

Sally Shaw (Chief Officer)

Orkney Health and Care

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Agenda Item: 11.

Integration Joint Board

Date of Meeting: 11 December 2019.

Subject: Orkney Alcohol and Drug Partnership Annual Report 2018-19.

1. Summary

1.1. This report introduces the Alcohol and Drug Partnership's (ADP) Annual report for discussion and noting.

2. Purpose

2.1. To present the Orkney Alcohol and Drug Partnership's Annual Report for the period 2018 to 2019.

3. Recommendations

The Integration Joint Board is invited to note:

3.1. The contents of this report.

4. Background

4.1. Each Alcohol and Drug Partnership is required to produce an annual report to Scottish Government reporting on their performance against the agreed ministerial priorities.

4.2. The annual report is required to be signed off by both the Alcohol and Drug Partnership Chair and the Integration Authority Chief Officer. As this is the same person in Orkney, for transparency reasons, it has been agreed that the Alcohol and Drug Partnership Vice Chair will also sign the annual return.

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.
Promoting sustainability: To make sure economic, environmental and social factors are balanced.	No.

Promoting equality: To encourage services to provide equal opportunities for everyone.	Yes.
Working together: To overcome issues more effectively through partnership working.	Yes.
Working with communities: 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.
Safe: Avoiding injuries to patients from healthcare that is intended to help them.	No.
Effective: Providing services based on scientific knowledge.	Yes.
Efficient: 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 as a result from this report.

7. Risk and Equality assessment

7.1. There are no risks or equality issues directly arising as a result 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. Escalation Required

Please indicate if this report requires escalated to:

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

10. Author

10.1. Katie Spence, Orkney Alcohol and Drug Partnership Co-ordinator, Orkney Health and Care.

11. Contact details

11.1. Email: katiespence@nhs.net, telephone: 01856888108.

12. Supporting documents

12.1. Appendix 1: ADP Reporting Template for 2018-19.

Appendix 1.

ADP Annual Report 2018-19 (Orkney ADP)

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 Integration 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.

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 and 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.	£427,044
Additional funding from Integration Authority (excludes Programme for Government funding).	0.
Funding from Local Authority.	0.
Funding from NHS (excluding NHS Board baseline allocation from Scottish Government).	0.
Total Funding from other sources not detailed above.	0.
Carry forwards.	0.
Total (A).	£427,044

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).	£99,427.
Treatment and Recovery Support Services (include interventions focussed around treatment for alcohol and drug dependence).	£226,045.
Dealing with consequences of problem alcohol and drug use in ADP locality.	£101,572.
Total (B).	£427,044.

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

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

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.	£427,044.	£427,044.	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 and Alcohol Information System (DAISy)	<ul style="list-style-type: none"> • Local substance misuse services to be 100% system ready within 6 months of DAISy introduction. • Recovery Outcomes Web (ROW) tool to be implemented and used by all ADP Commissioned services and NHS Specialist Service where appropriate. • Continue to improve the numbers of identifiable records via the Drug and Alcohol Waiting Times Database by reducing the number of anonymous records. 	<ul style="list-style-type: none"> • Local DAISy Implementation Plan submitted to Scottish Government. • Two master trainers have been identified. Waiting dates for training delivery from ISD. • 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. • Significant improvements have been made to reduce the number of anonymous referrals within the DATWTD. <u>Percentage of anonymous referrals:</u> <ul style="list-style-type: none"> ○ 2015/16: 28.9%. ○ 2016/17: 28.6%. ○ 2017/18: 6.8%. 	<ul style="list-style-type: none"> • Due to some concerns from the local Caldicott Guardian there has been a delay in the signing of the Data Sharing Agreement until the Data Protection Impact Assessment is finalised from ISD.

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.
<p>2. Tackling drug and alcohol related deaths (DRD and ARD)/risks in your local ADP area.</p> <p>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"> • Ensure low prevalence rates of Drug related deaths in the community. • Improved local guidance / pathway to support individuals and families affected by a drug related death. • Improved local joint approach towards the review of suicide and overdose. • Ensure that 100% of service users accessing the local needle exchange are offered Take Home Naloxone (THN). • Ensure that 100% of individuals / family members on an opiate replacement therapy are offered THN. • Offer THN kits to 100% of people released from prison with a history of opiate use. 	<ul style="list-style-type: none"> • In the reporting year 2018/19 there were four Drug Related Deaths in Orkney which is an increase from the previous year in which there was one death. The majority of these deaths were identified via local intelligence as suicide but there drugs found in toxicology warranted the deaths to be added to the Drug Related Database. • Promotion of the national helpline and website for bereavement services via Scottish Families affected by drugs and alcohol on local ADP website and Facebook pages, leaflets provided to GPs, registrars and frontline services. • A finalised local Standard Operating Procedure has been prepared for local suicides which links into the review process for DRD's creating a more streamlined approach. • 100% of new clients entering the local Needle Exchange 	<ul style="list-style-type: none"> • ADP Co-ordinator also sits on the local Choose Life Suicide Prevention Group. The ADP Vice-Chair chairs the Choose Life Group. • Lead clinician of needle exchange service trained in THN and routinely offers to all users of the service. • A total of two THN kits have been issued in 2018/19 (since 2011 19 kits have been issued). • An additional 17 people attended the Training for Trainers training provided by Scottish Drugs Forum and an awareness session for Emergency Services staff including Police and Fire in September 2018.

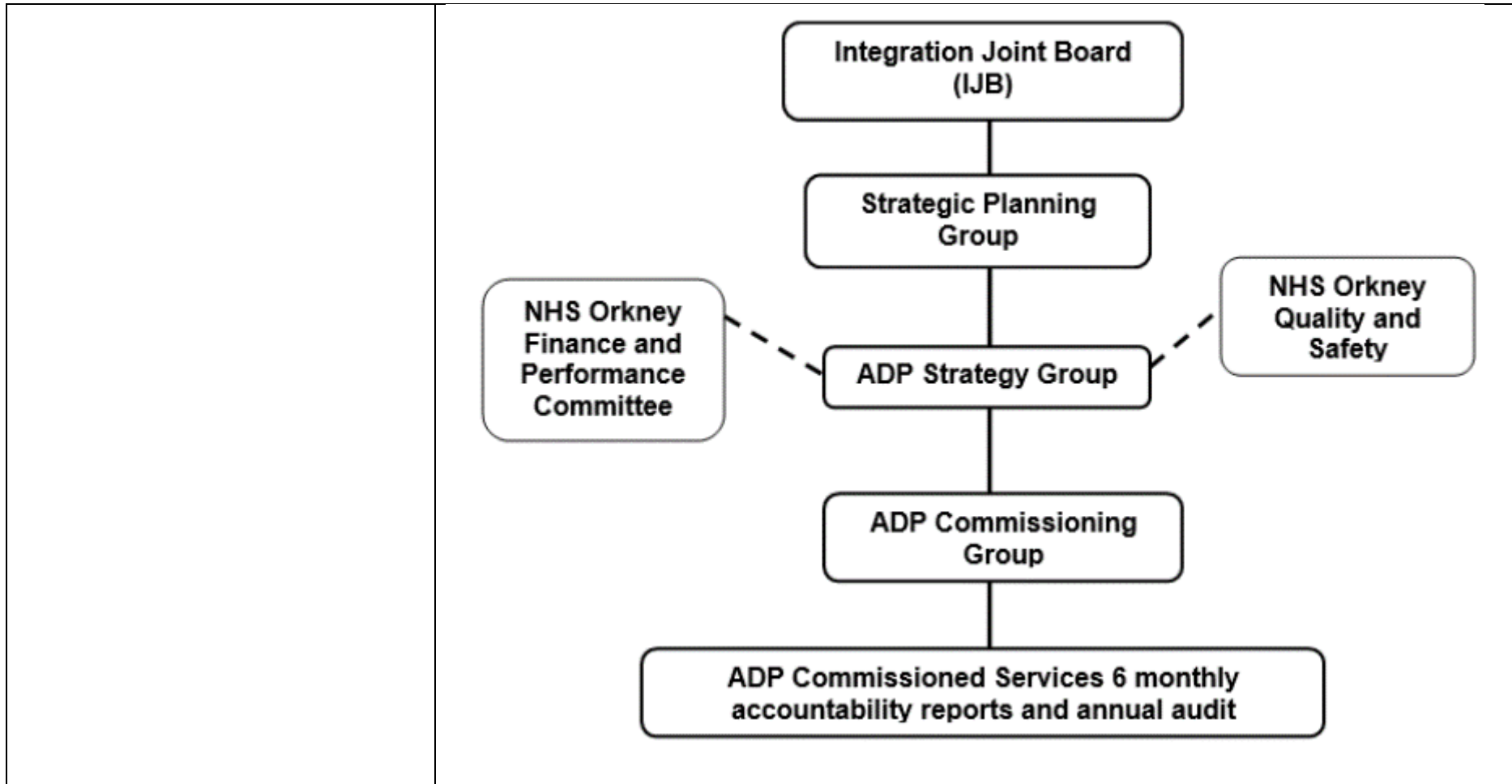
Priority.	*Improvement Goal 2018-19. This should include your percentage target for each priority area where applicable.	Progress Update. Maximum of 300 words for each priority. This should include percentage of delivery against target.	Additional Information. Maximum of 150 words.
		<p>Service are offered Naloxone if they report opiate use. Low numbers, less than five new clients on opiates, accessed the service in this reporting period.</p> <ul style="list-style-type: none"> • Low numbers of people on ORT but all routinely offered Naloxone. • Weekly specialist drug treatment rehabilitation clinic set up which has improved access and stability for service users. A new in town venue has been secured to pilot an alcohol and drug hub for the future. 	
<p>3. 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.</p>	<ul style="list-style-type: none"> • Produce local, accurate data sources regarding prisoner whereabouts. • Produce local protocol / information pack so that prisoners returning to Orkney are aware of the local services provided. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • On average there are fewer than 10 people from Orkney in prison custody per annum. • 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

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.
		<ul style="list-style-type: none"> • 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. 	<p>proved beneficial thus far.</p> <ul style="list-style-type: none"> • ADP Co-ordinator remains a member of the Community Justice Partnership. The ADP Chair also chairs the CJP.
<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 Quality Principles.</p>	<ul style="list-style-type: none"> • Implementing the priority actions from the locally devised action plan following the received recommendations from the Care Inspectorate Report. • Promotion of the Quality Principles within the local commissioned services and wider community. 	<ul style="list-style-type: none"> • Local recommendations from the Report were prioritised and are periodically reviewed on a quarterly basis to monitor progress. • ADP Commissioned services are specifically asked to comment on how their service is meeting quality principles via their six monthly accountability reports. • Resources promoting the quality principles are available in all substance misuse services and ADP commissioned services to ensure that the public have awareness. 	<ul style="list-style-type: none"> • ADP will undertake annual service reviews to revisit the recommendation in the report at the midpoint in the local commissioning cycle and finding will be fed back to the Strategy Group in preparation for future Care Inspectorate visit.

Note: *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>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.</p> <p>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 and Safety and Finance and Performance Committees. The IJB Chief Officer is also a member of the Community Planning Partnership.</p> <p>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.</p> <p>Please see diagram below.</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 Integration Authority Chief Officer.

APPENDIX 1:

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