

ALCOHOL AND DRUGS DELIVERY REFORM GROUP – FINAL REPORT

Introduction

1. This is the report of the Alcohol and Drugs Delivery Reform Group.
2. After summarising the background and context to the Group's work, it explains and sets out the Group's recommendations to Government on future local partnership arrangements to tackle alcohol and drugs misuse.

Background and context

3. In January 2008 a Delivery Reform Group to improve alcohol and drug delivery arrangements and ensure better outcomes for service users was established by the Scottish Government. Members were invited from the Scottish Advisory Committee on Drug Misuse (SACDM) and the Scottish Ministerial Advisory Committee on Alcohol Problems (SMACAP). A list of members is at Annex A.
4. The Group was asked to develop proposals for improving delivery arrangements, taking account of the following:
 - the Concordat between the Scottish Government and CoSLA, and the introduction of Single Outcome Agreements;
 - the publication of the Stocktake Review of Alcohol and Drug Action Teams¹; and
 - the parallel development of new drugs and alcohol misuse strategies.

The remit of the Group is at Annex B.

Single Outcome Agreements

5. A new relationship between the Scottish Government and local government was established under the terms of the Concordat agreed in November 2007. This introduced a package of measures, including a reduction in the number of ring-fenced budgets, the streamlining of bureaucracy and reporting requirements, and the introduction of Single Outcome Agreements, which from 2009/10 will be agreed between the Scottish Government and each Community Planning Partnership (CPP)². The Group recognised that this presents challenges for everyone working in the local delivery environment, but also real opportunities for services, such as those addressing alcohol and drugs problems, that rely on a high degree of integration and partnership working.

Stocktake Review

¹ Report of the Stocktake of Alcohol and Drug Action Teams, June 2007. The report can be found at: <http://www.scotland.gov.uk/Publications/2007/06/22094551/0>

² The Local Government in Scotland Act 2003 provides a statutory basis for community planning. It also places a duty on relevant parties to participate in the community planning process. Full text of the Act can be found at: http://www.opsi.gov.uk/legislation/scotland/acts2003/asp_20030001_en_1

6. There have been long-standing concerns regarding the effectiveness of planning, commissioning and delivery of drugs and alcohol services in some parts of Scotland. These were reflected in a number of expert reports, but most directly addressed in the 2007 Stocktake Review of Alcohol and Drug Action Teams. The Stocktake Review concluded that the partnership model was necessary to tackle substance misuse at a local level, and that Alcohol and Drug Action Teams had made a positive difference. It also highlighted, however, a number of areas for improvement, including the need for:

- i. a greater clarity and consistency in defining the role and purpose of ADATs;
- ii. more satisfactory accountability arrangements, particularly between ADATs and national Government;
- iii. ADAT representatives to be at a senior level and be representative of the strategic agencies that are involved in substance misuse issues; and
- iv. all ADATs to be able to: demonstrate robust approaches to assessing needs; develop clear strategies; ensure services are in place and effective; and, in particular, to be able to demonstrate services' impact.

The Policy Context: National Strategies

7. In May 2008, the Scottish Government published a new drugs strategy "*The Road to Recovery*" and in June a discussion paper on alcohol policy, "*Changing Scotland's Relationship with Alcohol*".

8. The drugs strategy set out a significant programme of reform to reduce problem drug use in Scotland. Central to the strategy is the belief that all drug treatment services should promote recovery - a process through which individuals are enabled to move on from their problem drug use towards a drug-free life.

9. The discussion paper on Scotland's relationship with alcohol set out the Government's strategic approach to tackling alcohol misuse. It illustrated the scale of alcohol related harm in Scotland and outlined a broad package of legislative and non-legislative measures designed to tackle an alcohol misuse problem affecting large parts of the general population. A report on the outcomes of this consultation is due to issue shortly.

10. The development of new national strategies on reducing alcohol misuse and problem drug use also signified a need to review current delivery arrangements – in particular, to ensure that local arrangements were sufficiently responsive to a change in direction, and were able to adapt to a "whole population" approach for alcohol and to a recovery approach for drugs.

Task of the Delivery Reform Group

11. Against the backdrop of these developments, the task of the Delivery Reform Group was to draw up proposals for a new national delivery framework to promote consistently effective arrangements across the country.

12. Early in its deliberations, the Group agreed that, to be effective, a new framework would need to clearly set out the following:

- the roles and responsibilities of the Scottish Government and local government, NHS Boards, agencies and partnerships, and the accountability arrangements between them;
- the capacity required to carry out those roles and responsibilities;
- the forms of support which are available to those carrying out their responsibilities; and
- the way in which the desired outcomes should guide the configuration of delivery arrangements. Outcomes also needed to be clearly described and linked to measurable progress.

The development of such a framework has been the subject of the Group's work.

13. The Group's work has been informed by:

- a national consultation event in September 2008, which the Group held to discuss its work and emerging proposals with key stakeholders and partners; and
- a series of workshops held over the summer to develop outcomes.

14. This report sets out the Group's recommendations to the Scottish Government. It is set out in 3 parts: **accountability, responsibilities and partnership; outcomes;** and **national support**. The proposals are intended to be complementary, and to be seen as an integrated package.

ACCOUNTABILITY, RESPONSIBILITIES AND PARTNERSHIP

Accountability

15. Accountability is a key foundation of any effective delivery framework. It is expressed in the mechanisms by which different authorities and agencies are required to describe to others (including the public), what they are trying to achieve and how. Above all, it is expressed in an evaluation of success in securing specific outcomes. It rests on a clear understanding of the responsibilities of each agent involved, and, where there is partnership working, how they relate to those of the other bodies engaged.

16. In 1995, the then Scottish Office asked Health Boards and local authorities to establish strategic partnerships focused on reducing drug (and subsequently) alcohol problems at a local level. These partnerships and their Chairs were themselves to be held to account by Government for the success or otherwise of efforts to reduce substance misuse at the local level. However, this did not rest on any underpinning relationship of accountability between national Government and the partners involved.

17. **A key conclusion of the Group is that the current framework has not allowed accountability to work effectively.** As noted in the Stocktake, in some areas local partnerships have worked well to tackle alcohol and drugs misuse. In so doing, the ADAT has depended critically for its success on the commitment of, and relationship between, the statutory partners: in particular, the NHS Board and relevant local authorities. However, these key players' levels of commitment to their local partnership has varied significantly across the country. Where there has been a lack of commitment, the capacity of the ADAT itself to rectify the situation, without a statutory basis or executive powers of its own, has been limited. This has left some ADATs powerless to deliver the strategic approach required, and unable to improve performance when asked to by Government. And, from the Government's perspective, it has not been possible to rely on ADATs to address underperformance or to deliver new national strategies.

19. Over the same period of time, and as noted above, the nature of relationships between the Scottish Government and local partners has evolved significantly. No attempt has previously been made, however, to align ADATs with these new arrangements. **It is therefore a central contention of this report that, to ensure consistently effective delivery of alcohol and drugs services, local partnerships need to be founded directly upon the underpinning accountability relationships between the Scottish Government and local partners** – namely, the National Performance Framework, Single Outcome Agreements and community planning more broadly; and the NHS performance management arrangements, including HEAT.

20. The ambition expressed in the Concordat, agreed by the Scottish Government and CoSLA in November 2007, is to see public services working together in partnership to improve the delivery of outcomes. Under the new arrangements ushered in by the Concordat, shared priorities for each local authority area are developed and agreed by local partners and Government, in the form of Single

Outcome Agreements. From 2009/10 onwards, these are the vehicles through which local CPPs and Government will agree priority outcomes for each local authority area, as well as the indicators used to measure their achievement. More specific plans setting out local partners' decisions on policies, programmes and resources should then be aligned to support the achievement of these priority outcomes.

The Group considers this to be a fundamentally important mechanism in an effective new delivery framework, in ensuring clear and focused accountability for the achievement of substance misuse outcomes. This has significantly influenced the Group's conclusions on local partnership arrangements for tackling alcohol and drugs misuse (see paragraphs 33-37).

21. Distinct accountability relationships exist between the Scottish Government and NHS Boards, reflecting NHS Boards' direct accountability through Ministers to Parliament. As well as annual Ministerial reviews of performance, a key feature of these relationships is the HEAT system, whereby NHS Boards are held to account for their achievement of agreed priority targets. A target relating to one aspect of alcohol services was included within HEAT for the first time in 2008/09, and one will be adopted for drug treatment waiting times in 2009/10. This should ensure that the quality and availability of alcohol and drug services will feature more prominently in the wider NHS performance management arrangements (such as Annual Reviews) in the future – although improved performance in this area cannot be delivered by NHS Boards alone, as they will be dependent on the contribution of other parties including local government.

22. The Group believes that these processes are complementary, and will assist the pursuit of effective joint working between partners. Accountability for delivering on substance misuse outcomes should be based on clearly holding each of the partners to account for their contribution to the achievement of shared outcomes, based on effective partnership working. This will require meaningful joint design and delivery of local strategies by all the partners.

23. During its work, the Group has been kept up-to-date and has contributed to the work of the Scottish Government to develop a broad HEAT target relating to access to drug services. The Group welcomes the inclusion within the HEAT framework of this target and supports the Government's intention to ensure that the risk of perverse incentives within the system such a target might create is minimised. It suggests that work is done in the developmental phase of the target to investigate the scope for extending the target to alcohol misuse services.

Responsibilities

24. In light of the Group's recommendations on accountability, this section proposes responsibilities for the different bodies involved in tackling alcohol and drug misuse. These include their responsibilities for ensuring there are effective partnership arrangements, involving not only the key statutory bodies but other partners such as Third Sector interests, in their parts of the country.

25. In all cases, roles and responsibilities derive from the overarching requirement for all public bodies and their partners to work towards the outcomes set out in the national performance framework.

26. The Scottish Government should:

- ensure there are appropriate mechanisms at a national level to oversee delivery of the drugs and alcohol strategies, including issues arising from the delivery of HEAT targets on alcohol and drugs. These should build on the existing roles and functions of the Scottish Advisory Committee on the Misuse of Drugs and the Scottish Ministerial Advisory Committee on Alcohol Problems;
- communicate to local partners a new delivery framework based on the recommendations in this report, and work with partners across the country to help them give effect to the necessary changes to their local arrangements;
- 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 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 hypothecated funding and resources spent 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;
- continue to provide resources to NHS Boards specifically to fund capacity to support the development of local partnership-based strategies and plans within each NHS Board area, whether at NHS Board or local authority level;
- where required, support local partners in planning services and investment in a way which will best deliver on the agreed local priorities; and
- lead the development of guidance and otherwise co-ordinate the provision of support for local bodies in working in partnership to achieve alcohol and drugs outcomes.

27. In the fulfilment of its functions, the Government should work closely with CoSLA and other key national partners as appropriate.

28. **Local authorities and NHS Boards should each:**

- participate in the design of local partnership arrangements which are most appropriate to the circumstances of the local area, taking due account of the importance of the voluntary and private sectors and the views of service users. (Further recommendations on the form of such partnership arrangements are set out in the following section);
- ensure that the partnership arrangements so devised enable them to meet their respective responsibilities to account to the Scottish Government, other partners and the public;
- ensure that these arrangements provide a clear process for including all relevant partners, to different degrees depending on need, including the police, prison service, Community Justice Authorities, the education sector, the private sector, trades unions, and other relevant agencies, together with communities of interest such as the third sector, carers and service user groups;
- participate fully and transparently in the operation of those arrangements, including 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; and
- identify and commit to deploying the resources necessary for the partnership to deliver the agreed strategy or strategies for their area, and commit to agreeing with partners how those resources are to be deployed on the basis of collective, partnership decision-making.

29. 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, 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 a broad outline of the services to be provided and/or commissioned, reflecting the local assessment of need;
- 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.

30. **In addition to the above, local authorities** should:

- ensure that the partnership arrangements so devised can effectively support the identification of local priorities within the Single Outcome Agreement for that area, as part of the wider operation of community planning;

- where the local authority is one of several within the Health Board area, participate fully in relevant NHS Board coordination arrangements as described in Paragraph 37.

31. **In addition to the above, NHS Boards** should:

- ensure that the operation of local partnership arrangements in their territory enables them to meet their responsibility to account fully to the Scottish Government through NHS performance management systems, including HEAT;
- participate fully in the development and implementation of Single Outcome Agreements for each local authority area within their territory, as part of their wider engagement in community planning.

32. While the Group has set out the roles and responsibilities of Government and local government, NHS Boards, agencies and partnerships, it recognises that the service user has a responsibility in that he/she must have the will to recover and actively participate in their own programme of recovery; and that the proper assessment, engagement with and support of service users is, therefore, of paramount importance.

Partnership

33. The Group believes that a specialist, dedicated partnership on alcohol and drugs is required at a local level. Because of the centrality of community planning to the achievement of outcomes at a local level, the Group recommends that such a partnership should be firmly embedded within Community Planning Partnership arrangements.

34. Such a partnership should be the organisational expression of the shared commitment of NHS Boards and local authorities, and other key partners, to work together on the basis of their common responsibilities. The partnership should frame and own the shared outcomes, and put in place processes for transparent relationships of mutual respect and commitment.

35. To emphasise both their place within community planning and the fact that in many places this will require a change from current arrangements, the Group recommends that these partnerships should be named **Alcohol and Drugs Partnerships** (hereafter referred to as ADPs).

36. Leadership and commitment will be critical to the success of the ADP. As such the role of Chair is of vital importance. The Chair needs to be of the appropriate seniority – that is, should be involved in the operation of the Community Planning Partnership at a strategic level, should possess the skills needed to lead the ADP and give strategic direction, and should be able to give the time and commitment that the role requires.

37. In many parts of the country, there will be more than one ADP within the local Health Board area. Where this is the case, it is imperative that co-ordination

arrangements are put in place which ensure strategic coherence across the Board area, and which enable the effective monitoring of services commissioned and delivered at NHS Board level. As noted above, these arrangements should be sufficient to enable the NHS Board to meet its responsibility to account properly to the Scottish Government through NHS performance management systems, including HEAT, as well as playing their part in community planning processes. The partners should work together on processes including (but not restricted to):

- specialist needs assessment for the Health Board area as a whole;
- decision-making on the resource to be directed to each local authority area; and
- actively taking forward synergies and approaches which reach beyond clinical services and treatment through pursuit of effective preventative interventions across the community.

38. Local budget-holding delivery bodies would be expected to commission services in line with local alcohol and drug strategies. The operational relationship between delivery bodies (such as CHPs) and the ADP may vary depending on the nature of local delivery arrangements (for example, whether there is an integrated Community Health and Care Partnership operating under the aegis of the Community Planning Partnership). This should be a matter for local discretion, as long as the ADPs clear strategic role is maintained.

39. The Group suggests that, subject to agreement by local partners, an ADP and/or its support team *may* also:

- provide the corporate identity for local alcohol and drugs strategies;
- develop marketing and public relations strategies, including public outreach;
- provide local visibility, advocacy and leadership for alcohol and drugs issues for services, service users, families and communities; and
- provide a one stop shop for information about local services and activities.

These functions are already being carried out effectively in a number of areas and the Group wishes to commend these efforts.

40. In reaching agreement on appropriate NHS Board area-wide co-ordination arrangements, local partners may decide that some of the ADPs functions, such as those listed above, may best be performed on a NHS Board area-wide basis.

41. The Group recommends that the Scottish Government should continue to make available to NHS Boards dedicated funding to support alcohol and drugs partnership processes across their NHS Board area. The Government should review the totality and distribution of this funding in light of the recommendations of this Group and of the current Audit Scotland project. NHS Boards should remain accountable to the Scottish Government for their use, and the Scottish Government should require NHS Boards to work with local partners to agree how these resources may best be deployed.

OUTCOMES

42. Given the centrality of the Single Outcome Agreement system in the proposed new delivery framework and the role for partners in the identification, pursuit and achievement of shared outcomes, the Group believes it is critical for ADPs to be equipped to operate effectively within an outcomes based environment. The Group recognises that for many an outcomes based approach is a new concept and will require new ways of working to evolve over time. In light of this the Group has developed a toolkit to assist ADPs in working with outcomes.

43. The toolkit contains a range of outcomes (set out under themes: recovery, prevention, children affected by parental substance misuse, and enforcement and availability) which can be used by ADPs in the following ways:

- to demonstrate and illustrate how drugs and alcohol services can have a positive impact on communities and individuals, and so contribute to achieving high-level and national outcomes;
- to ensure that decisions on the mix of treatment and rehabilitation services are informed by evidence, including how they meet the identified need;
- in commissioning services, and putting in place performance management arrangements to track progress; and
- to communicate the impact of activities to the public.

44. The toolkit also provides examples of intermediate and service delivery outcomes that ADPs may wish to consider when identifying their local priorities. These outcomes are neither a prescriptive nor an exhaustive list. Some may have already developed their own service delivery outcomes, and it is for them to decide whether to continue with these or to choose to update them with some of the outcomes provided in the toolkit.

45. The toolkit should be treated as a live document which will be subject to revision and updated over time.

46. The Group calls on the Government to promote the toolkit across Scotland as one means of focusing ADPs on delivering outcomes.

NATIONAL SUPPORT

47. A clear majority of the Group agreed that a national support function should be established, as recommended in the Report of the Stocktake of Alcohol and Drugs Action Teams and proposed in the national Drugs Strategy. This would principally consist of practitioners from the field working with the Scottish Government's Alcohol Misuse Team and Drugs Policy Unit.

48. The role of the national support function would be to help ADPs across Scotland to achieve the best possible outcomes. It would be analogous to other support partnerships, such as Community Safety Co-ordinators or the NHS Improvement and Support Team. It would also work in conjunction with other support functions and learning networks operating in relevant and complementary areas.

49. Support co-ordinators would:

- **support local partners in understanding and implementing any changes implied by the delivery reform package overall;**
- **provide support in the shift to working on the basis of outcomes** and using the Outcomes Toolkit;
- **support local partners in implementing the new drugs and alcohol strategies**, including working with the Scottish Drugs Recovery Network to implement recovery and with local partners to take forward the whole population approach on alcohol;
- **facilitate discussions** at local level, including between partners, using wider networks and links to other Government Directorates where appropriate;
- **be a means of capturing and disseminating best practice**, facilitating practical benchmarking on specific issues, such as needs assessment, data quality assurance or implementing National Quality Standards (while not usurping the proper functions of local management in carrying out its functions);
- **improve the quality of information and data** flowing between the local level and Government to improve policy making and help deliver an effective outcomes-based approach;
- **liaise and work effectively with other national bodies** with responsibilities for the implementation of the new alcohol and drugs strategies; and
- **develop a business plan** that addresses ADPs' needs, ensures genuine added value and takes account of the capacity of other bodies to assist. It is anticipated that the role of coordinators will evolve to respond to changing needs.

The role is intended as supportive to the newly developing ADPs.

50. It is neither intended nor proposed that the national support function would perform a scrutiny function. In relation to services, the scrutiny role will be fulfilled by the new integrated scrutiny body on care and social work and new health scrutiny body.

51. The support function should offer its services to all, but the Group suggests that its initial business plan should seek to set early priorities.

52. The Group believes that the creation of the national support function will require a review of existing support and the function of the SAADAT national liaison officers, to ensure that the services offered are complementary and not duplicated. The Group recommends that such a review should be carried out as a matter of priority following the recruitment of support co-ordinators. It notes the Government's confirmation that funding will be provided for the SAADAT national liaison posts in 2009/10.

CONCLUSION

53. ADATs have made a positive difference to alcohol and drugs misuse in Scotland, but substance misuse remains a major problem. This report charts a way forward for ensuring that in years to come local delivery arrangements can operate as effectively as possible within a rapidly changing public service landscape.

54. Our goal is to create an environment for the delivery of client-centred actions that achieve lasting change in the lives of individuals across Scotland, be they substance misusers, their families, or members of the communities in which they live. We believe that the focus on outcomes and the development of single outcome agreements provide a clear opportunity at this moment for Scotland to take major steps forward in preventing and responding to alcohol and drugs misuse, harnessing the tremendous potential for partnership working which exists in each community planning partnership and across each Health Board area.

55. We are excited by this opportunity and firmly believe that, by grasping it, approaches to tackling alcohol and drugs misuse can be transformed to the lasting benefit of the people of Scotland.

SACDM/SMACAP PROJECT GROUP ON REFORMING LOCAL DELIVERY ARRANGEMENTS**Membership**

Alan Johnston, Head, Drugs and Community Safety Division (Co-Chair)

Alison Douglas, Head, Alcohol Misuse Team

Brian Kidd, former Vice Chairperson, Scottish Association of Drug and Alcohol Action Teams and Chairperson, Dundee City Drug and Alcohol Action Team

Charles Lind, Clinical Director of Addictions, Ayrshire and Arran NHS Trust

Dave Liddell, Director of Scottish Drugs Forum

Donna MacKinnon, Police and Community Safety Analytical Team

Fiona Campbell, Alcohol Misuse Team (Secretary)

Gerry Robson, Principal Officer for Substance Misuse Services, CrossReach

Joe Griffin, Head, Drugs Policy Unit

Joy Barlow, Head, Scottish Training on Drugs and Alcohol

Karen McGuigan, Drugs Policy Unit (Secretary)

Maggie Watts, Chairperson, Scottish Association of Drug and Alcohol Action Teams and Chairperson, Ayrshire and Arran Alcohol and Drug Action Team

Marsha Scott, Chairperson, West Lothian Drug Action Team

Mike McCarron, former National Substance Use Liaison Officer, SAADAT

Mike Palmer, Head, Public Health and Substance Misuse Division (Co-Chair)

Robert Peat, Director of Social Work and Health, Angus Council representing the Association of Directors of Social Work

Russell Bain, Team Leader, Community Planning

Ruth Parker, Acting Head of Addictions, Scottish Prison Service

Steven Dalton, Lead Officer, Dundee City Drug and Alcohol Action Team

Tom Divers, Chief Executive, Greater Glasgow and Clyde NHS Board and Chair, Glasgow Drug Action Team

Tom Wood, former Chairperson, Scottish Association of Drug and Alcohol Action Teams and former Chair, Action on Alcohol and Drugs in Edinburgh

Willie MacColl, Scottish Crime and Drug Enforcement Agency

SACDM/SMACAP PROJECT GROUP ON REFORMING LOCAL DELIVERY ARRANGEMENTS

Remit

Purpose

The Group has been established to develop proposals to improve alcohol and drugs delivery arrangements and clarify the accountability structures for services, local partnerships and statutory bodies.

Remit

The remit of the Group is to:

- Develop and propose an outcomes-based framework for assessing and managing performance at a local level, which can also support accountability arrangements;
- Develop and propose a clear statement of the strategic functions which need to be carried out at a local level to deliver national alcohol and drugs misuse strategies. This may include specifying the responsibilities of statutory bodies and the relationships with other local partnerships such as Community Health Partnerships, Community Justice Authorities and Community Safety Partnerships;
- Develop and propose robust accountability arrangements between central Government and partner organisations, taking into consideration the recommendations made in the Stocktake report, and the wider context of NHS accountability arrangements and the development of Single Outcome Agreements with local authorities; and
- Consider the need for a national support function and, if supported, develop proposals for its role, structure and responsibilities.

Chairing/Secretariat

The sub-group will be chaired alternately by the Heads of the Public Health and Substance Misuse Division, initially Kenneth Hogg, then Mike Palmer, and the Drugs and Community Safety Division, Alan Johnston. The Secretariat function will also be shared by these teams and will be carried out by Fiona Campbell and Karen McGuigan.