

Aberdeenshire Alcohol and Drug Partnership Agreement 2019

Draft v5

1 Introduction

During 2019, Aberdeenshire Alcohol & Drug Partnership undertook a review of its governance and committee structure involving key stakeholders across Aberdeenshire. This highlighted the need for the ADP to clarify its purpose and unique focus in the new health and social care landscape in Aberdeenshire. Stakeholders also expressed a strong desire for the ADP to integrate its activities into wider system activities in order to develop a stronger ownership of the alcohol and drugs agenda across the system.

In July 2019, COSLA Leaders and Scottish Ministers reiterated the importance of ADPs and set out their shared expectations for the role of ADPs and their collaborating partners in a new partnership delivery framework¹.

In August 2019, the Dundee Drugs Commission² made a series of recommendations that suggested positive and clear working relationships between the ADP, the Chief Officers Group, Community Planning Partnership, Integration Joint Board, and Health & Social Care Partnership would greatly support and enhance the joined-up strategic activity required to reduce the risk and harm from drugs. These findings, whilst not focussed on Aberdeenshire, are relevant to Aberdeenshire too.

Aberdeenshire ADPs Partnership Agreement comprises the CoSLA and Scottish Government's partnership delivery framework, reproduced in part 2 below, supplemented with Aberdeenshire's local partnership delivery framework described in Appendix 2. This agreement supersedes the 2012 ADP Partnership Agreement. It takes into account the national guidance and key local stakeholder views to ensure we have a clear and shared understanding of the purpose and place of Aberdeenshire ADP. The agreement will apply from the commencement date of 1 October 2019 and shall continue on a year-to-year basis from the following 1 April until such time that a review is requested by the sitting ADP chair, Scottish Government or a partner.

2 National Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Other Drugs

This document sets out the partnership arrangements needed to reduce the use of and harms from alcohol and other drugs. It aims to ensure that all bodies involved are clear about the accountability arrangements and their responsibilities when working together in the identification, pursuit and achievement of agreed, shared outcomes.

¹ [National Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Other Drugs](#), Scottish Government and CoSLA, July 2019

² [Responding to Drug Use with Kindness, Compassion and Hope](#), Dundee Drugs Commission, August 2019.

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

- The Scottish Government's Purpose and National Performance Framework³;
 - The high-level commitment between Ministers and CoSLA to work together in partnership;
 - The established performance management arrangements between the Scottish Government and NHS Boards;
 - Statutory duties for community planning, built around a purpose that local public services work together and with community bodies to improve outcomes and tackle inequalities;
 - The Public Health Reform Programme, jointly led by Scottish Government and CoSLA, which aims to reduce health inequalities and improve life expectancy across the Scottish population. This includes the Public Health Priority: Reduce the use of and harm from alcohol and other drugs;
- and
- Scotland's alcohol and drug strategy, Rights Respect Recovery and the Alcohol Framework 2018;

This Partnership Delivery Framework replaces three previously agreed memoranda of understanding (MoU) between the Scottish Government and CoSLA:

- A New Framework for Local Partnerships for Alcohol and other drugs (2009)
- Supporting the Development of Scotland's Alcohol and Drug Workforce (2010)
- Updated Guidance for Alcohol and Drug Partnerships on Planning and Reporting Arrangements 2015-18 (2014)

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

Context

Much has been achieved to prevent and reduce the harms experienced by individuals, families and communities and support people in their recovery. However Scotland continues to experience significantly higher levels of harm and health inequalities than other parts of the UK and Europe. This is recognised in the Public Health Reform Programme which identified 'Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs', as one of the key Public Health Priorities for the country over the next decade⁴.

³ [National Performance Framework](#), Scottish Government

⁴ [Public Health Priorities for Scotland](#), Scottish Government and CoSLA, June 2018

Public Health Reform recognises that this will require a focus on prevention and reducing inequalities and is best delivered by adopting a whole system approach⁵.

In 2018 the Scottish Government published two strategic documents to address alcohol and drug harms:

- Rights, Respect and Recovery⁶; and
- The Alcohol Framework 2018⁷

These documents set out a series of outcomes and priority actions for Scotland, supporting the delivery of the Public Health Priorities. This is summarised in the table below:

Vision				
Scotland is a country where "we live long, healthy and active lives regardless of where we come from" and where individuals, families and communities:				
<ul style="list-style-type: none"> • have the right to health and life - free from the harms of alcohol and drugs; • are treated with dignity and respect; and • are fully supported within communities to find their own type of recovery. 				
Prevention and Early Intervention	Developing Recovery Oriented Systems of Care	Getting it Right for Children, Young People, and Families	Public Health Approach in Justice	Alcohol Framework 2018
Fewer people develop problem drug use	People access and benefit from effective, integrated Person centred support to achieve their recovery	Children and families affected by alcohol and drug use will be safe, healthy, included and supported	Vulnerable people are diverted from the justice system wherever possible, and those in the system are fully supported	A Scotland where less harm is caused by alcohol

Rights, Respect and Recovery sets out the context for a Human Rights based approach. This requires 'rights bearers' and 'duty holders' work together to ensure that people's human rights are recognised and met. In the context of this strategy this means that people with experience of problem alcohol and drug use as well as those who are affected need to work with those involved in the planning, development and delivery of services to deliver shared outcomes.

The Audit Scotland Report, Alcohol and Drug Services – An update⁸ identifies six areas where progress will help the successful implementation of the strategy:

- Effective performance monitoring
- Clear actions and timescales
- Clear costings

⁵ [Public Health Reform \(PHR\) – Enabling the Whole System to Deliver the Public Health Priorities](#), Public Health Oversight Board, April 2019

⁶ [Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy](#), Scottish Government, Nov 2018

⁷ [Alcohol Framework 2018](#), Scottish Government, Nov 2018

⁸ [Drug and alcohol services: An update](#), Audit Scotland, May 2019

- Spending and outcomes linked
- Public performance reporting
- Evaluating harm reduction programmes

The Partnership Delivery Framework

Alcohol and Drug Partnerships (ADPs) will continue to lead the development and delivery of a local comprehensive and evidence based strategy to deliver local outcomes. This should be achieved through applying a whole system approach to deliver sustainable change for the health and wellbeing of local populations.

Since 2009 the local delivery landscape has changed significantly. This includes the introduction of Community Justice Partnerships to replace Community Justice Authorities, and Integration Authorities have been created as a new public body to oversee the integration of health and social care services, including adult alcohol and drug services. The statutory requirements of key local partnerships and organisations in relation to strategic planning and annual reporting are summarised in Appendix 1.

Key features

The partnership delivery framework should include the following key features:

- A clear and collective understanding of the local system in particular its impact, how it is experienced by local communities, and how effectively it ensures human rights are met.
- Informed by the above, a locally agreed strategic plan, which sets out the long term measureable outcomes and priority actions for the local area, focussing on preventing and reducing the use of and harm from alcohol and drug use and the associated health inequalities.
- People with experience of problem alcohol/drug use and those affected are involved in the planning, development and delivery of services. This will require a shared understanding of the roles of duty holders and duty bearers in the context of a human rights based approach.
- A quality improvement approach to service planning and delivery is in place.
- Clear governance and oversight arrangements are in place which enable timely and effective decision making about service planning and delivery; and enable accountability to local communities.
- A recognition of the role played by the third sector and arrangements which ensure their involvement in the planning, development and delivery of services alongside their public sector partners.

Strategic planning

Each ADP should publish agreed, measureable outcomes and priority actions to reduce the use of and harms from alcohol and other drugs within a strategic plan. ADPs should use the outcomes and priority actions set out in Rights,

Respect and Recovery and the Alcohol Framework 2018, as well as the associated monitoring and evaluation plans, to support the development of their local strategy.

Through the development and delivery of the local strategy the ADP should identify where there are shared outcomes and priorities with other local strategic partnerships. In these cases they should develop shared arrangements to support delivery. As a result minimum agreement to the strategic plan and arrangements for delivering should to come from:

- Community Justice Partnership
- Children's Partnership
- Integration Authority;

The relevant statutory requirements for the local strategic plans and reporting arrangements are set out in Appendix 1.

Community planning requires local public sector bodies to work together with community bodies, to improve outcomes on themes they determine are local priorities for collective action. Where reducing the use of and harms from alcohol and other drugs feature in these priorities, local Community Planning partners should consider how co-operation with Alcohol and Drug Partnerships can support delivery.

The identification of priorities and delivery of strategic plans should be underpinned by needs assessment and action plans.

Financial arrangements

Public money must be used to maximum benefit to deliver outcomes for the local population. Investment in the delivery of outcomes will come from a range of sources, including the Local Authority, Health Board and the Integration Authority, as well as outside of the public sector. Effective and transparent governance arrangements must be in place to invest in partnership to deliver the shared outcomes and priority actions in the strategy. Financial arrangements should enable the ADP to:

- Establish a shared understanding of the total investment of resources in prevention of harm and reducing inequalities from alcohol and other drugs across the local system.
- Make effective decisions to invest in the delivery of these outcomes.
- Ensure there is scrutiny over investments in third sector and public sector to deliver outcomes.
- Report to local governance structures on investment
- Report to the Scottish Government on specific alcohol and drug funding allocated to Health Boards for onward delegation to Integration authorities; and in line with financial reporting arrangements agreed with Integration Authorities.

Quality improvement

The Scottish Government will work with local areas to develop an approach to quality improvement based on self-assessment and peer review. This approach will cover the breadth of Rights, Respect and Recovery, the Alcohol Framework 2018; it will apply to governance, investment plans, strategic planning and service delivery. These improvement arrangements need to complement the existing inspection frameworks applied to local areas.

The monitoring and evaluation plans for Rights, Respect and Recovery and the Alcohol Framework 2018 will enable the Scottish Government to identify progress in delivering the strategy as well as impact. The plans will identify national performance benchmarks which will identify progress at both the national and local level. This will be published on a regular basis and will inform the focus for quality improvement work.

Governance and oversight

Governance and oversight arrangements for the delivery of the strategic plan and the investment of resources needs to be consistent with local governance arrangements to meet other relevant local outcomes. In practice this means that the following members of the ADP will need to ensure that effective oversight arrangements are in place to deliver the local strategy:

- The Local Authority
- Police Scotland
- NHS Board
- Integration Authority
- Scottish Prison Service (where there is a prison within the geographical area)
- The third sector
- Community members

The relationship between the ADP and the Integration Authority

Alcohol and drug services are included within the Integration Authority scheme of delegation, alongside other adult health and social care services. Governance and oversight arrangements are needed which ensure that the directions issued by the Integration Authority to the NHS and Local Authority support the delivery of outcomes identified in the local strategic plan. Commissioning and Planning Guidance for Integration Authorities⁹ sets out the required membership of the Strategic Planning Groups in this context.

ADPs will need to provide relevant performance and financial reporting to enable support the development of the Integration Authority's Annual Performance Report.

⁹ [Strategic Commissioning Plans Guidance](#), Scottish Government, April 2015

Healthcare services for people in prison are also included within Integration Authority scheme of delegation. Local strategic plans will need to include plans to improve outcomes for people in prisons sited within the local area; this includes considerations about the means by which people entering and leaving prison are able to access the right support.

3 Appendix 1: Statutory requirements in relation to strategic planning and annual reporting

The table below summaries the statutory requirements in relation to local partnership strategic plans:

Strategic planning document	Responsible body	Legislative framework
Health and Social Care Strategic Plan	Integration Authority	Public Bodies (Joint Working) (Scotland) Act 2014
Health and Social Care Annual Performance Report	Integration Authority	Public Bodies (Joint Working) (Scotland) Act 2014
Children's Services Plan	Local Authority and Health Board	Children and Young People (Scotland) Act 2014
Community Justice Outcomes Improvement Plan	Community Justice Partners ¹⁰	The Community Justice (Scotland) Act 2016
Locality Plan	Community Planning Partners ¹¹	Community Empowerment (Scotland) Act 2015 ¹²
Local Outcome Improvement Plan	Community Planning Partners	Community Empowerment (Scotland) Act 2015 ¹³
Police Scotland Local Policing Plans	Divisional Commanders	Police and Fire Reform (Scotland) Act 2012

Licensing Boards

Licensing Boards are made up of locally elected councillors and are distinct from local authorities, they have responsibilities in relation to the local administration of alcohol (and gambling) and are obliged to publish a licensing policy statement and annual report under the Licensing (Scotland) Act 2005 and Gambling Act 2005, as amended.

¹⁰ [Community Justice \(Scotland\) Act 2016](#)

¹¹ [Community Empowerment \(Scotland\) Act 2015](#)

¹² Note: Duties apply to locally identified priorities. Only applies to alcohol or drugs where the CPP agrees that these or related issues are one of the priorities for the locality.

¹³ Note: Duties apply to locally identified priorities. Only applies to alcohol or drugs where the CPP agrees that these or related issues are one of the priorities for its area.

4 Appendix 2: Aberdeenshire's Partnership Delivery Framework

Aberdeenshire ADP's Purpose

The purpose of Aberdeenshire's Alcohol and Drug Partnership (ADP) is to lead and coordinate a whole-system approach to better plan, deliver and improve services for those affected by alcohol and drugs and to monitor the effectiveness of approaches to prevent risk and harm.

Our vision

An Aberdeenshire which is healthy and resilient where fewer people and families experience harms from alcohol and other drugs.

Our mission

To collectively lead, learn and improve how we develop and deliver joined-up approaches and services that put people at the centre, and where those affected by alcohol and other drugs are treated with respect, understanding and kindness.

What we do

Lead the development of local comprehensive and evidence-based strategy and associated delivery plan designed to coordinate local services to achieve agreed local and national outcomes.

Lead a whole system collaborative approach to deliver sustainable change to minimise human suffering caused by alcohol and other drugs and ensure all people enjoy the best health and wellbeing attainable.

Enable effective partnership working, governance and oversight of delivery of such partnership approaches.

Provide transparent scrutiny of the use of public funds deployed in the service of reducing harms from alcohol and other drugs, including achieving a progressive shift of investment to prevention.

Empower those with a lived experience of alcohol or other drugs to contribute to the achievement of local outcomes and be fully involved in the development of effective responses.

Reduce inequalities of outcome caused by social deprivation and violations of people's human rights.

Ensure good service quality and performance, timely and effective implementation of agreed priorities and effective use of public funds.

Take national strategy and direction and translate and implement it in partnership at a local level, measuring progress against national and locally agreed outcomes

How we do it

Commission needs assessments and routinely monitor and evaluate data to provide a collective understanding of the local situation, system and needs.

Collaboratively create, align and prioritise a plan for action for Aberdeenshire, seek agreement on which partner organisation is best placed to lead each priority area, identify how it will be funded, and implemented.

Monitor the performance of services and their quality improvement programmes and provide support to achieve improvement where required.

Monitor the allocation and use of ADP and other public funds allocated for alcohol and drug purposes, the relationship between spend and outcome and facilitate re-distribution where required.

Monitor and evaluate implementation of the ADP delivery plan to learn and refine as we go in line with NHSHS's monitoring and evaluation plan for Rights, Respect and Recovery due Nov 2019.

Receive and evaluate reports from agreed sub-committees, groups and agencies and request strategic or operational changes where required to achieve agreed strategic outcomes.

Provide a parity of esteem across the partnership that ensures involvement, recognition and equal voice for public sector, third sector and community representatives.

Consolidate intelligence and outcome data to enable statutory partners to report performance in their public plans and reports.

Endorse bids to access national ADP Challenge Funding and other external funding streams to support system change.

Operational service delivery matters remain the day-to-day responsibility of partner organisations, unless specifically escalated to the ADP Committee by any stakeholder with concerns.

Who we are

ADP Committee: The committee enables collective and cooperative governance and oversight of Aberdeenshire's alcohol and drug arrangements across a variety of partnerships and agencies and ensures clear and common understanding across Aberdeenshire of who has responsibility for the key aspects of the ADP Delivery Plan. The ADP Committee will meet a minimum of 4 times per year and is open to the general public, except for items that the Chair considers to contain confidential information protected by law.

The quorum necessary to conduct business in the ADP Committee or sub-group shall be one third of members. Inquorate meetings can still progress but cannot take decisions that change the status quo. Decisions taken at quorate meetings will be deemed to have been endorsed by all partner organisations whether or not that organisation was present at the meeting in question unless a

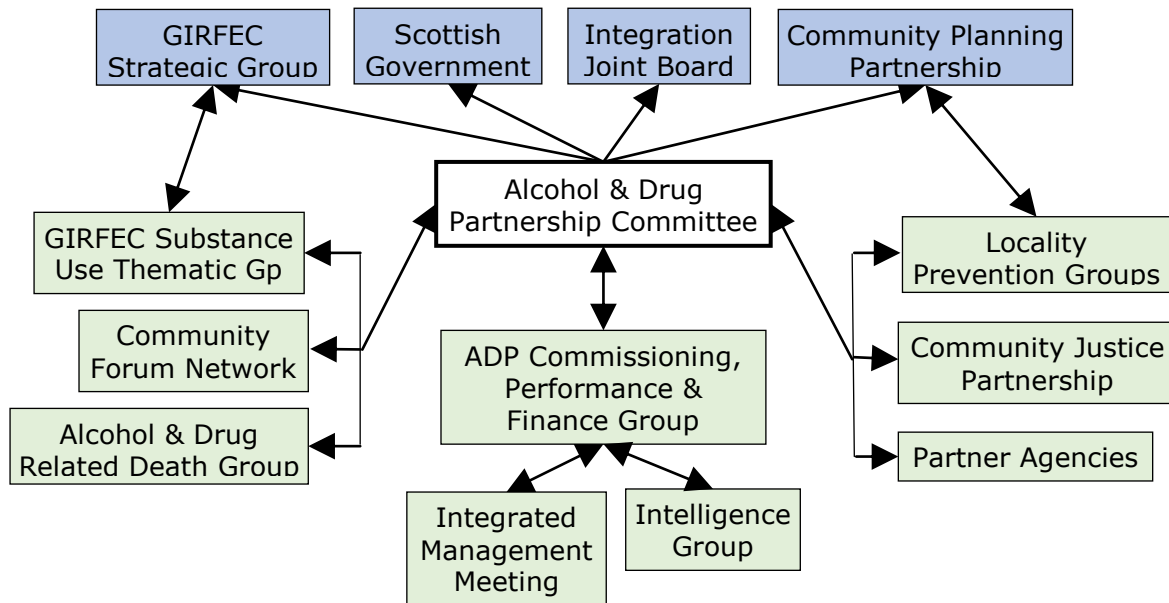
representation has been made to the ADP Lead Officer within 14 days of the relevant minute being published.

Membership of the ADP committee comprises people from the key stakeholder groups below who have sufficient knowledge and authority to represent their organisation fully in relation to alcohol and drug matters. This includes bringing matters to the table from their own organisation which pose challenges and opportunities to the delivery of the ADP strategic priorities. Members are also required to provide scrutiny in relation to the system wide delivery of the agreed strategic priorities of the ADP.

Membership:

- Chair
- Vice-chair
- Representative of the Commissioning, Performance and Finance Group
- Three Representatives of Aberdeenshire Community Forum Network
- Representative of Aberdeenshire Community Justice Partnership
- Representative of Aberdeenshire Community Planning Partnership
- Representative of Aberdeenshire Council Housing Service
- Representative of Aberdeenshire GIRFEC Strategic Group (the Children's Services Partnership)
- Representative of Aberdeenshire Integrated Joint Board
- Representative of Aberdeenshire Voluntary Action
- Representative of HMP Grampian
- Representative of NHS Grampian
- Representative of Police Scotland Divisional Commander
- Representative of Scottish Fire and Rescue
- ADP Lead Officer

The ADP Committee exists within a complex public sector governance structure and will report twice yearly to the Integration Joint Board on delivery of agreed local and national outcomes. In addition, the ADP has made clear links with relevant groups to not only ensure appropriate governance of ADP area of responsibilities, clear accountability lines but also aiming to avoid duplication of effort across the system:



The ADP Committee is supported by a number of sub-committee and related groups reporting directly to the ADP Committee or contributing through the provision of periodic update reports.

Community Forum Network: Provides a place for representatives of community stakeholders such as Community Forums, family support groups, recovery and support groups, Live Life Aberdeenshire, CLD, youth groups, advocacy champions, peer-researchers and the licensing forum to inform and influence ADP priorities and activity through equality impact assessments¹⁴, raising ideas and concerns and electing three of their number to be ADP Committee Members.

Community Forums exist to ensure the collective lived experience of individuals, families and communities are effectively empowered to influence policy and practice, directly facilitate local community interventions and ensure that the interests of affected individuals remain at the centre of the ADPs thinking. The Chairs of Forums and other office bearers are elected from their membership at an Annual General Meeting and contribute to the ADP Committee via the Community Forum network.

ADP Commissioning, Performance and Finance Group: Oversees needs assessment, strategic service planning and commissioning and evaluates value for money against the outcomes reported from resources invested. Maintains an overview of the totality of investment across the system in relation to alcohol and drugs and advises the ADP committee on optimal resource allocation to achieve agreed outcomes. Accounts for specific Government alcohol and drug funding delegated to the ADP is used in line with agreed local strategic priorities and Ministerial expectations. Ensures a close relationship with the Strategic Planning Group of the Integrated Joint Board to ensure that directions issued by the IJB (eg to commission services) support the delivery of the ADPs desired outcomes.

¹⁴ National alcohol & drugs equality impact assessment guidance will be published in 2020.

Integrated Service Management Group: Oversees day-to-day delivery of statutory and third sector services, workforce development, risk management, quality assurance and performance improvement, ensuring adherence to established governance channels of the Health and Social Care Partnership and escalation of areas of strategic risk to the ADP Commissioning, Performance and Finance Group.

Alcohol and Drug Related Deaths Group: Monitors trends and findings of mortality reviews to offer opportunities for prevention, harm reduction and service delivery improvements.

Intelligence Group: Draws together partnership analysts to oversee the reporting, monitoring and evaluation of quality assured data on performance, trend, targets and outcome data to ADP committees and other relevant stakeholders to assist partners better understand our public health challenges and meet their statutory obligations to publish the outcomes of their work.

Locality prevention group: Draws together representatives of locality community planning groups and elected official ADP Ambassadors¹⁵ from each Area Committee to share intelligence about the local situation to inform changes to Aberdeenshire plans and coordinate implementation of local prevention and harm reduction activities (such as education, training, campaigns or harm reduction programmes) in line with the ADP Strategy.

GIRFEC Substance Use Thematic Group: Promotes the wellbeing of children or young people adversely affected by their or their family's substance use, primarily through progressing relevant actions within the Aberdeenshire Children's Services Plan.

ADP Chair and Vice Chair Appointments

The Chair and Vice-chair of the ADP Committee hold a three year term of office. The Chair will rotate within the key stakeholders of the partnership outlined above. Eligible nominations are of people with the skill and profile to effectively engage partners, provide leadership and be able to give the time and commitment that the role requires. Nominations for Chair and Vice-Chair will be submitted by the ADP committee for approval by the IJB. The Vice-chair will normally succeed the Chair at the end of their scheduled term of office or earlier should the Chair step down.

Support

The ADP support team exists to facilitate and support the ADP and associated groups in the delivery of their functions. The team is led by the **ADP Lead Officer** who has overall responsibility for supporting the system wide partnership to deliver the strategic priorities and associated delivery plan. This includes supporting and coordinating governance, strategy development, action plan

¹⁵ Areas of Aberdeenshire vary in their needs regards alcohol and drugs. We want to ensure the high level Aberdeenshire wide strategic priorities are delivered locally in a way which makes sense to local communities. ADP Ambassadors are volunteer Councillors nominated from every Area Committee with the role of using locality structures to ensure local responses are effective and relevant and helping the ADP respond to different local needs.

delivery, finance and investment and commissioning plans, system wide and support team leadership and ADP relationships with national government.

Other support team posts may be developed to support the effective function of the ADP including for example, capacity to support service improvement, community engagement, data analysis and prevention/early intervention.

Our Values and Principles

Adopt a radical kindness approach to all we do, treating people with dignity, compassion and respect.

Recognise and respond to the complexity of real life and the multiple needs and assets everyone has.

Protect and fulfil people's human rights to address stigma and ensure equal and assertive access to services when needed.

Recognise the importance of preventing risk and intervening early.

Collaboration across the system is key to developing and delivering joined-up approaches and services that reduce risk and harm and address health and other inequalities. People do not live 'single-issue lives' and single-issue services are no longer appropriate.

Promote a culture of learning, listening and reflection with people and within organisations, services and teams, to ensure we are delivering the right things in the right ways.

Use a broad evidence-base to inform our decision making including external best practice alongside internal data and qualitative insights.

Freedom of Information

ADP Committee meetings are open to the general public and media to attend and, subject to legal confidentiality constraints, ADP papers will be publically available via <https://www.hi-netgrampian.org/people-networks/alcohol-and-drugs-in-grampian/aberdeenshire-adp-committee/>

Freedom of Information requests received for the Partnership will be redirected to the most relevant statutory partner to lead a response.