



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	11.12.2018
<b>Report Title</b>	Alcohol and Drug Partnership (ADP) Investment Plan: Programme for government 2018-19: additional investment in services to reduce problem drug and alcohol use
<b>Report Number</b>	HSCP.18.111
<b>Lead Officer</b>	Sandra Ross – Chief Finance Officer, ACHSCP
<b>Report Author Details</b>	Name: Simon Rayner Job Title: ADP Team Lead / SMS Operational and Planning Manager Email Address: <a href="mailto:simon.rayner@nhs.net">simon.rayner@nhs.net</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	a. ADP Framework for Investment

### 1. Purpose of the Report

- 1.1. The Scottish Government has given Alcohol and Drug Partnerships (ADPs) across Scotland additional recurring funding. For Aberdeen City this equates to £666,404 per year. 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 paper is going to the IJB from the ADP for ratification of the ADP proposal and to direct NHS Grampian and Aberdeen City Council accordingly.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

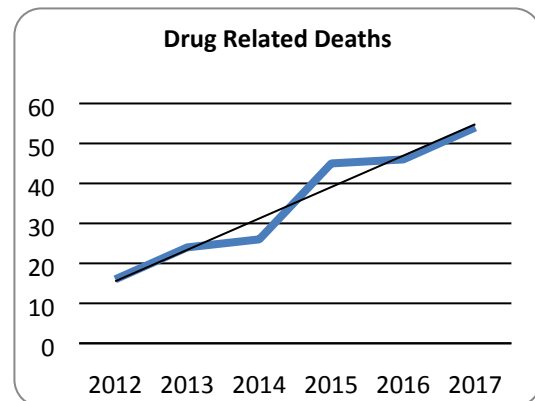
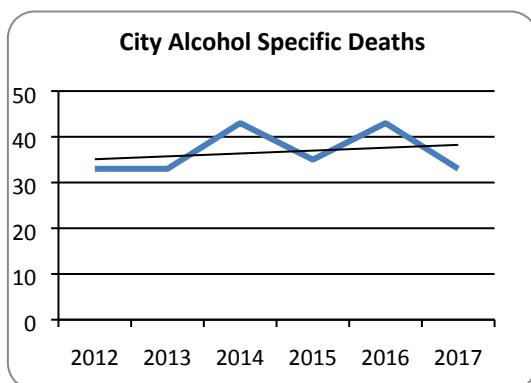
- a) Agree the direct of travel as outlined in the ADP Investment Plan



## INTEGRATION JOINT BOARD

### 3. Summary of Key Information

- 3.1.** Alcohol and drugs continue to have a significant effect on the health and wellbeing of the population in Aberdeen City. In 2017 there were 57 drug related deaths and 33 deaths that can be directly attributed to alcohol. On a number of key measures Aberdeen is an outlier compared to the rest of Scotland. The negative impact of drugs and alcohol are city wide but have a disproportionately negative impact in areas of deprivation.



- 3.2.** The increase in drug related deaths is comparable to other areas in Scotland and is related to the health consequences of long-term drug use resulting in increasingly complex presentations as the target population ages.
- 3.3.** The estimated annual total cost of alcohol harm to Aberdeen (health, social care, crime and productive capacity) is £120.9m of which £22m per year is incurred within health and social care systems (AFS, 2012).
- 3.4.** Alcohol and drug use are one of the top five public health priorities for Scotland and will be a central part of the HSCP Strategic Plan for 2019, in line with our aim to support and improve the health, wellbeing and quality of life of our local population; and to contribute to a reduction in health inequalities and the inequalities in wider social conditions that affect our health and wellbeing.
- 3.5.** The Scottish Government have allocated £666,404 recurring funding to Aberdeen City ADP which is available from September 2018.
- 3.6.** Investment intentions were agreed by the ADP Meeting of 27<sup>th</sup> Sept 2018 and jointly signed by the ADP Chair Supt Richard Craig (Police Scotland)



## INTEGRATION JOINT BOARD

and Sandra Ross CO (AHSCP) on the 1<sup>st</sup> Nov and submitted to the Scottish Government Drug and Alcohol Policy Unit for information as per their requirement on 2<sup>nd</sup> Nov 2018.

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

- Police Scotland
- Scottish Prison Service
- Aberdeen City Council (including Elected Members)
- NHS Grampian Public Health
- Aberdeen Health and Social Care Partnership
- Scottish Fire and Rescue Service
- ACVO
- Civic Forum
- Aberdeen In Recovery (people with lived experience of addictions)
- Drug, Alcohol and Blood Borne Virus Forum
- Active Aberdeen Partnership

**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 Aberdeen City Health & Social Care Partnership. 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. Adult alcohol and drug treatment services are the responsibility of the Health and Social Care partnership.

**3.9.** The current budget within the City for drugs and alcohol is £8,307,000. This is largely made up from funding directed by the Scottish Government and legacy funding for NHS Grampian and Aberdeen City Council.

**3.10.** The additional funding received represents Aberdeen City's share of an additional £20m as part of Programme for government 2018-19. The funding is in addition to the circa £8m invested locally in drug and alcohol services. Extant funding is a combination of NHS Grampian, Local Authority and Scottish Government investments channelled through ADPs (and their predecessor bodies).



## INTEGRATION JOINT BOARD

- 3.11.** In 2015 to 2017 the Scottish Government reduced funding to ADPs by circa £20m. Locally, pro rata savings were made on infrastructure with no detriment to direct service delivery. Due to the redesign work undertaken to reduce costs this additional funding is available for investment in frontline delivery.
- 3.12.** The Scottish Government is currently refreshing its own National Strategy for Drugs and Alcohol. ADPs are also required to develop a new three year Delivery Plan for the period 2019 – 2022.
- 3.13.** The criteria for the use of this funding are contained in:
- Letter dated 23rd August 2018 confirming additional funding: *Programme For Government 2018-19: Additional Investment In Services To Reduce Problem Drug And Alcohol Use*
  - Letter dated 31 May 2018: *Supporting The Delivery Of Drug And Alcohol Services: 2018-19 Ministerial Priorities And Funding Allocations*
  - Draft Scottish Government Strategy: *“All Together Now - Our Strategy to Address The Harms of Alcohol and Drugs in Scotland”*
  - *As of 27<sup>th</sup> Nov 2018 new published Scottish Government Strategy: [“Rights, Respect and Recovery Scotland’s strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths”](#)*
- 3.14.** Based on the above five workstreams have been identified that incorporates the range of priorities from preventative, early intervention work through to treatment and recovery. These workstreams and the relevant indicative investments are:

	Yr 1	Yr2	Yr 3
Workstream 1: Whole Family Approach	£100,000	£100,000	£100,000
Workstream 2: Reducing Harm, Morbidity and Mortality	£100,000	£100,000	£100,000
Workstream 3: Service Quality Improvement	£400,000	£400,000	£400,000
Workstream 4: Supporting Recovery	£40,000	£40,000	£40,000
Workstream 5: Intelligence Led Delivery	£26,000	£26,000	£26,000
Total	£666,000	£666,000	£666,000



## INTEGRATION JOINT BOARD

- 3.15.** It should be noted that the investment amounts represent estimated costs not the relative priority of each workstream. The ADP Delivery Plan 2019 – 2022 will encapsulate the overall scope and priority for delivery.
- 3.16.** Allocations to workstreams are indicative and once the projects are further developed then it may be necessary to come back to the IJB to formally direct ACC/NHSG to deliver the required services. This will be dependent on whether the costs are within officer delegations.
- 3.17.** To ensure that investment meets local needs, innovative and, importantly, meets Scottish Government expectations the ADP will take a programmatic approach to investment. This will allow flexibility and engagement will allow engagement with partners to determine the best methods for implementation, delivery, monitoring and reporting.
- 3.18.** There will be some overlap between workstreams. It is also recognised that there will be lead times required for implementation. Where feasible funds will be carried forward when an under spend is incurred. Non-recurring / unallocated under spend will be prioritised for use to support the workstreams within the framework
- 3.19.** Progress on investment and performance will be via the ADP reported back to the IJB.
- 3.20.** In determining the best methods for implementation we will seek to collaborate with:
- Public, localities, communities of interest and service users
  - Professionals
  - Community Planning Partnership; specifically Community Justice Board, Integrated Children's Services Board, Resilient, Included and Supported Group as well as Alcohol & Drugs Partnership
  - Public Health and Managed Clinical Network for Sexual Health and Blood Borne Viruses
  - Aberdeen Health and Social Care Partnership



## INTEGRATION JOINT BOARD

**3.21.** This proposed investment of £666,404 will help improve our outcomes against a number of critical measures. Further detail for information can be found in Appendix A.

### 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:** as detailed throughout the report

**4.4. Workforce:** as detailed throughout the report

**4.5. Legal:** There are no direct legal implications arising from the recommendations of this report

### 5. Links to ACHSCP Strategic Plan

The Scottish Government expect to see alcohol and drugs as an identifiable section within the AHSCP 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.

This report also aligns with the current ACHSCP Strategic Plan as the work of the APD also links particularly strongly to the following strategic priorities:



## INTEGRATION JOINT BOARD

- 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.
- Support and improve the health, wellbeing and quality of life of our local population.
- Contribute to a reduction in health inequalities and the inequalities in the wider social conditions that affect our health and wellbeing.

### 6. Management of Risk



#### 6.1. Identified risks(s)

Adult drug treatment services are currently graded “High Risk” on the risk register due to ongoing vacancies; service capacity and the ongoing negative impact on waiting times and patient safety.

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

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

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

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