

STANDARD REPORTING TEMPLATE - (ORKNEY) ADP ANNUAL REPORT 2016-17

Document Details:

ADP Reporting Requirements 2016-17

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

The Scottish Government copy should be sent by 23 October 2017 for the attention of Amanda Adams to:

Alcoholanddrugdelivery@gov.scot

Katie Spence, ADP Co-ordinator 1

1. FINANCIAL FRAMEWORK -- 2016-17

Your report should identify all sources of income that the ADP has received (via your local NHS Board and, where relevant, Integration Joint Board), 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.

Total Income from all sources

Income	Substance Misuse (Alcohol and Drugs)
Earmarked funding from Scottish Government	£427,044
Funding from Local Authority	0
Funding from NHS (excluding funding earmarked from Scottish Government)	£77,297
Funding from other sources	£368
Total	£504,709

Total Expenditure from sources

	Substance Misuse (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	148,830
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	231,311
Recovery	104,047
Dealing with consequences of problem alcohol and drug use in ADP locality	17,682
Total	£501,870

2016-17 End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Substance Misuse	£504,709	£470,177	+£34,532

2016-17 Total Underspend from all sources

Underspend £	Proposals for future use
£34,532	Underspend not permitted to be carried forward locally.

Support in kind

Provider	Description
Voluntary Action Orkney	Chairing of meetings, provision of venues for meetings, line management support.
NHS Orkney	Provision of room venues for meetings and training.
Orkney Islands Council	Provision of room venues for meetings and training.

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2016-17 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 2016-17. Please outline these below.

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
<p>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)</p>	<ul style="list-style-type: none"> • 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 from services delivering Tier 3 drug and alcohol treatment in Scotland. • Work towards having more identifiable records for the purposes of SMR25 reporting 	<ul style="list-style-type: none"> • Training delivered to all new staff and refresher training to existing staff, particularly around the reporting of identifiable data. • Improve local recording to evidence that all service users are asked if their data can be entered, and whether they accept or decline this. Local services have contingency plans in place to prevent staff absence having a negative effect on the waiting times for service users 	<ul style="list-style-type: none"> • All local staff now trained in using the system. • All service users are asked if their data can go on system and this is recorded in their paper notes, where individuals are happy to go on the system but anonymously, initials are recorded. • Significant increase in number of fully identifiable data being entered onto the system. Last year over 75% of records were fully identifiable. • Quarterly performance reports submitted to NHS Orkney Board to monitor progress. • Low numbers of individuals can affect overall percentages meaning that target is not met as seen in Q1.

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			<p>2016/17: ISD authenticated results</p> <table border="1"> <thead> <tr> <th data-bbox="1491 341 1664 475">Quarter ending</th> <th data-bbox="1664 341 1765 475">Total</th> <th data-bbox="1765 341 1899 475">% seen within 3 weeks</th> <th data-bbox="1899 341 2045 475">% seen within 5 weeks</th> </tr> </thead> <tbody> <tr> <td data-bbox="1491 480 1664 547">30th June 2016 (Q1)</td> <td data-bbox="1664 480 1765 547">13</td> <td data-bbox="1765 480 1899 547">84.6</td> <td data-bbox="1899 480 2045 547">100.0</td> </tr> <tr> <td data-bbox="1491 552 1664 647">30th September 2016 (Q2)</td> <td data-bbox="1664 552 1765 647">10</td> <td data-bbox="1765 552 1899 647">100.0</td> <td data-bbox="1899 552 2045 647">100.0</td> </tr> <tr> <td data-bbox="1491 652 1664 767">31st December 2016 (Q3)</td> <td data-bbox="1664 652 1765 767">7</td> <td data-bbox="1765 652 1899 767">100.0</td> <td data-bbox="1899 652 2045 767">100.0</td> </tr> <tr> <td data-bbox="1491 772 1664 855">31st March 2017 (Q4)</td> <td data-bbox="1664 772 1765 855">10</td> <td data-bbox="1765 772 1899 855">100.0</td> <td data-bbox="1899 772 2045 855">100.0</td> </tr> </tbody> </table>	Quarter ending	Total	% seen within 3 weeks	% seen within 5 weeks	30th June 2016 (Q1)	13	84.6	100.0	30th September 2016 (Q2)	10	100.0	100.0	31st December 2016 (Q3)	7	100.0	100.0	31 st March 2017 (Q4)	10	100.0	100.0
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2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)	Meet the ABI HEAT Standard target of 249 by embedding the ABI practice in priority settings and wider community settings of which 80% will be delivered in the priority settings of Primary Care, Accident & Emergency and Antenatal Services.	<ul style="list-style-type: none"> • Provide a minimum of four training sessions to priority setting and wider community services. • All ADP commissioned services FAST screen at minimum all new referrals as per their Service Level Agreement. • Integrate ABI training with planned Health Behaviour Change training. • Embed local Integrated Care Pathway within A&E and Acute 	<p><u>ABI Data for 2016/17</u> Q1: 36 (15 in Priority settings) Q2: 31 (11 in Priority settings) Q3: 25 (11 in Priority settings) Q4: 26 (7 in Priority settings) TOTAL: 118 (44 in Priority settings)</p> <ul style="list-style-type: none"> • Two larger practices which generate the majority of ABIs did not sign up to the LES for 2016/17 which has contributed to the reduced number of ABIs delivered from previous years. • Total target for ABI delivery not met 																				

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		<p>Wards.</p> <ul style="list-style-type: none"> • Training and support provided at least quarterly for wider service setting and small island practices for the data reporting and recording. • Bespoke training for other Primary Care sector staff which can contribute to the priority settings e.g. Dental services. 	<p>and target 80% in priority settings not met.</p> <ul style="list-style-type: none"> • Action Plan in place for 2017/18.
<p>3. Increasing Data Compliance Scottish Drugs Misuse Database (SDMD) both SMR25 A and B.</p>	<p>Progressively increase the levels of compliance towards 100% for SMR 25a and b</p>	<ul style="list-style-type: none"> • All staff are adequately trained to use the SDMD and understand the process of completion of SMR25's. • Continue to monitor local SDMD data compliance levels on a quarterly basis via ISD reporting. 	<ul style="list-style-type: none"> • All staff concerned with the SDMD are now trained with log ins to the database. • Monitoring of ISD reports demonstrate steady improvements in compliance levels however still very low numbers of clients actually being submitted on the SMR25 database, working with local service provider to improve this. Currently one person on the system with 100% compliance rate.
<p>4. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)</p>	<ul style="list-style-type: none"> • Substance Misuse Services to be 100% system ready within 6 months of DAISy introduction. • If third sector services are 	<ul style="list-style-type: none"> • Clear need to scope IT requirements, training, support needs, administration, work duplication and resourcing. • Launch the Recovery Outcomes Web (ROW) tool with uptake of 	<ul style="list-style-type: none"> • DAISy Implementation Plan and checklist pulled together. • Planned meeting with Scottish Government national advisors for late Autumn to discuss training requirements due to additional travel

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	<p>using the system then 100% will be ready within 6 months of DAISy introduction.</p> <ul style="list-style-type: none"> Recovery Outcomes Web (ROW) Tool to be implemented and used by all ADP Commissioned Services where appropriate. 	<p>training from Scottish Drug Forum.</p> <ul style="list-style-type: none"> Progressing Implementation Plan with Scottish Government's national advisor's to ensure that the ADP is ready for DAISy locally. 	<p>costs which will be incurred.</p> <ul style="list-style-type: none"> Scottish Government ROW training rolled out in September 2015 and refresher training provided by Scottish Drugs Forum in November 2016. All ADP Commissioned Services (where appropriate) are using the ROW tool and recording data on the spreadsheets until the system goes live.
<p>5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison.</p>	<ul style="list-style-type: none"> Ensure that 100% of service users accessing the local needle exchange service are offered the Take Home Naloxone kit (where applicable) Ensure that 100% of individuals / family members on a replacement opiate therapy are offered THN. Offer kits to 100% of people released from prison with a history of opiate use. 	<ul style="list-style-type: none"> Lead clinician of local needle exchange service trained as a trainer and prescriber of THN. All local GP's are aware that THN can be prescribed to those at risk of opiate overdose. Consider local ICP to ensure that all GP's prescribing opiate replacement therapies also offer THN as a matter of course. Offer Take Home Naloxone training and awareness session to relevant individuals/groups e.g. Housing & Homelessness, Street Pastors etc. 	<ul style="list-style-type: none"> Total of 7 practitioners trained locally as Take Home Naloxone Trainers and distributors. Two THN kits distributed in 2016/17. Total of 11 kits distributed locally since the programme was rolled out. Low prevalence rates of opiate users locally therefore low numbers of kits distributed. Intake form at Needle Exchange Service revised to ensure that individuals are offered THN if opiate users. Additional THN training awareness sessions provided to Housing Staff, Women's Refuge and Street Pastors but not kits supplied to date.

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			<ul style="list-style-type: none"> Liaison with Scottish Prison Service (SPS) to improve communication to ensure those most at risk of overdose are offered THN upon returning to Orkney however this has proved very difficult as prisoners are located all over the Scottish Mainland and not always released from the prison that they were originally sent to.
6. Tackling drug related deaths (DRD)/risks in your local ADP area.	Continue to ensure low prevalence rates of Drug Related Deaths in the community.	<ul style="list-style-type: none"> Local Drug Related Death Group meet after any local death and on the occasion that no death has occurred an annual meeting is called for good practice. Role and remit of DRD group is to be revised. Currently considering adopting protocol similar to Shetland and Highland ADPs to improve information sharing and partner's understanding what to do in the event of a sudden death. Improvements and actions identified from reviewing relevant deaths followed up. Improved quality of data entered into the national drug related death 	<ul style="list-style-type: none"> There were two drug related deaths in 2016. The overall trend of drug related mortality in Orkney is low and significantly less than the Scottish average. Promotional work undertaken on national overdose awareness day via ADP commissioned services and ADP Facebook page. From 2017, ADP Co-ordinator will sit on the local Choose Life Suicide prevention group to improve local understanding of deaths.

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		<p>database.</p> <ul style="list-style-type: none"> ADP Membership on newly formed Choose Life Suicide Prevention Group. 	
<p>7. Implementing improvement methodology including implementation of the <i>Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services.</i></p>	<ul style="list-style-type: none"> All ADP Commissioned services and NHS Orkney's specialist substance misuse service will participate in the self assessment in line with the Quality Principles Audit. 	<ul style="list-style-type: none"> Areas of development identified through the self-assessment. Recommendations received from the Care Inspectorate formulated into an action plan with RAG coding. Reviewed quarterly by ADP Strategy Group. Evidence of commissioned services meeting the Quality Principles captured via 6 monthly accountability reports. 	<ul style="list-style-type: none"> ADP Strategy Group reviews the Quality Principles on a quarterly basis to ensure that actions and being delivered within the projected timescales. Embedding of Quality Principles within proposed Workforce Development Strategy.
<p>8. Responding to the recommendations outlined in the 2013 independent expert group on opioid replacement therapies.</p>	<ul style="list-style-type: none"> Ensure that where possible recommendations from the independent expert group on opioid replacement therapies are being considered at a local level. 100% of ADP commissioned services is operating within a Recovery Orientated System of Care. 	<ul style="list-style-type: none"> 100% of service users are offered and if accepted have recovery plans in place whilst using ADP Commissioned services. Pharmacy Lead sits on local ORT & Naloxone Monitoring Group providing information on local numbers of ORT being dispensed and supervised. Pilot of local drug rehabilitation clinic accessible for all who require specialist treatment and substitute 	<ul style="list-style-type: none"> Very low numbers of individuals in receipt of ORT locally within Orkney ADP (currently less than 10) which makes it difficult to have capacity to action all recommendations. All ADP Commissioned services working under ROSC with individual recovery plans in place.

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<p>9. 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. 	<p>medication planned for 2017/18.</p> <ul style="list-style-type: none"> • Undertake local Data gathering exercise regarding prisoner whereabouts. • Liaise with SPS and local community justice authority regarding information being provided to individuals about the services on offer in Orkney. 	<ul style="list-style-type: none"> • A meeting was arranged in September 2016 to meet with Robert Strachan of Scottish Prison Service on his recent trip to Orkney however this didn't materialise due to adverse weather. A follow up email was arranged and it was agreed that a message would be sent to all prisons to make them aware of the services in Orkney and the contacts for prison release in the interim until the local protocol / information pack is produced. • A new Community Justice Partnership now in place in Orkney and ADP Co-ordinator is a member of this group.
<p>10. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).</p>	<ul style="list-style-type: none"> • Create evidence base of local knowledge on the use and trends of NPS in Orkney. • In partnership with the Police and local service providers offer information and deliver training to at least 40 people per year. • NPS prevention and harm reduction incorporated in two awareness raising events locally. 	<ul style="list-style-type: none"> • Work with local Police and A&E to communicate local trends and information regarding NPS provide NPS training and awareness sessions across the county including to specific groups such as school teachers (including those on the remote outer islands). • Bespoke training developed from the Crew 2000 training delivered to a total of 64 people over 2016. Slightly less than 2015 where 92 people were trained, this was a result from the reduced capacity in staff availability to deliver training. 	<ul style="list-style-type: none"> • Total of 272 people trained locally from training commencement in 2013. • A revised training programme to be offered in 2017/18 incorporating a general drugs awareness following evidence of need from evaluation forms. • Raising public awareness via local events and social media particularly around the New NPS Act (2016). • Since the new Psychoactive Substances Act (2016) there has been

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		<ul style="list-style-type: none"> • NPS community survey launched on 2nd November will remain open until 4th December 2015. A full report was published providing local baseline data. • 	<ul style="list-style-type: none"> • a marked reduction in the local prevalence rates for NPS including Police seizures and admittances to A&E. • ADP Co-ordinator attended 'Chemsex' event via video conference to inform of developing trends.
<p>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.</p>	<ul style="list-style-type: none"> • Increased capacity within communities to address alcohol related harm. • Key stakeholders have increased capacity and ability to engage in the licensing policy and decision making process. 	<ul style="list-style-type: none"> • Local Community Alcohol Action Plan report finalised. A sub group was created to focus on this piece of work but due to funding reduction resulted in reduction of capacity and re-focus of priorities this has not been progressed. • A joint meeting of the ADP Strategy Group and the Licensing Board to provide better understanding of local picture of alcohol in Orkney. • ADP Co-ordinator is a member of the Local Licensing Forum and attends the Joint Licensing Board and Forum meetings on an annual basis providing local inputs as necessary. • Number of refusals of licensing applications based on submissions made. 	<ul style="list-style-type: none"> • ADP Co-ordinator attending Licensing workshop for ADP Co-ordinators delivered by Alcohol Focus Scotland in July 2016 which was very useful and informative. • Licensing Forum met three times in 2016/17. • A number of objections to licensing applications have been made locally however, no applications have been refused. • A 'virtual' sub group of the ADP Strategy Group have formed for 2017/18 to discuss licensing applications and these are logged by the ADP Co-ordinator.

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		<ul style="list-style-type: none"> Collecting and disseminating data on alcohol-related harm to local licensing forums, boards, elected members and the community to assist in building a case for a reduction in the density of alcohol outlets. 	
12. ADP Engagement in improvements to reduce alcohol related deaths.	<ul style="list-style-type: none"> Reduce the local alcohol related mortality to 13 in 100,000 by 2018. 	<ul style="list-style-type: none"> Continue to make local improvements in the delivery of Alcohol Brief Interventions particularly for those in A&E settings. Investigate local trends to identify more detail the issues for tackling alcohol related mortality. 	<ul style="list-style-type: none"> The ADP is aware that this needs to be a priority going forward. <p>In 2014 the data stated that 12.7 in 100,000 alcohol related mortalities and this had increased to 15.9 in 2015. Although this is still lower than the Scottish average of 21.7 it is a trend that the ADP would prefer not to increase.</p>

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

3. ADDITIONAL INFORMATION 1 APRIL 2016 – 31 MARCH 2017

1	Please <u>bullet point</u> any local research that you have commissioned in the last year.	<ul style="list-style-type: none"> Although not commissioned the ADP supported a third sector service (Relationships Scotland Orkney) to apply and be successful in their application to the Scottish Government's 'Small Test of Change' scheme to deliver CRAFT sessions to support families with individuals who have substance misuse issues. The findings from this pilot will be presented to the ADP when formal feedback has been received from the Scottish Government.
2	What is the formal arrangement within your ADP for working	ADP Annual Report The ADP Strategy Group receives and scrutinize the ADP Annual Report. The report is shared and monitored by NHS Orkney's Finance and Performance Committee.

Katie Spence, ADP Co-ordinator 12

	with local partners to report on the delivery of local outcomes?	From 2017 onwards the Alcohol and Drugs Partnership will move under the management of the Integrated Joint Board however there will still be a role for NHS Orkney in overseeing the delivery of agreed service levels as per the Local Delivery Plan (LDP) letter 2017/18.
3	A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise on the current status of your ROSC?	In place
4	Is there an ADP Workforce Development Strategy in Place, if <u>not</u>, are there plans to develop? What additional supports have you leveraged to facilitate this and are you working with our NCOs?	A Workforce Development Strategy is not currently in place however support has been utilised by Scottish Drugs Forum to develop the initial stages.

APPENDIX 1

Please provide any feedback you have on this reporting template.

This year has been very challenging for Orkney ADP due to the 30% funding reduction in the Scottish Government's allocation and has resulted in a number of partners having to make cuts or alterations from within their budgets to buffer the reduction.

Over the period 2016/17 the ADP Support Team was functioned by a FTE ADP Co-ordinator, 0.5FTE Development Officer and a 0.5FTE Administrator which was sufficient in the provision of delivery. Going forward with the funding reductions for 2017/18 this staffing structure will be reviewed and it is anticipated that there will be significant changes.

Following the Scottish Government's finding allocation letter, the ADP has worked on the changes in the support structure moving into the Integrated Joint Board.