

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 23rd June 2009

Board Paper No. 2009/32

Director of Corporate Planning and Policy/Lead NHS Director Glasgow City CHCPs

ALCOHOL AND DRUG PARTNERSHIPS

Recommendation:

The Board:

- **note the requirement to establish new Alcohol and Drug Partnerships with each Local Authority.**

1. BACKGROUND AND PURPOSE

- 1.1 The Scottish Government has issued the guidance at attachment one setting out a new Framework for partnerships on drugs and alcohol. This paper outlines the current arrangements in Greater Glasgow and Clyde (GGC) and issues and process in terms of moving to the new arrangements.
- 1.2 The misuse of alcohol and drugs remain major issues for the NHS and other statutory bodies on terms of impact on communities, families and individuals.
- 1.3 To illustrate the scale of the problem and the importance of effective arrangements, it is worth noting that alcohol problems are worse in GGC than in the rest of Scotland, the UK, or Western Europe. The area has the worst four Local Authority areas in the UK for male deaths from alcohol and two of the four worst areas for women. Whilst Scotland has the one of the highest rates of mortality due to cirrhosis of the liver, a recent study confirmed that, of the top 20 areas with the highest mortality rates for men in Scotland, 17 areas are in GGC. For women, 14 of the top 20 worst areas are in GGC. The Glasgow Ibrox area has the highest mortality rate in Scotland for both men and women; having a mortality rate for men which is almost 5 times higher than the national average, and a rate for women that is almost 4 times the national average.

2. CURRENT POSITION

- 2.1 Partnerships covering Drugs and Alcohol have been in place in various forms for nearly 20 years. Their core purpose in various forms has been to bring together the key interests in relation to drugs and alcohol, covering prevention, service delivery, policy and enforcement. The present Drug and Alcohol Action Team structures do not

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have statutory basis or powers but are rather voluntary partnerships although with support staff funded by the Scottish Government and with substantial financial allocations. In NHSGGC these budgets amount to £9,559,000 (drug misuse) plus £9,058,064 (alcohol misuse) and £392,426 (support).

- 2.2 The previous Scottish Executive commissioned a review of the Action Teams across Scotland in the light of concerns about variations in organisation, delivery and services between different areas and about lines of accountability. A number of NHS Boards had Actions Teams based on their boundaries
- 2.3 In NHSGGC we currently have separate Alcohol and Drug Action Teams covering the whole of the Board area. The teams bring together Local Authorities, the police the prison service, the voluntary sector and CH(C)Ps. Both are currently chaired by the NHS Board.
- 2.4 At the point we inherited the responsibilities of the previous NHS Argyll and Clyde for the Clyde area we moved to ensure clarity of the Boardwide and local focus by establishing, at Local Authority level, addiction planning and implementation groups, led for the NHS by the CH(C)Ps.
- 2.5 The focus of the Boardwide structure has become on resource allocation, development, delivery and funding of specialist services, policy development, collective performance scrutiny and strategic approaches to issues such as communication and prevention where there is clear benefit to Boardwide activity which can then be refracted through local planning groups. Each Local Authority based group has a financial allocation, the use of which is decided locally within the headline frameworks established at the AAT and DAT.

3. ISSUES AND PROCESS

- 3.1 NHSGGC has had substantial input into the development of the revised proposals. Our concerns about the proliferation of partnerships have been balanced by the acceptance of the potential advantages that the embedding of the strategic agenda in relation to drugs and alcohol at the heart of community planning with each Local Authority could bring. The final guidance also continues to emphasise the importance of establishing robust mechanism across NHS Board areas which should give us a platform to ensure that the benefits of collective working can still be realised through appropriate successor arrangements.
- 3.2 We are currently establishing a process with our partner Local Authorities to agree the revised arrangements and the transition from our current AAT and DAT to Local Authority based alcohol and drug partnerships.
- 3.3 We also need to agree what the successor NHS Board level arrangements will be, the approach to developing local strategies, and how we ensure the new arrangements have direct connection to the development of Single Outcome Agreements.
- 3.4 Finally, we have raised with Scottish Government the need for a revised and equitable distribution of funding to provide support to the new partnerships which will

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recognise that NHSGGC will move from supporting a single set of Boardwide arrangements to supporting six partnerships.

- 3.5 Our objective is to conclude these discussions in the timeline set by Scottish Government.

4. CONCLUSION

- 4.1 The new framework for local partnerships on alcohol and drugs provide a real opportunity to raise the profile of the these issues in community planning but also pose the challenge to design and deliver Board wide arrangements which build on the successes of current partnership arrangements.

Recommendation:

The Board:

- **note the requirement to establish new Alcohol and Drug Partnerships with each Local Authority.**

Publication: The content of this Paper may be published following the meeting

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A NEW FRAMEWORK FOR LOCAL PARTNERSHIPS ON ALCOHOL AND DRUGS

Introduction

1. This document sets out a new framework for local partnerships on alcohol and drugs. It aims to ensure that all bodies involved in tackling alcohol and drugs problems are clear about their responsibilities and their relationships with each other; and to focus activity on the identification, pursuit and achievement of agreed, shared outcomes.

2. The new framework is designed to be consistent with, and to build directly upon:

- The Scottish Government's Purpose and national performance framework;
- the Concordat between the Scottish Government and CoSLA;
- the development of local arrangements for community planning and single outcome agreements;
- the established performance management arrangements between the Scottish Government and NHS Boards; and
- the Scottish Government's drugs strategy, *The Road to Recovery*¹, and alcohol framework *Changing Scotland's Relationship with Alcohol: A Framework for Action*².

3. To this end, the framework sets out the responsibilities of the Scottish Government and local government, NHS Boards, agencies and partnerships, and the accountability arrangements between them. It also sets out the capacity required, and support available, to enable partners to carry out these responsibilities.

4. The Scottish Government and CoSLA undertake, and invite community planning partners, to operate within the terms of this framework.

Context

5. Local partnerships on alcohol and drugs have existed in a number of forms since 1989, latterly as 'Alcohol and Drug Action Teams' (ADATs). For some time there have been concerns that ADATs have not all performed as well as they might. These concerns have been expressed in a number of reports including the Scottish Advisory Committee on Drugs Misuse (SACDM) review on Methadone *Reducing harm and promoting recovery*³ and the Report of the Stocktake of Alcohol and Drug Action Teams⁴, which were published in 2007. As a result Ministers invited members of SACDM and Scottish Ministerial Advisory Committee on Alcohol Problems to sit on a joint Delivery Reform Group to look at the future of alcohol and

¹ <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

² <http://www.scotland.gov.uk/Publications/2009/03/04144703/0>

³ <http://www.scotland.gov.uk/Publications/2007/06/22094730/0>

⁴ <http://www.scotland.gov.uk/Publications/2007/06/22094551/0>

drug delivery arrangements. The report of this Group⁵ was submitted to Ministers in January 2009 and has informed this framework. This framework also takes account of the findings and recommendations contained in Audit Scotland's study on *Drug and Alcohol Services in Scotland*⁶.

6. The **purpose** of the Scottish Government is:

“to focus the Government and public services on creating a more successful country with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.”

“The Purpose” is supported by 5 strategic objectives – to make Scotland wealthier and fairer; smarter; healthier; safer and stronger; and greener. These are in turn supported by 15 national outcomes, which describe in more detail what the Government wants to achieve over a ten year period. Progress on the outcomes is measured through 45 national indicators. Together, these outcomes and indicators make up the National Performance Framework (NPF). The importance of tackling problem alcohol and drug use to the achievement of a number of national outcomes is reflected in the fact that the set of national indicators includes the following:

- *decrease the estimated number of problem drug users in Scotland by 2011; and*
- *reduce alcohol related admissions by 2011.*

7. The relationship between the Scottish Government and local government operates under the terms of the **Concordat** agreed in November 2007; the Concordat itself is underpinned by the NPF. This agreement includes the development of a Single Outcome Agreement (SOA) for each local authority area, agreed between the Scottish Government and (from 2009/10) the Community Planning Partnership (CPP) for that area. Each SOA sets out the priority local outcomes for that area, and their link to the achievement of the national outcomes set out in the NPF.

8. The development of SOAs builds on current arrangements for **community planning**. The statutory basis for community planning is provided by the Local Government in Scotland Act 2003, which places a duty on relevant parties to participate in the community planning process. Further non-statutory, joint guidance issued during the process of developing the SOAs for 2009/10.

9. NHS Boards are accountable for their performance directly to Scottish Ministers. Each year Boards submit Local Delivery Plans (LDPs) which set out work against HEAT targets and how they will achieve them. The LDPs are agreed with Government and form an annual “performance contract” for which NHS Board Chairs and Chief Executives are held accountable directly by Ministers. Targets on alcohol and drugs feature in the HEAT system for 2009/10 and beyond:

- *to achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11”; and*

⁵ <http://www.scotland.gov.uk/Topics/Health/health/Alcohol/resources/deliveryreformgroup#top>

⁶ <http://www.audit-scotland.gov.uk/media/article.php?id=103>

- *to offer drug misusers faster access to appropriate treatment to support their recovery.*

10. The Government's strategic approach to alcohol and drugs issues has been set out in two landmark documents: *The Road to Recovery* published in May 2008; and *Changing Scotland's Relationship with Alcohol: A Framework for Action*, published in March 2009. *The Road to Recovery* set out a broad programme of action to tackle Scotland's drug problem, and placed the concept of recovery at the centre of drug treatment and rehabilitation services. The *Framework for Action* addressed issues around reducing alcohol consumption, tackling the damaging impact alcohol misuse has on families and communities, encouraging positive attitudes and choices, and improving the support and treatment available to tackle alcohol misuse. It adopts a whole population approach whilst recognising that some vulnerable groups require more targeted action.

Principles and key features of the framework

11. This framework is based on the following principles:
- the continuing need for multi-agency partnerships at the local level focussed on alcohol and drugs misuse, bringing together those with an interest, such as health boards, local authorities, police, Scottish Prison Service, Community Justice Authorities and third sector organisations;
 - that these partnerships should be firmly based within existing structures;
 - the governance and accountability arrangements for these partnerships should be consistent with existing accountability arrangements between the Scottish Government and local partners - chiefly, SOAs between Government and CPPs; and the NHS performance management arrangements, including HEAT; and
 - Scottish Government, working within these arrangements, should support these partnerships to achieve agreed local outcomes.
12. This framework includes the following key features:
- a dedicated partnership on alcohol and drugs operating in each local authority area, firmly embedded within wider arrangements for community planning, to be called an **Alcohol and Drugs Partnership (ADP)**;
 - an expert local **team** supporting the operation of every ADP;
 - where a particular Health Board area includes more than one local authority area, appropriate **co-ordination arrangements** at NHS Board area level;
 - under the aegis of each ADP, the development and implementation of a comprehensive and evidence-based **local alcohol and drugs strategy** based on the identification, pursuit and achievement of agreed local outcomes, and supported by the development of a **local outcomes framework**;

- a limited set of **national core indicators**, which each local partnership would be invited to include in its local outcomes framework;
- individual bodies contributing fully and openly to the operation of their local partnership(s), including the development of the local strategy, and commissioning services in line with that local strategy;
- the Scottish Government supporting local partners and the ADPs in achieving agreed local outcomes.

Responsibilities

13. This section sets out the responsibilities of key organisations in establishing and working within this framework.

14. **The Scottish Government will:**

- ensure there are appropriate mechanisms at a national level to oversee delivery of the drugs strategy and alcohol framework. These will build on the existing roles and functions of the Scottish Advisory Committee on Drugs Misuse and the Scottish Ministerial Advisory Committee on Alcohol Problems;
- seek to ensure that policies across Government are aligned with strategies to reduce alcohol and drug misuse, and provide coherent cross-cutting policy frameworks which enable local partners to work to common agendas;
- work with partners across the country to help them give effect to the changes to their local arrangements arising from the introduction of this new framework;
- work with CPPs to ensure that Single Outcome Agreements give appropriate emphasis to outcomes around reducing alcohol and drug misuse, and that these outcomes are supported by relevant and robust indicators;
- use NHS Performance Management systems, including the HEAT targets and NHS Boards' Local Delivery Plans and the Annual Review process, as the basis for engagement with individual Health Boards on reducing alcohol and drug misuse;
- use those processes to require NHS Boards to:
 - demonstrate they have spent ear-marked funding and resources from their unified budgets in support of alcohol and drug outcomes;
 - demonstrate the impact this investment has had;
 - demonstrate how effectively they have participated in, and committed to, local partnership arrangements, and
 - evaluate the degree of effective joint working based on other partners' contributions;

- support the development of an outcomes-based approach across partnerships, in part through the maintenance and promotion of a national 'outcomes toolkit';
- develop and agree with partners a limited set of national core indicators on alcohol and drugs, and invite each local partnership to include these in its local outcomes approach;
- continue to provide resources to NHS Boards specifically to fund local expert teams to support the work of the local Alcohol and Drugs Partnership(s);
- through its national support co-ordinators, lead the development of guidance and otherwise manage the provision of support for local partnerships;
- where required, support local partners in planning services and investment in a way which will best deliver on the agreed local priorities. The Audit Scotland Self Assessment Checklist for Partners⁷ provides a valuable tool for ADPs to conduct an initial assessment of their operational arrangements and whether these can be improved to support the delivery and impact of services;
- work with partners to develop or update statements of essential services on alcohol and drugs;
- promote the use of the "National Quality Standards for Substance Misuse Services"⁸; and
- work with partners and partnerships to identify and disseminate good practice, support the commissioning of appropriate and effective services and build comparative information on cost-effectiveness which can inform decisions on investment.

15. Each local authority and NHS Board should:

- participate fully and openly in the design, establishment and operation of local partnership arrangements, including both the local Alcohol and Drugs Partnership(s) *and* relevant NHS Board area level co-ordination arrangements;
- ensure that these partnership arrangements enable them to meet their respective responsibilities to account to the Scottish Government, other partners and the public;
- ensure that these partnership arrangements enable the appropriate involvement of other local partners with a potential contribution to make to the achievement of agreed local outcomes;
- ensure that these partnership arrangements enable the expression of the concerns of interested groups including (but not limited to) service

⁷ Audit Scotland : Drugs and alcohol services in Scotland, Appendix 4 <http://www.audit-scotland.gov.uk/media/article.php?id=103>

⁸ <http://www.scotland.gov.uk/Publications/2007/11/08092322/0>

users, carers and family groups, voluntary and private sector service providers and trades unions;

- establish a local expert team to support the operation of the local Alcohol and Drugs Partnership(s);
- participate fully and openly in the development and implementation of a comprehensive evidence-based alcohol and drugs strategy for the area concerned, based on the joint identification, pursuit and achievement of shared outcomes, including a limited set of core outcomes agreed nationally. (Further information on what each local alcohol and drugs strategy should cover is set out at para 19);
- identify and commit to deploying the resources necessary to deliver the agreed strategy or strategies for their area, and commit to agreeing with partners how those resources are to be deployed; and
- ensure that local budget-holding delivery bodies within their responsibility commission services in line with the local alcohol and drugs strategy or strategies.

16. In expressing the responsibilities set out above, each **local authority** should *in particular*:

- ensure that the operation of the Alcohol and Drugs Partnership is appropriately embedded in local community planning arrangements, can effectively support the consideration of alcohol and drugs issues within the development of Single Outcome Agreements, and otherwise effectively enables the local authority to express its responsibility to account to the Scottish Government, other partners and the public;
- participate fully and openly in the operation of NHS Board area-wide co-ordination arrangements.

17. In expressing the responsibilities set out above, each **Health Board** should *in particular*:

- ensure that the operation of the NHS Board area-wide co-ordination arrangements effectively enables the Health Board to meet its responsibility to account to the Scottish Government, other partners and the public, including through the NHS performance management arrangements and the effective engagement of community health partnerships;
- participate fully and openly in the operation of the Alcohol and Drugs Partnership(s) in its area, as part of its wider involvement in community planning.

18. **Each other relevant local partner, including (but not limited to) Third Sector partners and each Police Force and Community Justice Authority should:**

- contribute to the design, establishment and operation of local partnership arrangements, including the development and implementation of local strategies, to a degree proportionate to their

potential contribution to the achievement of agreed local outcomes, and to the extent compatible with their wider duties and responsibilities.

Local alcohol and drugs strategies

19. Each local **alcohol and drug strategy** should:
- provide a clear assessment of local needs and circumstances, including both met and unmet needs;
 - identify key outcomes relating to drugs and alcohol misuse, their place within the wider framework of priority outcomes contained within Single Outcome Agreements, and how their achievement will be measured;
 - set out clearly and openly the totality of resources that each partner is directing to the pursuit of alcohol and drugs outcomes;
 - set out an outline of the services to be provided and/or commissioned reflecting the local assessment of need, including developing a service map which identifies all services available locally;
 - consider issues such as workforce development and ensuring the workforce is equipped with the skills to deliver; and
 - set out an approach to the commissioning and delivery of services, including preventive interventions, in pursuit of the outcomes identified.

Additional information and guidance

20. This section gives additional information and guidance on the expression of the responsibilities set out above:
- this framework allows local partners to agree to develop a *single* alcohol and drugs strategy covering *more than one* local authority area, where this is agreed to be more efficient and effective. Partners should only adopt such an approach, however, where they are satisfied that it nevertheless allows for the proper connections to be made between the single alcohol and drugs strategy and *each* of the several Single Outcome Agreements and related CPP processes within that wider area;
 - similarly, this framework allows local partners to agree to establish a single support team serving more than one Alcohol and Drugs Partnership, where this is agreed to be more efficient and effective. Similarly, partners should only adopt such an approach where they are satisfied that such an arrangement will provide appropriate support for each Alcohol and Drugs Partnership within that wider area;
 - it is noted above that local budget-holding delivery bodies should commission services in line with the local alcohol and drugs strategy or strategies. This framework allows local partners to vary the operational relationship between delivery bodies (such as CHPs/CHCPs) and the ADP to vary depending on the nature of local delivery arrangements.

In such a situation, however, partners will need to be satisfied that the strategic focus of the ADP and support team is maintained;

- similarly, this framework also allows local partners to ascribe additional functions to the ADP and its support team, beyond those implied by this framework, where it is agreed this would be more efficient and effective. Again, these should not detract from the strategic purpose of the ADP and support team;
- as noted above, effective NHS Board area-wide co-ordination arrangements are important in allowing the Health Board to act on its responsibility to account to the Scottish Government through NHS performance management arrangements. These co-ordination arrangements are also important in ensuring strategic coherence across the NHS Board area. Processes undertaken through these arrangements may include (but would not be limited to) the following:
 - specialist needs assessment for the Health Board area as a whole;
 - decision-making on the Health Board resource to be directed to each local authority area and the proportion to be delivered directly through the NHS;
 - actively taking forward approaches which reach beyond clinical services and treatment through pursuit of effective preventative interventions across the community;
- in establishing local partnership arrangements, partners should have regard to the need for the individuals serving on the Partnership to be of appropriate seniority. This is particularly important in relation to the Chair, who should normally be an individual involved in the operation of the Community Planning Partnership at a strategic level; should possess the skills required to lead the partnership effectively, engage with effectively other partners in the Community Planning Partnership, and give strategic direction; and should also be prepared to give the time and commitment that the role requires.

21. In addition to the arrangements set out in this framework alcohol and drugs services will be subject to scrutiny from the relevant bodies, including The Care Commission, Social Work Inspection Agency, Her Majesty's Inspectorate of Education and NHS Quality Improvement Scotland. From April 2011, as a result of the Crerar Review and the reduction in the number of scrutiny bodies, this improvement and scrutiny role will be undertaken by the two new bodies for healthcare services and social work and social care services.

Scottish Government
CoSLA

April 2009