

Life Matters

Aberdeenshire Alcohol and other Drug Delivery Plan

April 2015 - March 2018 (Draft)



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02 Introduction



This delivery plan updates and builds on Aberdeenshire's strategy, "Healthier, Happier, Safer" to achieve the ultimate goal that:

"People live rich, meaningful and autonomous lives free from harm due to alcohol or other drugs"

The plan intends to guide local delivery of the Scottish Government's policies, "The Alcohol Framework: Changing Scotland's Relationship with Alcohol" and "The Road to Recovery", various ministerial priorities and local priorities. To make sense of the various expectations, we have organised our work across four themes:

- *Prevention & early intervention*
- *Protection and harm reduction*
- *Treatment and recovery*
- *Inclusion*

For each theme, we have identified the overarching national and intermediate local outcomes we seek to achieve, the indicators we intend to use to monitor our progress and the high level strategic actions we plan to take to achieve these outcomes. This plan will form the basis of future ADP Committee agendas, how ADP resources are deployed, how we self-assess our performance and how we account for our performance to the Community and our Community Planning Partnership (CPP).

The Aberdeenshire Single Outcome Agreement (SOA) details the priorities community planning partners have agreed to work towards over the coming 10 years. It sets out what we will do together to make Aberdeenshire a better place. Likewise, the Health and Social Care Partnership (HSCP) aims to have a strategic plan to support modernisation and integration of local health and social care.

This delivery plan informs the alcohol and drug outcomes for both. Progress against the ADP delivery plan will be reviewed at each ADP committee meeting and reported to the CPP Board on an annual basis. This delivery plan has been developed with the delegated authority of the CPP. Its contents have been formed by the views and aspirations of our communities and service users as well as the views of our partners and the chairs of ADP sub-committees and Forums in accordance with the ADP Partnership Agreement.

02 Introduction (continued)



Those involved include:

ADP Committees & Forums Services

Related Partnerships

- Full ADP
- Children, Families and Young People's (CF&YP) Group
- Commissioning Performance and Finance (CPF) Group
- Early Intervention and Prevention (EIP) Group
- Justice, Enforcement, Licensing and Community Safety (JELCS) Group
- North, Central and South Community Forums
- Service Delivery (SD) Group

Services

- Aberdeenshire Council Community Substance Misuse Service
- Aberdeenshire Health and Social Care Partnership
- Housing Services
- Job Centre Plus
- NHS Grampian Sexual Health Service
- NHS Grampian Substance Misuse Service
- Partner Voluntary Organisations
- Police Scotland, Aberdeenshire and Moray Division
- Scottish Prison Service HMP Grampian

Related Partnerships

- Aberdeenshire Voluntary Action
- Aberdeenshire Youth Council
- Community Planning Partnership
- Community Safety Partnership
- Employability Partnership
- GIRFEC Management Group
- Health Inequalities Group
- Learning Communities Partnership
- Licensing Forums
- Managed Care Network for Sexual Health and BBVs
- Tackling Poverty and Inequalities Group
- Choose Life

03

Understanding Aberdeenshire



Geography and Demography

Aberdeenshire has a rural geography in the north-east of Scotland, with a population of 260,500 people, comprising Caucasian (96.1%), Asian (2.6%), and African and Caribbean (0.7%) people. Currently one in five people (21%, ~55k) are under sixteen, while almost one in five are over 65 (18%, ~46k). The remaining majority of people (61%, ~160k) are aged in-between. Population growth is expected, particularly for the over 65 population, who are predicted to increase in number by 65% by 2035.

Health status

Overall Aberdeenshire is relatively affluent, with three quarters of the population (72%) living in some of the least deprived communities in Scotland. However there are known inequalities, with one in twelve people (8%) living in some of the most deprived communities in Scotland. Consistent with this picture, Aberdeenshire compares well to the rest of Scotland on a range of measures, such as overall employment, education income, crime, and housing, but these are not equally experienced. The known association between socioeconomic deprivation and poorer outcomes are seen to hold locally (for example, there is a substantial waiting list for social housing). Aberdeenshire also has high overall levels of rural deprivation, fuel poverty, road traffic casualties, and obesity.

Alcohol and drug use

Self-reported use of alcohol and drugs by 13 and 15 year olds tends to compare relatively favourably with the Scottish average, and reported use has been reducing over the past decade (although this reduction may have reached a plateau, or even reversed, amongst 13 year olds). Around 17% of the adult population (~33k people) drink alcohol hazardously, and around 5% (~10k) drink in a harmful or dependent manner. Hazardous drinking is particularly prevalent amongst younger (16 – 24) and middle-aged (45 – 54) women and men, though it is evident across all age groups.

In contrast, younger women (aged 16 – 24) appear to be most likely to drink harmfully or dependently in Aberdeenshire, with a marked reduction across all other age groups. Younger men are similarly most likely to drink harmfully or dependently, but with an obvious reducing gradient across older age bands. A consistent estimate of the number of adults with 'problem drug use' (use of illicit opiates, prescribed methadone, or benzodiazepines) has been around 1,000 to 1,500 people (0.5% - 0.75% of the population).

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Understanding Aberdeenshire (continued)



Alcohol and Drug harms

Aberdeenshire's overall alcohol-related hospital admission rates are lower than the Scottish average, though this conceals variation across communities. While more than a third of communities (37%) in Aberdeenshire have alcohol-related admission rates that are no different to the Scottish average, 12% of communities have rates which are significantly worse. Aberdeenshire's overall average rate is reduced by the half of communities (51%) which have rates that are significantly lower than the national average.

Individuals who abuse alcohol and/or drugs are recognised as being at greater risk of dying by suicide and evidence indicates that alcohol and drug abuse feature in deaths by suicide in Aberdeenshire.

Aberdeenshire's overall drug-related hospital admission rates are lower than the Scottish average, though this conceals variation across communities. While two thirds of communities (67%) in Aberdeenshire have drug-related admission rates that are no different to the Scottish average, 2% have rates which are significantly worse.

Aberdeenshire's overall average rate is reduced by the near third of communities (31%) which have rates that are significantly lower than the national average. The communities worst affected by alcohol-related admissions are also those worst affected by drug-related admissions. Alcohol-related hospital admissions are a likely proxy measure for the range of other alcohol-related social, physical, mental, and legal

problems, such as domestic abuse and their distribution is expected to mirror these. Aberdeenshire's average alcohol and drug-related mortality are both lower than the Scottish average, but this average is expected to conceal variation between communities.

Conclusion

Analysis of available information supports the conclusion that alcohol and drug-related disorders and associated harms show variation across Aberdeenshire, in some places being better and in others significantly worse than the Scottish average. It supports the known association between deprivation and substance-related harms, requiring partnership working to address determinants, deliver treatments, and facilitate wider recovery. As part of our self assessment arrangements, we have chosen to benchmark against East Dunbartonshire, an area similar to Aberdeenshire in many respects despite Aberdeenshire having 36 times more land mass. It's a flourishing affluent rural area bordering a major city. It's population of about 106,730 is aging and has low unemployment, high life expectancy and low crime levels.

As with Aberdeenshire, East Dunbartonshire experiences variations between communities and has designated two places as regeneration areas. East Dunbartonshire has proportionally similar levels of alcohol and drug issues to Aberdeenshire and has included the goal of minimising the harm caused by alcohol and drugs within their Single Outcome Agreement.

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Our priorities for the next three years



As a partnership we want to see the following outcomes achieved over the life of this plan:

Prevention & early intervention

Adults and children will be better informed to make their own decisions about their use of alcohol and other drugs resulting in fewer drinking or using drugs at levels that are damaging to themselves or others. We'll achieve a culture of responsible drinking across the whole population that makes abstinence or alcohol consumption within responsible drinking limits the norm.

Protection and harm reduction

People misusing alcohol or drugs, children, families and communities will be safer, well-supported, have improved life-chances and live in an environment where alcohol and other drugs are less readily available.

Treatment and recovery

People will be able to access the treatment and support they need and be effectively supported on their personalised recovery journey through improved access to community co-production and greater use of voluntary organisations to bolster recovery capital and more focused use of specialist services to deliver the recovery interventions only they can provide.

Inclusion

Previously marginalised communities will be empowered and supported to make a difference by getting involved and using their insights to create local solutions and have a positive influence on all aspects of service planning, community planning and licensing in their area.

Summary of Aberdeenshire ADP's 3 year work plan

PREVENTION

RECOVERY

PROTECTION

INCLUSION

People live rich, meaningful and autonomous lives free from harm due to alcohol or other drugs.

- 1.1 Communities will be better informed to make their own decisions about their use of alcohol and other drugs.
- 1.2 Children and young people will have the knowledge, attitudes and skills to make informed lifestyle choices to maintain the social norm that they do not misuse alcohol or other drugs.
- 1.3 More citizens will be offered an Alcohol Brief Intervention (ABI) where the need and opportunity to do so presents.
- 1.4 The ADP will be aware of emerging alcohol and other drug use trends, including new psychoactive substances (NPS) sufficient to inform interventions and workforce development plans.
- 1.5 Alcohol and other drug related inequalities between communities will reduce.

- 2.1 Risks to alcohol and other drug users are reduced resulting in fewer acute and long-term risks to physical and mental health and a reduction in drug and alcohol-related deaths including death by suicide.
- 2.2 Children & young people assessed to be 'at risk' from alcohol or drug use can access positive interventions designed to support and divert them from harm.
- 2.3 The risk to children and young people affected by parental or carer substance misuse will be reduced.
- 2.4 Families affected by a loved one's substance misuse will experience improved support and where appropriate, greater involvement in recovery planning.
- 2.5 People live in health-promoting local environments where alcohol and other drugs are less readily available.
- 2.6 Communities are safe from harmful alcohol or drug related behaviour.

- 3.1 People in need can readily access the most appropriate local services able to evidence service quality and a proven ability to help people recover to live healthier, happier and longer lives.
- 3.2 Services will be redesigned as a component part of the overarching Recovery Oriented System of Care and efficiently and effectively meet people's needs.
- 3.3 Our commissioning strategy will ensure resources are used effectively and efficiently, gaps in integrated care pathways are filled and service duplication is eliminated.
- 3.4 We have a skilled workforce engaged in improving the care they provide. Partners contribute collectively to the collective development of a motivated and competent workforce.
- 3.5 People will be supported to build their recovery capital to live their lives as independent, active and contributing members of society and move on towards an addiction free life, 'better than well'.
- 4.1 Marginalised communities will be helped to get involved and develop the confidence to try things to make things better in their community.
- 4.2 Marginalised communities and their representatives will develop a powerful voice and have real influence over the decision-making of the Forum, ADP and wider Community Planning Partners and become some of the most active and influential in our community.
- 4.3 We fully understand Aberdeenshire's diverse communities and their particular characteristics, aspirations, needs and strengths, sufficient to enable an informed response.
- 4.4 The wider community will have improved alcohol and drug insights countering the normalisation of alcohol or drug use and stigmatisation of those in recovery through effective communication channels.

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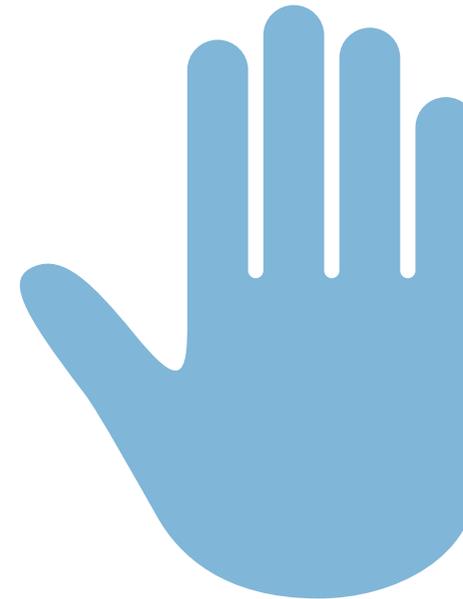
Prevention and Early Intervention

**Overarching National ADP Outcomes:**

PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.

Related Outcomes:

- *National Ministerial priority: Adopt a whole population approach to alcohol, particularly in hard to reach groups and deprived communities.*
- *National Ministerial priority: Meet the Alcohol Brief Intervention (ABI) Local Delivery Plan Standard; embed ABI in three the priority settings of primary care, A&E and antenatal and increase coverage in hard to reach groups and deprived communities.*
- *National Ministerial priority: We better understand NPS use trends and have taken action to prevent harm.*
- *Aberdeenshire SOA priority: Reduce inequalities in health outcomes between communities and across Aberdeenshire.*
- *Aberdeenshire SOA priority: Older people will live independent, healthier lives for longer in a homely environment, in a community which respects and values them, with informal carers who receive support to continue to care.*
- *National Health and Social Care Partnership priority: Health and social care services contribute to reducing health inequalities.*



Overarching National Indicators of Progress

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
<p>PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.</p>	% Drinking above daily or weekly recommended limits (4 year aggregate 2008-11).	Derived from Scottish Health Survey data (4 year aggregate 2008-11)	35% by 2018	2011 Scotland 43.4%	No change (next data due 22nd September 2015)	Grampian 2011 41.0% (In best third of Scotland)
	% Binge drinking (4 year aggregate 2008-11).	Derived from Scottish Health Survey data (4 year aggregate 2008-11)	17% by 2018	2011 Scotland 21.1%	No change (next data due 22nd September 2015)	Grampian 2011 20.6% (In worst third of Scotland)
	% Problem drinkers (4 year aggregate 2008-11).	Derived from Scottish Health Survey data (4 year aggregate 2008-11)	8% by 2018	2011 Scotland 11.7%	No change (next data due 22nd September 2015)	Grampian 2011 10.0% (In best third of Scotland)
	% 15 year olds reporting drinking on a weekly basis.	SALSUS	5% by 2017	2013 Scotland 11.7%; Aberdeen 5.7%; East Dunbartonshire 10.70%	Declining since 2006 (31%)	2013 11.5% (Mid position within Scotland)
	Number of deaths by suicide where alcohol or drug misuse is a contributing factor	Choose Life: Suicide Prevention Strategy 2013-16				Querying with Police Scotland
	Prevalence of problem drug use (Opiates and/or benzodiazepines).	Estimating the National and Local Prevalence of Problem Drug Use in Scotland, ISD	0.60% by 2018	2013 Scotland 1.68% Aberdeen 1.91% East Dunbartonshire 0.58%	2010 0.75% 2006 0.8% 2000 1.1%	2013 0.67% (n=1,100) (4th lowest in Scotland)
	% of 15 year olds reporting drug use in last year.	SALSUS	12.3% by 2018	2013 Scotland 15.5%; East Dunbartonshire 15.1%	Decrease since 2006 but increase since 2010 (12%)	2013 14.15% (In best third in Scotland)

Overarching National Indicators of Progress

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
1.1 Communities will be better informed to make their own decisions about their use of alcohol and other drugs.	Average score difference between initial recovery outcome assessment and first review on 'alcohol and drug use' indicator.	SG Recovery Outcomes Tool Indicator/ DAISy	Baseline available from April 2016			Recovery outcome indicator tool will be fully implemented by Dec 2016
	Number of campaigns run per year.	ADP Support Team	3 per year by 2016		Stable	2014: 2 (Meet the Henderson's and Pregnant Pause)
1.2 Children and young people will have the knowledge, attitudes and skills to make informed lifestyle choices to maintain the social norm that they do not misuse alcohol or other drugs.	Drug use in last month (15 year olds).	SALSUS	To 5% by 2016	2013 Scotland 9%; East Dunbartonshire 8%	No change since 2010	2013 6%
	% of 13 year olds reporting that they have ever consumed alcohol.	SALSUS	To 21% by 2016	2013 Scotland 32%; East Dunbartonshire 21%	Significant reduction since 2010 (42%)	2013 29%

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
1.3 More citizens will be offered an Alcohol Brief Intervention (ABI) where the need and opportunity to do so presents.	% against target and number of alcohol brief interventions delivered in priority settings.	Local Data (NHSG target x 41% Shire x 80% priority settings)	2184 ABI by April 2016	2013/14 Scotland 169% (n=82,768) ; Grampian 151% (n=7,301)	A decline in % ABIs delivered against target over last 3 years (113%/93%/90%)	2014/15 116% (n=2,307; 1790 GP + 571 GUM)
	% against target and number of alcohol brief interventions delivered in wider settings.	Local Data (NHSG target x 41%(Shire) x 20% wider settings)	546 ABI by April 2016	2013/14 Scotland 177% (n=21,588) Grampian 0%	Significant increase since 2013	2014/15 160% (n=797)
1.4 The ADP will be aware of emerging alcohol and other drug use trends, including new psychoactive substances (NPS) sufficient to inform community interventions and workforce development plans.	Local 'Red Amber Green' (RAG) scores for respondents assessment of the current NPS situation in Shire Red - NPS use is a growing concern Amber - NPS use is a continuing concern Green - NPS use is not a concern Black - We have no information/ we don't know	Aberdeenshire ADP quarterly Survey Monkey NPS Survey	Assess quarterly	Feb 2015 Aberdeen City Red: 42.5% Amber 32.5% Green: 25%	Reducing 'red' and growing 'amber' over the last 3 surveys	June 2015 Red: 41.7% Amber 50.0% Green: 0% Black: 8.3%
1.5 Alcohol and other drug related inequalities between communities will reduce.	Difference between alcohol related hospital stay rates in Fraserburgh Harbour & Broadsea and Inverurie North.	SMR01, ISD	5% reduction year 1 20% reduction year 3	2013/14 Scotland: 704.8	Difference in 2009/10: 1126 (Since 2009/10, Fraserburgh decreasing; Inverurie stable)	2013/14 Difference: 579 (Inverurie North 400.2; Fraserburgh Harbour & Broadsea 979.4)

To deliver the intermediate outcomes indicated, we plan to implement the following actions:

1.1 Communities will be better informed to make their own decisions about their use of alcohol and other drugs.

No	Action	Lead Group (& Partner)	Timing
1	We will continue delivery of a planned programme of public health campaigns, community events and community learning opportunities and provide information through a range of outlets to raise awareness on how to make better life choices regards alcohol and other drug use. We will focus on responsible guidelines and knowledge of alcohol units; culture of sensible drinking in our towns and perceived acceptability of public drunkenness; parental attitudes to alcohol; risks of NPS; older people and the impact of alcohol on poly-pharmacy; suicide prevention and domestic abuse.	El&P Group (ADP Support Team)	Ongoing
2	We will encourage and provide appropriate support and guidance to employers to adopt workplace alcohol policies, increase staff's knowledge and understanding of alcohol issues and support in work those who develop a problem	El&P Group (Healthy Working Lives)	From April 2017
3	We will ensure the continued provision of low threshold Tier 2 services across Aberdeenshire to ensure timely and appropriate services is available to all at the earliest opportunity.	El&P Group (Vol Orgs)	From April 2016
4	We will provide those over 65 years old with credible information to enable them to review and if necessary modify their use of alcohol.	El&P Group (ADP Support Team)	November 2015
5	We will support the development of the 'Culture Changers' programme, a youth led community action approach enabling young people to identify and address issues in their local community through the development and implementation of a resource or 'tool kit'	El&P Group (DA)	From Oct 2015 for 3 years

1.2 Children and young people will have the knowledge, attitudes and skills to make informed lifestyle choices to maintain the social norm that they do not misuse alcohol or other drugs.

No	Action	Lead Group (& Partner)	Timing
1	We will ensure that substance use education and awareness continues within the Curriculum for Excellence and ALEC P1-S2 programme to help children and young people make informed lifestyle choices about alcohol or other drug use including NPS.	El&P Group (Police Scotland and Education HIO)	Ongoing
2	We will review and evaluate the learning opportunities available to ensure that generic life-skill and social norms methods are effectively implemented.	El&P Group (Healthy Working Lives)	From April 2017
3	We will provide parents with credible evidence-based guidance about how best to promote positive messages and support their adolescent children to make informed lifestyle choices. (see action 2.2.4)	El&P Group (Vol Orgs)	From April 2016
4	We will work with local tertiary education providers to minimise the risk of student difficulties with alcohol or other drugs during their transition from school to college.	El&P Group (ADP Support Team)	November 2015
5	We will continue to provide public alcohol and drug awareness raising sessions when requested, for example NPS use.	El&P Group (DA)	From Oct 2015 for 3 years
6	We will use diversionary activities as an opportunity to promote informed decision making around alcohol and drug related lifestyle choices.	El&P Group (CLD)	By April 2016

1.3 More citizens will be offered an Alcohol Brief Intervention (ABI) where the need and opportunity to do so presents.

No	Action	Lead Group (& Partner)	Timing
1	We will support partners to sustain and embed delivery and recording of alcohol screenings and brief intervention within the priority health settings of primary care, A&E and antenatal and meet local targets.	El&P Group (Principal HIO)	Meet target each year
2	We will support partners to broaden delivery and recording of alcohol screenings and brief intervention in wider settings such as specialist drug services, sexual health, CJSW, Prison, Police custody, Fire and rescue, CLD, College and OHS to achieve up to 20% of the local target.	El&P Group (ADP Support Team)	By April 2016
3	We will ensure that generic and specialist workers can access ABI training and ongoing updating on whole population approaches and alcohol's harm to others.	El&P Group (ADP Support Team)	By Dec 2015
4	We will provide guidance and support to partners to enable them to improve the quality of reporting arrangements to monitor ABI delivery.	CPF Group (ADP Support Team)	By April 2016

1.4 The ADP will be aware of emerging alcohol and other drug use trends, including new psychoactive substances (NPS) sufficient to inform interventions and workforce development plans.

No	Action	Lead Group (& Partner)	Timing
1	We will monitor alcohol and other drug use trends and the emergence of NPS through periodic community surveys and the collation of data from partners to better understand prevalence, consequences and needs, including 'hidden populations'.	JELCS Group (ADP Support Team)	By April each year
2	In conjunction with Older Peoples Services, we will review alcohol and other drug use trends in older people and propose actions to reduce harm.	JELCS Group (CSMS)	By Dec 2015
3	We will ensure that emergency departments regularly report the incidence of alcohol and other drug related presentations including suicide attempts where alcohol or drug misuse is a contributing factor.	CPF Group (NHS Grampian)	By Dec 2017
4	We will contribute to the Grampian drug information early warning system.	JELCS Group (Substance Misuse Pharmacist)	Ongoing
5	We will collate intelligence captured from schools and community learning.	El&P (Education HIO)	By April each year

1.5 Alcohol and other drug related inequalities between communities will reduce.

No	Action	Lead Group (& Partner)	Timing
1	We will monitor available outcome indicators at an area level and commission additional assessments where necessary to identify inequalities and prioritise resources in those communities with the greatest need.	CPF Group (Public Health)	April each year
2	We will seek to develop outcome indicators in conjunction with partners to monitor those considered most at risk (LAC/ accommodated children; CAPSM; excluded or low achievers at school; children at risk of CSE, offenders; and homeless people) to identify inequalities and prioritise resources in those groups with the greatest need.	CPF Group (ADP Support Team)	April each year
3	We will lobby partners to recognise addictions are not just about the lifestyle choices of individuals but are largely a cause and symptom of inequalities due to fundamental causes (e.g. access to housing and well paid jobs, social norms, stress and illness, and lack of control) requiring a systematic response.	ADP Committee (ADP Support Team)	Ongoing

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Protection and Harm Reduction

**Overarching National ADP Outcomes:**

Health: People are healthier and experience fewer risks as a result of alcohol and drug use.

Families: Children and family members of people misusing alcohol and other drugs are safe, well-supported and have improved life-chances.

Local Environment: People live in positive, health-promoting local environments where alcohol and other drugs are less readily available.

Community Safety: Communities and individuals are safe from alcohol and other drug related offending and anti-social behaviour.

Overarching National ADP Outcomes:

- **Aberdeenshire SOA priority:** *Children have the best start in life through action with parents and children prebirth to 8 years.*
- **Aberdeenshire SOA priority:** *Aberdeenshire is the safest place in Scotland.*
- **National Ministerial priority:** *Increase reach and coverage and meet targets for the distribution of take-home naloxone.*
- **National Ministerial priority:** *Reduce alcohol related deaths.*
- **National Ministerial priority:** *Reduce drug related deaths.*
- **National Ministerial priority:** *Respond to the recommendations in the ORT report.*
- **National Health and Social Care Partnership priority:** *People using health and social care services are safe from harm.*
- **National Health and Social Care Partnership priority:** *People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.*

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use.	Alcohol Related Deaths per 100,000 population.	National Records of Scotland Next data due Aug 2015	6.00 by 2017	Scotland 2013 21.4 Scotland 2010 26.14	Slight increase since 2010 (8.11)	2013 8.97 Lowest in Scotland.
	Drug Related Deaths per 100,000 population.	National Drug Related Deaths Database (Scotland) Next data due Aug 2015		2013 Scotland 0.99 (5Y rolling average 0.08)	Variable (5Y rolling average 0.04)	2014 0.04 (n=10) 2013 0.084 (n=21)
	Alcohol related hospital stays per 100,000 population.	SMR01, ISD Next data due Oct 2015	300 by end 2017/18	Scotland 2013/14 696 2007/08 855	Decline since 07/08 peak of 437	2013/14 358 2nd lowest in Scotland
	Drug related hospital stays per 100,000 population	SMR01, ISD Next data due Oct 2015	30 by 2017/18	2013/14: Scotland 124.5; East Dunbartonshire 36.40 2008/09: Scotland 110.19; East Dunbartonshire 26.84	Decreasing since peak of 08/09 (64.17)	2013/14 41.5 (4th lowest in Scotland)
FAMILIES: Children and family members of people misusing alcohol and other drugs are safe, well supported and have improved life-chances.	Prevalence of Hep C in people who inject drugs	NX Surveillance Initiative, HPS		2011/12 Scotland 53%; East Dunbartonshire 55.7%	No change	2011/12 53% (Middle of Scottish range)
	Maternities with Drug Use per 1,000 (3 year average)	SMR02, ISD Next data due Aug 2015		2011 Scotland 19.7; East Dunbartonshire 5.5	Increasing since 2008 (1.7)	2011 8.9 (Lower third of Scottish range)
	Rate of case conferences for concerns about parental alcohol or drug abuse for children on the child protection register per 10,000 population.	Children's Social Work Statistics Table 4.5 Next data due March 2016	Alcohol misuse up to 4 by 2018 Drug misuse down to 2 by 2018	2014 Alcohol misuse: Scotland 6.1; East Dunbartonshire 8.0 Drug misuse: Scotland 6.7	Alcohol- reduced since 2012 Drug misuse up since 2012 (1.85)	2014 Alcohol misuse 1.2, n=7 (lowest in Scotland) Drug misuse 5.1, n=28 (3rd lowest in Scotland)

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
LOCAL ENVIRONMENT: People live in positive, health promoting local environments where alcohol and other drugs are less readily available.	Number of on-sales premises licenses in force per 10,000 population	Liquor Licensing in Scotland, SG Next data due May 2016		2013/14 Scotland 26.6; East Dunbartonshire 13.90	No change since 2012	2013/14 21.7 2014 n= 443 (3.92% of Scotland)
	Number off-sales premises licenses in force per 10,000 population	Liquor Licensing in Scotland, SG Next data due May 2016	Decrease to 8 by 2018	2013/14 Scotland 11.4; East Dunbartonshire 7.8	No change since 2012	2013/14 9.6 2014 n= 197 (3.96% of Scotland)
	% of people perceiving rowdy behaviour to be common in their neighbourhood	Scottish Household Survey (Section 4) Next data due Aug 2015	5% by 2018	2013 Scotland 12.6%; East Dunbartonshire 7%	Marginal increase since 2009/10 (4.9%)	2013 5.7%
	%15 year olds ever offered drugs	SALSUS	23% by 2018	2013 Scotland 35.6; East Dunbartonshire 40.8%	Reducing since 2006 (43%)	2013 29.3% (In bottom third of Scottish Range)
	% people perceiving drug misuse or dealing to be common in their neighbourhood	Scottish Household Survey (Section 4) Next data due Aug 2015	6% by 2018	2013 Scotland 11.9%; East Dunbartonshire 5.4%	Increasing since 2008 (4.4%)	2013, 7.5%
COMMUNITY SAFETY: Communities and individuals are safe from alcohol and other drug related offending and anti-social behaviour.	% new clients reporting habit funded through crime	SMR25a, ISD/ DAISy	15% by 2018	2011 Scotland 20.9%; East Dunbartonshire 24%	Stable	2011, 18%
	Number of alcohol related 'miscellaneous offences' recorded by the police per 10,000 population	Recorded Crime Data, SG (Table 11)	140 by 2018	2013/14: Scotland 389; East Dunbartonshire 228	Data unavailable	2013/14 156 (Third lowest in Scotland)
	Number of CPO's with an alcohol treatment requirement	Criminal Justice Social Work Statistics, Table 'CPO-reqs'	20 by 2018	2013/14: Scotland 400; East Dunbartonshire 5	Significant reduction since 2011/12 (21)	2013/14: 8
	Number of CPO's with a drug treatment requirement	Criminal Justice Social Work Statistics, Table 'CPO-reqs'	8 by 2018	2013/14: Scotland 167; East Dunbartonshire 1	Small reduction since 2011/12 (8)	2013/14: 5

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
2.1 Risks to alcohol and other drug users are reduced resulting in fewer acute and long-term risks to physical and mental health and a reduction in drug and alcohol related deaths.	Number of Aberdeenshire SMS clients tested for BBV (Viral Hepatitis C, Hepatitis B and HIV)	NHSG records of Dry Blood Spot Testing penny.gillies@nhs.net	200 pa by April 2016		Reducing rate of testing	2014 Hep C: Offered DBST: 113 Accepted: 68 Positive: 17 (25%)
	% and number of new drug clients reporting injecting behaviour.	ISD Scotland SDMD	25% by April 2017	2013/14 East Dunbartonshire: 10% Aberdeen City: 26%	Decreasing since 53% in 2009/10	2013/14 33% (n=324) (In highest third of Scotland)
	% achievement of take home naloxone supply target within the community	Naloxone co-ordinator/ ISD Scotland Management Information	Target 350 (25%) by April 2015 & 420 (30%) by April 2016	2013/14: Scotland: 118% (n=17,572); East Dunbartonshire: 119% (n=140)	Approx 40 per quarter but 24 in last quarter.	To 31 March 2015 101% of 2015 25% prevalence target (n=354)
	% achievement of takehome naloxone target supplied at liberation from HMP Grampian.	Naloxone co-ordinator/ ISD Scotland Management Information	Target 153 (25%) by April 2015	2013/14: Scotland: 48% (n=17,572); HMP Low Moss: 122% (n=249)	Other than 28 issues July-Sept 2014, limited progress	To 31 March 2015 22% (n=93)
	Average score difference between initial recovery outcome assessment and first review on 'physical health and wellbeing' indicator.	SG Recovery Outcomes Tool Indicator/ DAISy	Baseline available from April 2017			Recovery outcome indicator tool will be fully implemented by Dec 2016
	Average score difference between initial recovery outcome assessment and first review on 'mental health and emotional wellbeing' indicator.	SG Recovery Outcomes Tool Indicator/ DAISy	Baseline available from April 2017			Recovery outcome indicator tool will be fully implemented by Dec 2016

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
	% and number of substance misuse service treatment discharge types.	SMR25a, ISD/ DAISy	Unplanned down to 40% by April 2017		Unknown	2014/15: Planned - received required support: 30.30% (n=529); Planned- to GP: 3.5% (n=62); Planned- to other service: 9.3% (n=162); Disciplinary: 0.4% (n=7); Unplanned: 56.6% (n=988)
	% and number substance misuse service assessment DNA rate.	SMR25a, ISD/ DAISy	Reduce both to 40% by April 2017		Alcohol improving, drugs deteriorating	2014/15: Drugs – 57.2% (n=396) Alcohol – 54.1% (n=348)
	% and number substance misuse service treatment DNA rate.	SMR25a, ISD/ DAISy	No more than 5% by April 2017		Alcohol improving, drugs deteriorating	2014/15: Drugs – 6.8% (n=52) Alcohol – 2.4% (n=15)
	% of drug related deaths that had been in contact with drug treatment services in the 6 months prior to their death.	DRD Data Coordinator	Reduce to 50% by 2018	2013 Scotland: 53%	2009: 9%; 2011: 27%; 2012: 18%	2013: 65% (n=20)
2.2 Children and young people assessed to be 'at risk' from alcohol or other	Substance misuse – alcohol - related pupil exclusion rate per 10,000 pupils.	Gordon.Lennon@aberdeenshire.gsx.gov.uk Performance Management Unit, ELL	2014/15: 2.0	2012/13 Scotland: 1.9 (n=126); East Dunbartonshire: 0.06 (n=1)	Reducing	2013/14: 3.2 (n=11) (Provisional) 2014/15 n=6)

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
Drug use can access positive interventions designed to support and divert them from harm.	Substance misuse – not alcohol - related pupil exclusion rate per 10,000 pupils.	Performance Management Unit, ELL	2014/15: 4.0	2012/13 Scotland: 0.37 (n=248); East Dunbartonshire: 1.38 (n=22)	Increasing	2013/14: 9.3 (n=32) (Provisional 2014/15 n=4)
	% and number of children referred to the Children's Reporter on the grounds of having misused alcohol.	Scottish Children's Reporter Administration Martin.Black@scra.gsi.gov.uk	Maintain less than 5	2013/14: Scotland 1.6% (n=221); East Dunbartonshire 4.4% (n=14)	A significant reduction from peaks in 2008/09	2013/14 <1.5% (n<5)
	% and number of children referred to the Children's Reporter on the grounds of having misused drugs	Scottish Children's Reporter Administration Martin.Black@scra.gsi.gov.uk	Maintain less than 5	2013/14: Scotland 0.56% (n=107); East Dunbartonshire <1.56% (n<5)	A significant reduction from peaks in 2008/09	2013/14 <1.5% (n<5)
2.3 The risk to children and young people affected by parental or carer substance misuse will be reduced.	% and number of children on the Child Protection register who are recorded as being affected by parental alcohol misuse.	Child Protection Register CCalderwood@aberdeencity.gov.uk	Maintain below 13% by Jan 2016	As of 31/3/15: Aberdeen City: 16% Moray: 14%	No change	As of 30/6/15: 10% (n=8)
	% and number of children on the Child Protection register who are recorded as being affected by parental drugs misuse.	Child Protection Register CCalderwood@aberdeencity.gov.uk	Maintain below 30% by Jan 2016	As of 31/3/15: Aberdeen City: 37% Moray:43%	No change	As of 30/6/15: 32.5% (n=26)
	Rate of improvements for clients between assessment and discharge on the parenting and child wellbeing ADP recovery outcome.	SG Recovery Outcomes Tool Indicator/ Daisy	Baseline available from April 2016			Recovery outcome indicator tool will be fully implemented by Dec 2016

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
	Average score difference between initial recovery outcome assessment and first review on 'children' indicator.	SG Recovery Outcomes Tool Indicator/ DAISy.	Baseline available from April 2016.			Recovery outcome indicator tool will be fully implemented by Dec 2016.
2.4 Families affected by a loved one's substance misuse will experience improved support and where appropriate, greater involvement in recovery planning.	% cases where families included in recovery planning.	Aberdeenshire ADP Performance monitoring template and contract review meetings.	Baseline available from April 2016.			Data not yet collected.
	Number of family members and significant others supported through Substance Misuse Services and through Family/Carer Support Services.	To be developed by CFYP group	10% increase pa for three years.			Data not yet collected.
	Numbers of family support groups in Aberdeenshire.	ADP Support Team	6 By Dec 2016		Stable	4
2.5 People live in health-promoting local environments where alcohol and other drugs are less readily available.	Number of refused license applications.	Liquor Licensing in Scotland, SG		2013/14 Scotland 14; East Dunbartonshire zero	No change	2013/14 zero
	Number of granted license applications.	Liquor Licensing in Scotland, SG		2013/14 Scotland 444; East Dunbartonshire 5	A significant reduction since 2012/13 (24)	2013/14 10
2.6 Communities are safe from harmful alcohol or drug related behaviour.	% Accidental dwelling fires where impairment due to suspected alcohol/drugs use was a contributory factor.	Fire and Rescue Statistics, SG, Table 24a		Scotland 2013/14 15%	2011/12 7.69% (n=15)	2013/14 8%

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
	% positive test for any illegal drug on reception and liberation from HMP Grampian.	SPS	Reduce liberation positive tests to 35% by Nov 2017	HMP Low Moss Nov 2014 Reception:74% Liberation: 40%	Last 3 years have seen an increased in positive tests at liberation across Scotland.	HMP Grampian Nov 2014 Reception: 72% Liberation: 39%
	Reconviction rate for drug related crimes.	Reconviction Rates in Scotland by Offender Characteristics.		2012/13 Scotland Offenders = 5,415 Reconvicted = 1,191 (22% reconviction)		2012/13 Aberdeenshire and City Offenders = 533 Reconvicted = 137 (25.7% reconviction)
	No of people receiving Through care addiction Service.	Statutory Through care, SG		Scotland 2013/14 n=1,109		2013/14 n=13 (1.17% of Scotland)
	Offences of drunkenness and related conduct recorded by police.	Recorded Crime in Scotland, SG (Table 6)		2013/14 n=43,043		2013/14 n=104 (0.24% of Scotland)
	Drug crimes recorded by police.	Recorded Crime in Scotland, SG (Table 5)		2013/14 n=35,616 (13.17% of all crime)		2013/14 n=562 (8.22% of all shire crime; 1.58% of Scotland)
	Offence of driving under the influence recorded by police.	Recorded Crime in Scotland, SG (Table 6)		2013/14 n=6,079	2010 n=170	2013/14 n=268 (4.4% of Scotland)

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
	Proportion of residents who worry quite often or all of the time about certain antisocial behaviour.	Viewpoint Survey: Aberdeenshire's Citizens Panel	No increase 2016		Drunkness: no change Underage drinking: down Street drinking: down Drug taking: no change Discarded paraphernalia: down	Sept 2014 Drunkness: 7% Underage drinking: 7% Street drinking: 5% Drug taking: 7% Discarded paraphernalia: 3%
	Proportion of residents who have witnessed certain antisocial behaviour.	Viewpoint Survey: Aberdeenshire's Citizens Panel	No increase 2016		Drunkness: down Underage drinking: down Street drinking: down Drug taking: no change Discarded paraphernalia: no change	Sept 2014 Drunkness: 32% Underage drinking: 16% Street drinking: 16% Drug taking: 6% Discarded paraphernalia: 6%
	Diversions from prosecution referrals.	Diversion from Prosecution, SG		Scotland 2013/14 Referred to Drug Education/ treatment = 50 Referred to alcohol treatment = 84		2013/14 Referred to Drug Education/ treatment = 0 Referred to alcohol treatment = 0
	Rate (and number) of DTTOs in year.	Drug Treatment & Testing Orders, SG		Scotland 2013/14 1.6 per 10,000		2013/14 0.6 per 10,000 (n=11, 1.77% of Scotland)
	Average score difference between initial recovery outcome assessment and first review on 'offending' indicator.	SG Recovery Outcomes Tool Indicator/ DAISy	Baseline available from April 2016			Recovery outcome indicator tool will be fully implemented by Dec 2016

To deliver the intermediate outcomes indicated, we plan to implement the following actions:

- 2.1 Risks to alcohol and other drug users are reduced resulting in fewer acute and long-term risks to physical and mental health and a reduction in drug and alcohol-related deaths including deaths by suicide.
- 2.2 Children and young people assessed to be 'at risk' from alcohol or other drug use can access positive interventions designed to support and divert them from harm.

No	Action	Lead Group (& Partner)	Timing
1	We will ensure effective harm reduction measures continue to be readily available to reduce morbidity and mortality from drug-related blood-borne infection and that we achieve a higher rate of testing, diagnosis and support into treatment.	JELCS Group (BBV Strategy Group)	From April 2016
2	We will ensure targets for the uptake of take-home Naloxone and associated overdose awareness and resuscitation training are met utilising services that at risk people use (such as temporary accommodation and discharge from hospital) and that all patients receiving ORT also receive a supply of naloxone	JELCS Group (Naloxone Coordinator)	By April each year
3	We will improve the quality of our DNA and unplanned discharge performance reporting and will develop mechanisms to reduce risk to people who drop out of services.	Service Delivery Group (ADP Support Team)	By Dec 2016
4	We will review the provision of support for those who are drunk and incapable or acutely unwell due to drug or NPS use to ensure they are safe, pose no risk to others and are encouraged to access support at the earliest opportunity.	JELCS Group (Police Scotland)	By April 2017
5	We will ensure the NEPTUNE clinical guidelines for acute care of NPS intoxicated patients are rolled out.	Service Delivery Group (Acute Sector Substance Misuse Group)	By April 2016
6	We will review and revise our arrangements for Opiate Replacement Therapy in line with the ORT report recommendations.	Service Delivery Group (ORT Accountable Officer)	By April 2016
7	We will review our alcohol and drug related deaths and seek further action that could be taken to reduce the risk including improving engagement with services and reducing homelessness and unplanned hospital admissions.	JELCS Group (Aberdeenshire DRD Group)	By Dec 2015

No	Action	Lead Group (& Partner)	Timing
1	We will clarify what 'at risk' means and ensure that 'at risk' children are identified and supported according to the 'Getting it Right for Every Child' framework and in doing so, seek to minimise alcohol or drug related school.	(Education and Children's Services))	2016
2	We will address major issues highlighted by the ongoing review of children's' alcohol and other drug services.	CF&YP Group	From Aug 2015
3	We will encourage effective collaboration between substance misuse services and children's services to improve the coordination of alcohol and other drug interventions for looked after children and those excluded or at risk of exclusion to build resilience and secure the best outcomes.	CF&YP Group (Education and Children's Services)	By Dec 2016
4	We will support local parents to participate in the development and delivery of a pilot learning programme aimed at educating parents in how to address and influence risk taking behaviour of adolescent children. (see action 1.2.3)	Community Forum (ADP Support Team)	By April 2017
5	We will make services across the partnership aware of how the Sexual Exploitation of children (CSE) is often intrinsically linked with alcohol /drug misuse and ensure that all services are alert to young people for who this is an issue and know what actions to take.	CF&YP Group (Child and Family Protection Committee)	By April 2016

2.3 The risk to children and young people affected by parental or carer substance misuse will be reduced.

No	Action	Lead Group (& Partner)	Timing
1	In collaboration with relevant partners we will improve the identification of children vulnerable due to parental substance use.	CF&YP Group (CSSW)	From April 2016
2	We will seek out and actively incorporate insights from people with lived experience, such as kinship carers, to inform how we secure the best outcomes for children.	CF&YP Group (SUI Officers)	By April each year
3	We will ensure services are available for 'at risk children and young people' to protect and develop their social and emotional well being.	CF&YP Group (CSSW)	By Dec 2016
4	We will contribute resources to provide support for substance using parents to develop their parental skills and bonding with their children.	CF&YP Group (CSSW)	By April 2017
5	We will ensure residential recovery services for women also secure the wellbeing of resident children.	CF&YP Group (TC Benaiah)	By April 2016
6	We will review the effectiveness of contraception provision and advice to minimise maternal alcohol or other drug use during pregnancy and the provision of antenatal and postnatal support to women using substances to ensure baby gets the best start in life.	CF&YP Group (NHS Grampian)	

2.4 Families affected by a loved one's substance misuse will experience improved support and where appropriate, greater involvement in recovery planning.

No	Action	Lead Group (& Partner)	Timing
1	We will improve advertising for families affected by a loved one's substance misuse so that they know where to turn to access services that can help them look after own health and well being.	CF&YP Group (SFAAD)	From Dec 2015
2	We will review, identify and fill gaps in our local service provision in light of Scottish Families Affected by Alcohol and Drugs National Family Charter.	CF&YP Group (SFAAD)	by Dec 2016
3	We will encourage the growth of and support the activities of mutual-aid family support groups including informal kinship carers.	Community Forums (SFAAD)	By Dec 2016
4	We will deliver a programme of workshops designed to promote Family Inclusive Practice.	CF&YP Group (SFAAD)	By June 2015
5	We will ensure those affected by substance misuse can obtain the knowledge and skills to minimise harm, prevent suicide and protect children and vulnerable adults from risk.	SD Group (ADP Support Team)	By Dec 2016
6	We will ensure families suffering a drug or alcohol related bereavement will be able to access the support, guidance and understanding they need.	CF&YP Group (SFAAD)	By Dec 2015

2.5 People live in health-promoting local environments where alcohol and other drugs are less readily available.

No	Action	Lead Group (& Partner)	Timing
1	We will encourage Licensing Forums and Boards to improve control of the availability of alcohol to achieve an overall reduction in consumption by adopting policies leading to tighter control of alcohol outlets and opening hours, focusing on the highest density off-sales outlet areas.	JELCS Group (Public Health)	By April 2016
2	We will support local communities to influence local licensing policy as appropriate.	Community Forums (ADP Support Team)	From Dec 2015
3	We will continue to offer structured practical intelligence support and collate and disseminate data on alcohol related harm to support the evidence base for local licensing policies.	CPF Group (Health Intelligence)	By Dec 2015
4	We will gather intelligence to target illegal alcohol sales to those already intoxicated.	JELCS Group (Licensing Standards)	By Dec 2017
5	We will conduct intelligence led operations to deter and disrupt the supply of drugs in Aberdeenshire.	JELCS Group (Police Scotland)	From April 2016
6	We will develop an agreed plan to minimise the availability of NPS in Aberdeenshire.	JELCS Group (Trading Standards)	By April 2016

2.6 Communities are safe from harmful alcohol or drug related behaviour.

No	Action	Lead Group (& Partner)	Timing
1	Staff conducting client initial assessments and home visits will be trained in fire risk assessment and will refer at risk cases for a Scottish Fire and Rescue Service 'Home Fire Safety Visit'.	SD Group (SFRS)	By April 2016
2	We will monitor HMP Grampian's annual admission and liberation prevalence testing to inform service developments and improvements.	JELCS (HMP Grampian)	From Dec 2015
3	We improve awareness of the risks and reduce the incidence of driving while intoxicated.	JELCS Group (Police Scotland)	By Dec 2015
4	We will explore with local courts the prospect of increasing the number of Community Payback Orders with alcohol or drug treatment conditions.	JELCS Group (Community Justice)	By Dec 2017
5	We continue to target proxy supply to underage drinkers and will utilise any new provisions in the Air Weapons and Licensing Act when enacted.	JELCS Group (Police Scotland)	From April 2016
6	We will work with partners to reduce alcohol or drug related offending and anti-social behaviour through police visibility, intelligence led operations and increased referrals into treatment and support services arising from enforcement activity.	JELCS Group (Police Scotland)	By April 2016

07 Treatment and Recovery



Overarching National ADP Outcomes:

Services: Alcohol and drug prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.

Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.

Related Outcomes:

Aberdeenshire SOA priority: The unemployment rate in identified areas of deprivation in Aberdeenshire will be less than the national average.

National Ministerial priority: Implement improvement methodology including implementation of the national Quality Principles.

National Ministerial priority: Assess service compliance with the national Quality Principles.

National Ministerial priority: Compliance with NHS Local Delivery Plan drug and alcohol treatment waiting times standards.

National Ministerial priority: Improved data quality including the avoidance of anonymous records in the Drug and Alcohol Treatment.

WaitingTimes Database and SMR25(a) and (b) reporting compliance.

National Ministerial priority: Be proactive in responding to the needs of prisoners affected by alcohol and drugs and their through care.

National Ministerial priority: Improve sharing of information before, during and after an individual is in custody.

National Ministerial priority: Support women who offend.

07

Treatment and Recovery (cont)



National Ministerial Priority: Prepare for the introduction of the Drug and Alcohol Information System (DAISy).

National Ministerial Priority: Implement an Information Sharing Protocol (ISP) to support DAISy.

Old National Ministerial Priority: More people in recovery.

Old National Ministerial Priority: Implemented workforce development strategy.

Old National Ministerial Priority: Deliver effective self-assessment, benchmarking, annual report and a 3-year delivery plan.

Old National Ministerial Priority: Evidence of progress, outcomes and value for money.

Old National Ministerial Priority: Commissioning plan embedding ROSC.

National Health and Social Care Partnership Priority: People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

National Health and Social Care Partnership Priority: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

National Health and Social Care Partnership Priority: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

National Health and Social Care Partnership Priority: Resources are used effectively and efficiently in the provision of health and social care services.

Physical Activity Outcome Framework: We support wellbeing and resilience in communities through physical activity and sport.

Customer Recovery Journey



- Who delivers in each?
- What is knowledge levels across services of each part of the journey?
- What is capacity and activity in each part of the journey?
- Are there gaps or duplication in each step?

National Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
SERVICES: Alcohol and drug prevention, treatment and support services are high quality,	% of community clients seen within 21 and 42 days from referral to commencement of treatment.	National Drug and Alcohol Treatment Waiting Times	90% within 21 days by Sept 2015 100% within 42 days by Dec 2015	East Dunbartonshire 93.9 within 21 days 98.3 within 42 days Scotland 95.7 within 21 days and 98.9 within 42 days	Improving. 90% target met March – May 2015	Quarter ending 31 Dec 2014 81.2% within 21 days 92.6% within 42 days

National Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
Continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.	% of HMPG clients seen within 21 and 42 days from referral to commencement of treatment.	National Drug and Alcohol Treatment Waiting Times	90% within 21 days by Sept 2015 100% within 42 days by Dec 2015		No prior data	Quarter ending 31 Dec 2014 96.9% within 21 days 100% within 42 days
RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.	Average score difference between initial recovery outcome assessment and first review averaged across all indicators.	SG Recovery Outcomes Tool Indicator/ DAISy	Baseline available from April 2017			Recovery outcome indicator tool will be fully implemented by Dec 2016

We plan to make progress by achieving the following intermediate outcomes and indicator targets:

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
3.1 People in need can readily access the most appropriate local services able to evidence service quality and a proven ability to help people recover to live healthier, happier and longer lives.	% of community drug clients seen within 21 and 42 days from referral to commencement of treatment.	National Drug and Alcohol Treatment Waiting Times	90% within 21 days by Sept 2015 100% within 42 days by Dec 2015	East Dunbartonshire 92.5% within 21 days 98.1% within 42 days	Performance improving	79.1% within 21 days 91.2% within 42 days Full year 14/15
	% of community alcohol clients seen within 21 and 42 days from referral to commencement of treatment.	National Drug and Alcohol Treatment Waiting Times	90% within 21 days by Sept 2015 100% within 42 days by Dec 2015	East Dunbartonshire 94.6% within 21 days 98.3% within 42 days	Performance Improving	84.7% within 21 days 93.9% within 42 days Full Year 14/15

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
	% of HMPG drug clients seen within 21 and 42 days from referral to commencement of treatment.	National Drug and Alcohol Treatment Waiting Times	90% within 21 days by Sept 2015 100% within 42 days by Dec 2015	HMP Low moss 92.1% within 21 days 98.4% within 42 days	Increased reporting	97.4% within 21 days 100% within 42 days
	% of HMPG alcohol clients seen within 21 and 42 days from referral to commencement of treatment.	National Drug and Alcohol Treatment Waiting Times	90% within 21 days by Sept 2015 100% within 42 days by Dec 2015	HMP Low Moss 100% within 21 days 100% within 42 days	No reporting to date	0 reported
	% of alcohol and drug services able to reporting recovery outcome indicators.	SG Recovery Outcomes Tool Indicator/ DAISy	100% by April 2017			Recovery outcome indicator tool will be fully implemented by Dec 2016
	% of tier 3 or 4 service clients with a personalised recovery plan based on an assessment of recovery capital.	Services to provide data and monitor by random selection at contract reviews	100% by April 2016			Unknown
	% of missing data from SDMD returns	Unpublished ISD Management Information	Lower than 10% by April 2016	2014/15 East Dunbartonshire: 14% Aberdeen City: 11%	Improvement since 2012/13	2014/15 16% (mid position in Scotland)
	% of drug clients with SMR25b review undertaken within 12 weeks	ISD Scotland SDMD dataset	75% by April 2016	2014/15 East Dunbartonshire: 7% Aberdeen City: 27%	Improvement since 2012/13	2014/15 69% (3rd best in Scotland)
3.2 Services will be redesigned as a component part of the overarching	% of General Practices signed up to the Drug Misuse LES to manage a caseload of stable patients.	Primary Care Contracting patriciam.morgan@nhs.net	Aim for 70% by April 2018	2015/16: Aberdeen City 80%	Increasing since 58.3 in 2012/13	2015/16: 62.86%

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
Recovery Oriented System of Care and efficiently and effectively meet people's needs.	% Aberdeenshire prisoners receiving support on release from Court.	SPS Through care Officers and CJSW		NA. This is a new project and yet to produce data.		
	% of Aberdeenshire remand prisoners assessed for alcohol or other drug problems on admission.	NHS Prison Healthcare Team	100% by Dec 2015	Data unavailable		100%
	% of Aberdeenshire convicted prisoners assessed for alcohol or other drug problems on admission.	NHS Prison Healthcare Team	100% by Dec 2015	Data unavailable		100%
	% Aberdeenshire prisoners continuing community engagement with mainstream services at 6 weeks post liberation.	SPS Through care Officers	50% by Dec 2016 55% by Dec 2017		No trend yet	
3.3 Our commissioning strategy will ensure resources are used effectively and efficiently, gaps in integrated care pathways are filled and service duplication is eliminated.	Number of alcohol clients engaged with services as a % of the estimated total alcohol dependant population in Aberdeenshire.	DAISY up and running April 2017 Clark I & Simpson I (2014)	20% by 2018	Scotland 23% Aberdeen City 9.6%	Increase since 2010	14% in 2012 (n=1453)
	Number of drug clients engaged with services as a % of the estimated total problematic drug using population in Aberdeenshire.	Completed Waits for year as % of prevalence then DAISy from April 2017	60% by 2018		Stable since 2012	2013: 58.6% (n =645)
	Number and EASR (European age and sex Standardised) rate per 100,00 new drug clients in year	ISD Scotland SDMD	Maintain level	2013/14 East Dunbartonshire: 118 Aberdeen City: 292	Decreasing since 2011. Comparable with 2008	2013/14 136 (n=324) (In lowest third of Scotland)

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
3.4 We have a skilled workforce engaged in improving the care they provide. Partners contribute collectively to the collective development of a motivated and competent workforce.	People trained during the previous year under the integrated addictions workforce development plan.	ADP Support Team	Monthly recording by Dec 2015			Not currently recorded
3.5 People will be supported to build their recovery capital to live their lives as independent, active and contributing members of society and move on towards an addiction free life, 'better than well'.	Average score difference between initial recovery outcome assessment and first review on 'self-care and nutrition' indicator.	SG Recovery Outcomes Tool Indicator/ DAISy	Baseline available from April 2016			Recovery outcome indicator tool will be fully implemented by Dec 2016
	Average score difference between initial recovery outcome assessment and first review on 'relationships' indicator.	SG Recovery Outcomes Tool Indicator/ Daisy	Baseline available from April 2016			Recovery outcome indicator tool will be fully implemented by Dec 2016
	Average score difference between initial recovery outcome assessment and first review on 'occupying time and fulfilling goals' indicator.	SG Recovery Outcomes Tool Indicator/ DAISy	Baseline available from April 2016			Recovery outcome indicator tool will be fully implemented by Dec 2016

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
	Average score difference between initial recovery outcome assessment and first review on 'housing and independent living' indicator.	SG Recovery Outcomes Tool Indicator/ DAISy	Baseline available from April 2017			Recovery outcome indicator tool will be fully implemented by Dec 2016
	Average score difference between initial recovery outcome assessment and first review on 'money matters' indicator.	SG Recovery Outcomes Tool Indicator/ DAISy	Baseline available from April 2017			Recovery outcome indicator tool will be fully implemented by Dec 2016
	Number of Addiction Workers Training Programme participants and % resulting in positive destinations	SDF/ ADP Support Team	6 Participants in 15/16 66% positive outcomes	Glasgow AWTP 85%	85% New Programme	Not started yet

To deliver the intermediate outcomes indicated, we plan to implement the following actions:

3.1 People in need can readily access the most appropriate local services able to evidence service quality and a proven ability to help people recover to live healthier, happier and longer lives.

No	Action	Lead Group (& Partner)	Timing
1	We will ensure that ADP funded services meet the Local Delivery Plan (LDP) waiting times standards.	CPF Group (ADP Support Team)	By Dec 2015
2	We will ensure that all alcohol and drug services can demonstrate the effectiveness of their interventions on their clients' collective recovery outcomes by working to the client's personalised recovery plan and monitoring progress against the national recovery outcome indicators.	Service Delivery Group (ADP Support Team)	By April 2016
3	We will ensure that all alcohol and drug services, including Community Pharmacy, can demonstrate their adherence to the Quality Principles and service user involvement through a self-assessment validated by independent audit via SDF or peer researchers in anticipation of a validation inspection by the Care Inspectorate starting Autumn 2015 over 18 months.	Service Delivery Group (ADP Support Team)	By Dec 2015
4	We will implement standardised routine reporting for all commissioned alcohol and drug services that measures impact, quality and value for money and ensures data reporting and service quality standards are achieved.	CPF Group (ADP Support Team)	DAISy By April 2017

3.2 Services will be redesigned as a component part of the overarching Recovery Oriented System of Care (ROSC) and efficiently and effectively meet people's needs.

No	Action	Lead Group (& Partner)	Timing
1	We will work with all partners to implement one of the pillars of public service reform to locally integrate services and develop local area 'Recovery Oriented Systems of Care' as detailed in Appendix A where roles, responsibilities and processes are clearly defined and understood.	Service Delivery Group (ADP Support Team)	By Sept 2015
2	We will ensure that all treatment and support services have explicit referral criterion and understand their expected contribution within the Aberdeenshire 'Recovery Oriented System of Care' as detailed in Appendix A, on which ADP funded services will focus their efforts to ensure value for money from ADP investment.	CPF Group (ADP Support Team)	By April 2016
3	We will ensure that Aberdeenshire remand and convicted prisoners in HMP Grampian, people in police custody and those released from Court experience needs assessment, treatment and recovery opportunities on par with that available in the community and experience continuity of care on liberation.	Service Delivery Group (HMP Grampian)	From April 2016
4	We will conduct a pilot to develop a recovery check-up process for female liberated prisoners at 42 days post liberation.	Service Delivery Group (HMP Grampian)	From Jan 2016
5	We will explore how self-directed support (SDS) could be used by adults to support and enhance their recovery from addictions, to develop their capacity to use and benefit from SDS, and to identify the system changes required to enable SDS to personalise the ROSC.	Service Delivery Group (Pilotlight project: TPS & IRISS)	By Oct 2017

3.3 Our commissioning strategy will ensure resources are used effectively and efficiently, gaps in integrated care pathways are filled and service duplication is eliminated.

No	Action	Lead Group (& Partner)	Timing
1	We will work towards collective and transparent funding and commissioning of alcohol and drug services within the emergent wider health and social care partnership processes.	CPF Group (ADP Support Team)	From Dec 2015
2	We will close currently recognised gaps in service provision including community alcohol detox capacity; Anticipatory health care for those identified at risk of unplanned admission to hospital or homelessness; prison recovery support and community recovery capacity.	CPF Group (ADP Support Team)	From Dec 2016
3	We will develop services to undertake assertive outreach to those especially vulnerable (e.g. due to the risk of homelessness); assessed at risk of hospital admission (via Scottish Patients at Risk of Readmission and Admission, SPARRA), or have discharged themselves from services or hospital against professional advice.	Service Delivery Group (ADP Support Team)	By Dec 2016
4	We will contractually require ADP funded services to a) ensure every client has a person-centred recovery plan; b) contribute to recovery planning in partnership with the local single point of access service where relevant; c) Review progress with the client at 3,6 and 12 months using the Recovery Outcome Indicators; d) inform quality improvement via direct service user feedback; e) Publish performance against agreed service outcomes; and f) participate in an ISP to support DAISy.	CPF Group (ADP Support Team)	From Dec 2015
5	The ADP will invite services to redeploy a portion of their capacity to contribute to the Fraserburgh Total Place pilot	CPF Group (ADP Support Team)	From Dec 2015
6	By April 2017, the ADP will only fund services based on evidenced models of care specified as required within the ROSC and able to demonstrate significant improvements in aggregate service user outcomes.	CPF Group (ADP Support Team)	By April 2017
7	The ADP will conduct a competitive tendering process for all ADP funded services, to maximise value for money and facilitate consolidation and integration where this has not yet occurred.	CPF Group (ADP Support Team)	Services in place by April 2018
8	The ADP will map out the total resource utilised in Aberdeenshire in preventing, treating or dealing with the consequences of problem alcohol and drug use to inform ongoing planning, service redesign and the use of earmarked ADP funds.	CPF Group (ADP Support Team)	April 2016
9	We will review the Drugs GP Enhanced Contract and agree expectations of shared care.	CPF Group (Public Health)	By April 2016

3.4 We have a skilled workforce engaged in improving the care they provide. Partners contribute collectively to the collective development of a motivated and competent workforce.

No	Action	Lead Group (& Partner)	Timing
1	We will develop an integrated alcohol and drug workforce development plan for Aberdeenshire for paid and unpaid colleagues based on an initial training needs analysis and informed by the SG Quality Principles. This will include NPS awareness, workforces understanding of whole population approach to alcohol, relapse prevention, suicide prevention, fire risk assessment for vulnerable people, smoking cessation and the roll-out of NEPTUNE guidance for care and treatment of NPS and updated Orange Book guidelines for treatment of addictions within Emergency Departments, General Practice, Sexual Health and Substance Misuse Services.	Service Delivery Group (ADP Support Team)	By Dec 2016
2	We will offer a programme of Family Inclusive Workshop training sessions.	CF&YP Group (SFAAD)	By June 2015
3	We will support community pharmacy colleagues in the roll out of the redesigned substance misuse service level agreement to ensure a recovery focussed, quality service regardless of the geographic location.	Service Delivery Group (Specialist Pharmacist)	By Dec 2016
4	We will provide development support and training for volunteer Community Forum office bearers who wish and require such support.	Service Delivery Group (ADP Support Team)	Ongoing

3.5 People will be supported to build their recovery capital to live their lives as independent, active and contributing members of society and move on towards an addiction free life, 'better than well'.

No	Action	Lead Group (& Partner)	Timing
Income and work			
1	We will introduce a 3 year Addiction Workers Training Programme designed to help those in recovery find work in the health and social care sector.	CPF Group (SDF)	From Jan 2016
2	We will review the effectiveness of our services helping clients into the employability pipeline and consolidate the capacity of community recovery services and employability services to ensure equity of access against need.	CPF Group (Employability Partnership)	By April 2016
3	We will work with services and JC+ to ensure clients are able to benefit from universal credit tailored conditionality where they choose to do so.	Service Delivery Group (DWP)	By Dec 2015
Physical Capital			
4	We will hold a joint ADP/Housing Service conversation cafe to identify feasible changes to current housing arrangements that might improve recovery outcomes.	Community Forums (Housing Service)	By Nov 2015
5	We will influence and support housing authorities by assessing and minimising risks and inequalities to ensure people in recovery can access safe homes to live independent lives.	SD Group (Housing Service)	From April 2016
6	We will seek opportunities to improve affordability of transport and child care for those pursuing a recovery journey.	CPF Group (ADP Support Team)	By April 2016
Social Capital & Diversion			
7	We will expand social prescribing for discounted access to leisure facilities to substance misuse services.	EI&P Group (Sports and Leisure Dept)	By April 2016
8	We will conduct an audit of service users using the national Physical Activity Pathway brief screening tool to establish their physical activity levels and whether increasing this would result in improved recovery outcomes.	EI&P Group (ADP Support Team)	By April 2016
9	We will explore with Paths for All, Active Cairngorms, Scottish Natural Heritage and the Ranger Service how engagement in walking programmes and improved access to green spaces, could contribute to improved health and wellbeing through community recovery pathways.	EI&P Group (Aberdeenshire Walks Coordinator)	By April 2016
Spiritual Capital			
10	We will explore options to improve our offering of holistic services able to support spiritual wellbeing and self-care.	Service Delivery Group (CSMS)	By April 2016

08

Inclusion

**Overarching National ADP Outcomes:**

Local Environment: People live in positive, health-promoting local environments where alcohol and other drugs are less readily available.

Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.

Related Outcomes: Aberdeenshire SOA priority: Successful, inclusive and resilient communities with the confidence, capability and capacity to tackle the things that matter to them.

Aberdeenshire SOA priority: Aberdeenshire will be recognised as a great place to live, work, invest with opportunity for all.

National Health and Social Care Partnership priority: People who use health and social care services have positive experiences of those services, and have their dignity respected.

National Health and Social Care Partnership priority: People are able to look after and improve their own health and wellbeing and live in good health for longer.

National Community Learning and Development Priority: Improved life chances for people of all ages through learning, personal development and active citizenship.

National Community Learning and Development Priority: Stronger, more resilient, supportive, influential and inclusive communities.

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
4.1 Marginalised communities will be helped to get involved and develop the confidence to try things to make things better in their community.	Number of people on Forum mailing lists.	Community Forums	5% increase per annum		Increasing	June 2015 North: 126 Central: 103 South: 65
	Number of people who regularly attend Forums.	Community Forums	10% increase per annum		Increasing	June 2015 North: 25 Central: 35 South: 15
	Number of community members who regularly attend Forums.	Community Forums	10% increase per annum		Increasing	June 2015 North: 10 Central: 12 South: 5
	Number of community members acting as office bearers /representatives or leaders at Forum events/groups.	Community Forums	10% increase per annum		Increasing	June 2015 North: 11 Central: 10 South: 4
	Number of funding applications to the Forums.	Community Forums	NA		Increasing	Year 2014/15 North: 9 Central: 8 South: 14
	Numbers of mutual aid and recovery groups and projects.	ADP Support Team	15 peer support groups or projects		Increasing	June 2015: 11
	Numbers of people attending training to increase confidence and active participation in Forums and community activities.	Community Forums/ADP Support Team	30 Trained participants by 2018			0 Training not currently available
	Number of community members involved in the pilot parenting programme "Let's talk about risk".	Programme steering group				Programme in development

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
4.2 Marginalised communities and their representatives will develop a powerful voice and have real influence over the decision-making of the Forum, ADP and wider Community Planning Partners and become some of the most active and influential in our community.	Number of Community Forum members on ADP committees.	ADP Support Team	At least 2 forum members on each ADP sub-committee			Not yet counted
	% of ADP earmarked funds spent on the basis of community decision making.	ADP Support Team	4% by April 2017		No change	2014/15 3.5%
	Instances of community member contributions to other community planning related groups	Records of consultations through Community Forum and CPP	Increasing each year			Not yet counted
4.3 We fully understand Aberdeenshire's diverse communities and their particular characteristics, aspirations, needs and strengths, sufficient to enable an informed response.	Number of community involvement events or community surveys conducted per annum.	2014/15 7 events 2 community surveys	Increasing each year			2014/15 7 events 2 community surveys
	Number of local alcohol and drug profiles completed.	ADP Support Team	6 by April 2016			0
4.4 The wider community will have improved.	Number of local alcohol and drug profiles completed.					Not yet counted

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
Alcohol and drug insights countering the normalisation of alcohol or drug use and stigmatisation of those in recovery through effective communication channels.	Number of local media publications stigmatising recovery per year.	Community Forums/ ADP Support Team.				Not yet counted
	Proportion of citizens who express positive attitudes towards those in recovery.	Citizen's survey, Viewpoint 40, Jan 2015 on attitudes and knowledge about mutual aid, peer support, family support and recovery.			First time these questions have been asked.	Jan 2015: 83% agreed we should help people recover from addiction; 74% agreed that anyone can recover from addiction; 72% agreed addicts should be more included in the community; 93% agreed families are important support and should be involved; 60% agreed addiction is an illness that could happen to anyone. 39% of respondents personally knew of someone who has successfully recovered from alcohol or drug addiction.
	Number of unique visitors to the ADP website per month.	ADP Support Team	400 per month by 2017		Increasing	May 2015: 374

Intermediate Outcome	Indicator	Source	Target & Timescale	Benchmark	Trend	Baseline
	Number of ADP Twitter followers.	ADP Support Team	500 by 2017		Increasing	May 2015: 264
	Number of community events attended.	Community forums	6 per year			Not yet counted

No	Action	Lead Group (& Partner)	Timing
1	We will encourage all ages of community members to participate in ADP Community Forum meetings or activities, overcome barriers to their participation and support them to come up with ideas and plan, develop, fund, implement and evaluate their projects.	Community Forums (ADP Support Team)	Ongoing
2	We will promote the availability of ADP Community Forum funding to the wider community and develop our approach to participatory budgeting to support projects and other community activities contributing to aspirations around prevention, protection, recovery and Inclusion. We will celebrate the competency of ordinary citizens (particularly those who may be marginalised) to use their life experiences to make informed decisions about meeting local needs.	Community Forums (CPF Group)	Annual allocation agreed in April
3	We will help build the confidence, social networks and self-esteem of service users, family members and other interested citizens to get involved and apply their lived experience and encourage and support enthusiasts to become community activists, local recovery champions or Community Forum office bearers.	Community Forums (ADP Support Team)	Ongoing
4	We will increase the co-production of community recovery activities by growing the range of mutual aid groups and recovery focussed initiatives across Aberdeenshire, identifying and addressing areas with lack of provision. aiming for at least one in each of the 15 major towns.	Community Forums (ADP Support Team)	By Dec 2016
5	We will grow the membership of Community Forums and create new Forums where there is the critical mass and demand to do so (e.g. HMP Grampian and under 18 forum) to enable representatives of smaller communities to access and engage.	Community Forums (ADP Support Team)	By April 2017
6	We will develop a 'Service User Reference Group' where those with lived experience of dependency/addiction and recovery can voice their views, thoughts and aspirations.	Community Forums (ADP Support Team)	By Dec 2015
7	We will encourage and support vulnerable and marginalised community members to grow their social networks, access local services, engage with and be included in wider local community activities.	Community Forums (All agencies)	Ongoing

4.2 Marginalised communities and their representatives will develop a powerful voice and have real influence over the decision-making of the Forum, ADP and wider Community Planning Partners and become some of the most active and influential in our community.

No	Action	Lead Group (& Partner)	Timing
1	We will ensure that each ADP committee benefits from regular input from the Forums so that they are aware of the specific issues relevant to each area.	Community Forums (ADP Support Team)	By Dec 2015
2	Service users and family members will be invited to participate in the evaluation, design, commissioning, and performance review of services.	CPF Group (ADP Support Team)	By Dec 2015
3	We will build close links with wider community decision-making groups such as locality community safety groups, community planning groups and licensing forums and, where appropriate, we will help build forum members' confidence to participate and influence decisions.	Community Forums (ADP Support Team)	By April 2016
4	We will review and revise the ADP partnership agreement to ensure that ADP members and ADP funded services take into consideration local needs and priorities, and are seen to be more accountable to and have improved communication with ADP Community Forums and local communities.	ADP Committee (ADP Support Team)	

No	Action	Lead Group (& Partner)	Timing
1	Forums will work with the community to understand the local substance misuse situation and inform any future response.	Community Forums (CLD)	April each year
2	Each Community Forum will organise at least two interventions per year to capture the views of citizens, be that 'Big Blethers', surveys or peer research, etc.	Community Forums (ADP Support Team)	By April each year
3	There will be at least 4 events planned each year in collaboration with those with lived experience of drug/alcohol happening in communities within Aberdeenshire.	ADP Support Team	By April each year
4	In conjunction with Forums and other local Community Groups, we will develop local alcohol and drug profiles, identifying demographics, strengths, assets, needs, threats and community priorities.	Community Forums (ADP Support Team)	
5	We will ensure that the work of the forums and the results of its investment and lessons learned are shared widely.	Community Forums (ADP Support Team)	

09

Financing the Plan



ADPs are responsible for directing how substance misuse resources are utilised locally in the pursuit of agreed national and local outcomes. Scottish Government routinely emphasise the key role of ADPs directing how ring fenced and additional local resources should be utilised. In 2014/15, Grampian received £5.77 million per annum from Scottish Government earmarked alcohol and drug funding. £3.78 million was allocated to the three ADPs in Grampian (£1.36 million for Aberdeenshire) and the remaining £1.99 million top sliced to fund Grampian wide schemes. The allocation for 2015/16 is £3.04m for alcohol and £2.71m for drugs, totalling £5.79m.

Grampian Wide Schemes

The top sliced schemes are a combination of proposals agreed by the three ADPs and historical spend predating ADPs or NHS Grampian. Agreement has been struck that even where there is uncertain attribution for these historical schemes, these funds will be devolved to ADPs in the coming year. For the purpose of estimating Aberdeenshire's current and future position, for the purposes of this report, 41% of ABI spend and 36% of most other spend has been attributed to Aberdeenshire.

Grampian Top sliced Schemes (* = historical estimate)	2014/15 Budget/ (£k)	Hypothetical Aberdeenshire 2015/16 Share/ (£k)
Public Health Coordination & Info System	100	36
ABI Primary Care Enhanced Service	110	45.1
Methadone Service Contribution	229	82.44
Drug Related Death Co-ordinator	6	2.16
ADP Support*	231	83.16
NHS SMS*	974	350.64
To be confirmed (previously DA)*	100	36
Aberdeenshire Rural Services*	69	24.84
Health Promotion*	130	46.8
Project Manager*	41	14.76
Total	1990	721.9

Aberdeenshire ADP 2015/16 Finance

Aberdeenshire anticipates receiving ring fenced funding of £1364k plus £351k non-recurring funding from 2014/15 under spend due to slippage and committed allocations not progressing as intended. We do not anticipate this will occur again to the same level. In addition Aberdeenshire ADP traditionally also receives £307k of 'core and voluntary sector funding'. Unfortunately, it is unclear whether this is a contribution from NHS funds, top sliced earmarked funds or a combination of the two.

Total funding available for 2015/16 is therefore £2022k. In an attempt to inform future patterns of expenditure, current delegated Aberdeenshire ADP spend and our notional share of Grampian top slice have been attributed to each of the intermediate outcomes in this delivery plan.

Over the next year, the partnership will negotiate shifts in expenditure to inform future budgets inclusive of the pro-rata historical Grampian top slice.

Paraphrased Outcome	Shire ADP 15/16 Budget /£k	Notional share of Grampian Top Slice 15/16 /£k	Notional Shire Budget 15/16	15/16 total Distribution %	Estimated 18/19 Spend/£k	18/19 Distribution /%
1.1 Communities better informed	50.00	10.29	60.29	2.2	65.00	2.7
1.2 Children and young people have skills					40.00	1.7
1.3 Alcohol Brief Intervention (ABI)		48.70	48.70	1.8	60.00	2.5
1.4 Awareness of trends		3.60	3.60	0.1	4.00	0.2
1.5 Inequalities reduce.		3.60	3.60	0.1	10.00	0.4
Total prevention & early intervention	50.00	66.19	116.19	4.2	179.00	7.5
2.1 Risks to users reduced	8.00	8.85	16.85	0.6	20.00	0.8
2.2 Children & young people diverted from harm	4.00	6.69	10.69	0.4	10.00	0.4
2.3 CAPSM	43.00	6.69	49.69	1.8	50.00	2.1
2.4 Families affected are supported	8.70	6.69	15.39	0.6	19.00	0.8
2.5 Alcohol & drugs less readily available	2.50	3.60	6.10	0.2	10.00	0.4
2.6 Communities are safe	30.00		30.00	1.1	30.00	1.3
Total protection and harm reduction	96.20	32.50	128.70	4.7	139.00	5.8
3.1 People in need can readily access help	791.96	497.52	1289.48	47.0	960.00	40.1
3.2 Services will be redesigned	156.20	3.60	159.80	5.8	100.00	4.2
3.3 Commissioning strategy	5.00	3.60	8.60	0.3	0.90	0.0
3.4 Skilled workforce	6.00	10.29	16.29	0.6	30.00	1.3
3.5 Supported to build their recovery capital	339.00		339.00	12.4	470.00	19.6
Total treatment and recovery	1298.00	515.01	1813.17	66.1	1560.90	65.2
4.1 Marginalised communities get involved	70.00	0.00	70.00	2.6	100.00	4.2

Paraphrased Outcome	Shire ADP 15/16 Budget /£k	Notional share of Grampian Top Slice 15/16 /£k	Notional Shire Budget 15/16	15/16 total Distribution %	Estimated 18/19 Spend/£k	18/19 Distribution /%
4.2 Real influence over decision making	114.60	3.60	118.20	4.3	120.00	5.0
4.3 Understand Aberdeenshire's communities		6.69	6.69	0.2	12.00	0.5
4.4 Counter normalisation and stigma					12.00	0.5
Total Inclusion	184.60	10.29	194.88	7.1	244.00	10.2
Uncategorised & ADP Support Team	271.41	97.92	369.33	13.5	270.00	11.3
Not yet attributed	122.00		122.00	4.4		0.0
Total	2022.37	721.90	2744.27	100.0	2392.90	100.0

It is anticipated that the balance of spend in 2018 will look different to spend today.

Key features of this change will include:

- *Increases in the proportion of spend in prevention and early intervention in line one of the 4 pillars of public sector reform.*
- *Tier 3 treatment and stabilisation services focusing exclusively on their speciality and the expansion of more universal and community based interventions at Tier 1 or 2 to support 'moving on'.*
- *A higher proportion of spend directed by communities.*

The figures listed for 'Estimated 2018/19 Spend' are by no means agreed and at this stage are illustrative.

They are dependent on:

- *Continuation of current earmarked funding.*
- *Delegation of top sliced funds to ADPs from NHS Grampian.*
- *Agreement across partners to the pattern of financial change over the coming year.*

10

How Could Central Government Help?



Aberdeenshire ADP has benefited from the support of various national agencies.

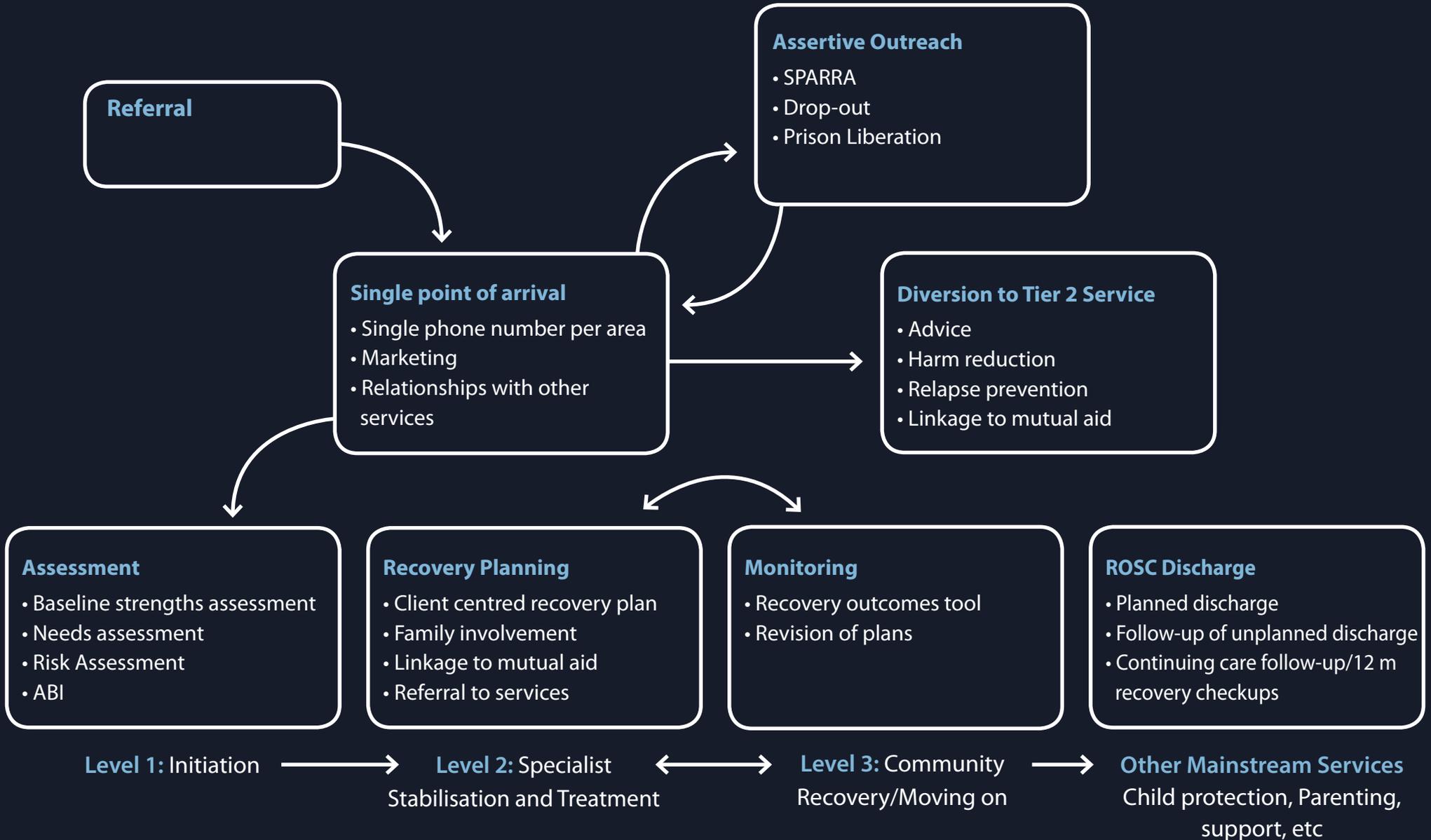
Aberdeenshire ADP is particularly grateful to the following national agencies:

- SFAAD for locating a worker in Grampian and providing a significant level of support.
- SDF for listening to our concerns about access to support and forming a relationship regards an Aberdeenshire AWTP and quality improvement work.
- National Support Officers have assisted with unbiased advice and our participation in the alcohol and drug improvement game and national recovery outcome indicator pilot.
- ISD for being generous with their time in providing support on waiting times and SMR25 datasets.
- SRC for their support with our community engagement and recovery week activities.
- JC+ for their supportive and encouraging relationship with us and financial contribution to our 'moving on' developments.
- Transport Scotland for their permission to modify the concessionary travel eligibility rules to enable a transport pilot.

To aid us further, we'd recommend that Scottish Government consider the following suggestions:

- Facilitate the production of Scottish Health Survey data at sufficient statistical power to enable up to date alcohol prevalence data to be published at a local authority level.
- Fund SALSUS to produce local area data. Aberdeenshire ADP is one of the few areas investing in a boosted sample to enable local SALSUS data to be published.
- Ensure DAISy is implemented on time and enable interested ADPs to form a consortium to further invest in the collective development of a DAISy case management system.
- Increase the benefit of ScotPHO Alcohol and Drug Profiles by ensuring data is up-to-date and published as soon as available.
- Consider merging the alcohol and drug policy units or at least consolidating ministerial expectations of ADPs into a single coherent and manageable package.

11. Appendix A: Overarching Recovery Oriented System of Care



We intend to develop and refine our Recovery Oriented System of Care (ROSC) further to maximise our ability to help people rebuild their lives as active and contributing members of society and move on towards an addiction free life 'better than well'. At the heart of each individual's treatment journey is the recovery planning and review process.

Our ROSC will enable people to progress at their own pace with a planned and integrated care pathway, ensuring the package of interventions is relevant to changing need, adheres to the quality standards, and that interventions are optimised to achieve the best possible outcome for the service user:

Level 1: Initiation- Single point of entry

Assertive outreach/ anticipatory care

- *DNA and drop-out cases.*
- *SPARRA cases.*
- *Temporary accommodation houses of multiple occupation.*
- *"We called" cards.*
- *Hospital in reach.*
- *Prison and police custody liberation.*

Improved awareness and knowledge of services

- *Accessible across rural communities.*
- *Clear offering.*
- *Marketing.*
- *Where to turn to.*
- *Phone number.*
- *Linkages to other service e.g. DWP.*

Initial assessment and recovery planning

- *Diversion to Tier two open access advice where necessary: Harm reduction; Information and advice; Relapse prevention; Needle exchange.*
- *Recovery outcome indicator baseline.*
- *Keep well check.*
- *Needs assessment.*
- *Risk assessment.*
- *Client centred recovery plan.*
- *Identify family members.*
- *Family and carers needs assessment.*

- *Children – child protection risk assessment and access to parenting support.*
- *ABI.*
- *Referral to specialist services.*
- *Assertive linkage to mutual aid: Peer support; Mutual aid; Service user involvement; Family support groups.*
- *SRC recovery book.*

Monitoring

- *Facilitate information exchange.*
- *Monitoring of progress and revision of plans.*

ROSC Discharge

- *Continuing care follow-up/ recovery checkups.*
- *Rapid re-entry if necessary.*

Tier 2 Services

- *Open access alcohol or other drug service offering non-care planned interventions, advice, harm reduction and referral to other services.*

Level 2: Stabilisation - Specialist Addictions Treatment - clear referral & discharge protocols and access thresholds **Specialist maternity support**

- *For alcohol and other drug using mums.*

Specialist NHS and Prison healthcare

- *Stabilisation/ prescribing.*
- *Detoxification (residential & community).*
- *Advice, testing & treatment for BBV and sexual health.*
- *Naloxone supply.*
- *Healthcare checks.*
- *Treatment of co-morbidities including smoking cessation.*
- *Specialist psychological and psychiatric therapies.*
- *Dual mental health diagnosis.*
- *ARBD diagnosis and capacity assessment.*
- *Primary care support and development.*

Community Substance Misuse Service

- *Personalisation: Self Directed Support; Sourcing customised services for high public risk or complex cases; Assessment for residential rehabilitation.*
- *Prison recovery programme.*
- *Community care: Older people; Adult support and protection; Incapacity/ cognitive impairment/ LD/ ARBD.*
- *Harm reduction support for those where recovery isn't an option.*
- *Support for families and carers.*
- *Residential discharge planning: Residential rehabilitation; Hospital discharge; HMPG discharge.*
- *Crisis management.*
- *Supervision of high risk to the public cases: Child protection; Domestic abuse; Highly chaotic cases.*
- *Financial advice and income maximisation: Tackle deprivation, poverty; Universal credit.*
- *Operation Hotspur and enforcement links.*

Community Justice

- *Statutory Prison Through care.*
- *ORCA tasking.*
- *DTTO supervision.*

Community support services

- *DA Compass, CASA, Incite and direct services.*
- *TPS Northern Horizons, shared care and arrest referral.*

Residential

- *Alexander clinic.*
- *Teen challenge.*
- *Acute NHS.*
- *HMP Grampian.*
- *CSMS funded programmes out with Aberdeenshire.*

Level 3: Moving On / Community Recovery- Effective treatment attends to multiple needs of the individual, not just his or her drug abuse

- *Community recovery programmes to strengthen recovery capital and discover purpose in life: Aberdeen Foyer, Cair Scotland and Aberdeenshire.*

Employability Services

- *Employability: AWTP; Employability Pipeline; College; relationship with employers.*
- *Meaningful activity: Friends and supportive social networks; Engaging life in the community; Reconnect with loved ones.*
- *Personal growth and an improved ability to cope with the challenges of life: Develop an enhanced sense of control over their own lives; Relapse prevention.*
- *Improved physical, mental and spiritual wellbeing, not merely the absence of alcohol or drug misuse.*

Mainstream Services

- *Housing Service: Temporary accommodation conducive to recovery; Homelessness risk minimisation/ supporting tenancies; Support to live with family rather than temp accommodation; Respite accommodation.*
- *Equity of access to supportive, non-discriminatory mainstream services to enable the vulnerable to thrive.*
- *Participation in community groups.*
- *Transport to enable participation: Concessionary travel; Dialabus.*
- *Childcare to enable participation.*
- *Community cafes, recreation, leisure and the arts.*
- *Long-term recovery housing.*
- *Ongoing clinical care: GP (stable maintenance prescribing and general healthcare), Community Pharmacy (substance misuse service).*
- *Working for families: Benefit checks.*

Mutual Aid

- *SU groups: SMART; NA; AA; CA; Alanon.*
- *Family support & Kinship care groups.*
- *Service user involvement, volunteering and self-directed recovery communities.*
- *Peer support buddying system to support folk to attend mutual aid.*

