreach	114,375	Aug 21	Confirmed	Advised by SG to assume recurring
ADP 11	Near-fatal overdose pathways	114,375	Aug 21	Confirmed	Advised by SG to assume recurring
ADP 12	Lived and Living Experience	19,062	Aug 21	Confirmed	Advised by SG to assume recurring
Sub Total		8,092,027			
ADP 13	CORRA Application - Improving access	100,000	Feb 22	Confirmed	Recurring 5 years



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ADP 14	CORRA Application – Increase Support	100,000	Feb 22	Confirmed	Recurring 5 years
ADP 15	CORRA Application – Whole Family Psychological Wellbeing	100,000	Feb 22	Confirmed	Recurring 5 years
Total		8,392,027			

Notes: 1 The baseline funding is the historic amount of funding that has been allocated and is invested in our specialist alcohol and drug services

3.14. 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.

3.15. 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.

3.16. 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.

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



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- 3.18.** 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.
- 3.19.** 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.
- 3.20.** Final confirmation of funding has now been received and a number of directions need to be made to progress delivery. The ADP has been awarded £462,000 recurring as per ADP 8 MAT Standards Funding for the delivery of [Medication Assisted Treatment \(MAT\) standards](#). To receive this funding the ADP had to submit proposals which the Scottish Government have now approved.
- 3.21.** These investments will help more vulnerable people directly access services and create additional service capacity to deliver MAT standards.
- 3.22.** Of the total funding amount of £8,392,027 at paragraph 3.10 this report updates on investment plans for £1,647,803.00 of additional new funds and reserves. The full list of ADP projects is listed below:

Ref	Theme	Improvement	Timescale	Total / Amount	Source
A	3	ADP 4 Residential Rehabilitation: To carry forward funding allocated in 2021/2022 into 2022 – 2025 for residential rehabilitation places and continue to utilise to “spot purchase” placements as required.	na	£190,000	ADP 4
B	1	ADP 5 Whole Family Approach: To allocate £133,437 funding awarded in 2021/2022 for ADP 5 Whole Family Approach to support a test of change in family support and to support staff training in trauma informed practice to support families affected by alcohol and drugs and support outcomes identified through Improvement Charter 12.1	na	£133,437	ADP 5
C	3	ADP 8 MAT Standards: Alcohol and Drugs Action (our third sector commissioned provider of specialist drug support) creating six additional support workers for a sum of £240,000 MAT Standards 1-5	Recurring	£240,000	ADP 8



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D	3	ADP 8 MAT Standards: Funding The establishment of three Band 6 outreach nursing posts at £160,000 MAT Standards 1 - 5	Recurring	£160,000	ADP
E	2	To fund a communications programme including social media, radio and bus advertising to raise awareness on overdose prevention and naloxone as part of Improvement Charter 12.6	2 years	£50,000	ADP reserve
F	5	To fund an independent researcher to undertake studies into local drug and alcohol deaths to as part of Improvement Charter 12.6 to improve our prevention strategy	2 years	£65,000	ADP reserve
G	1	To fund FASD Scotland to develop a hub to support parents and professionals cope with and manage the impact of Foetal Alcohol Spectrum Disorder in line with Improvement Charter 4.1	2 years	£135,000	ADP reserve
H	3	As part of Improvement Charter 10.8 to fund a development officer to work between Criminal Justice Social Work and Drug/Alcohol Services to improve joint working and pathways	2 years	£90,000	ADP reserve
I	5	To support the APD and to expedite improvement work in line with the National Mission to fund specialist improvement support from the Community Planning team	2 years	£180,000	ADP reserve
J	1	To support Improvement Charter 12.1 the development of services for young people affected by drug and alcohol related issue the ADP will match fund an application to CORRA Young People's Fund to create additional support through the Fit Like Hubs	3 years	£75,000	ADP reserve
K	2	To support Improvement Charter 12.6 and to pilot along with Stirling University, Dundee and Glasgow the feasibility of providing drug checking facility with 3 rd sector provider	na	£200,000	ADP reserve
L	3	To support implementation of MAT Standard 8 to procure Advocacy services to support service users into and through services	3 years	£45,000	ADP reserve
M	3	Contribute to service redesign and equalities development to facilitate Direct Access support in line with Scottish Government MAT Standards 1-5	2 years	£480,000	ADP reserve
Total				£2,043,437.00	

3.23. There are also a number of projects below the £50,000 threshold that the ADP are taking forward that cover topics of stigma, increasing naloxone distribution and increasing visibility of recovery.

3.24. Where non-recurring funds are being used, we have sought to minimise the impact to staff and potential service users by utilising these funds and for improvements and tests of change. Where test of change are able to



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demonstrate an improvement through joint working and practice the change will become “business as usual.” If required we will manage the end of the funding period through redesign, prioritising and stopping other work, natural staff turnover, or if the improvement isn’t evident we will cease the project.

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.

- 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



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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.

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. Where clinical staff are required, we have sought ensure that they are deployed in a way that is innovative and meets needs of the most vulnerable who struggle to engage in our services.

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



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



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APPENDIX A

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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 carry forward £190,000 of funding allocated from the Scottish Government in 20/21 into 2022-2025 and continue to spot purchase placements as required as detailed in paragraph 3.18 A of this report
- b) To allocate £133,437 funding awarded in 2021/2022 for ADP 5 Whole Family Approach to Aberdeen City Council as detailed in as detailed in paragraph 3.18 B of this report
- c) To fund £240,000 annually of MAT Standards Funding to Alcohol and Drugs Action as detailed at Paragraph 3.18 C
- d) To recruit 3 Band 6 Nurses as detailed in paragraph 3.18 D of this report up to the value of £160,000 per year.
- e) To fund a communication programme as detailed in paragraph 3.18 E this report up to the value of £50,000 over 2 years
- f) To procure and fund an independent researcher as detailed in paragraph 3.18 D up to the value of £65,000 over two years



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- g) To grant fund FASD Scotland £135,000 over 2 years to develop a hub as detailed in paragraph 3.18 G
- h) To transfer funding to Aberdeen City Council to fund a development officer for Criminal Justice Social Work up to the value of £90,000 for 2 years as detailed in paragraph 3.18 H
- i) To transfer funding to Aberdeen City Council to provide the ADP with improvement support up the value of £180,000 for two years as detailed in paragraph 3.18 I
- j) To fund, on condition of a successful award from CORRA, £75,000 as 50% match funding to Alcohol & Drugs Action, for additional support through the Fit like Hubs as detailed in para 3.18
- k) To fund the development of a drug checking service as detailed in Paragraph 3.18 K up to the value of £200,000
- l) To fund Advocacy Services up to the value of £45,000 over 3 years as detailed in paragraph 3.18 L
- m) To contribute funding of up to £400,000, in conjunction with the Health and Social Care Partnership, to support service redesign and equalities over 2 years as detailed in paragraph 3.18 M

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: - HSCP22.037

Approval from IJB received on: - 7th June 2022

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.



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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.

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.



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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: - 7th June 2022 End date: 7th June 2027

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



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APPENDIX B

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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:

- a) To deliver training and support for Whole Family approached as specified by the ADP up to the value of £133,437 as detailed in paragraph 3.18 of this report.
- b) To append contract with Alcohol and Drugs Action with £240,000 with a specification for 6 whole time equivalent workers as detailed in para 3.18 C
- c) To recruit a development officer for Criminal Justice Social Work as detailed in paragraph 3.18 H, for up to two years up to the value of £90,000
- d) To provide the ADP with improvement support for up to two years up to the value of £180,000
- e) To procure on behalf of adult drug treatment services 3 years of advocacy support up to the value of £45,000 as detailed in paragraph 3.18 L

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



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Related Report Number: - HSCP22.037

Approval from IJB received on: - 7th June 2022

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.

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



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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: - 7th June 2022 End date: - 7th June 2027

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