APPENDIX 1

Borders Alcohol & Drugs Partnership (ADP) report to the Executive Management Team of the Integrated Joint Board

8th April 2016

Options Paper relating to reduction in ADP Budget for 2016-17

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1 Introduction

This paper presents supporting information relating to the impact of the proposed 20% reduction to ADP funding. Overall details of the ADP Budget are outlined in Appendix 1. It describes the impact of potential funding reductions on the ADP budget and makes recommendations to the Executive Management Team (EMT) in relation to these potential reductions.

2 Background

ADP ring fenced funding is currently managed by the ADP and hosted for administrative purposes by NHS Borders. The Borders Integrated Joint Board (IJB) Scheme of Integration includes this funding as part of its commissioning remit.

On 18 December 2015 ADP Chairs were advised of a 20% reduction in the national allocation for ADP's. If applied locally this equates to a reduction of £270,438 to Borders' £1.3 million budget.

On 7 January 2016 the Cabinet Secretary for Health, Wellbeing and Sport wrote to NHS Chief Executives about the reduction in the national allocation and advised that 'from the board baseline budgets we would expect a total of £15 million to also go towards....maintaining the overall spend on addressing alcohol and substance misuse, maintaining alcohol and drugs treatment performance at existing levels across ADP locales'.

The ADP commissions three services providing individual support and treatment for alcohol and drugs:

- Action for Children: provides support for children and young people impacted by their own or others alcohol and drug use and parents with alcohol and drugs problems

- Addaction: treatment and support service for alcohol and drugs users aged over 16; re-integration service to support wider recovery and injecting equipment provision.
- Borders Addiction Service (BAS): treatment (including prescribing and detoxification) service for alcohol and drugs users aged over 16. Provision of a Substance Misuse Liaison Service in BGH.

These organisations have been asked how they will achieve this reduction and identify the impact on the services they provide.

The budgets associated with other funded areas have been scrutinised and a potential saving of £71,820 has been identified within Appendix 1.

3 Options

Four options are presented for consideration by the Executive Management Team.

Option 1: The EMT agrees to maintain the overall spend in the ADP budget and the ADP continues ongoing review of spending.

Option 2a: The EMT agrees the implementation of a reduction of 20% applied across all support and treatment services and minimum of 20% across other funded areas which are currently in place.

Option 2b: The EMT agrees the implementation of a reduction of 20% applied across all support and treatment services and minimum of 20% across other funded areas which are currently in place but provide a full year non recurrent funding to allow more detailed work to continue on possible ways to mitigate the effects of the funding reduction.

Option 3: The EMT agrees the implementation of a reduction in funding of £71,820 relating to non support and treatment areas but also provides a full year non recurrent funding to allow more detailed work to continue on possible ways to mitigate the effects of the proposed funding reduction.

4 Current funding levels and savings proposals

The table below outlines proposed savings across the individual treatment and support services and the total savings proposed from other funded areas.

Service	ADP funding	Proposed reduction	Percentage
Action for Children	171,063	34,212	20%
Addaction	269,871	53,974	20%
BAS (includes Support Workers)	603,695	120,739	20%
Associate Psychology post (BAS)	25,154	5,031	20%
Other funded areas	288,341	71,820	25%
Total	1,357,484	285,648	21%

5 Impact on Support and Treatment Services

Addaction, Action for Children and Borders Addiction Service provide treatment and support to some of the most marginalised and vulnerable individuals and families in Borders. The impact of the proposed reduction of 20% is likely to have a serious impact on vulnerable people and may result in an increase in waiting times and reduction in individual numbers accessing treatment for alcohol and drugs addictions and subsequent poor outcomes for service users, families and communities as well as an increase in inequalities.

These services were commissioned following the ADP Investment Review which identified the suite of interventions and services required in Borders to develop a Recovery Orientated System. Services work in an integrated manner to deliver on outcomes for service users. Any shift in provision in one service will impact across the system.

A Risk Matrix Tool (Appendix 2) was used to help assess risks by assigning a score to potential risks associated with the proposed reductions. These are immediate and short term risks. In the longer term the reduction in Outcomes for services/organisations are likely to result in increased demand for services through reduction in prevention work and lack of up to date knowledge and skills in the wider workforce. Immediate and short-term risks are outlined in Table 2 (below). An Equalities Impact Assessment is in draft form and a Health Inequalities Impact Assessment is required.

Table 2: Immediate and Short –Term Risks

	Risk Score		
Outcome area	**Action for Children**	**Addaction**	**Borders Addiction Service**
Outcomes for individuals and families			
Increase in waiting times for clients (LDP Standard)	High	High	High
Fewer service users reducing substance use	High	High	High
Increase in drug related deaths	High	High	High
Increased Blood Borne Virus (BBV)	Medium	High	High
Increased impact of parental substance misuse on children and young people	High	High	High
Increase in alcohol and drugs problems in children and young people	High	Medium	Medium
Reduction in recovery outcomes	Medium	High	Medium
Increase in discarded sharps within the community	-	Medium	Medium
Reduction in Alcohol Brief Interventions (LDP Standard)		Medium	Medium
Outcomes for services/organisations			
Increase in health inequalities	Medium	Medium	Medium
Increased demand and costs in to NHS and SBC	Medium	Medium	Medium
Increased criminality/costs to Community Justice services	Medium	Medium	Medium
Reduction in prevention work in young people's settings	Medium	-	-
Destabilisation of alcohol and drugs services workforce	Medium	Medium	Medium
Inability to provide training	Medium	Medium	Medium
Reduced ability to support work placements	Medium	Medium	Medium
Reputational damage to ADP and partners	Medium	Medium	Medium
Negative impact on partnership relations	Medium	Medium	Medium
Poor assessment in Care Inspectorate processes	Low	Low	Low

The impact of the proposed savings will also limit the potential to fill identified gaps in provision. For example, the 2014 Mental Health Needs Assessment carried out by Figure 8 includes dual-diagnosis as an area for action within its Recommendation 10:

Undertake regular needs assessment and specific, targeted research to address areas of unmet mental health need and inequality.

(Service specific information is included in Appendices 3, 4 and 5.)

5 Discussion

Reducing the harm caused by alcohol and drugs to individuals, families and communities in Borders should be a top priority for the IJB. The proposed reduction of 20% will, if implemented in our local system, likely impact on some of the most vulnerable people in our community and increase health inequalities.

The ADP is concerned not only about the immediate risks but also the sustainability, in particular of the third sector commissions, which will require to reduce staffing from their existing complement of 6.18 WTE (Action for Children) and 7.66 WTE (Addaction) should the proposed savings be implemented. Both these services provide a wide range of interventions across Borders.

The Chief Medical Officer's has recently reduced the low risk guidelines for alcohol consumption for men from 21 to 14 units a week. The most recent Scottish Health Survey reports that 46% of males and 40% of females drink above the recommended limits. It is however recognised that these are significant underestimates and it is likely that up to 80% of males are drinking over the new lower recommended limit of 14 units. The ADP is conscious of a potential need for additional alcohol brief interventions and raised concerns for individuals.

It is on this basis that the recommendation below is made to the EMT.

Recommendation

Because of the significant impact of the cuts on services as outlined in Table 2 and the challenge of the new national lower drinking limits, the ADP recommends that Option 1 is accepted by the EMT.

Prepared on behalf of the ADP by Fiona Doig, ADP Coordinator.

APPENDIX 1 ADP BUDGET 2015-16 INCLUDING PROPOSED SAVINGS

ADP ALLOCATION 15-16	
Alcohol Prevention, Treatment and Support	£1,039,066
Drug Services and Support	£315,141
TOTAL ALLOCATION	**£1,354,207**
Expenditure	
Support and Treatment Services	
Action For Children	£171,063
Addaction	£269,871
NHS Borders Addiction Service	£573,207
Total	**£1,014,141**
Other funded areas	
Responsible Drinking	£1,000
Service User Involvement	£10,000
Advocacy	£10,000
NHS Borders Corporate Support	£45,104
SDF – Voluntary Sector Representation	£6,800
Star Outcomes	£1,386
Service User Involvement	£1,000
Development Fund	£7,000
Primary Care – Locally Enhanced Service (ABIs)	£50,000
Primary Care – Blue Bay Licence (ABIs)	£3,960
Pharmacist	£13,100
CAAP (BAS)	£24,514
Social Work Planner	£10,300
Social Work Support Worker (BAS)	£30,488
Naloxone Kits	£3,000
Total	**£217,652**
ADP Support Team	**£125,691**
TOTAL EXPENDITURE	**£1,357,484**

PROPOSED SAVINGS FROM OTHER FUNDED AREAS

Area of Expenditure	Budget 15/16	Reduction 2016-17	Proposed allocation 2016-17
Responsible Drinking	£1,000	£200	£800
Service User Involvement	£10,000	£5,000	£5,000
Advocacy	£10,000	£5,000	£5,000
NHS Borders Corporate Support[1]	£45,104	£7,727	£37,377
Scottish Drugs Forum - Voluntary Representation	£6,800	£1,360	£5,440
Star Outcomes	£1,386	£0	£1,386
Service User Involvement	£1,000	£1,000	£0
Development Fund	£7,000	£4,000	£3,000
Primary Care - Locally Enhanced Service (LES)[2]	£50,000	£25,000	£25,000[2]
Primary Care - Blue Bay Licence (ABIs)[3]	£3,960	£0	£3,960
Substance misuse pharmacist	£13,100	£2,620	£10,480
Social Work Planner	£10,300	£10,300	£0
ADP Support Team	£125,691	£9,613	£116,078
Total	£288,341	£71,820	£213,521

[1] This is calculated as a percentage of Borders Addiction Service and ADP Support Team funding therefore a reduction in these budget areas will reduce the Support Charge
[2] Current anticipated spend is £30,000 therefore £25,000 represents a 17% reduction to current funding utilised via the Local Enhanced Service (LES) for Alcohol Brief Interventions. For discussion at the Local Negotiating Committee.
[3] Required to support ABI data collection

APPENDIX 2 RISK MATRIX

IMPACT DEFINITIONS

Impact Score	Description	Impact on People	Reputation
5	Catastrophic	Death or life changing injury/ psychological damage	Highly damaging UK wide adverse publicity
4	Major	Serious Injury/ psychological damage	Major adverse publicity across Scotland
3	Moderate	Medical treatment required – physical or psychological	Some adverse local publicity, legal implications
2	Minor	First aid treatment/counselling required	Some public embarrassment, no real reputational damage
1	Negligible	No obvious injury or harm. No counselling required	No external interest

LIKELIHOOD OF THE RISK OCCURRING (within the next 12 months)

Likelihood / Probability		
5	**Almost Certain** (near miss)	Over 90%
4	**Likely** (has happened before)	Up to 90%
3	**Possible** (has happened elsewhere)	Up to 65%
2	**Unlikely** (not expected but possible)	Up to 20%
1	**Remote** (force majeure)	Less than 5%

The Risk Matrix

LIKELIHOOD

Almost Certain	5	10	15	20	25
Likely	4	8	12	16	20
Possible	3	6	9	12	15
Unlikely	2	4	6	8	10
Remote	1	2	3	4	5
	None	Minor	Moderate	Major	Catastrophic

IMPACT

Managing Risk

Risk score	**How the risk should be managed**
High Risk **(15 – 25) RED**	**Requires active management** Risk requires active management and mitigation to manage down and maintain exposure at an acceptable level.
Medium Risk **(6 -12) AMBER**	**Review regularly** Medium-high scoring requires active risk mitigation to manage down and maintain exposure at an acceptable level. Medium-low scoring would require some mitigating actions to keep risks at this level.
Low Risk **(1 – 5) GREEN**	**Review periodically** Low scoring risks may require mitigating actions to keep risks at this level.

APPENDIX 3 Action for Children

The majority of work in Action for Children (AfC) is providing support for children and young people up to the age of 18 affected by their own or others alcohol and drugs use and for parents whose substance use is impacting on their children. Action for Children's work often involves working with several members of one family.

As part of this work AfC are part of the 'team around the child' and are active participants in professionals meetings and Meetings Around the Child (MAC's) on a regular basis.

AfC provides support to colleagues in other agencies to work with children and young people. For example, they provide staffing to Crucial Crew and Safe T, multi-agency events targeted at P7 and S4/5 respectively which is led by the Safer Communities Team. They have also provided bespoke sessions for particular staffing groups including the Wilton Centre and Tweeddale Youth Action.

The caseload at the end of January 2016 is 48.

Staffing

The current staffing team at AfC is as follows:

Post	Hours	WTE
Children's Services Manager	7.4	0.2
Practice Team Leader	37	1
Families Practitioner x 6	157	4.2
Group Worker	10	0.28
Business Support	19	0.5
Total		6.18

Outcomes

AfC reports on a variety of outcomes. Individuals attending select outcomes from an in-house suite, therefore, not all service users have the same outcomes in their plan. The table below shows the percentage of service users who have demonstrated overall improvements from April – October 2015.

Outcomes	% of Service Users who demonstrated an overall improvement
Young person reduces alcohol use	42%
Young person reduces drug use	39%
Parent reduces alcohol use	45%
Parent reduces drug use	60%
Improved emotional well-being of service user (parent / child / young person)	66%
Improvement in self-protection / personal safety skills (child / young person)	50%
Child / young person lives safely in home with parents / carers	67%
Child / young person / parent sustains / achieves potential in education / employment / training.	61%
Improved parenting skills / ability to maintain safe environment for child / young person.	44%

Delivery proposal

- To remove 2 part-time posts from the team; 10 hour Group Worker post and 21 hour Children and Families Practitioner post. Group work hours and a secondment in another Action for Children Service are available to avoid any redundancies.
- To reduce manager hours; retaining the 37 hour Practice Team Leader (PTL) post but reducing the Children's Service Manager (CSM) hours from 7.4 to 2 hours per week. This change was planned once the PTL had completed her probationary period and staff annual Performance Reviews were completed but this will now be brought forward to the 1 April 2016.
- To reduce Business Support hours by 4 hours per week.
- To reduce operational costs by £6000 which includes travel, external training, activity and stationery costs. The CSM will undertake to make applications through AfC Fund-raising team for funds to activity costs associated with direct work to ensure focused work is not impacted upon.

Impact

Reduced number of practitioners and practice hours (7 staff to 5 and 177 hours to 146 hours). This will result in a reduction in overall case-load (by approximately 8 - 12 cases over a 6 month period; dependent on complexity and assessed need) and ability to respond to requests to be involved in group events or provide informal training inputs e.g. Safe T, Crucial Crew. A waiting list will be used to manage demand for 1:1 and family work; which will be overseen by the Practice Team Leader and based on need and risk. One off demands for training inputs / group work will be assessed according available resources at that time; with direct work to referred children, young people and families prioritised.

A reduction in the CSM hours was planned with the recruitment of the PTL and completed induction to the Service and organisation. This reduction will be completed earlier than planned; leaving the 2 remaining hours to provide supervision of the PTL, cover for the PTL (during annual leave) and to complete service audit and monitoring tasks (including service budget and contract).

A reduction in operational costs would be managed at local level; with opportunities to secure additional funding through AfC and small grant awards. Staff would be encouraged to access free local training but time out to undertake tasks would be managed by the PTL to ensure direct work is kept to a minimum. Planned training / conferences for Jan - March 2016 has already been costed and covered in the 2015/16 budget.

APPENDIX 4 Addaction

Addaction provides a treatment and support service for alcohol and drugs users aged over 16. The largest proportion of Addaction's work is done on a one-to-one basis and includes structured preparation for change and psycho-social interventions.

Addaction also provide a re-integration service which includes provision of groups to support recovery, for example, Mutual Aid Partnership (MAP) groups, Recovery Life (fortnightly informal evening for people in Galashiels) and provision of employability support. Addaction also supports Reconnect, the Borders women's group for women at risk of offending. Re-integration accounts for around 20% of work.

Addaction provide a dedicated Injecting Equipment Provision (IEP) service which includes provision of Take Home Naloxone and Dry Blood Spot Testing which are also part of the treatment and support service.

The project offers an Open Access duty service that responds to immediate need and crisis. Activities offered through Open Access are ad hoc advice and information, low level emotional support and sexual and emotional health support. Harm Reduction and Open Access accounts for around 15-20% of work.

Addaction are contracted to deliver family support. A fortnightly group for carers is facilitated by staff and a small number of family members seek out support from Addaction. This area has been identified as an area of improvement for the service and the ADP.

The caseload at end January 2016 is 128.

Staffing

The current staffing team at Addaction is as follows:

Post	Hours	WTE
Service Manager	37.5	1
Team Leader	37.5	1
Project Worker x 5	187.5	5
Administrator and employability	25	0.66
Sessional Worker	(as required)	n/a
Total		7.66

An Addiction Worker Trainee (funded by ADP) and a Social Work student are on placement with Addaction at the moment. Addaction also has three volunteers supporting the service.

Outcomes

Addaction reports on outcomes for treatment via an outcomes tool and consumption data at discharge. Employability work is reported via established outcomes as shown below.

Recovery outcomes January – December 2015:

Addaction uses the STAR outcome tool to report on recovery outcomes across a variety of areas. Service users complete the star with their worker and discuss a score for each area. The table below shows the average proportion of the service users whose score for each outcomes area has increased (improved), decreased (worsened) or stayed the same at the most recent review. This table gives scores for people who have both planned and unplanned discharges.

Outcome area	**Decrease**	**Same**	**Increase**
Physical health	17%	21%	62%
Meaningful use of time	17%	19%	64%
Community	19%	30%	51%
Emotional health	19%	12%	69%
Accommodation	26%	51%	23%
Money	17%	53%	30%
Offending	9%	65%	26%
Family and relationships	22%	36%	42%

Consumption outcomes April 2014 – December 2015:

	Number	**%**
Number of planned discharges (Apr-Oct)	128	58% (of those starting treatment)
Reduced consumption at removal	55	43% (of planned discharges)
Abstinent at removal	52	41% (of planned discharges)

Employability outcomes April – December 2015:

	Total
Number of clients set up Individual Learning Accounts	3
Number of clients created CV	8
Number of clients starting College Course	3
Number of clients starting volunteering	0
Number of clients starting employment	5

IEP data 2014-15:

	Average per month
Number of clients accessing (April – Nov)	43
IEP transactions (April – Nov)	82
Syringes dispensed (April – Nov)	1664
Dry Blood Spot tests performed (April – Dec)	3*
Take Home Naloxone kits dispensed (April – Dec)	5*

* these functions may be performed for clients in main service

Open Access data Jan to December 2015

Activity	**Number**	**Average Per quarter**
Benefits	51	13
Housing	15	4
Emotional support	170	42
Advice & information	130	32
Food parcel	83	21
Use of phone to other services	292	73
Total	**741**	**185**

Impact of potential funding reductions and options for delivery

Addaction have been unable to identify any savings in 'backroom' costs and have identified that all savings will come from staff costs.

Potential staffing structure

Remove the Team Leader post (1 WTE) and one Project Worker post (1 WTE)and increase administration capacity to 1 WTE.

This allows the Administrator to support clinical administration currently undertaken by Project Workers (e.g. input to Waiting Times, SDMD and the Addaction data system) in order to maximise Service User work.

Finance

£54,000 equates to approximately:

Post	WTE	Savings
Team Leader	1	£33,894
Project Worker	1	£28,229
Increase Administrator Post	0.5 → 1	-£7642
Total Savings		£54,500

These figures include all on costs including the management fee of 7.5%
Redundancy costs are estimated at between £15,000 to £20,000. These have not been included in calculations.

In this proposed new staffing structure, the increased emphasis on team facing work and direct delivery would mean that the Service Manager would have less capacity to support training placements e.g. AWTP and Social Work students, wider agency work and capacity building and ability to support ADP sub-groups and other partnership developments.

Addaction have estimated that the current case load of roughly 110 people would be split between 5 project workers at 20 each, 5 for the Team Leader and the other 5 for students, averaged out over the year. This equates to the caseload being reduced to 77% in the proposed new structure.

Service Delivery models

Addaction have considered three delivery models within the proposed staffing structure. Given that Harm Reduction/Open Access and Re Integration account for 15-20% of workload, the most straightforward option would be to cut out one or other of these parts of the service in its entirety. These situations are represented in the first 2 options. Option 3 describes delivery of all 3 components but to a reduced extent.

Addaction have estimated that around one quarter of the Team Leader's capacity is taken up by direct work and this post, similarly to the Project Workers, supports Harm Reduction/ Open Access, Planned Care and Re- Integration activities. They have not factored in the extra work that supports family work as this is a small part of the

workload though note that this is an identified area for future development. This equates to frontline capacity being reduced to 77% in the potential new structure.

Model	Description	Impact on Service Delivery
Option 1:	Remove re-integration function. Harm Reduction and Open Access Service continue.	Lose individual re-integration work, employability activity, Mutual Aid and the range of other recovery activities, including Recovery Life and the Friday group as well as support for the volunteer programme. Increasing demand for treatment as people relapse
Option 2	Remove Harm Reduction (IEP) and Open Access service Re-Integration activities would function as normal.	Restrict access to the service by not providing an Open Access function. Project Workers would see people by appointment only. The impact of not providing Harm Reduction activities would curtail Injecting Equipment Provision, Dried Blood Spot Testing and Naloxone. Increased risk of drug deaths and blood borne virus infections
Option 3	Provide Harm Reduction/Open Access, Planned Care and Re-integration, but to a reduced extent.	This would equate to three quarters of front line work across the 3 core functions. A quarter of the people in need would not get a service Increased risk of drug deaths and BBVs

Planned Care

With Planned Care, the potential staffing model means a reduction in caseload capacity to 77% of current situation. Waiting times would increase as fewer clients will be seen.

Addaction have also considered centralising the service to the office base and dismantling the locality model, but this would not be equitable.

APPENDIX 5 Borders Addiction Service

2.3 Borders Addiction Service

Borders Addiction Service (BAS) provide a range of specialist treatment and support services for adults over 16. This includes psychosocial interventions; substitute prescribing (e.g. methadone) and community detoxification. There is also a Substance Misuse Liaison Nurse (SMLN) based in the BGH and an Addictions Psychological Therapies Team (APTT)

BAS is the local lead for delivering Alcohol Brief Interventions training to support the LDP standard and also co-ordinates the Take Home Naloxone programme. BAS provides a Drug Treatment and Testing Order (DTTO) service which is funded by Criminal Justice Social Work.

The caseload at end January 2016 is 328.

2.31 Staffing

The current staffing team at BAS is as follows:

Post	Hours	WTE
Service Manager	*10*	*0.26*
Consultant Psychiatrist – Addictions	37.5	1
Team Leader	37.5	1
Band 6 Staff Nurse	195.5	5.22
Band 5 Staff Nurse	150	4
Primary Care Facilitator	37.5	1
SMLN	75	2
(APPT) Consultant Clinical Psychologist	15	0.4
(APTT) Clinical Applied Associate in Psychology	18.75	0.5
Band 2 Admin	16	0.47
Social Work Support Worker	140	4
Team Administrator	37.5	1
Secretary	53.5	1.38
Specialist GP		0.5
	Total	22.73

2.32 Outcomes

Recovery outcomes – Core Team

BAS uses the star outcome tool to report on recovery outcomes across a variety of areas for service users in the core team. Service users complete the star with their worker and discuss a score for each area. The table below shows the average proportion of the clients whose score for each outcomes area has increased (improved), decreased (worsened) or stayed the same at the most recent review. This table will scores for people who have both planned and unplanned discharges.

Scale	Decrease	Same	Increase
Drug use	27%	51%	22%
Alcohol use	8%	43%	49%
Physical health	20%	30%	50%
Meaningful use of time	21%	28%	51%
Community	22%	36%	42%
Emotional health	21%	19%	60%
Accommodation	9%	57%	34%
Money	20%	40%	40%
Offending	12%	72%	16%
Family and relationships	23%	35%	42%

Consumption outcomes

	Number	%
Number of planned discharges (Apr-Oct)	108	76% (of those starting treatment)
Reduced consumption at removal	18	17% (of planned discharges)
Abstinent at removal	30	28% (of planned discharges)
Unknown	60	56%

Options for service delivery and impact

BAS is committed to exploring the impact and potential delivery options should the proposed 20% reduction be required and is currently consulting with the staff team on potential options for delivery.