Renfrewshire Community Planning Partnership

To: **COMMUNITY CARE, HEALTH & WELLBEING THEMATIC BOARD**

On: **2nd June 2016**

Report by:
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ADP UPDATE

1. Purpose of report

1.1. To update members on the work of Renfrewshire Alcohol and Drug Partnership.

2. Summary

2.1 Governance and Accountability Arrangements – Renfrewshire ADP

New governance and accountability arrangements have been agreed following the independent review commissioned by the Chief Officers' Group. From 1st April 2016 the ADP will report directly to the Integration Joint Board (IJB) and agreed that the Chair be the Renfrewshire Health and Social Care Partnership Chief Officer. These arrangements will be ratified at the next of the ADP scheduled for 20th June 2016. In addition to this a paper outlining the planning architecture to support the IJB is currently being developed. This will include arrangements for the ADP and will be reported to the IJB scheduled to take place on 15th September 2016. Links will also remain with Renfrewshire Community Planning Partnership structures.

As a result of the review structural changes to support the ADP have also been implemented. The newly established ADP Delivery Group will have key responsibility for planning, performance, implementation of national policy frameworks and the joint financial framework. The Drug Deaths Action Group will continue to review all drug related deaths - discussions are underway to consider Alcohol Related Deaths within the Group's remit, the Recovery Co-ordination Group will drive forward the recovery agenda and the SPEAR Group will lead in prevention and education initiatives.

2.2 The Quality Principles - Standard Expectations of Care and Support in Drug and Alcohol Services

Background
The Scottish Government has recently developed an alcohol and drugs quality improvement framework. The key purpose of the framework is to ensure quality in the provision of care, treatment and recovery services as well as quality in data to evidence outcomes individuals are achieving.

Access to drug and alcohol services has improved significantly over the last few years and it is recognised that this should be built upon by ensuring that individuals who access services are of high quality.

Self Evaluation
To support this, at the request of the Scottish Government, the Care Inspectorate will be leading a validated self-evaluation involving all Alcohol and Drug Partnerships across Scotland. The aim is to help ADPs determine the extent to which the Quality Principles have been embedded in practice in their areas to support better experiences and outcomes for people affected by alcohol and drugs.

During 2016, a small team of strategic inspectors and other staff from the Care Inspectorate will work alongside staff from ADPs themselves to guide, support and oversee a series of self-evaluation activities and draw the information together to produce a national report informing future action to support ongoing improvement. The Care Inspectorate will aim to help ADPs build capacity for self-evaluation as a route to continuous improvement. The Care Inspectorate is not conducting an inspection of ADPs or any particular services and will not be evaluating the practice of individual ADPs. However, they will be able to provide feedback to ADPs to help identify good practice and any areas for development.

To support this process ADPs were asked to submit a Position Statement (copy available on request). The purpose of this was to assist ADPs in evidencing the implementation of the Quality Principles whilst providing a framework of quality indicators to support self-evaluation.

To enhance this process a case file audit was carried out. This involved reviewing ten files from a combination of health, social work and the voluntary sector. A site visit will also be carried out and will involve discussions with the ADP Chair and Lead Officer as well as the wider partnership. Focus groups with staff and service users will also be carried out.

It is envisaged that the Care Inspectorate will provide anonymous feedback to Scottish Government as well as local reports for ADPs which will inform the development of future service improvement plans.

Timescales
Summary briefings will be provided to ADPs by the end of August 2016 and the national report will be published by December 2016.

2.3 ADP Licensing Intern

The World Health Organisation (WHO) states that one of the most effective methods of addressing poor alcohol health is by minimising the availability of alcohol in local communities.

In Renfrewshire, the Licensing Board will hear applications for new or revised alcohol licenses. Representatives from Renfrewshire Health and Social Care Partnership (HSCP) are included in the process. This means that the HSCP can submit letters of representation or object to licensing applications if the application is inconsistent with one or more of the licensing objectives.

Community members are also able to object to licenses. However, this very rarely happens as the process for objecting may be difficult to navigate and involves appearing in person in front of the Licensing Board, which can be an intimidating experience.

To strengthen this process the HSCP has developed the post of a Licensing Intern, fixed term for 11 months. The post has been developed to support local communities when considering licensing applications. This will be achieved in two ways:-

1. The Licensing Intern will work with community members to support them to participate more fully in the licensing process. This will involve the intern highlighting applications for licenses to relevant community groups and giving advice and support within the licensing arena. This will hopefully stimulate local debate and action that will lead to greater community input into local decisions.
2. The post holder will work with communities to conduct local consultations relating to the availability of alcohol. This will involve working with a group of volunteers who will conduct surveys with local people to garner information on how alcohol impacts on their neighbourhood. This local knowledge will provide the HSCP with valuable evidence when considering licensing applications.

2.4 **Monitoring and Evaluating Scotland's Alcohol Strategy**
Final Annual Report – March 2016

The alcohol framework implemented in 2009 by the Scottish Government aimed to reduce alcohol consumption and related harm through a wide range of interventions implemented through policy and legislation. To assess whether the framework has had any success or impact NHS Health Scotland has produced an evaluation report.

The alcohol strategy recognised that excessive alcohol consumption causes harm across Scottish society impacting on communities, families, public services, the economy and individual health. In order to address these harms the Strategy included four key components. These included:-

- The reform of the licensing process and restrictions on licence-holders as part of the Licensing (Scotland) Act (2005). For example restrictions on displays in the off-trade; reducing underage selling and restrictions on happy hour in the on-trade.
- The implementation of 'Changing Scotland's Relationship with Alcohol: The Framework for Action (2009) which included actions around reducing consumption, supporting families and communities, promoting positive attitudes and positive choices and improved treatment and support services.
- The Alcohol etc (Scotland) Act (2010) which contained measures to reduce consumption, including challenge 25 age verification and the ban of multi-buy discount in the off trade.
- The Alcohol (Minimum Pricing) (Scotland) Act (2012) which aims to establish a price per unit of alcohol below which alcohol cannot be sold – currently set at 50p per unit. Minimum Unit Pricing is particularly effective at reducing the amount of alcohol drunk by harmful drinkers as they tend to buy most of the cheap alcohol. Harmful drinkers on low incomes will benefit most in terms of improved health and wellbeing. **NB: This Act has not yet been implemented.**

Impact of Scotland's Alcohol Strategy
The evaluation found that some elements of the Strategy have been successfully implemented and are likely to have had a positive impact. In particular the national programme for alcohol brief interventions (ABIs) has contributed to improved alcohol support for those in need; waiting times for alcohol treatment has reduced and

accessibility has improved with 1 in 4 dependent drinkers accessing specialist treatment. The implementation of the Alcohol Act has resulted in 4.5 million fewer bottles of wine being sold with a 2.6% reduction in off-trade alcohol sales.

Recommendations of the National Review

1. Review and refresh of the alcohol strategy;
2. Improve implementation - minimum unit pricing has not yet been implement, constraining the impact of the Strategy;
3. Future monitoring and evaluation specifically around alcohol price, affordability, consumption, alcohol related deaths and hospital admissions;
4. Research – for example – understanding the mechanisms underpinning a 'vulnerable generation' and why their risk of alcohol related harm appears elevated.

2.5 Summary of ADP Performance

Appendix one provides a snapshot into the current position around ADP Performance and highlights the following:-

- Renfrewshire ADP is currently exceeding waiting times targets for access to drug and alcohol services.
- As at December 2015, 652 Alcohol Brief Interventions (ABIs) have been carried out in Renfrewshire, 16.7% lower than the target of 783. This is a further deterioration in performance and therefore our current status remains red. Information in relation to what actions will be taken forward to improve performance in this area has also been included.
- Outcome data relating to 644 individuals shows an overall improvement within each recovery element. The biggest improvements can be seen within alcohol and emotional health.
- Number of referrals made to drug and alcohol services (according to the Waiting Times Framework) has seen a slight decrease in the last financial year.

3. Recommendations

Members are asked to note:

(a) the new governance and accountability arrangements for the ADP;
(b) a series of focus groups and site visits currently being undertaken by the Care Inspectorate as part of the implementation phase of the Scottish Government's Quality Framework;
(c) the ADP Performance Framework detailed in Appendix One

4. Background

Alcohol and Drug Partnerships have been set up across Scotland to implement national strategic frameworks to reduce the impact of alcohol and drug misuse on individuals, families and the wider community. Renfrewshire Alcohol and Drug Partnership is a multi-agency group accountable to the Integration Joint Board.

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ADP Performance Monitoring **Appendix One**

HEAT Target: Access to Drug and Alcohol Treatment Services

The national HEAT (Health Improvement, Efficiency, Access, Treatment) target (A11) expects that 90% (national target) of people who need help with their drug/alcohol problem will wait no longer than three weeks for treatment.

Table One

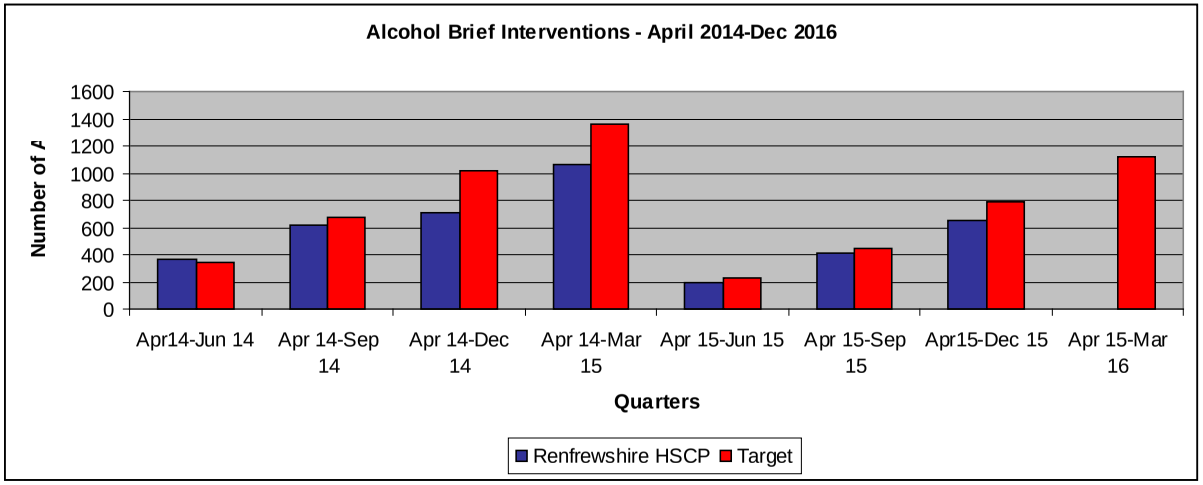
% seen within 3 weeks

	Apr 12 - Jun 12	Jul 12 - Sep 12	Oct 12 - Dec 12	Jan 13 - Mar 13	Apr 13 - Jun 13	Jul 13 - Sep 13	Oct 13 - Dec 13	Jan 14 - Mar 14	Apr 14 - Jun 14	Jul 14 - Sep 14	Oct 14 - Dec 14	Jan 15 - Mar 15	Apr 15 - Jun 15	Jul 15 - Sep 15	Oct 15 - Dec 15
Greater Glasgow & Clyde NHS	**94.3**	**95.4**	**93.1**	**92.1**	**94.5**	**96.9**	**96.7**	**96.5**	**97.1**	**97.3**	**95.8**	**95.2**	**96.0**	**96.7**	**97.9**
East Dunbartonshire ADP	95.9	99.0	97.9	95.0	95.2	95.1	93.1	94.1	97.1	94.2	93.3	80.6	88.4	91.6	100.0
East Renfrewshire ADP	98.3	98.3	96.3	98.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.3	100.0	100.0	100.0
Glasgow City ADP	94.4	95.3	92.1	91.5	94.3	97.3	97.7	97.1	97.1	97.7	95.6	95.8	96.8	97.6	98.9
Inverclyde ADP	95.3	98.9	97.9	97.8	93.7	94.3	81.3	89.6	97.0	94.6	95.8	94.0	88.4	88.8	85.8
Renfrewshire ADP	91.2	92.0	93.2	89.3	97.3	97.6	98.8	97.7	98.5	98.0	98.3	96.8	98.8	99.0	99.6
West Dunbartonshire ADP	95.0	95.5	95.6	92.3	92.5	93.5	95.5	95.0	92.1	93.8	93.7	92.1	90.4	91.7	94.7
Target for NHSGGC	**91.5**	**91.5**	**91.5**	**91.5**	**91.5**	**91.5**	**91.5**	**91.5**	**91.5**	**91.5**	**91.5**	**91.5**	**91.5**	**91.5**	**91.5**

- Table one shows that drug and alcohol services in Renfrewshire have continued to exceed the waiting times target over the last three years.
- Performance in Renfrewshire has been continually higher than the Greater Glasgow and Clyde average since April 2013.

Alcohol Brief Interventions

Alcohol Brief Interventions (ABIs) is an evidence based tool for those who are identified as drinking at hazardous and harmful levels (as identified through screening). The standard states that NHS Boards and Alcohol and Drug Partnerships (ADP) should carry out 80% of ABIs in three priority settings - Primary Care, A&E and Antenatal with the remaining 20% in wider settings i.e. mental health. The purpose of an ABI is an evidenced based tool used to moderate drinking and thereby reducing risk of developing more serious alcohol-related problems. ABIs contribute to the Scottish Government's overall objective of reducing alcohol-related harm by helping individuals to cut down their drinking to within sensible guidelines i.e. no more than 14 units per week for both men and women.



ABI Commentary

- As at December 2015, 652 ABIs have been carried out in Renfrewshire, 16.7% lower than the target of 783. This is a further deterioration in performance and therefore our current status remains red.
- The annual target for 2015/2016 is 1,116, therefore a further 464 ABIs would require to be undertaken between January-March 2016 in order to achieve the year end target.
- The 2015/16 target was reduced from 2014/15, when 1,067 ABIs were carried out between April 2014 and March 2015, 21.5% lower than the target of 1,359.
- Renfrewshire's status has consistently shown red since July 2014.

Actions to Address ABI Performance

- Ongoing visits to all GP Practice Managers to develop professional relationships. Currently invited to host Alcohol Awareness Health Points in both King Street and Tannahill Practices, two of the GP practices identified as requiring additional support.
- GP News Bulletin completed and posted to all LES GPs introducing ABI worker and highlighting ABI HEAT standard
- GP ABI Survey/Questionnaire posted to all LES GPs (investigation of issues around low recording of FAST and ABI within the practices
- Ongoing investigation into 17C contracted practice data. It has been confirmed by colleagues at the board team that our 17c practice no longer needs to record the data . In the previous year this equated to 173 ABIs.
- Embedded FAST & ABI into Smoking Cessation Service Groups and Drop ins - including capture on service paperwork
- Continued work with Mental Health services for routine collection of data from Clozapine & Depot clinics (wider settings)
- Continued training opportunities offered and delivered to identify wider settings staff to increase delivery in NHS and non NHS venues (Our Place Our Families, Active Communities, Social Prescribing Team, RAMH Staff etc.)
- Continued work with Social Prescribers based within GP Practices to develop systems of recording FAST and ABI and also encourage referrals to Smokefree Services
- Development of a pilot in the older adult mental health service to deliver FAST screening and brief interventions within a joint community team.

STAR Outcome Tool

This report gives outcomes for services using the Drug and Alcohol Star. The tool shows outcomes for all current service users, including those clients who have left within the last six months. The Star Charts included are the first and most recent for each service user.

The table one shows the average first and last scores based on **644 clients as at April 2016** which are included in this summary. The difference between the initial and final is the 'change', or outcome, shown in the column on the right. All scores have improved with the biggest improvements in alcohol, use of time, social networks and emotional health.

Table one

Scale	Initial	Final	Change
Alcohol	7.5	8.1	0.6
Physical health	6.4	6.7	0.2
Use of time	5.7	6.3	0.5
Social networks	5.7	6.2	0.5
Drug use	7.2	7.6	0.4
Emotional health	5.7	6.3	0.6
Offending	8.6	8.7	0.1
Accommodation	7.8	8	0.3
Money	7.0	7.5	0.5
Family and relationships	6.9	7.4	0.5
Average	**6.9**	**7.3**	**0.4**

Table Two: Number of Referrals to Drug and Alcohol Services (source: Waiting Times Framework)

Date	Number of Referrals[1,2]
1st April 2013 – 31st March 2014	1995
1st April 2014 – 31st March 2015	2460
1st April 2015 – 31st March 2016	2431

[1]Data relates to all referrals received within the period. It should be noted that one individual can be referred to a service more than once within a particular time period.
[2]A review of performance data has shown that one service has not discharged any clients which will affect the number of active clients. This service has been asked to review data and update.

The following points can be noted from table two:-

- There has been a reported 20% increase in the number of referrals to drug and alcohol services between 2013/14 and 2014/15. However, it should be noted that the Addiction Liaison Service started reporting to the Waiting Times Framework for part of the year in 2013 and the full year in 2014 which has resulted in an increase in the number of recorded referrals although the number for actual referrals is comparable to previous years. This means that there is no real increase in referrals at that time.
- The last financial year shows a very slight decrease in the number of referrals received.