Sally Shaw (Chief Officer) Orkney Health and Care 01856873535 extension: 2601 OHACfeedback@orkney.gov.uk



Agenda Item: 16.

# **Integration Joint Board**

Date of Meeting: 3 October 2018.

Subject: Orkney Alcohol and Drugs Partnership – Annual Report.

## 1. Summary

1.1. This report, presents, for information, the Alcohol and Drugs Partnership's annual report covering the year 2017-18.

# 2. Purpose

2.1. To present the Alcohol and Drug Partnership's Annual Report.

## 3. Recommendations

The Integration Joint Board is invited to:

3.1. Note the Annual Report, as attached as Appendix 1 to this report, and seek assurances from this.

# 4. Background

4.1. As part of the annual funding allocation from the Scottish Government all Alcohol and Drugs Partnerships are required to complete and submit an annual report to ensure progress and delivery outcomes against the set and agreed ministerial priorities.

# 5. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

Promoting survival: To support our communities.	No.
<b>Promoting sustainability:</b> To make sure economic, environmental and social factors are balanced.	No.
<b>Promoting equality</b> : To encourage services to provide equal opportunities for everyone.	No.

<b>Working together</b> : To overcome issues more effectively through partnership working.	Yes.
<b>Working with communities</b> : To involve community councils, community groups, voluntary groups and individuals in the process.	No.
Working to provide better services: To improve the planning and delivery of services.	Yes.
<b>Safe</b> : Avoiding injuries to patients from healthcare that is intended to help them.	No.
Effective: Providing services based on scientific knowledge.	No.
<b>Efficient</b> : Avoiding waste, including waste of equipment, supplies, ideas, and energy.	No.

# 6. Resource implications and identified source of funding

6.1. There are no financial implications directly arising from this report.

## 7. Risk and Equality assessment

7.1. There are no risks directly arising from this report.

# 8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

## 9. Author

9.1. Pat Robinson (Chief Finance Officer), Integration Joint Board.

9.2. Katie Spence, Orkney Alcohol and Drug Partnership Coordinator.

## 10. Contact details

10.1. Email: <u>pat.robinson@orkney.gov.uk</u>, telephone: 01856873535 extension 2603.

10.2. Email: <u>katiespence@nhs.net</u>, telephone: 01856888108.

# **11. Supporting documents**

11.1. Appendix 1: Alcohol and Drug Partnership Reporting Template for 2017-2018.

#### ADP ANNUAL REPORT 2017-18 (ORKNEY ADP)

Document Details:

#### ADP Reporting Requirements 2017-18

- 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 the this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **26 September 2018** for the attention of Amanda Adams to: <u>alcoholanddrugdelivery@gov.scot</u>

## 1. FINANCIAL FRAMEWORK - 2017-18

Your report should identify all sources of income that the ADP has received (via your local NHS Board and Integration Authority), alongside the monies 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 other expenditure on alcohol and drug prevention, treatment and support, or recovery services which each ADP partner has provided a contribution towards. You should also highlight any underspend and proposals on future use of any such monies.

Income and Expenditure through the Programme for Government should only be recorded in ANNEX A – Programme for Government Investment Plans and Reporting Template

## a) Total Income from all sources

	Problem Substance Use (Alcohol and Drugs)
Earmarked funding from Scottish Government through NHS Board Baseline *	£427,044
Funding from Integrated Authorities	0
Funding from Local Authority – if appropriate	0
Funding from NHS (excluding funding earmarked from Scottish Government) – if appropriate	0
Total Funding from other sources – as appropriate	0
Carry forwards	0
Total (A)	£427,044

#### b) Total Expenditure from sources

	Problem Substance Use (Alcohol and Drugs)
<b>Prevention</b> (include community focussed, early years, educational inputs/media, young people,	£99,427
licensing objectives, ABIs) Treatment & Support Services (include interventions focussed around treatment for alcohol	£216,305
and drug dependence)	2210,303
Recovery	£101,572
Dealing with consequences of problem alcohol and drug use in ADP locality	£9,740
Total (B)	£427,044

## c) 2017-18 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
£427,044	£427,044	0

# d) 2017-18 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	Income £	Expenditure £	End Year Balance £
Problem Substance	£427,044	£427,044	£427,044
Use *			
Carry-forward of	0	0	0
Scottish Government			
investment from			
previous year (s)			

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

ADP funding allocation letters 2017-18 outlined a range of Ministerial priorities. Please describe in this ADP Report your local Improvement goals and measures for delivery in the following areas during 2017-18 below.

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	<ul> <li>Local substance misuse services to be 100% system ready within 6 months of DAISy introduction.</li> <li>If third sector services using the system then 100% will be ready within 6 months of DAISy introduction.</li> <li>Recovery Outcomes Web (ROW) tool to be implemented and used by all ADP Commissioned services and NHS Specialist Service where appropriate.</li> <li>Continue to improve the numbers of identifiable records via the Drug &amp; Alcohol Waiting Times Database by reducing the numbers of anonymous records.</li> </ul>	<ul> <li>Local DAISy Implementation Plan submitted to Scottish Government.</li> <li>Two master trainers have been identified. Waiting dates for training delivery from ISD.</li> <li>All services commissioned by the OADP use the ROW tool (where appropriate), most of which submit via the prepared spreadsheet with plotted evidence of progress outcomes.</li> <li>Significant improvements have been made to reduce the number of anonymous referrals within the DATWTD. <u>Percentage of anonymous referrals:</u></li> <li>2015/16: 28.9%</li> <li>2016/17: 28.6%</li> <li>2017/18: 6.8%</li> </ul>	<ul> <li>Further training in the ROW and ROSC delivered this year.</li> <li>Staff still awaiting training dates for DAISy master training.</li> </ul>
2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in	Ensure low prevalence rates of     Drug related deaths in the     community.	Local Drug Related Death Review and Prevention Group (incorporating Naloxone monitoring)	A revised Terms of     Reference for the DRD     Review and Prevention

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
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.	<ul> <li>Improved local guidance / pathway to support individuals and families affected by a drug related death.</li> <li>Improved local joint approach towards the review of suicide and overdose.</li> <li>Ensure that 100% of service users accessing the local needle exchange are offered Take Home Naloxone (THN).</li> <li>Ensure that 100% of individuals / family members on an opiate replacement therapy are offered THN.</li> <li>Offer THN kits to 100% of people released from prison with a history of opiate use.</li> </ul>	<ul> <li>established and meets after each drug related death or twice per year if no deaths have occurred.</li> <li>Improvements and actions identified from reviewing relevant deaths followed up.</li> <li>Promotion of the national helpline and website for bereavement services via Scottish Families affected by drugs and alcohol. Consideration of local protocol in 2018/19.</li> <li>ADP Co-ordinator also sits on the local Choose Life Suicide Prevention Group.</li> <li>Lead clinician of needle exchange service trained in THN and routinely offers to all users of the service.</li> <li>Newly set up local drug rehabilitation clinic set up in October 2017 to improve service for those on opiate replacement therapies.</li> <li>A total of 8 local Naloxone trainers active in Orkney across Pharmacy, Primary Care, Substance Misuse Services and Accident &amp;</li> </ul>	<ul> <li>Group was been approved incorporating a local non-fatal overdose protocol.</li> <li>An action log of recommendations is populated following recommendations made after a DRD.</li> <li>One drug related death recorded in Orkney during 2017/18. Figures remain low and significantly less than the Scottish average and neighbours Shetland.</li> <li>A total of five THN kits have been issued in 2017/18 (since 2011 17 kits have been issued).</li> </ul>

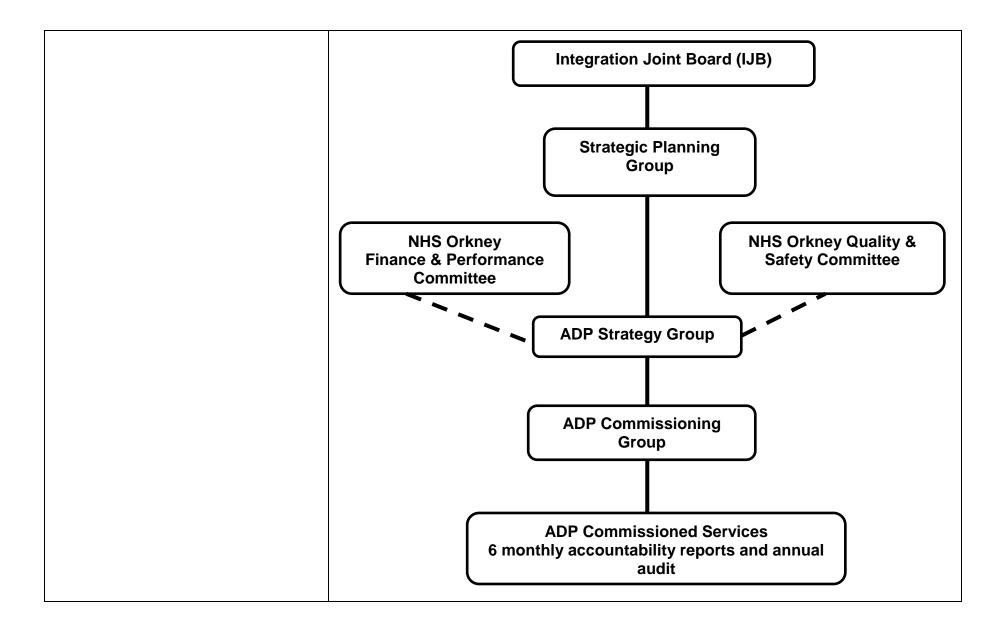
PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
		Emergency. Further training by Scottish Drugs Forum planned for 2018/19 to increase the coverage into third sector services.	
<b>3</b> . Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women	<ul> <li>Produce local, accurate data sources regarding prisoner whereabouts.</li> <li>Produce local protocol / information pack so that prisoners returning to Orkney are aware of the local services provided.</li> </ul>	<ul> <li>Prisoner whereabouts can be difficult to determine as many local prisoners are sent to various Scottish Prisons and often are released from a different prison however Criminal Justice Social Work (CJSW) receive monthly updates from Scottish Prison Service (SPS) regarding numbers of local prisoners in prison locations.</li> <li>Due to the low numbers of local prisoners, CJSW team are able to identify and write to prisoners to offer them local services upon release and can facilitate this to happen.</li> </ul>	<ul> <li>On average there are fewer than 10 people from Orkney in prison custody per annum.</li> <li>In the last five years there have been no female prisoners from Orkney. CJSW work intensively with women who are at risk of custody and this has proved beneficial this far.</li> <li>ADP Co-ordinator remains a member of the Community Justice Partnership.</li> </ul>
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> .	<ul> <li>Implementing the priority actions from the locally devised action plan following the received recommendations from the Care Inspectorate Report.</li> <li>Promotion of the Quality Principles within the local commissioned services and wider community.</li> </ul>	<ul> <li>Local recommendations from the Report were prioritised and are periodically reviewed on a quarterly basis to monitor progress.</li> <li>ADP Commissioned services are specifically asked to comment on how their service is meeting quality principles via their six monthly accountability reports.</li> </ul>	

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
		<ul> <li>Resources promoting the quality principles are available in all substance misuse services and ADP commissioned services to ensure that the public have awareness.</li> </ul>	

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

## 3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes.	All services that are commissioned by the Orkney Alcohol and Drugs Partnership report on the delivery of local outcomes via six monthly accountability reports. Additionally there are also annual local audit visits undertaken by the ADP Chair and ADP Co-ordinator. The reports and
	findings from the annual visits are scrutinised by the ADP Commissioning Group with final recommendations and actions approved by the ADP Strategy Group.
	Quarterly progress reports on local outcome delivery reported via the local action plan will be received by the Integration Joint Board (IJB) of which the IJB Chief Officer is also the ADP Chair. Information pertaining to the local progress on the Local Delivery Plan (LDP) is shared on a quarterly basis with NHS Orkney's Quality & Safety and Finance & Performance Committees. The IJB Chief Officer is also a member of the Community Planning Partnership.
	In addition the ADP Co-ordinator sits on a wide range of community groups where local delivery progress is shared including the Community Safety Partnership, Community Justice Partnership, Choose Life Suicide Prevention Group, Domestic Abuse Forum and the Living Well Delivery Group of the Orkney Partnership Board.
	Please see diagram below.



In submitting this completed Investment Plan, we are confirming the this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

## **APPENDIX 1:**

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