

ADP ANNUAL REPORT 2018-19 ARGYLL AND BUTE ALCOHOL AND DRUGS PARTNERSHIP

Document Details:

ADP Reporting Requirements 2018-19

1. Financial framework
2. Ministerial priorities
3. Formal arrangements for working with local partners

Appendix 1 Feedback on this reporting template.

In submitting this completed Annual Report we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **30 September 2019** for the attention of Amanda Adams to: alcoholanddrugdelivery@gov.scot copied to Amanda.adams@gov.scot

July 2019

1. FINANCIAL FRAMEWORK - 2018-19

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	preventing and reducing alcohol and drug use, harm and related deaths
Scottish Government funding via NHS Board baseline allocation to Integration Authority	972,277
Additional funding from Integration Authority (excludes Programme for Government Funding)	851,107
Funding from Local Authority	
Funding from NHS (excluding NHS Board baseline allocation from Scottish Government)	355,931
Total Funding from other sources not detailed above	
Carry forwards	
Total (A)	2,179,315

B) Total Expenditure from sources

	preventing and reducing alcohol and drug use, harm and related deaths
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	144,505
Treatment & Recovery Support Services (include interventions focussed around treatment for alcohol and drug dependence)	1,684,253
Dealing with consequences of problem alcohol and drug use in ADP locality	155,173
Total (B)	1,983,931

C) 2018-19 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
2,179,315	1,983,931	195,384

D) 2018-19 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	* Income £	Expenditure £	End Year Balance £
2018-19 investment for preventing and reducing alcohol and drug use, harm and related deaths	1,328,203	1,328,203	0
Carry-forward of Scottish Government investment from previous year (s)	0	0	0

Note: * The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

2. MINISTERIAL PRIORITIES

Please describe [in bullet point format] your local Improvement goals and measures for delivery in the following areas during 2018-19:

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	<ul style="list-style-type: none"> • Work closely with service providers to ensure staff, service users and systems are ready for DAISy implementation. • Provide support/advice, including opportunities to raise and discuss concerns, to all providers. • Participate in national process to implement DAISy, 	<ul style="list-style-type: none"> • Argyll & Bute ADP has continued to work towards the implementation of DAISy. We have worked in partnership with our statutory sector service providers, Argyll & Bute Addiction Team (ABAT), and our contracted partners, Addaction, to try to ensure their readiness for DAISy when it arrives. • The ADP support team coordinated a meeting between ABAT managers and staff, NHS Highland Data Protection Officer and Scottish Government in order to share concerns and answer questions (specifically with regards the introduction of a system that does not allow anonymous records). This was part of an ongoing process to increase confidence of staff in the purpose, effectiveness and current and future security of the reporting and recording system. The work has included an increased focus on the reduction of anonymous records being recorded. In 2016/17 the percentage of anonymous records was 65.4% this has 	

		<p>decreased in 2018/2019 to 48.2%.</p> <ul style="list-style-type: none"> The ADP support team continue to attend the national DAISy planning meetings and have been able to share learning from these meetings locally. 	
<p>2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.</p>	<ul style="list-style-type: none"> Work towards including Alcohol Related Deaths within the Drug Related Deaths group Increase participation at D/ARD meetings with relevant parties invited and encouraged to engage with the process. Establish process for recording death action plans and monitoring of the resulting actions (including identifying opportunities for future early intervention). Participate in national DRD meetings and bring learning back to Argyll & Bute in order to improve processes. Work with local partners to increase Naloxone distribution Develop a process for identifying and responding early to new and emerging drug trends Improve access to treatment for people living in remote and rural communities Work with partners to engage with target groups who have previously been hard to reach 	<ul style="list-style-type: none"> Argyll & Bute ADP has for many years undertaken regular meetings of its Drug Related Death Group. The regularity of the meetings is often dependent on the availability of information on the, sometimes small number of, drug related deaths. The number of drug-related deaths in was 10 in 2016, 8 in 2017 and 9 in 2018. In order to effectively include Alcohol Related Deaths in this process the same level of information would need to be available. To date this has been difficult to gather and has resulted in a delay in the inclusion of Alcohol Related Deaths in this process. However the ADP is committed to overcoming this barrier and will continue to seek solutions in 2019/20. Throughout 2018/19 the attendance at DRD meetings increased and the ADP was able to widen the participation to include the consultant psychiatrist, ambulance service, Police Scotland and a Toxicologist. During this period the GP representative retired and we are in the process of identifying a suitable replacement in conversation with the Associate Medical Director. The ADP support team continue to attend the National Drug Related Deaths 	

		<p>Coordinator meetings and have been able to share learning from these meetings locally.</p> <ul style="list-style-type: none"> • Argyll & Bute ADP Support Team have worked with the Addiction Team (ABAT) and our commissioned service provider, Addaction, to look at ways to increase training and widen the provision of Naloxone. There is an understanding that the barriers to wider distribution have been removed and partners should be building new routes for distribution. • The ADP has increased communication with a number of partner ADPs, particularly those in other remote and rural areas of Scotland, and are sharing intelligence on drugs and new trends. This has been supported by the delivery of training to raise partner's awareness of new and emerging drug trends. • Through work with the ABAT, Addaction, recovery communities, SDF, TSI and a range of local partners the ADP has developed our Recovery Oriented System of Care, known locally as Papa, to better establish pathways to support for people throughout Argyll & Bute, particularly in remote and rural communities. • SDF continue to deliver on the ADPs involvement strategy including engaging with previously hidden and hard to reach populations. This work is part of a larger strategy to engage people in all elements of the ADPs work. 	
3. Ensuring a proactive and	<ul style="list-style-type: none"> • Build on links between community 	<ul style="list-style-type: none"> • The ADP supported a funding bid by 	

<p>planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women</p>	<p>based services and prison services serving Argyll & Bute.</p> <ul style="list-style-type: none"> • Work with partners to review the needs of Argyll & Bute women in prison. • Develop a partnership approach with Community Justice and Criminal Justice teams to establish work aimed at ensuring a smoother transition between prison and community based services. • Work with partners to establish early intervention approaches aimed at supporting people in Police Custody 	<p>Community Justice coordinator to the Corra Foundation for establishment of better links between Scottish prison Service and local A&B services.</p> <ul style="list-style-type: none"> • As part of the Community Justice proposal there will be information gathered on the needs of A&B women in prisons across Scotland. • The ADP is working alongside Community Justice and Criminal Justice to establish pathways based on the experience of people currently in or recently liberated from prison. • The ADP have worked with Addaction, NHS Mental Health Services and Police Scotland to establish an early intervention programme within Police Scotland custody suites aimed at offering support to people while they are in Police custody. It is hoped this will increase uptake of and referral on to appropriate services within the communities. 	
<p>4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i>.</p>	<ul style="list-style-type: none"> • Involve people with lived experience, including current and former service users, families, young people at all levels within the ADP • Work in partnership to develop local and area wide Recovery Communities • Work with SDF to implement the ADP's involvement strategy. 	<ul style="list-style-type: none"> • The ADP has worked with SDF, SRC, SFAD, Addaction and ABAT to identify a number of routes for representation and to support people with lived experience to become members of the ADP. This has resulted in the ADPs new governance arrangements recognising lived experience reps as full members of the ADP, the identification, training and support of members to represent lived experience, families and young people. • The ADP has worked with a range of partners to help establish and build 	

		<p>recovery communities in areas across Argyll & Bute including remote communities. This work continues to present challenges around sustainability, direction of travel and recruitment but significant progress has been made over the last 12 months with the establishment of an A&B wide Recovery Steering Group.</p> <ul style="list-style-type: none"> • SDF continue to lead on the delivery of the involvement strategy and are in the process of engaging with a wide range of partners (beyond the traditional drug and alcohol service providers) to establish the current levels of service user involvement, support needs of the services and consider their willingness to progress towards establishing a formal recognition system for those organisations who fully embrace the concepts and principles of service user involvement. 	
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* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

<p>What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes?</p>	<p>The ADP was formally recognised as a sub group of the Integration Joint Board (HSCP) in 2018/19 and now sits alongside the Strategic Planning Group with responsibilities for planning and delivery of drug and alcohol strategy. We continue to have links to the Community Planning Partnership through Outcomes 5 & 6 working groups and present our Annual Report to both the IJB and CPP boards.</p>
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In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

July 2019

APPENDIX 1:

1. **Please provide any feedback you have on this reporting template.**