

Agenda Item

14

Title/Subject: **Review of Falkirk Alcohol and Drug Partnership Governance**

Meeting: **Integration Joint Board**

Date: **6 September 2019**

Submitted By: **Head of Policy, Technology & Improvement**

Action: **For Decision**

1. INTRODUCTION

- 1.1. This report updates the IJB on the work being undertaken by the Falkirk Alcohol and Drugs partnership (ADP) and a review of its governance.

2. RECOMMENDATION

It is recommended that the IJB:

- 2.1. note the new national delivery framework for Alcohol and Drug Partnerships
- 2.2. agrees that the IJB take over the responsibility for the ADP
- 2.3. agrees Health and Social Care Partnership appoints a senior officer as a replacement chair for the Falkirk ADP
- 2.4. notes that this report was presented to the Falkirk Community Planning Partnership on 15 August 2019 to advise them of the changes to the Falkirk ADP Governance.

3. BACKGROUND

- 3.1. At the IJB meeting in April, a report was presented outlining the need to review the governance arrangements for the ADP in Falkirk. The reasons for the review were set out in the report and included the need to ensure:
- scrutiny and overview of services for people with drug and alcohol problems was clear
 - the role of the ADP was clear
 - local circumstances reflected the national review of the memorandum of understanding (MOU) that established ADPs nationally.

- 3.2. Work has been undertaken on a delivery framework nationally for alcohol and drug partnerships and has now been approved by both CoSLA and the national government. This report advises the IJB of the new delivery framework and also proposed changes to governance for the ADP.

4. UPDATE ON ADP WORK

- 4.1. We face significant challenges across Scotland around alcohol and drug harms, with the steep increase in drugs deaths and consistently high levels of alcohol deaths. Harm also extends well beyond that of the individual in terms of offending and victims of crime, impact on welfare of children, domestic violence, community cohesion; as well as placing additional demand on services and financial cost.
- 4.2. Alcohol and drug harms are preventable. Effective prevention requires a whole systems/placed based approaches (in line with public health reform), alongside effective treatment and support. Both require the involvement of those with lived and living experience and their families.
- 4.3. Over the last year the ADP has very much focussed on seeking to understand why drug related deaths in our area have risen significantly while also progressing the key priorities within the Strategic Outcomes and Local Delivery plan (SOLD). Our priorities are to:
- address the stigma of seeking support
 - promote and provide opportunities for recovery
 - seek to prevent foetal alcohol spectrum disorders and to understand and meet the needs of young people affected by foetal alcohol disorder
 - support older people with alcohol related brain injury
 - challenge harmful perceptions of norms within our communities
 - reduce the number of drug related deaths and near fatal overdose.
- 4.4. The priorities take account of national priorities and reflect the updated national strategy. The national priorities set out in the new delivery framework should guide the work of the ADP over the coming years.
- 4.5. Over the last year a number of key pieces of work have been commissioned in support of the ADP work including an updated strategic needs assessment. New recovery housing has been established in Grangemouth, further developments around the provision of support for older people with alcohol related brain injury have been established and the recovery community cafes have been expanded across the area.
- 4.6. NHS Forth Valley undertook a tendering exercise for community support services with a well established company from England winning this contract. This new provision is currently being established and will start in October taking over from signpost and ASC in some areas of service.

- 4.7. A task group to review drug related deaths was established last year. The ADP leads this work, starting with a workshop for key partners to examine areas where we could improve in either intelligence or service. As a result of this work we have taken forward four key areas:
- a review of all services being delivered in Falkirk
 - a research exercise focussing on people who have had near fatal overdoses – the purpose to try to get an understanding of where we could have provided support or service that may have made a critical difference
 - examining our vulnerable persons harm reduction protocols
 - services and support to children and young people.
- 4.8. Work on all the above areas is underway with reporting on each in late autumn. In addition the government has recently established a drug death task group. It is hoped that this work will also inform our future approach to service delivery.
- 4.9. The Community Planning Board wanted more oversight on the work of the ADP, the issues being faced by the community and asked the question - are we putting in place the most appropriate responses? An event was organised at the end of June to focus on what we could do better as a partnership with regards to delivering services to our most vulnerable citizens. This highlighted some key areas for improvement that closely correspond with the national priorities including:
- the need to develop a person centred approach to care and support that joins up services people need at the point they need them. This includes ensuring mental health and trauma based services are more fully aligned to meet the needs of people with a drug or alcohol problem.
 - diverting people away from the justice system but ensuring they get the support and services they need within their community
 - further developing assertive outreach and harm reduction services
 - ensuring we are sharing information on our most vulnerable citizens more effectively and supporting early intervention
 - improve public knowledge on alcohol and drug issues, including first aid and use of naloxone.
- 4.10. A report will be presented to the Community Planning Board at its meeting on 5 September 2019, with these themes set out in more detail along with an improvement plan for partners to take forward.

5. FRAMEWORK FOR DELIVERY

- 5.1. Members of the IJB will be aware that the government and CoSLA have been reviewing the delivery framework for ADPs across Scotland. A new partnership has now been agreed.

- 5.2. The new partnership delivery agreement places no additional responsibilities or requirements on local authorities, NHS boards or other partners. It sets out the terms of engagement between alcohol and drug partnerships and other key strategic partnerships such as the children's commission, community justice partnership as well as the council, health board and integration authority in delivering shared outcomes.
- 5.3. Alongside this it sets out the shared approach between the Scottish Government, local government and other community planning partners to improve strategic planning, financial arrangements, quality improvement approaches and the governance and oversight required to support the delivery of Scotland's alcohol and drug strategy (rights, respect and recovery and the alcohol framework 2018) at the local level.
- 5.4. The partnership delivery agreement was developed by a multi-agency group with representation across community planning partners (including the Third Sector), those with lived experience and the Scottish Government. I, as chair of Falkirk ADP and as a representative of SOLACE was on the working group that developed the new agreement. A link to the new agreement can be found below:

[Partnership Delivery Framework Reduce Use Harm Alcohol Drugs](#)

6. FINANCIAL ARRANGEMENTS

- 6.1. The delivery framework sets out the financial arrangements for the ADP. This notes that a number of partners contribute to the delivery of services for people with alcohol and drug problems and there needs to be effective and transparent governance of these by the ADP. This looks beyond the funding directed to ADPs by the government to oversight of mainstream funding and its effectiveness in delivering on priorities. This reinforces the ADPs role in scrutiny of services and resources in this area.
- 6.2. The main ADP budget has been baselined into health board budgets, with a requirement to delegate this funding to IJBs for ADP projects. Alongside this, an additional £17 million was allocated through health boards to IJBs for ADP activities in 2018/19. The expectation is that decisions about priorities for investment for both streams of funding would be made in partnership through ADPs and signed off by the Chair of the ADP and Chief Officer of the IJB.
- 6.3. Although the resource is allocated to integration authorities, the expectation is that this investment would be used to address challenges across the alcohol framework and rights, respect and recovery not just drug/alcohol treatment for adults. The ADP should be the main body that oversees the delivery of services in the local area for its whole population thus being able to ensure resources are targeted at those most in need or where there are gaps in services.

- 6.4. The ADP should also lead on quality improvement in line with the quality principles: standard expectations of care and support in alcohol & drug services of principles as set out in the link below.

[Quality Principles Standard Expectations Care Support Drug Alcohol Services](#)

- 6.5. Key to this approach is ensuring service design and development should involve those with living or lived experience and their families. This needs to be developed by partners and the ADP as a key area of work going forward. In support of this the review of services currently underway is involving service users and their families in reflecting on how services are currently being delivered and any improvements that can meet their needs.

7. CURRENT AND FUTURE ARRANGEMENTS OF THE ALCOHOL AND DRUG PARTNERSHIP IN FALKIRK

- 7.1. The current arrangements for the Falkirk ADP have been in place for a number of years. The ADP has a range of members including:

- Forth Valley Recovery Community
- Scottish Ambulance Service
- NHS Forth Valley
 - Mental Health Services
 - Community Addiction Services.
- Falkirk Council
 - Children's Services – Social Work And Education
 - Community Justice Authority
 - Adult Social Care
 - Housing
 - Policy And Community Planning
 - Employability Services
- Police Scotland
- Barnardo's
- ASC
- Signpost
- HMI Polmont

- 7.2. The partnership is well attended though some key partners have been less regular attenders.

- 7.3. The Falkirk ADP is currently chaired by myself, Head of Policy, Technology and Improvement from Falkirk Council and is supported in its work by the ADP co-ordinator who works across Forth Valley along with a Policy Officer from Corporate and Housing Services within the council. In addition there is a small team supporting the work of the co-ordinator who provide support to the local ADP.

- 7.4. I am retiring from the council at the end of October 2019 and thus a new chair will have to be appointed to the ADP. It is important that the chair of the ADP is seen to have oversight of all aspects of the ADP agenda including Children's and Adults Services.
- 7.5. The local ADP reports and is accountable to the public protection chief officers group on a regular basis and then onto the community planning partnerships executive and board. It also provides updates on a less frequent basis to the IJB. The chair of the ADP also sits on the Children's Commission.
- 7.6. The ADP in Falkirk has clear accountability to the local community planning partnership. However with the establishment of the IJB and government expectations that the IJB will hold a significant responsibility for the funding and service delivery of ADP, there needs to be clearer link between the ADP and IJB. At the same time, links must be maintained with other key groups within the community planning arrangements.
- 7.7. It is proposed that responsibility for leading, chairing and supporting the work of the ADP moves to the IJB with a senior officer from the Health and Social Care Partnership appointed as chair. However, the ADP should continue to have a wider focus across Children's Services, Community Justice etc. and continue to provide regular reports to the Public Protection Chief Officers group and then onto the Community Planning Executive and Board.

8. STRATEGIC PLANNING

- 8.1. Through the new delivery framework, the ADP should publish agreed, measurable outcomes and priority actions to reduce the use of, and harms from, alcohol and drugs within a strategic plan. The wording of the delivery framework allows a stand alone plan or indeed that a clear plan be incorporated into a broader strategic plan such as developed by the IJB. At the moment the section on drugs and alcohol within the IJB strategic delivery plan reflects the ADP priorities and the community planning partnerships strategic outcomes and local delivery plan.
- 8.2. A service improvement plan is being developed based on the outputs of the session in June. This will give the ADP and its constituent partners a key focus for the coming year in addition to the work already underway to look at how we can reduce the number of drug related deaths in the area.
- 8.3. Key partners have a number of roles in the ADP arrangements. They should report to the ADP regarding service delivery, resource allocation, performance etc. The ADP should oversee services and use of resources that are delivering on strategic and local priorities. It should then be able to make recommendations for improvement and change to relevant partners.

- 8.4. The ADP does not actually deliver any services but are reliant on services delivered by constituent partners i.e. Adult Social Care, Children's Services, Health, and the Police etc. While partners can and should take decisions on their own services and resources, there needs to be an understanding of impact. The impact of decisions on services and thus service users are not always as clear or transparent as they might be. It is important that we have transparency on decisions and their impact. The ADP has an important oversight role in making sure that collectively as well as individually services are improving outcomes for our citizens and thus must be sighted and be able to influence service delivery and the decisions that affect those services.
- 8.5. The Local ADP is very much focussed on co-ordination, scrutiny and improvement. While they do have service providers on the group, the ADP itself is not a provider of service. As such its role is very much about setting the strategic direction, scrutinising current and future service provision, seeking improvement and advising on areas for improvement.
- 8.6. The new delivery framework advises that the ADP must sit within the Community Planning structure locally and take account of all of the needs of the community. This means that accountability is not solely to the IJB where that does not have responsibility for Children's Services or Community Justice Services.
- 8.7. As previously report, the ADP has commissioned a review services for people with a substance misuse problem in Falkirk. An external consultant has been appointed to look at what we provide in relation to need, the resources used to provide this and what improvements we might make recognising best practice. This work builds on the strategic needs assessment reported last year which indicated a lack of joined up provision particularly between mental health services and services for people with alcohol and drug problems. This review will then inform how services are designed and resources allocated across the Falkirk Council area going forward.

9. CONCLUSIONS

- 9.1. Given the changes in the delivery arrangements nationally and locally it is important that the new chair of the ADP works with key partners to ensure there are appropriate arrangements in place to oversee the delivery of the services for people in the Falkirk area. This will include reviewing the outputs of the review of services, the community planning workshop and also the work underway to address drug related deaths.

Resource Implications

There are a number of significant issues around resourcing the work of the ADP. Currently it is supported by a Policy Officer and central support from NHS Forth Valley. It is important that going forward key partners not only support the work of the partnership more explicitly but also commit to taking forward the outputs of the improvement work.

Impact on IJB Outcomes and Priorities

An effective ADP is critical to achieving the national and local priorities with regards drug and alcohol harms. The arrangements set out will support the delivery of effective services and continue to ensure that focus is given to some of our most vulnerable citizens.

Legal & Risk Implications

There is a risk to the IJB and other key partners if there is not effective governance for Alcohol and Drugs services. This includes oversight on funding allocated to the NHS then to the IJB for the alcohol and drug services.

The consequences of not ensuring that effective governance and oversight arrangements are in place, are that some of the most vulnerable people in Falkirk will not receive the treatment and services that they require, and that the increase in drug deaths is not halted. This will have a wider impact on families and communities.

Consultation

There was a national group established to review the delivery framework of which the current ADP chair was part. At various points and drafts of the delivery framework, advice was sought from local experts.

Equalities Assessment

The change of governance per say does not have an equality implication. However changes in services that will result from the work of the ADP will have. These will be subject to robust equality and poverty impact assessments.

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Submitted for Approval by Fiona Campbell Chair of Falkirk Alcohol & Drug Partnership

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Date: 8 August 2019

LIST OF BACKGROUND PAPERS:

MOU – Scottish Government and CoSLA – 2009

Strategic Commissioning Plans and Guidance – Scottish Government 2015

<https://www.gov.scot/Publications/Partnership-Delivery-Framework-Reduce-Use-Harm-Alcohol-Drugs/>