

AGENDA ITEM

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Title/Subject: Review of Falkirk Alcohol and Drug Partnership Arrangements
Meeting: Integration Joint Board
Date: 5 April 2019
Submitted By: Chair of Falkirk Alcohol and Drug Partnership
Action: For Decision

1. INTRODUCTION

- 1.1. This report updates the Integration Joint Board on a proposed review of Alcohol and Drug Partnership (ADP) arrangements in Falkirk.

2. RECOMMENDATION

It is recommended that the IJB

- 2.1. note the review of the governance of the Falkirk ADP
- 2.2. note the national review of the Memorandum of Understanding (MOU) that supports the work of the ADP
- 2.3. requests final proposals on governance to be considered by the IJB at a future meeting soon after the national review of the MOU is issued.

3. BACKGROUND

- 3.1. Following the publication of the Scotland's Alcohol Framework 2008 and the national drug/alcohol strategy Road to Recovery in 2009, an MoU was established between the Scottish Government and Council of Scottish Local Authorities (COSLA). This MoU provided the framework to establish ADPs as the local forum for developing and implementing strategies to reduce alcohol and related harm. In 2014 a further MoU was agreed between COSLA and the Scottish Government setting out the requirements on ADPs to produce a [3 year strategic plan \(2015-18\)](#). The current MoU is attached for information as appendix one.
- 3.2. The [Alcohol Framework](#) and [Rights, Respect and Recovery](#) were published in 2018, with a commitment to refresh the MoU, setting out the role of key partners and partnerships in delivering the commitments in these documents. The Government has established a group to support this review. This group is currently meeting, with a view to making proposals to COSLA in May on the terms of the new MoU.

- 3.3. The delivery of these priorities for drug and alcohol requires national and local partners to work together; this is a responsibility of all stakeholders. It is important to note that the accountability for the delivery of the majority of the commitments in the Alcohol Framework sit with national organisations; while accountability for the delivery of the majority of the commitments in the Rights, Respect and Recovery sit with local partners along with their own local priorities.
- 3.4. There have been a number of changes to local delivery arrangements since the development of the 2009 MoU. The refresh of the MoU needs to reflect these changes. They can be summarised as follows:
- ADPs were established as dedicated strategic partnerships to bring together key stakeholders and develop strategies and responses to alcohol and drug harms. However the changes in the strategic planning landscape mean that the responsibility for planning/delivery to deliver the national strategy/frameworks can now be seen to sit with other partnerships under a legislative framework.
 - However the focus of ADPs should be to mainstream alcohol and drug issues into the core business of existing strategic partnerships. This should influence the membership and key function of an ADP.

Oversight of delivery

- 3.5. Under the existing MoU, ADPs are accountable to Community Planning Partnerships (CPPs), for the implementation of local strategies to address alcohol and drug related harm and alongside this the accountability for **adult** alcohol and drug treatment and recovery services has been delegated to Integration Authorities (IAs).
- 3.6. Since the 2009 MoU, Integration Authorities (IAs), Community Justice Partnerships and Children's Partnerships have all been bestowed with a statutory responsibility to develop strategic plans to meet the needs of the local population. Alongside this CPPs have an additional requirement to produce Locality Outcome Improvement Plans. All of these plans will include responses to alcohol and drug issues.
- 3.7. ADPs were required to produce a delivery plan for 2015-18 through guidance approved by Scottish Ministers and COSLA. Currently there is no requirement on local areas to produce a specific plan to address alcohol and drug related harm.

Financial arrangements

- 3.8. The main ADP budget has been baselined into Health Board budgets, with a requirement to delegate this funding to IAs for ADP projects. Alongside this, an additional £17 million was allocated through Health Boards to IAs 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 Alcohol and Drug Partnerships and signed off by the Chair of the ADP and Chief Officer of the IJB.

- 3.9. Although the resource is allocated to IAs, 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.
- 3.10. The revised MoU needs to establish a clear rationale for an ADP. Ideally it should be a guide for local areas to enable an effective decision to be made the strategic partnerships needed to address alcohol and drug harms and their respective roles.
- 3.11. An ADP provides:
- A forum of expertise to develop a joined up approach across the 5 key areas of work set out in Rights, Respect and Recovery and the Alcohol Framework:
 - A whole population approach to reducing alcohol harm
 - Prevention and Early Intervention
 - Recovery Oriented Systems of Care
 - Getting It Right for Children, Young People and Families
 - A Public Health Approach to Justice
 - A point of leadership at a senior level (ADP Chair)
 - A body responsible for planning and delivery
 - A focal point for focussing quality improvement.

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

- 4.1. The current arrangements for the Falkirk Alcohol and Drug Partnership have been in place in Falkirk for a number of years. These are a partnership consisting of a range of members including
- Community Justice Authority
 - 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
 - Corporate Policy and Community Planning

- Employability Services
 - Police Scotland
 - Barnardos
 - ASC
 - Signpost
 - HMI Polmont
- 4.2. The partnership is well attended though some key partners have been less regular attenders. The partnership is chaired by the 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 and a local policy officer. In addition there is a small team supporting the work of the Co-ordinator who provides support to the local ADP.
- 4.3. 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. While the Chair of the ADP sits on the children's commission, it does not provide updates as a matter of course to that group.
- Strategic Planning
- 4.4. The APD currently does not have a requirement to produce a strategic plan for the Scottish Government. In the recent past it was required to produce a delivery plan that covered very specific actions that the Government wanted progressed. There was a tension between that reporting and the requirement to progress local priorities as agreed by the Falkirk Community Planning Partnership.
- 4.5. The current priorities for the Falkirk ADP are:
- 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 FASD;
 - Supporting older people with alcohol related brain injury;
 - Challenging harmful perceptions of norms within our communities
 - Reduce the number of drug related deaths and near fatal overdoses.
- 4.6. The priorities are derived from the Community Plan for Falkirk and take account of national priorities.
- SOLD – Falkirk Community Planning Partnerships Local Outcomes and Improvement Plan – where substance misuse is noted as one of four priorities for the Falkirk Community Planning Partnership. This plan is

required to be produced by the partnership, with key partners including the Council and the Health Board required to take account of this in their own planning. It should be noted that the IJB are not a required partner to this plan though they do play a key role in Falkirk.

- Strategic Plan – this is the plan produced by the IJB and sets out the key priorities of the IJB over the coming years. This plan is currently being refreshed. This draft includes a section on drugs and alcohol that reflects the commitments in the SOLD.
- Integrated Children’s Services Plan. The Chair of the ADP sits on the Children’s Commission Leadership Group and the Chief Social Work Officer is represented at the ADP. Work has been undertaken with children and young people on substance misuse through the social influencing project and the ADP contributing to the funding of the realigning children’s services work. This has allowed critical information on young people’s views etc. on substance misuse to be gathered. In addition work is about to commence looking specifically at young people and substance misuse following on from the work looking at drug related deaths.

4.7. In addition there are a variety of other plans prepared by individual organisations that should reflect and progress the work of the ADP.

4.8. 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.

4.9. The local APD are 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.

Forth Valley ADP

4.10. In addition to the local ADPs, there is a regular NHS Forth Valley level co-ordination meeting bringing together partners with interests in drug and alcohol services. This partnership meeting was established prior to local government reorganisation and predates local partnerships and Integration arrangements. This meeting was previously chaired by the Chief Executive of NHS Forth Valley and is now chaired by the Director of Public Health. The meeting has traditionally been styled as the “Forth Valley ADP” (FVADP). The membership is similar to the local ADPs but is not formally an ADP as described by the existing MOU or the proposed Integration arrangements. Many local ADP activities have been successfully delivered jointly under the branding of “Forth Valley ADP”.

4.11. The Director of Public Health (DPH) has suggested that whilst this coordination meeting has provided a useful function over many years, the existence of an

additional Forth Valley wide ADP and ADP Chair is an unhelpful complication to governance arrangements and does not support the proper role of the Falkirk ADP as set out in the MOU and Integration arrangements. The DPH has suggested the FVADP could be stood down to enable greater clarity and focus in the role of the local Falkirk and Clackmananshire and Stirling ADPs.

- 4.12. The role of the Forth Valley ADP is not so clear. Its purpose has been in the past to ensure there is co ordination across the 3 ADPs in Forth Valley and that there is a vehicle for agreeing common approaches to service delivery. Attendance at meetings over the last number of years has waned and its focus and purpose has become less clear. This has in some respects been due to the establishment of the IJBs with their clear governance and accountability. It would be fair to say that there are potentially different priorities emerging across the 2 IJBs that need recognised within governance arrangements.
- 4.13. There are also arrangements that work across Forth Valley on such issues as quality improvement, individual drug related death reviews, drug trend monitoring, recovery, contract monitoring and the tobacco action group. It is important that the role, function and accountability of these groups is understood and reflected within local governance structures. In addition there is work to look at waiting times, service outcomes, drug related deaths etc. that again takes place at a Forth Valley level. It would be helpful to clarify, where these groups report and how decisions they take are accounted for.
- 4.14. The ADP in Falkirk has clear accountability to the local Community Planning Partnership. However with the establishment of the IJB and Government expectations that of that holding a significant responsibility for the funding and service delivery of ADPs there needs to be clearer link between the ADP and IJB while maintaining the links with other key groups within the Community Planning arrangements. There needs therefore to be greater clarity between the accountability etc. between the IJB and ADP. This it is hoped will be clarified through the revised MOU.
- 4.15. There are decisions taken by partners that impact on the work of local ADPs. While clearly partners can and should take decisions on services and resources, there needs to be an understanding of impact. The impact of decisions are not always as clear or transparent as they might be. It is important that we have transparency on decisions and their impact.
- 4.16. It is therefore proposed that a review of governance is undertaken in preparation for the new MoU. It is anticipated that this new MoU will reaffirm the role of local ADPs but without being specific about local arrangements for governance. This will have to recognise that different functions of IJBs across the country and the different community planning arrangements.

- 4.17. In addition there was a commitment to review services for people with a substance misuse problem in Falkirk. A specification for that work has been drafted and this will be commissioned in the coming weeks. This will look at how services are provided in Falkirk across a range of partners including Adult social care, children services, health etc. It will pick up on work that has recently been undertaken with regards a strategic needs assessment and look at how those issues might be addressed. This allows us to identify where improvements needs to be made with those services as well as where we have gaps. Additionally it must inform how we allocate resources to service provision across the Falkirk Council area.
- 4.18. As part of the review of the IJB's emerging Strategic Plan, under the Priority '**Focus on early intervention, prevention and harm reduction**', the Health and Social Care Partnership intend to more proactively address the impact of substance misuse on individuals and communities through its 3 year action plan. The review of governance will ensure that the IJB will be fully involved in the work the ADP takes forwards supporting this strategic priority. In addition the review of services will help inform the development of local options that will be co-produced and delivered collaboratively with a range of partners including children's services, housing, NHS and the third and independent sector.
- 4.19. It is appreciated that a significant number of services that are used by people in Falkirk are provided across the Forth Valley area. The review will look at how people in Falkirk access those services. An additional impetus for this work is clearly the rise in Drug Related Deaths and Non Fatal overdoses. In preparation for this work, I have advised the Chair of ADP and Chief Officer of the Clackmannanshire and Stirling IJB of this review. I would anticipate that elements of a Falkirk review will be common to Clackmannanshire and Stirling and thus they could use this information if they embark on a similar review.

5. CONCLUSIONS

- 5.1. There is a need to review the governance of the Falkirk ADP. This will be informed by the revised MoU currently being developed by the Scottish Government and COSLA. It is proposed that a small group of officers from across the partners come together to develop a revised governance proposal. This will strengthen the scope of the ADP, its function, membership including chair and reporting. This will be presented to a future meeting of the IJB, Children's Commission and Public Protection Chief Officer's group before being presented to the Community Planning Board for approval. This review will start now but will be informed by the emerging MoU.

Resource Implications

The resources to review governance will come from existing resources. It will be led by the current chair of the Falkirk ADP and include FV ADP Co coordinator, Falkirk Policy Officer, a representative from Adult Services, health, the Third sector and children's' services.

Impact on IJB Outcomes and Priorities

A revised ADP with a clear governance structure should ensure we are better placed to achieve local outcomes and national priorities.

Legal & Risk Implications

There is a risk that if we don't review structures then we miss important opportunities to ensure our services are fit for the future.

Consultation

All key partners have been advised that this report is being presented to the IJB.

Equalities Assessment

A revised structure will take into account or equalities and poverty impacts. The governance review does not as such require an EPIA but any change to services as a result of the review will.

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Date: 21 March 2019

List of Background Papers:

- MoU – Scottish Government and COSLA – 2009
- Strategic Commissioning Plans and Guidance – Scottish Government 2015

A NEW FRAMEWORK FOR LOCAL PARTNERSHIPS ON ALCOHOL AND DRUGS

Introduction

1. This document sets out a new framework for local partnerships on alcohol and drugs. It aims to ensure that all bodies involved in tackling alcohol and drugs problems are clear about their responsibilities and their relationships with each other; and to focus activity on the identification, pursuit and achievement of agreed, shared outcomes.

2. The new framework is designed to be consistent with, and to build directly upon:

- The Scottish Government's Purpose and national performance framework;
- the Concordat between the Scottish Government and CoSLA;
- the development of local arrangements for community planning and single outcome agreements;
- the established performance management arrangements between the Scottish Government and NHS Boards; and
- the Scottish Government's drugs strategy, *The Road to Recovery*¹, and alcohol framework *Changing Scotland's Relationship with Alcohol: A Framework for Action*².

3. To this end, the framework sets out the responsibilities of the Scottish Government and local government, NHS Boards, agencies and partnerships, and the accountability arrangements between them. It also sets out the capacity required, and support available, to enable partners to carry out these responsibilities.

4. The Scottish Government and CoSLA undertake, and invite community planning partners, to operate within the terms of this framework.

Context

5. Local partnerships on alcohol and drugs have existed in a number of forms since 1989, latterly as 'Alcohol and Drug Action Teams' (ADATs). For some time there have been concerns that ADATs have not all performed as well as they might. These concerns have been expressed in a number of reports including the Scottish Advisory Committee on Drugs Misuse (SACDM) review on Methadone *Reducing harm and promoting recovery*³ and the Report of the Stocktake of Alcohol and Drug Action Teams⁴, which were published in 2007. As a result Ministers invited members of SACDM and Scottish Ministerial Advisory Committee on Alcohol Problems to sit on a joint Delivery Reform Group to look at the future of alcohol and

¹ <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

² <http://www.scotland.gov.uk/Publications/2009/03/04144703/0>

³ <http://www.scotland.gov.uk/Publications/2007/06/22094730/0>

⁴ <http://www.scotland.gov.uk/Publications/2007/06/22094551/0>

drug delivery arrangements. The report of this Group⁵ was submitted to Ministers in January 2009 and has informed this framework. This framework also takes account of the findings and recommendations contained in Audit Scotland's study on *Drug and Alcohol Services in Scotland*⁶.

6. The **purpose** of the Scottish Government is:

“to focus the Government and public services on creating a more successful country with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.”

“The Purpose” is supported by 5 strategic objectives – to make Scotland wealthier and fairer; smarter; healthier; safer and stronger; and greener. These are in turn supported by 15 national outcomes, which describe in more detail what the Government wants to achieve over a ten year period. Progress on the outcomes is measured through 45 national indicators. Together, these outcomes and indicators make up the National Performance Framework (NPF). The importance of tackling problem alcohol and drug use to the achievement of a number of national outcomes is reflected in the fact that the set of national indicators includes the following:

- *decrease the estimated number of problem drug users in Scotland by 2011; and*
- *reduce alcohol related admissions by 2011.*

7. The relationship between the Scottish Government and local government operates under the terms of the **Concordat** agreed in November 2007; the Concordat itself is underpinned by the NPF. This agreement includes the development of a Single Outcome Agreement (SOA) for each local authority area, agreed between the Scottish Government and (from 2009/10) the Community Planning Partnership (CPP) for that area. Each SOA sets out the priority local outcomes for that area, and their link to the achievement of the national outcomes set out in the NPF.

8. The development of SOAs builds on current arrangements for **community planning**. The statutory basis for community planning is provided by the Local Government in Scotland Act 2003, which places a duty on relevant parties to participate in the community planning process. Further non-statutory, joint guidance issued during the process of developing the SOAs for 2009/10.

9. NHS Boards are accountable for their performance directly to Scottish Ministers. Each year Boards submit Local Delivery Plans (LDPs) which set out work against HEAT targets and how they will achieve them. The LDPs are agreed with Government and form an annual “performance contract” for which NHS Board Chairs and Chief Executives are held accountable directly by Ministers. Targets on alcohol and drugs feature in the HEAT system for 2009/10 and beyond:

- *to achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11”; and*

⁵ <http://www.scotland.gov.uk/Topics/Health/health/Alcohol/resources/deliveryreformgroup#top>

⁶ <http://www.audit-scotland.gov.uk/media/article.php?id=103>

- *to offer drug misusers faster access to appropriate treatment to support their recovery.*

10. The Government's strategic approach to alcohol and drugs issues has been set out in two landmark documents: *The Road to Recovery* published in May 2008; and *Changing Scotland's Relationship with Alcohol: A Framework for Action*, published in March 2009. *The Road to Recovery* set out a broad programme of action to tackle Scotland's drug problem, and placed the concept of recovery at the centre of drug treatment and rehabilitation services. The *Framework for Action* addressed issues around reducing alcohol consumption, tackling the damaging impact alcohol misuse has on families and communities, encouraging positive attitudes and choices, and improving the support and treatment available to tackle alcohol misuse. It adopts a whole population approach whilst recognising that some vulnerable groups require more targeted action.

Principles and key features of the framework

11. This framework is based on the following principles:
- the continuing need for multi-agency partnerships at the local level focussed on alcohol and drugs misuse, bringing together those with an interest, such as health boards, local authorities, police, Scottish Prison Service, Community Justice Authorities and third sector organisations;
 - that these partnerships should be firmly based within existing structures;
 - the governance and accountability arrangements for these partnerships should be consistent with existing accountability arrangements between the Scottish Government and local partners - chiefly, SOAs between Government and CPPs; and the NHS performance management arrangements, including HEAT; and
 - Scottish Government, working within these arrangements, should support these partnerships to achieve agreed local outcomes.
12. This framework includes the following key features:
- a dedicated partnership on alcohol and drugs operating in each local authority area, firmly embedded within wider arrangements for community planning, to be called an **Alcohol and Drugs Partnership (ADP)**;
 - an expert local **team** supporting the operation of every ADP;
 - where a particular Health Board area includes more than one local authority area, appropriate **co-ordination arrangements** at NHS Board area level;
 - under the aegis of each ADP, the development and implementation of a comprehensive and evidence-based **local alcohol and drugs strategy** based on the identification, pursuit and achievement of agreed local outcomes, and supported by the development of a **local outcomes framework**;

- a limited set of **national core indicators**, which each local partnership would be invited to include in its local outcomes framework;
- individual bodies contributing fully and openly to the operation of their local partnership(s), including the development of the local strategy, and commissioning services in line with that local strategy;
- the Scottish Government supporting local partners and the ADPs in achieving agreed local outcomes.

Responsibilities

13. This section sets out the responsibilities of key organisations in establishing and working within this framework.

14. **The Scottish Government will:**

- ensure there are appropriate mechanisms at a national level to oversee delivery of the drugs strategy and alcohol framework. These will build on the existing roles and functions of the Scottish Advisory Committee on Drugs Misuse and the Scottish Ministerial Advisory Committee on Alcohol Problems;
- seek to ensure that policies across Government are aligned with strategies to reduce alcohol and drug misuse, and provide coherent cross-cutting policy frameworks which enable local partners to work to common agendas;
- work with partners across the country to help them give effect to the changes to their local arrangements arising from the introduction of this new framework;
- work with CPPs to ensure that Single Outcome Agreements give appropriate emphasis to outcomes around reducing alcohol and drug misuse, and that these outcomes are supported by relevant and robust indicators;
- use NHS Performance Management systems, including the HEAT targets and NHS Boards' Local Delivery Plans and the Annual Review process, as the basis for engagement with individual Health Boards on reducing alcohol and drug misuse;
- use those processes to require NHS Boards to:
 - demonstrate they have spent ear-marked funding and resources from their unified budgets in support of alcohol and drug outcomes;
 - demonstrate the impact this investment has had;
 - demonstrate how effectively they have participated in, and committed to, local partnership arrangements, and
 - evaluate the degree of effective joint working based on other partners' contributions;

- support the development of an outcomes-based approach across partnerships, in part through the maintenance and promotion of a national 'outcomes toolkit';
- develop and agree with partners a limited set of national core indicators on alcohol and drugs, and invite each local partnership to include these in its local outcomes approach;
- continue to provide resources to NHS Boards specifically to fund local expert teams to support the work of the local Alcohol and Drugs Partnership(s);
- through its national support co-ordinators, lead the development of guidance and otherwise manage the provision of support for local partnerships;
- where required, support local partners in planning services and investment in a way which will best deliver on the agreed local priorities. The Audit Scotland Self Assessment Checklist for Partners⁷ provides a valuable tool for ADPs to conduct an initial assessment of their operational arrangements and whether these can be improved to support the delivery and impact of services;
- work with partners to develop or update statements of essential services on alcohol and drugs;
- promote the use of the "National Quality Standards for Substance Misuse Services"⁸; and
- work with partners and partnerships to identify and disseminate good practice, support the commissioning of appropriate and effective services and build comparative information on cost-effectiveness which can inform decisions on investment.

15. Each local authority and NHS Board should:

- participate fully and openly in the design, establishment and operation of local partnership arrangements, including both the local Alcohol and Drugs Partnership(s) *and* relevant NHS Board area level co-ordination arrangements;
- ensure that these partnership arrangements enable them to meet their respective responsibilities to account to the Scottish Government, other partners and the public;
- ensure that these partnership arrangements enable the appropriate involvement of other local partners with a potential contribution to make to the achievement of agreed local outcomes;
- ensure that these partnership arrangements enable the expression of the concerns of interested groups including (but not limited to) service

⁷ Audit Scotland : Drugs and alcohol services in Scotland, Appendix 4 <http://www.audit-scotland.gov.uk/media/article.php?id=103>

⁸ <http://www.scotland.gov.uk/Publications/2007/11/08092322/0>

users, carers and family groups, voluntary and private sector service providers and trades unions;

- establish a local expert team to support the operation of the local Alcohol and Drugs Partnership(s);
- participate fully and openly in the development and implementation of a comprehensive evidence-based alcohol and drugs strategy for the area concerned, based on the joint identification, pursuit and achievement of shared outcomes, including a limited set of core outcomes agreed nationally. (Further information on what each local alcohol and drugs strategy should cover is set out at para 19);
- identify and commit to deploying the resources necessary to deliver the agreed strategy or strategies for their area, and commit to agreeing with partners how those resources are to be deployed; and
- ensure that local budget-holding delivery bodies within their responsibility commission services in line with the local alcohol and drugs strategy or strategies.

16. In expressing the responsibilities set out above, each **local authority** should *in particular*:

- ensure that the operation of the Alcohol and Drugs Partnership is appropriately embedded in local community planning arrangements, can effectively support the consideration of alcohol and drugs issues within the development of Single Outcome Agreements, and otherwise effectively enables the local authority to express its responsibility to account to the Scottish Government, other partners and the public;
- participate fully and openly in the operation of NHS Board area-wide co-ordination arrangements.

17. In expressing the responsibilities set out above, each **Health Board** should *in particular*:

- ensure that the operation of the NHS Board area-wide co-ordination arrangements effectively enables the Health Board to meet its responsibility to account to the Scottish Government, other partners and the public, including through the NHS performance management arrangements and the effective engagement of community health partnerships;
- participate fully and openly in the operation of the Alcohol and Drugs Partnership(s) in its area, as part of its wider involvement in community planning.

18. **Each other relevant local partner, including (but not limited to) Third Sector partners and each Police Force and Community Justice Authority should:**

- contribute to the design, establishment and operation of local partnership arrangements, including the development and implementation of local strategies, to a degree proportionate to their

potential contribution to the achievement of agreed local outcomes, and to the extent compatible with their wider duties and responsibilities.

Local alcohol and drugs strategies

19. Each local **alcohol and drug strategy** should:
- provide a clear assessment of local needs and circumstances, including both met and unmet needs;
 - identify key outcomes relating to drugs and alcohol misuse, their place within the wider framework of priority outcomes contained within Single Outcome Agreements, and how their achievement will be measured;
 - set out clearly and openly the totality of resources that each partner is directing to the pursuit of alcohol and drugs outcomes;
 - set out an outline of the services to be provided and/or commissioned reflecting the local assessment of need, including developing a service map which identifies all services available locally;
 - consider issues such as workforce development and ensuring the workforce is equipped with the skills to deliver; and
 - set out an approach to the commissioning and delivery of services, including preventive interventions, in pursuit of the outcomes identified.

Additional information and guidance

20. This section gives additional information and guidance on the expression of the responsibilities set out above:

- this framework allows local partners to agree to develop a *single* alcohol and drugs strategy covering *more than one* local authority area, where this is agreed to be more efficient and effective. Partners should only adopt such an approach, however, where they are satisfied that it nevertheless allows for the proper connections to be made between the single alcohol and drugs strategy and *each* of the several Single Outcome Agreements and related CPP processes within that wider area;
- similarly, this framework allows local partners to agree to establish a single support team serving more than one Alcohol and Drugs Partnership, where this is agreed to be more efficient and effective. Similarly, partners should only adopt such an approach where they are satisfied that such an arrangement will provide appropriate support for each Alcohol and Drugs Partnership within that wider area;
- it is noted above that local budget-holding delivery bodies should commission services in line with the local alcohol and drugs strategy or strategies. This framework allows local partners to vary the operational relationship between delivery bodies (such as CHPs/CHCPs) and the ADP to vary depending on the nature of local delivery arrangements.

In such a situation, however, partners will need to be satisfied that the strategic focus of the ADP and support team is maintained;

- similarly, this framework also allows local partners to ascribe additional functions to the ADP and its support team, beyond those implied by this framework, where it is agreed this would be more efficient and effective. Again, these should not detract from the strategic purpose of the ADP and support team;
- as noted above, effective NHS Board area-wide co-ordination arrangements are important in allowing the Health Board to act on its responsibility to account to the Scottish Government through NHS performance management arrangements. These co-ordination arrangements are also important in ensuring strategic coherence across the NHS Board area. Processes undertaken through these arrangements may include (but would not be limited to) the following:
 - specialist needs assessment for the Health Board area as a whole;
 - decision-making on the Health Board resource to be directed to each local authority area and the proportion to be delivered directly through the NHS;
 - actively taking forward approaches which reach beyond clinical services and treatment through pursuit of effective preventative interventions across the community;
- in establishing local partnership arrangements, partners should have regard to the need for the individuals serving on the Partnership to be of appropriate seniority. This is particularly important in relation to the Chair, who should normally be an individual involved in the operation of the Community Planning Partnership at a strategic level; should possess the skills required to lead the partnership effectively, engage with effectively other partners in the Community Planning Partnership, and give strategic direction; and should also be prepared to give the time and commitment that the role requires.

21. In addition to the arrangements set out in this framework alcohol and drugs services will be subject to scrutiny from the relevant bodies, including The Care Commission, Social Work Inspection Agency, Her Majesty's Inspectorate of Education and NHS Quality Improvement Scotland. From April 2011, as a result of the Crerar Review and the reduction in the number of scrutiny bodies, this improvement and scrutiny role will be undertaken by the two new bodies for healthcare services and social work and social care services.

Scottish Government
CoSLA

April 2009