



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
25 APRIL 2017**

**REPORT ON: ALCOHOL AND DRUG PARTNERSHIP**

**REPORT BY: CHIEF OFFICER**

**REPORT NO: DIJB14-2017**

## **1.0 PURPOSE OF REPORT**

This report informs the Integration Joint Board (IJB) about proposals to progress with fostering connections, including in relation to the future governance of funding arrangements, between the Alcohol & Drugs Partnership (ADP) and the IJB. It also proposes changes to the current governance arrangements to the planning and commissioning of drug and alcohol responses in Dundee to support the emerging relationship between the ADP and the IJB.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the emerging relationship between the Alcohol and Drug Partnership (ADP) and the IJB;
- 2.2 Agrees the proposed governance arrangements as set out in section 4.5.2;
- 2.3 Notes the overall 2017/18 Tayside financial resources to be delegated to the three Tayside IJBs;
- 2.4 Agrees to the proposal of an aligned IJB/ADP budget which facilitates the review of current financial arrangements across all services;
- 2.5 Notes the proposed development of a Dundee Drug and Alcohol Strategic Commissioning Plan;
- 2.6 Instructs the Chief Officer, in partnership with the Chair of the ADP, to present the Strategic Commissioning Plan for sign off at both the ADP and the IJB.

## **3.0 FINANCIAL IMPLICATIONS**

The total funding to be delegated to the three Tayside IJBs in relation to Alcohol and Drug Partnerships for 2017/18 is £4.9m net of efficiency savings totalling £500k. Discussions are ongoing to determine the allocation of this resource and associated efficiency savings across the partnership areas.

## **4.0 MAIN TEXT**

### **4.1 Function of Alcohol and Drug Partnerships**

- 4.1.1 Since 2009, Alcohol & Drug Partnerships (ADPs) have been responsible for developing local strategies to deliver improved outcomes on the basis of local need, and for making investment decisions to achieve this. Operating within a national policy framework, ADPs aim to ensure that all bodies involved in tackling alcohol and drugs misuse are clear about their responsibilities and relationships with each other, and to focus activity on the identification, pursuit and achievement of seven Core National Outcomes:

- 1 **Health:** People are healthier and experience fewer risks as a result of alcohol and drug use.
- 2 **Prevalence:** Fewer adults and children are drinking or using drugs at levels or patterns damaging to themselves or others.
- 3 **Recovery:** Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.
- 4 **Families:** Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.
- 5 **Community Safety:** Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour.
- 6 **Local Environment:** People live in positive, health-promoting local environments where alcohol and drugs are less readily available.
- 7 **Services:** Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.

4.1.2 Scottish Government Guidance for ADPs promotes outcomes-based planning and reporting at a local level. ADPs are encouraged to promote a culture of self-evaluation and to clearly articulate their contribution to strategic plans for Health and Social Care Partnerships (HSCP), Children's Services Partnerships (CSP) and Community Planning Partnerships (CPP) in the form of the Local Outcome Improvement Plan (LOIP). ADPs also have a central role in contributing to the national picture of overall progress in alcohol and drug prevention, treatment and recovery. Locally it is proposed to link planning and commissioning for drug and alcohol prevention to the broader Public Protection approach (through the ADP Prevention Strategy 2017).

## 4.2 Dundee Alcohol and Drug Partnership Arrangements

4.2.1 The Dundee ADP is chaired by the Director of Public Health and has membership representing the key strategic partners at a senior level including the third sector and providers. The ADP meets quarterly and reports directly to the Scottish Government and locally into the partnership forum.

4.2.2 There are associated finances aligned to the ADPs which historically have been allocated through the NHS. For Tayside these resources are allocated both at a Tayside wide level and at a partnership level with local arrangements for local need. Within Dundee a commissioning group was established to support the allocation of resources for both tests of change and infrastructure. As with other change resources, the use of these monies have been absorbed into both statutory and commissioned services (within both the Health & Social Care Partnership (HSCP) and Children & Families Service), while a smaller allocation is utilised for newer projects and supports. As a result, it is difficult to isolate the ADP resources within services and in some circumstances the initial purpose will have changed as projects have adapted in line with emerging priorities. For services that have a contract with the HSCP (legally with Dundee City Council), the full contract monitoring process is being applied. However, for other services and projects only a minimum level of contract monitoring is in place.

4.2.3 A review of the three Tayside ADP's support infrastructure was initiated in March 2016 and agreement reached in principle to move to one Lead Officer working across all three Tayside ADPs following agreement of a full business case. In addition to a Tayside Lead Officer, each of the three areas will maintain local strategic support arrangements to meet the needs of their individual ADPs. Local staff will work collaboratively with the Tayside Lead Officer on identified priorities.

4.2.4 In Dundee, the ADP support staff will become fully integrated within the existing Protecting People Team and will be supported and managed through these arrangements. There will be a Lead Officer within the Protecting People Team with a responsibility to provide support to the ADP, alongside other Public Protection Committees/Partnerships. A fully integrated Protecting People Team, comprising a range of officers with complementary knowledge, skills and experiences will therefore provide future support to the ADP.

### **4.3 An Evolving Strategic Relationship**

- 4.3.1 Some aspects of the current ADP planning structures and governance arrangements require future proofing to fully accommodate the changing relationship with the IJB, and other key stakeholders engaged in strategic planning processes. Notwithstanding the aforementioned review of ADP support functions, local planning arrangements will still need to account for the particular needs of the people of Dundee and foster a strong connection with the Health and Social Care Partnership.
- 4.3.2 The emergence of a more integrated health and social care landscape with the delegation of alcohol and drug services to the Integration Authority requires the ADP to foster more robust joint governance arrangements with the IJB. This will ensure strategic coherence and alignment of operational development priorities in commissioning activity and performance management of services. As a strategic lead in shaping local priorities, the ADP will link into the decision-making structures and processes of the HSCP to raise awareness of alcohol and drug issues. This will ensure strategic and operational improvement plans for alcohol and drugs are fully integrated and embedded within new health and social care arrangements.
- 4.3.3 The Community Empowerment (Scotland) Act 2015 established Community Planning Partnerships (CPP) as the body with a specific duty to improve local priority outcomes and act with a view to tackling inequalities of outcome across communities in that area. Within this structure, the IJB has become a relatively new community planning partner; and along with the ADP are central to the planning and delivery of health and social care services for people with alcohol and drug problems. Audit Scotland has clearly indicated that CPPs and IJBs need to work together to meet the needs of local people through supporting delivery of local priorities. For Dundee, the use of alcohol and drugs among its citizens and the negative impact this has on its communities, ensures that this remains a very high priority for the Community Planning Partnership. The Health, Care & Wellbeing Executive Board has identified this as one of its three key priorities for the developing Local Outcome Improvement Plan (LOIP).
- 4.3.4 The ADP outcome concerning ‘Families’ states that “*Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.*” This will be realised by developing and sustaining a robust strategic partnership; taking full account of the impact of substance misuse on children, young people and the wider family. In so doing, child protection matters will be clearly set out as a shared strategic and service improvement priority in the statutory Children’s Services Plan; alongside the requirement to tackle a wider Getting It Right For Every Child (GIRFEC) precedence concerning early onset of substance misuse. This work will be led through the Children’s Services’ Plan with cross-cutting themes reflected through the ADP and child protection strategic priorities.
- 4.3.5 The Protecting People structure in Dundee comprises a well-established framework and partnership within which the range of multi-agency supports and interventions to protect people of all ages is planned and co-ordinated. Themed committees and partnerships include Child Protection, Adult Support and Protection, Violence against Women, Alcohol and Drugs, Suicide Prevention and Tayside Multi Agency Public Protection Arrangements (MAPPAs). Services are targeted towards a shared vision; “*Dundee’s people will have the protection they need, when they need it, to keep them safe from harm.*” There are clear crossovers between each of the protection strategic themes and priorities and it is recognised that to successfully tackle the issues related to drug and alcohol use in the city we must consider the full impact of life challenges on individuals and how this is supported.

### **4.4 Funding for Alcohol and Drug Partnerships**

- 4.4.1 On 28 November 2016 a draft paper was published by the ‘Delivery of Alcohol and Drug Services in Scotland Review Group’. The paper “*Review: Delivery of Alcohol and Drug Services*” was developed to inform the spending review process and has a focus on three key areas:
- Embedding quality in the delivery of drug and alcohol addiction and recovery services;
  - Encouraging further innovation, particularly by highlighting and disseminating practice innovations being piloted in local ADP areas;

- Fostering connections with emergent Integration Joint Boards, including in relation to the future governance of funding arrangements.
- 4.4.2 In the report, the Review Group stated that it “strongly believes that prioritising investment in both treatment and prevention activity, particularly in light of the current operating landscape, will deliver improved outcomes and efficiencies across a range of health and social care measures.” Locally this focus on prevention was the subject of a commissioned report. To progress this will require a shift in resources from statutory and in-patient services to more community facing supports.
- 4.4.3 In a letter from the Health Improvement Division (16 January 2017), the Scottish Government confirmed that they will now transfer funding to NHS Boards as part of the baseline budget for delegation to Integration Authorities specifically earmarked for Alcohol and Drug Partnership activities. The Scottish Government has advised that supporting the delivery of agreed service levels for alcohol and drug partnerships work will be a priority for Integration Authorities from 2017 to 2018.
- 4.4.4 Historically, the ADP resources have been seen as a ring-fenced funding source and as a result considered separately from operational service planning. There is a mix of both short term and long term funding, with both commissioned and statutory services in receipt of this resource.
- 4.4.5 NHS Tayside supplemented the budget available to the Tayside ADPs by £1.2m in 2016/17 in order to maintain the overall investment in addressing alcohol and substance misuse and to maintain alcohol and drugs treatment performance. In line with other services an efficiency savings target of £300k was applied. For 2017/18, NHS Tayside has continued to supplement this funding, however in line with other services, £200k of efficiency savings have been applied to the Tayside ADP budget. The three Tayside ADPs have established a Tayside-wide financial group to consider both the impact on Tayside-wide services (Prison Service; Inpatient Service; medical staff; Tayside Council on Alcohol, Tayside Substance Misuse Service, Psychology Service and the Moving On/Eclips contract) and any potential saving levels linked to the individual partnerships. At this time the savings being considered link only to those services currently funded through ADP resources.

#### **4.5 Supporting a Whole System Approach to the Development of Drug and Alcohol Services**

- 4.5.1 The integration of health and social care services has already demonstrated a significant improvement in both the service delivery models and outcomes for people. Drug and Alcohol (NHS Tayside) services were managed through the Mental Health Directorate and transferred to the IJB at the latter part of 2016. The social work/care services and health services, alongside the commissioned services will be managed through a single management and service structure. This change provides an ideal opportunity to consider integrated pathways, redesigned service models at both a statutory and commissioned level, and develop stronger links across the wider partnership arrangements (Community Planning Partnership, Public Protection and Integrated Children Services). By bringing both the strategic and operational functions closer together and aligning the IJB, ADP and partnership funding into an aligned budget we will be able to make best use of the available resources while delivering the strategic priorities within a reduced financial framework.
- 4.5.2 It is therefore proposed that the following governance arrangements be introduced:
- Establish a formal reporting arrangement to both the ADP and the IJB which meets the strategic and commissioning arrangements required of each body. This should include a common dataset which reflects the performance against local outcomes. It is envisioned that the ADP will hold the strategic lead.
  - Discontinue the current ADP Commissioning Group and replace this with a Strategic Planning and Commissioning Group (attached as Appendix 1). This group will include a wide representation from partners and stakeholders, including service providers, service recipients and operational staff. The group will take forward the development of a Dundee Alcohol and Drug Strategic and Commissioning Plan and will report to the ADP and the IJB.

- Produce a Draft Strategic and Commissioning Plan - Alcohol and Drug Services (2017-2020). This plan is currently in development. It will articulate how the ADP and the IJB hereafter work together to develop and improve alcohol and drug services for the population of Dundee. Shared strategic priorities within the emerging Local Outcome Improvement Plan will map over into this plan; reflecting both the relationship with the CPP and the development of a wider set of shared strategic priorities.
- Discontinue the current ADP Delivery Group and develop workstream groups to support the implementation of the Alcohol and Drug Strategic and Commissioning Plan.
- Realign the ADP and IJB budgets to develop a single robust financial framework. As part of this work we will seek to review current resources funded by the ADP and the IJB, shift the balance of resources in line with strategic priorities, and identify those services/supports which should be mainstreamed and those which are tests of change. This review will take account of any efficiency saving required by both the ADP and the IJB and should identify the level of resource available to continue further tests of change.
- Identify a Change Fund resource which is allocated and monitored by a change fund group. This group will report directly to the Strategic Planning and Commissioning Group.
- Review current contractual arrangements for services commissioned through both the IJB and ADP to ensure contractual equity, robust monitoring arrangements and streamlining of commissioned services. This will ensure that both the strategic and financial objectives are met, that commissioned services reflect emerging pathways as services are further integrated and reduce bureaucracy.
- Review financial, performance and monitoring arrangements to embed the reporting of Drug and Alcohol services routinely into the Dundee Health and Social Care Performance and Audit Committee and the Dundee Health and Social Care Clinical, Care and Professional Governance Group. The aim will be to support a performance framework which meets the needs of all partnership areas including the Local Outcome Improvement Plan and the Children's Services Plan. These reports will be table at the ADP and the IJB in accordance with current reporting arrangements.

4.5.3 To take forward the development of the Strategic Planning and Commissioning Plan an engagement event will be jointly hosted by the ADP and the IJB in May 2017. It will include all key stakeholders/their representatives and will aim to:

- Provide information about the new planning and governance arrangements; including future allocation and investment in drug and alcohol services;
- Undertake formal consultation on the draft Strategic and Commissioning Plan;
- Engage key stakeholders in the future strategic improvement programme and change process.

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

## **6.0 CONSULTATIONS**

The Chief Finance Officer, the Clerk and the Chair of the ADP were consulted in the development of this report.

## **7.0 BACKGROUND PAPERS**

None.



**Proposed Structure**

**Joint ADP and IJB Strategic Planning & Financial Governance**



