STANDARD REPORTING TEMPLATE - ARGYLL & BUTE ADP ANNUAL REPORT 2015-16

Document Details:

ADP Reporting Requirements 2015-16

1. Financial Framework
2. Ministerial Priorities
3. Additional Information

The Scottish Government copy should be sent by 12 September 2016 for the attention of Amanda Adams to:

Alcoholanddrugdelivery@scotland.gsi.gov.uk

May 2016

1. FINANCIAL FRAMEWORK - 2015-16

Your Report should identify both the earmarked alcohol and the earmarked drug funding from Scottish Government which the ADP has received (via your local NHS Board) and spent in order to deliver your local plan. It would be helpful to identify any other expenditure on drugs and/or alcohol prevention, treatment/support services or recovery which each ADP partner has contributed from their core budgets to deliver the Plan. You should also highlight any underspend and proposals on future use of any such monies.

Total Income from all sources

Income	Substance Misuse (Alcohol and Drugs)
Earmarked funding from Scottish Government	1,248,182
Funding from Local Authority	547,681
Funding from NHS (excluding funding earmarked from Scottish Government)	1,005,951*
Funding from other sources	
Total	**2,801,814**

***Includes £155,000 underspend from 2014/15 carried forward by NHS Highland**

Total Expenditure from sources

	Substance Misuse (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	
Alcohol Brief Interventions (ABI) – GP Practices	61,253
ABI Admin Support	2,820
ABI Supplies	861
Children & Young People (C&YP) – Direct Intervention	95,703
Children & Young People – Direct Intervention – identified gaps in provision	27,500
C&YP – prevention, early intervention, education and needs assessment	36,315
Training – Multi Agency & Staff Development	13,757
NHS – Public Health	48,500
NHS – Health Promotion / Health Education	56,700
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	
Argyll & Bute Addiction Team (A&B ADP / NHS / A&B COUNCIL)	988,230
ADDACTION	88,853
NHS – Blood Borne Virus (Argyll & Bute Addiction Team)	10,000
NHS – Open University (Argyll & Bute Addiction Team)	10,000
NHS – Hepatitis C (Argyll & Bute Addiction Team)	44,800
NHS – Methodone Prescribing	110,000
NHS – Drug Misuse Retainer & Maintenance (GPs)	76,208
NHS – Hepatitis C drug costs (Hervoni)	396,225
NHS – Waverley Care for Hepatitis C Support Service	45,000
A&B Council – Residential Placements	40,000
A&B Council – Maxie Richards Foundation – Supported Living	29,139

Recovery	
Engagement of Service Users	10,000
Recovery Orientated Systems of Care (ROSC) support	23,657
A&B Council – Addictions Recovery Services	334,639
Dealing with consequences of problem alcohol and drug use in ADP locality	
Other	
ADP Support	109,032
A&B ADP Independent Chair	6,412
Partnership Development	924
3rd Sector Travel Reimbursement	1,500
A&B ADP Website Hosting	681
Communication	2,451
Local Forum Support & Service Development	21,500
A&B Council – Miscellaneous Services	6,173
Total	**2,698,833**

2015-16 End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Substance Misuse	1,403,200*	1,300,219	102,981

***Includes £155,000 underspend from 2014/15 carried forward by NHS Highland**

2015-16 Total Underspend from all sources

Underspend £	Proposals for future use
102,981	Carried forward via NHS Highland to A&B ADP 2016/17 Budget

Support in kind

In addition to identified costs there are indirect costs relating to management time, property overheads etc

Provider	Description

May 2016

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2015-16 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2015-16. Please outline these below.

PRIORITY	*IMPROVEMENT GOAL 2015-16	DELIVERY MEASURES	ADDITIONAL INFORMATION
1. Compliance with the Drug and Alcohol Treatment Waiting Times LDP Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)	• 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. • No one will wait longer than 6 weeks to receive appropriate treatment • 100% data compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland	• We continue to sustain performance to meet waiting times local improvement target and LDP standard. • This will be managed through existing service redesign, service user pathway, and process for managing waiting times through routine monitoring of activity and feedback loop. • Anonymous records would be entered on an exceptional basis only, in accordance with the guidance provided by ISD. • New dashboard style regular report ensures all stakeholders are aware of current and past performance, enabling improved monitoring.	In 15/16, 95% of drug misuse clients and 89% of alcohol misuse clients were seen within 3 weeks, overall 91% across both types of service. 2 drug clients & 11 alcohol clients waited longer than 6 weeks for treatment in 15/16, representing 2.5% of total clients.
2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)	• Achieve 100% of the ABI target for 15/16. • Increase delivery of ABIs in deprived communities and across Argyll & Bute as a whole. • Increase the number of	• The short life working group are looking to redesign the ABI service and this will hopefully improve the numbers of GP practices signed up & their engagement with the programme. • Look at ways to increase training capacity.	The target for ABI delivery in the ADP for 15/16 was 1028. There were 809 ABIs carried out across Argyll & Bute during this period, 793 in a GP setting, 3 in non-GP priority setting (A&E) and 13 in a wider setting. This equates to having achieved 79% of the target, with 79% of the total practice population belonging to a GP practice that has signed up. In 14/15 88% of

	GP practices signed up to the programme.	• Look at ways to increase delivery in wider settings via the redesign and link to assessing community needs.	the target was achieved. There is a short life working group in place to look at the ABI programme & redesign the service.
3. Increasing Data Compliance SDMD: SMR25 A and B.	• Sustain levels of reporting & submission to SDMD • Improve % of identifiable records in DATWT database and in turn SDMD. • Maintain staff knowledge and awareness regarding the process of submitting SMR25 records to ISD.	• Encourage service providers to increase data compliance and act on any feedback received. • Address issues & concerns harboured by staff and clients regarding confidentiality.	Argyll & Bute ADP saw the lowest estimated SDMD completeness rate (40%) in 14/15. This is a result of the high level of anonymised records in DATWT, compounded by the very small patient numbers receiving drug treatment within the ADP. Feedback from the recent Joint Commissioned Providers meeting indicated that the vast majority of attendees felt comfortable with the requirement to submit SMR25 data and had no questions or required further information on this.
4. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	• Ensure compliance with SMR25 • Increase the level of identifiable records in DATWT database.	• Continue to raise awareness of DAISy and ROW locally • Support and advise providers	Feedback from the recent Joint Commissioned Providers meeting indicated that the vast majority of attendees were happy to move forward with DAISy & ROW and had no queries on these systems.
5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison.	• Comment on kit distribution • Comment on awareness and training	• Monitor, sustain and increase levels of kit distribution	There were first supply 37 Naloxone kits distributed across Argyll & Bute in 15/16. 12 staff members were trained
6. Tackling drug related deaths (DRD)/risks in your local ADP.	• Reduce numbers of Drug Related Deaths across Argyll & Bute • Target support &	• Further establish and maintain links between Procurator Fiscal & other key informants • Ensure all DRD meetings are well	In 2015 there were 11 Drug Related Deaths where the deceased was either resident in or where the death occurred within Argyll & Bute. Recent reports have indicated an increase in Drug Related Deaths for 2014 and 2015 across

	resources to areas most in need	informed with all relevant parties in attendance and engaging with the process. • Ensure the ADP is represented at the DRD national coordinators meetings held by ISD and act upon learning gained through this forum. • Ensure all deaths are recorded in the DRD	both Argyll & Bute and Scotland.
7. Implementing improvement methodology including implementation of the *Quality Principles*: *Standard Expectations of Care and Support in Drug and Alcohol Services.*	• Develop a ROSC with support from SDF • Raise Awareness of Quality Principles and embed within the ROSC	• Develop a joint working protocol to increase collaborative working	Detailed work plan agreed with SDF to take forward ROSC development. First Joint Providers meeting has taken place and was successful with further meetings planned. ADP took part in the Self Evaluation exercise with the Care Inspectorate earlier this year. Local summary report due end September. Two joint meetings of all the National Support Organisations and the ADP held in Glasgow. Quality Improvement discussed and high on ADP agenda. Use of local self evaluation against Quality principles discussed. The National Quality team within SDF will support this. Templates already adapted from the Dumfries and Galloway service self evaluation protocol.
8. Responding to the recommendations outlined in the independent expert group on opioid replacement therapies.	• Ensure local ORT services are in line with ORT recommendations, clinical guidance and best practice	• Address ORT review recommendations through ROSC. • In turn, develop ORT action plan informed by improvement methodologies within the Quality Principles.	Access to prescribing services is in place throughout A & B Further work will be done on this area when Lead professional recruited
9. Ensuring a proactive and	• Ensure pre/post release care arrangements	• Develop links between community based services and services within	ADP Coordinator has met with Community Justice Lead and attended Criminal Justice

planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women	consider relevant prisoners needs.	local prisons. • Review extent of women in prison from the ADP and look at their needs.	Planning Event and The joint Argyll, Bute and Dunbartonshires Criminal Justice meeting all with a view to increasing partnership approaches.
10. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).	• Raise local awareness of NPS & new law surrounding these. • Examine & assess local drugs trends via a prevalence study and ascertain NPS use locally	• Targeted social media posts regarding the legality and potential effects of NPS. • Continue to work in conjunction with Police Scotland to raise awareness & identify prevalence. • Once study complete, convene short life working group to create action plan.	SDF and CREW delivered awareness sessions to young people and staff across Argyll & Bute to coincide with the NPS Act becoming law. Initial discussions have taken place with Police Scotland re looking at prevalence of NPS in A&B
11. On-going Implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.	• Focusing on children, young people & families, undertake initial work around needs assessment & mapping exercise across this group.	• Link SFAD report with national research (including Lloyds PDI 'Everyone has a story' & other local available findings) and use to develop robust proposal for service provision. • Working group will report on findings and give recommendations.	Recent work completed in conjunction with SFAD examining the extent of local issue within the children & young people age group.
12. ADP Engagement in improvements to reduce alcohol related deaths.	• Reduce levels of alcohol related deaths & monitor trends	• DRD group to review DRDs where alcohol was also involved. • Ensure the ADP is represented at the DRD national coordinators meetings held by ISD and act upon learning gained through this forum.	The ADP Coordinator attended the national ADP Drug related Death Review in Edinburgh as did the ADP Information, Research and Performance Officer in the Coordinators absence. Alcohol related deaths are also looked at in the DRD group

* SMART *(Specific, Measurable, Ambitious, Relevant, Time Bound)* measures where appropriate

3. ADDITIONAL INFORMATION 1 APRIL 2015 – 31 MARCH 2016

1	**Please <u>bullet point</u> any local research that you have commissioned e.g. hidden populations, alcohol related deaths.** (*the actual research is not required)*	• The ADP commissioned SFAD to produce a Children & Young People's Needs Analysis Report, completed in May 2016. • Figure 8 Consulting were commissioned early into 16/17 to produce a Service User Involvement Framework & Strategy • The Scottish Drugs Forum will assist in the development of a ROSC and a detailed work plan has been agreed. • Collaborative work planned on collective approach to children and young peoples' services in A & B
2	**What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route**.	• The ADP report to the A & B Community Planning Management group re the annual report and other relevant published documents. • The independent chair of the ADP sits on a local Chief Officers group and is developing closer links with the IJB,
3	**A person centered recovery focus has been incorporated into our approach to strategic commissioning.** **Please advise if your ROSC is 'in place'; 'in development' or in place and enhancing further.** *(No additional information is required)*	• In Development
4	**Is there an ADP Workforce Development Strategy in Place, if <u>no</u>, are there plans to develop?**	• Workforce Strategy in place No If no, are there plans to develop? And will support be given by any NCOs • Support agreed with SDF national quality team –work plan agreed to develop workforce development strategy. • SDF will distribute and collate a training needs assessment which will inform

		the WD plan
5	**A. Please indicate if your ADP has participated in the Drug Death Prevention work of the Scottish Drugs Forum (SDF), as requested by Ministers in their letter to ADP Chairs on 6 August 2014.** **B. Please provide details of local Drug Death Prevention strategies in place or planned.** **C. Please include details of any local Drug-Related Death groups in place, in addition to the information provided within the Ministerial priorities section.**	A) The Staying Alive document information and template has been supplied to the ADP in the present co-ordinators handover report. Coordinator leaving ADP end July /August 2016 B) The Argyll and Bute ADP DRD group are currently looking at a strategy to put in place and looking at examples from other areas. Also looking to develop and ADP DRD work plan to look at potential risk's and GAP's in service. As this group has just been re-launched at the beginning of 2016 it is still at its development stage. C) The local DRD meets once a quarter and is making good links with all relevant parties. Again as this group has just re-launched it is still in its development stage.
6	**Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following:** • **update on progress in implementing your key aim statement – have you achieved it/when do you plan to do so?** • **How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March**	• ORT group met and discussed key statement and ORT review recommendations will be addressed through ROSC- further work needed on this. • Will be led by Lead professional • A safe and sustainable nurse led ORT service is now available in Kintyre and Mid Argyll. The service is supported by the Consultant Psychiatrist (Addictions). • Additional recovery support is available from the full ABAT staff and/or Addaction • ADP is now compliant with Scottish Government policy re full range of service provision available in all areas • ORT to support client's recovery journey now equally available across Argyll and Bute • 18 service users being prescribed ORT in Kintyre and 4 in Mid Argyll. • Dose range is: methadone 8mls to 100mls, suboxone 0.8mg to 16mg. • The GPs in Kintyre and Mid Argyll continue to play no part in shared care. These clinics remain nurse led with the supervision of Dr Johnson. • It is hoped to have more nurses trained in non medical prescribing

	2015. • **Information on length of time on ORT and dose** • **Information about any related staff training in ORT provision or recovery orientated systems of care.** • **Detail of any ORT focussed groups operating in the area.** • **GP engagement – how drug and alcohol treatment is being delivered in primary care settings.** *See note 1.*	• Helensburgh has shared care with GPs • Dunoon has partial shared care with GP, Dr Johnson having a small clinic of around 10 he inherited from previous consultant and Dr Glen Hall has a clinic which he prescribes for without input from our team. • Bute has shared care with ABAT Nurse as non medical prescriber and the GP • Oban has shared care with ABAT Nurse as non medical prescriber and the GP

APPENDIX 1: NOTES

1. **The Independent Expert Review of Opioid Replacement Therapies in Scotland** 'Delivering Recovery' can be found at http://www.gov.scot/Publications/2013/08/9760/downloads

Please provide any feedback you have on this reporting template.