



RISK, AUDIT AND PERFORMANCE COMMITTEE

| | |
|---|---|
| Date of Meeting | 23 June 2022 |
| Report Title | Audit Scotland Drug and Alcohol Service Briefing |
| Report Number | HSCP22.048 |
| Lead Officer | Alex Stephen, Chief Finance Officer |
| Report Author Details | Simon Rayner; simon.rayner@nhs.scot Alcohol and Drug Partnership |
| Consultation Checklist Completed | Yes/No |
| Appendices | None |

1. Purpose of the Report

In March 2022 Audit Scotland published a report on national arrangements for responding to alcohol and drug challenges in Scotland. This report describes the local response and mitigations that have been put in place.

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee:

- a) Note the content of this report

3. Summary of Key Information

3.1. In 2009 Audit Scotland published a [report](#) on national arrangements for responding to alcohol and drug challenges in Scotland. Since that initial report there have been updates most recently in [2019](#) and [2022](#)

3.2. The most recent 2022 report highlights the reduction in funding for Alcohol and Drug Partnerships prior to April 2021 and since then an increase of funding of £250m nationally *“to around the level it was six years ago in cash terms, but with no real terms increase in funding”*. The report highlights the harm caused by drug and alcohol use and in particular the high levels of drug



RISK, AUDIT AND PERFORMANCE COMMITTEE

and alcohol related deaths. The report also highlights the requirement to respond to the root causes of alcohol and drug harms; improving outcome and progress reporting citing the [Christie Report](#), [Hard Edges](#), and [poverty](#) as key references to the underlying drivers of harm.

- 3.3. The report reflects the complex nature of alcohol and drug related harms and also the complex nature of funding and subsequent service delivery. However, it's not clear from the Audit Scotland report what sources have been used to formulate views presented – for example, local ADPs or service providers weren't contacted or interviewed to provide evidence.
- 3.4. **Governance and Accountability:** Aberdeen City Alcohol and Drug Partnership (ADP) is an Outcome Improvement Group (OIG) of the Community Planning Partnership (CPP) and as such it establishes outcomes that contribute to the Local Outcome Improvement Plan and reports to the CPP Management Group and Board. The ADP uses the Improvement Methodology established by the CPP. The ADP has shared improvement projects with other OIGs - the Children Services Board and Community Justice Partnership and the Resilient Included and Support groups. The ADP has been involved in cross-cutting themes such as stigma and reducing poverty.
- 3.5. Aberdeen ADP reports to the Integration Joint Board (IJB) in relation to planned work and investment. The ADP will develop the strategic and operation plans and associated business case and seek ratification via the IJB. The IJB issues the appropriate directions. The ADP reports annually to the IJB on progress and to the RAPC.
- 3.6. The ADP uses commissioning and procurement processes of the Health and Social Care Partnership / Aberdeen City Council and NHS Grampian.
- 3.7. The ADP has been developing the process of learning from adverse events and drug related deaths. This has included the ADP starting to report learning to the Chief Officers Group as part of a Public Protection agenda to ensure system response to the complex challenge in reducing drug / alcohol related harm.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 3.8.** Drug and alcohol treatment services are delegated to the Health and Social Care Partnership and fall under their governance and management arrangements.
- 3.9. Planning and Investment:** The increase of funding from the Scottish Government has been announced throughout the financial year of 2021/22. The funding has been supplied linked to specific initiatives or through specific routes and is specifically for drug services. Some funding has been awarded directly and some has to be “bid” for. The duration of funding streams is not always clear. Some funding for major programmes has not been confirmed yet. Aberdeen now has seventeen income streams for service delivery. Consequently, throughout 2021/22 it has been hard to redesign services and plan for delivery. It has been difficult to invest and plan for “a” when you don’t know what “b” might look like. Overall, the cumulative impact of this has slowed pace of development.
- 3.10.** People experiencing acute drug problems have multiple complex needs. On this basis Aberdeen has aspired over the past 10 years to provide multi-disciplinary services that are as integrated as possible to ensure the best possible care and meet as many cares needs as possible through a single system.
- 3.11.** To mitigate the planning risks associated with complex multiple needs and complex multiple funding streams the ADP has worked to ensure a systems approach to improvement and to reduce the risk of lots of discreet service developments the ADP has sought to 1) build on existing systems, 2) remodel existing services, 3) undertake co-production of proposals and developments, 4) as far as possible undertake primary, secondary and tertiary harm reduction and prevention work. The intended outcome of this approach is to have a unified service based on need.
- 3.12. Outcomes and Progress:** The demand for help from people experiencing harm from drugs and alcohol has not reduced and continues to be a system wide challenge. The ADP has sought to balance improvements in relation to prevention, early intervention and continue to meet the demand from expressed need, particularly in relation to acute harm reduction with considerable efforts going to immediate efforts to reduce drug deaths. Aberdeen ADP has seen progress in key outcomes, however there is room



RISK, AUDIT AND PERFORMANCE COMMITTEE

for improvement. Aberdeen initiated a collaboration between Aberdeen, Dundee, Edinburgh and Glasgow as the areas with highest levels of drug and alcohol harm has been established to share learning and approaches and is meeting fortnightly.

- 3.13.** Aberdeen had been making some progress in reducing drug deaths but initial figures for 2021 suspected drug deaths show a potential increase in drug deaths. In particular a cluster in March 2021 and the ongoing challenge of illicit, toxic benzodiazepines have had a significant impact. Confirmed figures for 2021 will be published by National Records Scotland in July 2022. The ADP is progressing a number of Government funded improvements and our services are moving to a new Target Operating Model in response
- 3.14. Prevention and Tackling Inequalities:** The ADP Delivery Framework has a balance of primary, secondary and tertiary prevention outcomes and associated programmes of work. These are detailed as part of the Community Planning Partnership Local Outcome Improvement Plan and can be seen in more detail [here](#). As an Outcome Improvement Group of Community Planning the ADP works in conjunction with other groups and cross cutting themes. In particular cross-cutting themes of poverty and stigma.
- 3.15. Conclusion:** People with drug and alcohol related issues still face considerable stigma in accessing help. The benefit of having an ADP is that there is a discreet forum to ensure that the needs of vulnerable are appropriately planned and accounted for.
- 3.16.** People with drug and alcohol related issues often have multiple other complex needs. Complex service arrangements and complex funding arrangements make ensuring progress is delivered at pace more difficult.
- 3.17.** The underlying drivers of alcohol and drug related harm in our society are far wider and deeper than the scope of the ADP. Therefore, the fact that in Aberdeen the ADP is part of the CPP, which has an overall aspiration to improve the underlying causes of trauma, poverty and stigma, gives assurance that, as a collective system, we are working to a collective aim of harm prevention.



RISK, AUDIT AND PERFORMANCE COMMITTEE

4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality:** There are no direct equalities, Fairer Scotland or Health Inequalities implications arising from the recommendations of this report.
- 4.2. **Financial:** There are no direct financial implications arising from the recommendations of this report.
- 4.3. **Workforce:** There are no direct financial implications arising from the recommendations of this report
- 4.4. **Legal:** There are no direct legal implications arising from the recommendations 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)

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.

6.2 Link to risks on strategic or operational risk register:

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





RISK, AUDIT AND PERFORMANCE COMMITTEE

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 report sets out the relationship between the ADP, the IJB and the Community Planning Partnership. These arrangements aim to give assurance that financial governance and outcome performance are each accounted for by bodies external to the ADP.

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