

PERTH AND KINROSS COUNCIL**Housing and Health Committee****29 October 2014****Alcohol Drug Partnership (ADP) Annual Report to Scottish Government****Report by Executive Director (Housing and Community Care)****PURPOSE OF REPORT**

This Report is to inform Committee of the developments in services for people with drug and alcohol problems as noted in the Alcohol Drug Partnership (ADP) Annual Report to the Scottish Government (Appendix 1). The overarching theme of the recent ADP strategy has been a focus on reshaping services and procedures to deliver 'recovery' for people affected by drug and alcohol misuse. The report highlights positive work in this area as well as noting the challenges in meeting the key indicators.

1. BACKGROUND

- 1.1 In April 2012 the Scottish Government confirmed the formal manner in which Alcohol and Drug Partnerships (ADPs) will report to the Scottish Government. This reporting framework letter 'Supporting Alcohol and Drug Partnerships (ADPs) to Deliver Improved Outcomes for Alcohol and Drugs' (April 2012) set out the requirements of ADPs to provide three year plans to Scottish Government. As part of this process the ADP developed a three year rolling strategy. Perth and Kinross ADP has since ratified the ADP strategy via the relevant Community Planning Partnership groups. This strategy was submitted to the Scottish Government in 2012. Since the submission of the strategy there has been a change in the reporting format and timescales. The ADP will no longer submit annual delivery plans in March and subsequent update reports in June. It will now only submit one annual report regarding progress and the milestones/objectives for that financial year.
- 1.2 In future, draft annual reports will be submitted for approval through the Community Planning process to the developing governance structures of the Health & Social Care Partnership. The ADP annual report template is provided by Scottish Government and all ADPs are required to complete and return this report. There are certain significant differences between the format and style of these reports when compared with those employed in council performance reports. The main such difference concerns interpretation of the RAG system. When reading the ADP annual report the following interpretation should be applied:
- Red - No action is yet underway
 - Amber - Action is underway but is not yet completed
 - Green - Action is completed

- 1.3 The baseline figures provided in the annual report come from various sources and are provided on a two or three year basis. One of these is the Scottish Adolescent Lifestyle Survey (SALSUS), while others are provided annually by the Information Services Division (ISD) of the Scottish Government. It will be noted that we do not yet have some of the locality performance indicators, because not all of these indicators are gathered annually..
- 1.4 The ADP Annual Report is divided into the following sections as noted beneath.

Partnership Details

- 1.4.1 The ADP in Perth and Kinross is chaired by the Depute Director for Education and Children's Services and Chief Social Work Officer. Plans are directed by a Strategy group and supported by an Executive. These groups consist of a range of multi-agency partners. Actions are taken forward by four Delivery Groups:
- Children & Young People – led by Education and Children's Services;
 - Adults – led by Housing and Community Care;
 - Focus on Alcohol – led by Voluntary Sector (Tayside Council on Alcohol);
 - Finance & Commissioning – led by NHS Tayside

Self-Assessment

- 1.4.2 The Self-Assessment covers the work of the ADP using an Analyse, Plan, Deliver and Review template. The Self-Assessment notes the significant work to shift services towards a recovery based approach. This has included a significant number of broad based, multi-agency events to shape service provision. The Scottish Government has attended and supported the facilitation of some of these events. Service users and carers are involved as core partners in these events, especially as Peer Supports and core partners in our work on delivering Naloxone and Mutual Aid work.

Finance Framework

- 1.4.3 This section illustrates key spend across services.

Core & Local Indicators and key activities 2013/14

- 1.4.4 Core and Local Indicators are contained in the ADP Annual Report and key areas are highlighted for information.

Increase in Naloxone Training

- 1.4.5 There has been a significant increase in the training of friends, family and carers in delivery of Naloxone and in the number of Naloxone kits supplied - rising from 91 people trained in 2012-13 to 259 in 2013-14. It is of particular

note that this training is partly delivered by Peers, people who have previously been drug users but who have recovered and who are part of Self Help Groups who work with Drug and Alcohol services. Naloxone is a drug which is administered to someone who has overdosed on an opiate, generally heroin. This is a lifesaving drug which can be safely administered by non-professionals, i.e. the friends, family or non-medical staff who are present at the time. The rise in the numbers of people trained in its use should be viewed positively – as Naloxone contributes directly to reducing the number of drug-related deaths.

Increased number of mutual aid groups

- 1.4.6 The number of mutual aid groups has almost doubled , from 8 to 15, with support now available in Blairgowrie, Crieff, Perth and Perth Prison. . This has, in large part, been due to the work of the ADP, Drug and Alcohol team, Prison and Voluntary Sector partners in supporting SMART Recovery groups. SMART Recovery is a self-help behavioural change approach supported by mutual aid groups. The 12 step Fellowships (Alcoholic Anonymous) have also increased their presence, providing greater choice for people in the area.

Improvement in completing Community Payback Orders

- 1.4.7 There has been a 50% increase in Community Payback Orders with a drug/alcohol treatment requirement which were successfully completed. As the relationship between alcohol/substance misuse and criminality is well established, an achievement of this magnitude bodes well for future reductions both in substance misuse and in reoffending rates.

1.4.8 Reduction in waiting times

For those with recognised alcohol and substance misuse problems, the improvements in waiting times for both alcohol support services (from 97.2% to 98% by March 2013) and in waiting list times for drug-support services (up from 95.2% to 98%) for the same period – are also to be welcomed.

Challenges

Percentage of people perceiving drug misuse or (drug) dealing to be very or fairly common in their area.

- 1.4.9 Across Scotland, the average proportion of people who perceived drug misuse or dealing to be very or fairly common in their area was 12.9% (Scottish Household Survey). In Perth and Kinross, for the same year, this figure was 14.4%. While this figure is concerning, Perth and Kinross continues to have below average figures in relation to recorded drug and alcohol misuse suggesting a difference between public perception and reality. This is evidenced by a range of figures, including acute hospital discharges relating to drug misuse, drug deaths and illicit drug use among 15 year olds. A reduction of some 2% has also been seen in the proportion of hospital admissions relating to alcohol misuse in the 20% most deprived areas in Perth and Kinross.

2. PROPOSALS

ADP & Ministerial priorities

ADP Priorities

- 2.1 In section 5 of the report, the five key priorities for the ADP are presented. This illustrates our commitment to ensuring that we allocate an appropriate spend towards preventative and young people services. There is also a commitment to a 'Wellbeing' and Recovery agenda. There has been no change to the 2013/2014 ADP priorities. As a consequence the 2014/2015 priorities will remain unchanged.

Ministerial Priorities

- 2.2 These are areas to which the Minister has directed ADPs to give particular attention, and the associated actions they will take forward in order to meet these priorities. The Perth and Kinross ADP is delivering in each of these areas. It is important to note in this context the last Ministerial priority in relation to New Psychoactive Substances (NPS), often called 'legal highs'. This is an area on which we need to focus as current Health and Social Care drug and alcohol services are tailored around 'traditional' drug usage. The ADP is currently carrying out an audit and needs assessment to understand the problems NPS may be bringing to our communities and to better inform a collective inter- agency approach.

3. CONCLUSION AND RECOMMENDATIONS

- 3.1 The ADP Annual Report to the Scottish Government demonstrates that Perth and Kinross Council and its partners are meeting key performance targets and moving in a direction congruent with Scottish Government priorities the Scottish Government. Perth and Kinross continues to report lower than average alcohol and drug related problems, but the ADP Annual Report demonstrates that a vigorous approach continues to be adopted with regard to reducing the size of the problem.
- 3.2 It is recommended that members note the progress outlined in the ADP Annual Report.

Author(s)

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Approved

Name	Designation	Date
John Walker	Executive Director (Housing and Community Care)	Date required

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1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	Yes
Corporate Plan	Yes
Resource Implications	
Financial	No
Workforce	No
Asset Management (land, property, IST)	No
Assessments	
Equality Impact Assessment	Yes
Strategic Environmental Assessment	Yes
Sustainability (community, economic, environmental)	No
Legal and Governance	No
Risk	No
Consultation	
Internal	Yes
External	Yes
Communication	
Communications Plan	No

1. Strategic Implications

Community Plan / Single Outcome Agreement

1.1 The section below sets out how the proposals relate to the delivery of the Perth and Kinross Community Plan / Single Outcome Agreement in terms of the following priorities:

- (i) Giving every child the best start in life
The ADP Annual Report notes the work that has been underway to support children with parents who are misusing alcohol and/or drugs, such as the 'Change is a Must' project. It also notes work with schools to raise awareness of the effects of alcohol and drugs in school.
- (ii) Developing educated, responsible and informed citizens
The ADP Annual Report describes public awareness raising the ADP has done to ensure that people in Perth and Kinross know where to go to get support if they are misusing drugs or alcohol.
- (iii) Promoting a prosperous, inclusive and sustainable economy
The ADP Annual Report demonstrates that the ADP is endeavouring to be inclusive to people with drug and alcohol problems, and their carers, who are disenfranchised from decision making. Service user and carer involvement is set out in the ADP Annual Report, as is working with people that have recovered from drug and alcohol problems as Peer supporters.

- (iv) Supporting people to lead independent, healthy and active lives
A key element of the ADP Annual Report is to support people who misuse alcohol and/or drugs to lead healthier lives. Alcohol and drug misuse can have significant health impacts on people that at worst can lead to overdose and death. The report illustrates the work of Tayside Substance Misuse service and others, to support people with addictions that are affecting their health.
- (v) Creating a safe and sustainable place for future generations
The Criminal Justice element is a key part of the ADP Annual report as people that misuse alcohol and drugs can have a detrimental effect on communities in relation to anti-social behaviour and crime.

Corporate Plan

- 1.2 The ADP Annual Report is relevant to all aspects of the five objectives of the Corporate Plan and these are detailed above.
 - (i) Giving every child the best start in life;
 - (ii) Developing educated, responsible and informed citizens;
 - (iii) Promoting a prosperous, inclusive and sustainable economy;
 - (iv) Supporting people to lead independent, healthy and active lives; and
 - (v) Creating a safe and sustainable place for future generations.

2. Resource Implications

Financial

- 2.1 There are no resource implications

Workforce

- 2.2 The ADP Annual Report highlights training and organisational development requirements for the Council and its partner's workforce. This is principle in relation to ensuring there is a better understanding of drug and alcohol issues and in particular, that there is understanding about the recovery agenda.

Asset Management (land, property, IT)

- 2.3 There is no asset management implications highlighted in the report. There no implications in relation to IT at present.

3. Assessments

Equality Impact Assessment

- 3.1 **Equality and Diversity**
The strategy is aimed at people in recovery and promotes social inclusion and the tackling of stigma and is fully inclusive in its approach and does not discriminate.

Strategic Environmental Assessment

- 3.2 The Plan supports the Council's commitment to sustainable development and has undergone an appraisal through the Councils Integrated Appraisal Toolkit (IAT) (see summary report attached).

The IAT identified that there were not likely to be any negative environmental effects which will arise as a result of the implementation of this Strategy. This is because the Strategy does not present a risk to human health or the environment, and the plan does not have an effect on land use, natural or cultural heritage or landscapes.

The Strategy does have a relationship with other policy areas. For example, successful outcomes in the Strategy can have a positive impact on open spaces by reducing fear of crime and the debris related to alcohol or drug use and to develop recovery there is a need to have transport systems which supports access to services especially in rural areas. However, other Strategies and Plans in the policy hierarchy e.g. relating to Greenspace and Transport will undergo separate consideration under the Environmental Assessment (Scotland) Act.

- 3.3 However, no action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the report only and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.

Sustainability

- 3.4 N/A

Legal and Governance

- 3.5 N/A

- 3.6 N/A

Risk

- 3.7 N/A

4. Consultation

Internal

- 4.1 The draft annual plan has been reviewed by PKC HCC Executive Director, HCC Depute Director and HCC Senior Management Team.

External

- 4.2 The draft annual report has been reviewed by the ADP membership these include:

- Voluntary Sector
- Police Scotland
- Community Justice Authority
- NHS Substance Misuse Service
- PKC Education & Children Services
- NHS Children & Young People Services

5. Communication

- 5.1 The ADP Annual Report will be discussed at the Alcohol Drug Partnership and place on the ADP website.

2. BACKGROUND PAPERS

The ADP Annual Report is presented

3. APPENDICES

Appendix 1. The ADP Annual Report.

Document Details:

ADP Reporting Requirements 2013/14

- 1 Partnership Details**
- 2 Self-Assessment**
- 3 Finance Framework**
- 4 Core & Local Indicators and key activities 2013/14**
- 5 ADP & Ministerial priorities**

Appendix 1

- **Guidance Notes and Commissioning Diagram**

Appendix 2

- **Bench Marking – Perth and Kinross , Aberdeenshire & Ayrshire**

1. PARTNERSHIP DETAILS

Alcohol & Drug Partnership:	Perth & Kinross
ADP Chair	Bill Atkinson
Contact name(s): See note 1	Ian Smillie
Contact telephone	01738 476962
Email:	hismillie@pkc.gov.uk
Date of Completion:	16.9.14
Date published on ADP website(s)	TBC

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The content of this template has been agreed as accurate by the Alcohol and Drug Partnership, and has been shared with our Community Planning Partnership:



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ADP Chair

Alcoholanddrugdelivery@scotland.gsi.gov.uk

2. ADP Self-Assessment 1 April 2013 – 31 March 2014

	Theme	R A G See 1	Evidence See Note 2
ANALYSE			
1	ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment of need, which takes into consideration the changing demographic characteristics of substance misusers in your area. Please also include here any local research that you have commissioned See Note 3	Green	<ul style="list-style-type: none"> ADP Needs Assessment Review 2011; Perth and Kinross Substance Misuse Profile April 2013; Homelessness Needs Assessment July 2013; Dartington Report (Evidence to Success) 2013; Children Affected by Parental Substance Misuse (CAPSM) Report 2013/14; Drug Deaths in Tayside Report 2013; New Psychoactive Substances (NPS) Report (currently underway).
2	An outcome based ADP Joint Performance Framework is in place that reflects the ADP National Outcomes. See note 4	Amber	<ul style="list-style-type: none"> ADP performance framework related to ADP strategy 2012 – 15; ADP Finance & Commissioning Group – Performance Indicator Framework and baseline measures; ADP Logic Model Frameworks and Health & Well Being Themes. <p>The ADP performance framework is part of the ADP Commissioning Strategy.</p>
3	Integrated Resource Framework - Process	Amber	<ul style="list-style-type: none"> Integrated Resource Framework (IRF) data has been collated and has been analysed in relation to drug and alcohol clients;

	Theme	R A G See 1	Evidence See Note 2
	Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.		<ul style="list-style-type: none"> Mini Audit Scotland (ADP Partners spend) has been carried out to establish current spend by partners relating to drug and alcohol. <p>The IRF information is being linked to ISD information to connect client details to their health identifier numbers to establish any crossover provision.</p>
4	Integrated Resource Framework - Outcomes Note 5 A coherent approach has been applied to selecting and prioritising investment and disinvestment options – building prevention into the design and delivery of services.	Amber	<ul style="list-style-type: none"> IRF data has identified current consumption of resources on drugs and alcohol in local authority services by geographical areas; Mini Audit Scotland report has identified overall spend in relation to prevention, intervention, treatment and recovery Further work will be taken forward in relation to the ADP Logic Models to develop the current investment and this will be supported by the IRF process. <p>The IRF data will be used to shape the direction of the ADP commissioning strategy. The ADP is currently in a process of moving investment from adult treatment into children and young people services to allow future sustainability in this area. The timescales for this are 1.4.16 to allow adult services to review and adjust their service delivery.</p>

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	Theme	R A	Evidence
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5	<p>We have a shared vision and joint strategic objectives, which is aligned with our local partnerships, e.g. child protection committees, violence against women, community safety etc.</p>	Green	<ul style="list-style-type: none"> ADP Strategy shared recovery vision: ADP strategic outcomes and aims. <p>The ADP has a joint working protocol with the CPC and has worked in partnership with the CPC to take forward Getting Our Priorities Right (GOPR). The ADP is also linked with the Community Safety Partnership (CSP), Violence Against Women and Adult Protection via a local co-ordinators group.</p>
6	<p>A. Our strategic commissioning work is clearly linked to Community Planning priorities and processes.</p> <p>Please include your ADP Commissioning Plan or Strategy if available.</p> <p>Please include information on your formal relationship to your local child protection committee and Criminal Justice Adult Services.</p> <p>B. What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route.</p> <p>See note 6</p>	Amber	<ul style="list-style-type: none"> The ADP Commissioning Strategy is being further developed to include local investment by partners. This information is partially available and is still a work in progress: ADP Outcomes are incorporated into the Single Outcome Agreement (SOA); The ADP has a joint working protocol with the Child Protection Committee (CPC) and has worked in partnership with the Community Planning Partnership (CPP) to take forward Getting Our Priorities Right (GOPR); ADP will report back to the CPP via the Community Safety Outcome Delivery Group this year. It is anticipated that the ADP will report via the Health & Social Care Pathfinder Board in the future; The ADP has members on the Community Safety Outcome Delivery Group and the ADP Lead Officer reports to the group in relation to substance misuse related offending.
7	<p>Service Users and carers are embedded within the partnership</p>	Amber	<ul style="list-style-type: none"> Processes are in place to ensure service user and carer involvement across all stages of local planning, design and delivery of services;

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	commissioning processes		<ul style="list-style-type: none"> • Service users and carers are consulted on strategy priorities; • Service users and carers consultation and evaluation of service provision is being developed further; • Participation within ADP sub groups; • Service users have been involved with tendering and commissioning of services. <p>The ADP and its partners have engaged with service users and carers within the ADP sub groups and at the ADP stakeholder's events.</p>
8	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning.</p> <p>Describe the progress your ADP has made in implementing a ROSC; please include what your priorities are in implementing this during 2014-15. This may include:</p> <ul style="list-style-type: none"> • Recovery Orientated System of Care service review and redesign • Identify and commission against key recovery outcomes • Recovery outcome reporting across alcohol and drug services e.g. Outcome STAR. Other • Individual recovery care plan and review • Involved mutual aid and recovery communities <p>Please include your outcomes for all individuals within your alcohol and drug treatment system for 2013/14 if</p>	Amber	<p>The ADP is already in the process of developing the local Recovery Orientated System of Care (ROSC). Two development events have taken place and the outcomes of these events are currently being reviewed. These days were supported by Scottish Government ADP Advisors and attended by Scottish Training on Drugs and Alcohol (STRADA). As part of this process Scottish Government ADP advisors facilitated two separate consultations events one with service users and carers and another with local services.</p> <p>The ADP Recovery Self Evaluation process is underway and services are involved with recovery audit process. This is supported by:</p> <ul style="list-style-type: none"> • The further development of the Recovery College concept to consolidate the work Scottish Recovery Consortium carried out previously; • Strategic Commissioning Plan for Recovery which will include key recovery outcomes as part of the commissioning plan; • The ADP has a performance and outcome reporting framework for statutory and non - statutory partners. Each of these partners uses different outcome tools e.g. Richter. <p>The ADP has commissioned a block license with SMART Recovery and trained staff in services to facilitate meetings. SMART stands for 'Self Management and Recovery Training' and if a new form of mutual aid group. Currently a group of peer facilitators are undergoing training. All of this has increased access to mutual aid across the area.</p> <p>Individual outcomes for all individuals not available.</p>

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	available.		
9	All relevant statutory requirements regarding Equality Impact assessments have been addressed during the compilation of our ADP Strategy and Delivery Plan	Green	<ul style="list-style-type: none"> ADP Strategy Equality Impact Assessment carried out; All committee reports are Equalities Impact Assessment (EIA) as part of Community Planning.

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10	Joint Workforce plans, as outlined in 'Supporting The Development of Scotland's Alcohol and Drug Workforce' statement are in place across all levels of service delivery which are based on the needs of your population. (see note 7)	Amber	<p>Workforce development plan is currently underway. This will be in partnership with STRADA. There has been a series of meetings with STRADA to take this forward; local consultation event with services has taken place in partnership with Angus ADP. Local consultations with stakeholders will be taken forward by June 2015.</p> <p>The ADP as part of the Tayside ADP's wide contract with Figure 8 Consultancy, an agency that works to improve substance misuse services, has carried out surveys with staff from substance misuse services and generic services in relation to workforce development. This will be repeated in P & K as part of the workforce development process,</p>
11	A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision	Amber	The ADP has a high level performance indicator framework based on the ADP outcomes. Below this, there is an outcome reporting framework connected to the ADP service level agreements. This outcome framework is being reviewed as part of the development of the ADP Commissioning Strategy. This will be reviewed as part of the ROSC development process.

REVIEW

12	ADP Delivery Plan is reviewed on a regular basis.	Green	The ADP delivery groups are reviewed on a regular basis and reports are submitted to the ADP. This process is overseen by the ADP Executive Group as part of the ADP assurance.
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REVIEW

13	Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services, which incorporates recommendation 6 from the Delivering Recovery Report (see note 8)	Amber	The ADP conducts contract monitoring arrangements via the local authority. The ADP Lead Officer works closely with the monitoring staff. As part of this there are regular monitoring meetings with commissioned services. This process will be reviewed as part of the development of the ADP commissioning strategy.
14	A schedule for service monitoring and review is in place, which includes statutory provision	Amber	The existing outcome reporting system is under review. This will provide a higher level of monitoring and will be developed further as part of the Commissioning Strategy.
15	Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.	Amber	<p>The ADP includes service users and carers within the delivery groups and service users have been part of the commissioning structures.</p> <ul style="list-style-type: none"> Stakeholder events <p>The ADP will be carrying out a scoping/evaluation of services with service users and carers as part of the ROSC development process.</p>
16	<p>A. There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.</p> <p>See note 9</p> <p>B. Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies</p>	Amber	<p>A. The ADP as part of its ROSC development is building in quality assurance process. The ADP is currently taking forward recovery audit processes with services with a view to develop recovery plans for each service. Each service will have internal quality assurance service frameworks. The ADP has developed a self-evaluation process with services and case audit process in partnership with the Child Protection Committee.</p> <p>B. Key Aim Statement - Develop a ROSC model – progress is reported in part 8 of the report. In regards to the Opioid Replacement Therapy (ORT) areas which are within the ADP gift to take forward these are progressing.</p>

REVIEW

	(ORT) in Scotland. Please also include your Key Aim Statement and a specific update on your progress in implementing.		
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3. Financial Framework

Your Report should identify both the earmarked drug and the earmarked alcohol funding from Scottish Government which the ADP has received (via your local NHS Board) and spent in order to deliver your local plan. It would be helpful to identify any other expenditure on drugs and/or alcohol prevention, treatment or support which each ADP partner has contributed from their core budgets to deliver the Plan. You should also highlight any underspend and proposals on future use of any such monies.

Drugs & Alcohol Expenditure 2013/14 Perth & Kinross ADP

	2013/14 Expenditure			
	NHS SG Ring-fenced	Mainstream Funding	Criminal Justice	Total
	£000s	£000s	£000s	£000s
NHS Tayside Area wide	851,585	734,731		1,586,316
NHS Tayside P&K specific	591,210	637,009		1,228,219
P&K Council	594,375	797,276	137,521	1,529,172
	2,037,170	2,169,016	137,521	4,343,707

	2013/14 Expenditure				
	Drugs	Alcohol	Combined	Infrastructure	Total
	£000s	£000s	£000s	£000s	£000s
NHS Tayside Area wide	679,025	907,291			1,586,316
NHS Tayside P&K specific	892,987	325,320		9,912	1,228,219
P&K Council	234,138	393,944	807,415	93,675	1,529,172
	1,806,150	1,626,555	807,415	103,587	4,343,707

2013/14 Expenditure				
	Children	Adult	Both	Total
	£000s	£000s	£000s	£000s
NHS Tayside Area wide	0	1,586,316	0	1,586,316
NHS Tayside P&K specific	0	1,182,881	45,338	1,228,219
P&K Council	82,500	1,290,276	156,396	1,529,172
	82,500	4,059,473	201,734	4,343,707

2013/14 Expenditure				
	Children	Adult	Both	Total
	£000s	£000s	£000s	£000s
Drugs	32,400	1,757,972	15,778	1,806,150
Alcohol	50,100	1,494,086	82,369	1,626,555
Combined	0	807,415	0	807,415
Infrastructure	0	0	103,587	103,587
	82,500	4,059,473	201,734	4,343,707

2013/14 Expenditure					
	Intervention	Prevention	Int & Prev	Infrastructure	Total
	£000s	£000s	£000s	£000s	£000s
Drugs	1,741,513	0	48,729	15,908	1,806,150
Alcohol	1,388,166	24,808	213,581	0	1,626,555
Combined	286,269	0	510,796	10,350	807,415
Support	0	0	0	103,587	103,587
	3,415,948	24,808	773,106	129,845	4,343,707

2013/14 Expenditure				
Intervention	Prevention	Int & Prev	Infrastructure	Total

	£000s	£000s	£000s	£000s	£000s
NHS Tayside Area wide	1,586,316	0	0	0	1,586,316
NHS Tayside P&K specific	1,218,307	0	0	9,912	1,228,219
P&K Council	611,325	24,808	773,106	119,933	1,529,172
	3,415,948	24,808	773,106	129,845	4,343,707

Notes:

- Infrastructure refers to Managerial/Administration.

4. Core and Local Indicators 2013/14

Please include progress made re-establishing baselines, local improvement goals/targets and progress using the ScotPHO website for all national outcomes. You may submit your annual update on your performance framework from your delivery plan, however please include local indicators, linkage between activities, indicators and outcomes, how you will measure if a ROSC has been successfully implemented in your area and please state how many people are in receipt of opiate replacement therapies in your area.

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

Indicators	Baselines (Established)	2013	Improvement Goal/Target	Target Met	RAG	Key actions delivered to support this outcome in 2013/14
Health: People are healthier and experience fewer risks as a result of alcohol and drug use.						
Alcohol Related Hospital Discharges	631 – 2012/13 700 – 2011/12	520 – 2013/14 (18% decrease from 2012/13 figures)	2% Decrease	Yes	Green	Alcohol Brief interventions and Alcohol information from Focus on Alcohol Group.
Drug Related Hospital Discharges	118 – 2012/13 98 – 2011/12 112 – 2010/11	105 – 2013/14 (11% decrease from 2012/13 figures)	2% Decrease	Yes	Green	Shared premises joint triage processes for clients. New substance misuse residential wards relocated to local area. Substance Misuse Services team managers now based in locality.
Increase in annual naloxone training & naloxone supplies	2012 - 8 sessions (91 people) 61 kits supplied	111 people community 148 Prison 80 Community 101 Prison	50% increase in sessions 50% increase in kits supplied	Yes	Green	New nurses trained to provide naloxone. Scottish Drugs Forum (SDF) Peer trainers course completed and trainers now able to provide training. Increase in training being provided by services.

Indicators	Baselines (Established)	2013	Improvement Goal/Target	Target Met	RAG	Key actions delivered to support this outcome in 2013/14
Prevalence: Outcome: Fewer adults & children are drinking or using drugs at levels or patterns damaging to themselves or others.						
Reduced prevalence of problematic drug users - Prevalence of problem drug users percentage of the male population by age:15 - 64	2009/10 – 1200 – 1.18% prevalence rate	No updates on previous survey Scottish Government/ISD	2% Decrease	N/A	Amber	Shared premises joint triage processes for clients. New substance misuse residential wards relocated to local area. Substance Misuse Services team managers now based in locality and Mental Health Team worker is located in the same premises.
Reduced numbers of pupils using illicit drugs - Drug use last month (pupils age 15) percentage of 15 year old pupils who used illicit drugs in the last month	2006 – 12% of 15 year olds 2010 – 11% of 15 year olds	No updates on previous survey Scottish Adolescent Lifestyle Survey (SALUS)	2% Decrease	N/A	Amber	Development of integrated working around “curriculum of excellence” to address substance misuse issues. Review of alcohol and drug information used in schools is in progress.
Reduced numbers of pupils drinking on a weekly basis - Weekly drinkers (pupils age 15) percentage of 15 year old pupils drinking on weekly basis	2006 - 26% of 15 year olds 2010 – 18% of 15 year olds	No updates on previous survey (SALUS)	2% Decrease	N/A	Amber	The social marketing pilot within local school is progressing. Review of alcohol and drug information used in school is in progress.

Indicators	Baselines (Established)		Improvement Goal/Target		RAG	Key actions delivered to support this outcome in 2013/14
Recovery – Outcome: More individuals are improving their health, well-being & life chances by recovering from problematic drug/alcohol use.						
Decrease in the proportions of Hospital admissions related to alcohol misuse in the 20% most deprived areas	<p>2011/12 Most deprived 1,176 per 100,000 rate per population</p> <p>2011/12 Least deprived 269 per 100,000 rate per population</p>	<p>2013/14 Most deprived 1,100 per 100,000 rate per population</p> <p>2013/14 Least deprived 222 per 100,000 rate per population standardised rate</p>	2% Decrease	No	Amber	The development of Complex Case Integrated Group (CCIG) to support clients with multiple issues. The development of the “place agenda” to pilot focused approached in identified areas with Perth & Kinross.
Increased number of mutual aid groups	<p>Total - 8</p> <p>2 - SMART Recovery,</p> <p>4 - AA</p> <p>1 – NA</p> <p>1 – Adult Survivors of Parental Alcohol Use</p>	<p>Total 15</p> <p>4 - SRUK</p> <p>9 – AA</p> <p>1 – NA</p> <p>1 - ASPAU</p>	50% Increase	No	Amber	The creation of recovery support groups has brought together various groups from the community. These have included mutual aid, AA and NA these groups providing essential support in the community. Recently the ADP has taken forward SMART Recovery UK (SRUK) meetings in the Perth area. The ADP has purchased whole area licence in partnership with SMART Recovery UK. This has allowed services to set up meetings within their premises to develop SMART Recovery meetings. Currently peers are being trained to facilitate SRUK meetings.

Indicators	Baselines (Established)	2013	Improvement Goal/Target	Target	Indicators	Baselines (Established)
Increased number of services with recovery plans - Number of services completed recovery audit with recovery plan	3 - CAIR Scotland, NHS Substance Misuse Service (SMS) & Social Work Drug, Alcohol Team (SWDAT),	5 - CAIR Scotland, NHS Substance Misuse Service (SMS) & Social Work Drug, Alcohol Team (SWDAT), Tayside Council Alcohol (TCA) & Perth Prison	50% Increase	Yes	Green	The ADP has been working with Figure 8 Consultancy to develop recovery approaches across P & K. As part of this process a series of recovery audits have taken place with services. These audits are based on self-evaluation process with follow up interviews to evaluate the evidence. The end result of the process is the development of a recovery plan for the agency. The Recovery Self Evaluations are in progress with agencies these are at different stages. All services are working towards completion of these.

Indicators	Baselines (Established)	2013	Improvement Goal/Target	Target Met	RAG	Key actions delivered to support this outcome in 2013/14
Families - Outcome: More children & family members who are affected by alcohol and drugs are safe, well supported & have improved life chances.						
Increased number of young people more informed about drug and alcohol - Number of young people more informed about drug and alcohol	To be established		To be established		Amber	The baseline figures are currently being collated. The rolling out of evidence based "strengthen families" approach supported by Evidence 2 Success research.
Decreased numbers of maternities (per 1000) recording drug misuse 3 year rolling average - Rates of maternities (per 1000) recording drug misuse 3 year rolling average	2008/09 – 2010/11 – 7.4 per 1000 population 2007/08 – 2009/10 – 8. 22006/07 – 2008/09 – 7.1	2009/10 – 2011/12 - 10.5 per 1000 population	2% Decrease	No	Amber	The development of Early Years and CAPSM agenda, support mothers through case conference with other professionals. The development of the Early Years Collaborative work stream one.

Indicators	Baselines (Established)	2013	Improvement Goal/Target	Target Met	RAG	Key actions delivered to support this outcome in 2013/14
Community Safety – Outcome: More communities & individuals are safe from alcohol/drug related- related offending and anti- social behaviour.						
Percentage of Community Payback Orders with a drug treatment requirement successfully completed -	2012/13 8 out of 16 (50%)	2013/14 6 out 11 (54%)	50%	Yes	Green	The criminal justice services are working with local drug and alcohol teams to develop effective support and interventions.
Percentage of Community Payback Orders with an alcohol treatment requirement and successfully completed	2012/13 12 out of 26 (46.2)	2013/14 16 out 31 (52%)	50%	Yes	Green	The criminal justice services are working with local drug and alcohol teams to provide support and interventions.
Drug use funded by crime percentage of new clients at specialist drug treatment services who report funding their drug use through crime	2011 – 22% (national) funded their drug use through crime P & K 2010/11 38.53 %	P & K 2011/12 – 32.48%	2% Decrease	Yes	Green	Services complete SMR 25a during assessment to provide future baselines.
Indicators	Baselines (Established)	2013	Improvement Goal/Target	Target Met	RAG	Key actions delivered to support this outcome in 2013/14
Local Environment- Outcome: More people live in positive, health promoting local environment where alcohol and drugs are less readily available.						
Percentage of people perceiving drug misuse or dealing to be very or fairly common in their area	2011 - Scotland – 11% 2012 – Scotland – 12.9%	2012 – P & K 14.4%	2% Increase	No	Amber	The ADP has worked closely with the Community Safety Partnership to address concerns around these areas.

Percentage of pupils aged 15 being offered drugs	2010 – 33% of 15 year olds never offered drugs 2006 - 48% of 15 year olds never offered drugs	No updates on previous survey (SALSUS)	2% Decrease	N/A	Amber	Development of integrated working around “curriculum of excellence” to address substance misuse issues. Review of alcohol and drug information used in schools.
Indicators	Baselines (Established)	2013	Improvement Goal/Target	Target Met	RAG	Key actions delivered to support this outcome in 2013/14
Services – Outcome: All alcohol and drugs prevention, treatment and support services are high quality. They are continually improving, efficient, evidence – based and responsive – ensuring people move through treatment into sustained recovery						
Increased levels of clients accessing services - Waiting Times Drugs	Jan – March 2013-06-21 Drugs – 95.2%	98%	98%	Yes	Green	Ongoing work with the services around accessing and reporting has now allowed the services to achieve their targets.
Increased levels of clients accessing services - Waiting Times Alcohol	Jan – March 2013-06-21 Alcohol – 97.2%	98%	98%	Yes	Green	Ongoing work with the services around accessing and reporting has now allowed the services to achieve their targets.

The numbers of people on substitute prescribing (opiate replacement therapies) in Perth & Kinross are:

- Substance Misuse Service – 343 (137 on supervised dispensing)
- GP Prescribers – 22 (All unsupervised)
- Buprenorphine 3
- Lofexidine 2

Total 370

5. ADP & Ministerial Priorities

ADP Priorities 2013/14

Please list the progress you have made in taking forward your ADP's five key commitments for 2013/14.

	Priority	Progress
1	The ADP will complete its Joint Commissioning Strategy by December 2013 that will incorporate a Logic Model and Integrated Resources Framework to set out clearly the resource and service inputs, activities and outputs to deliver the desired outcomes to the target populations in line with our themed priorities. Available resources to be redirected to support a recovery oriented system of care.	The ADP has created its Joint Commissioning Strategy and is still in the process of identify spend in themed areas. However, work carried out on reviewing spend so far has identified areas where funding needs to be consolidated; in prevention by sustained investment in children and young people services.
2	The ADP to ensure that there is a clear strategy to take forward the issues identified in "Evidence for Success" in relation young people, parents and alcohol.	The ADP is developing "social norming" projects with the Focus on Alcohol (FoA) Group which has taken the lead in this area. The FoA is working with the ADP Children & Young People Group to take this forward.
3	The ADP will ensure an organisational development process is developed to redefine working practices to provide coherent and supportive framework to enable recovery.	The ADP is working with the ADP Adult Delivery Group to take forward a pilot to promote 5 Ways to Wellbeing within Perth City. Partners are currently recruiting a project manager to support the delivery of this pilot.
4	The ADP will develop a phased approach to roll out SMART Recovery meetings within prison and across local services within Perth and Kinross.	The ADP has purchased a block licence from Smart Recovery and has trained a range of staff from services. Currently a

		group of peers is being trained to facilitate meetings. Meetings are taken place in the prison and community.
5	The ADP will develop ADP quality assurance by piloting self-evaluation process and case file audits within ADP services as per Child Protection Committee framework.	The ADP has created a self-evaluation process and works in partnership with the Child Protection Committee regarding case file audits.

ADP Priorities in 2014 -15

Please list your ADP's five key commitments for 2014/15 following this self-assessment.

Following self-assessment the ADP will continue to work on the five priorities and in addition will focus on developing its ROSC and workforce development and mitigating the adverse impact of substance misuse on children and young people.

Ministerial Priorities

ADP funding allocation letters 2014-15 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2014/15. Please outline these below.

- *Compliance with the Alcohol Brief Interventions (ABIs) HEAT Standard;*

The ADP will continue to use the existing framework of monitoring and recording to enable the current standards to be achieved.

- *Increasing compliance with the Scottish Drugs Misuse Database (SDMD);*

The ADP will continue to use the existing framework of monitoring and recording to review returns to ensure services proactively complete SMR's.

- *HEAT Drug and Alcohol Treatment Waiting Times Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD);*

The ADP is working with partners to ensure current levels of compliance continue and standards are achieved.

- *Increasing the reach and coverage of the national naloxone programme and tackling drug related death(DRD)/risks in your local ADP;*

The ADP is part of a Tayside wide Naloxone and Overdose Prevention Group which is chaired by the ADP Development Officer. The ADP as part of this group is developing a "Pop Up Shop" concept to naloxone information. A group of local peers has been trained to deliver naloxone and overdose prevention and have provided training across the area. These peer workers have already engaged with a local pharmacy to promote naloxone and overdose awareness.

- *Implementing improvement methodology at local level, including implementation of the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services and responding to the recommendations outlined in the independent expert group on opioid replacement therapies;*

The ADP will be developing its ROSC and as part of this process will integrate the new Quality Principles within this. The ADP has already established a recovery pledge which reflects the ethos of the principles locally, as part of the ROSC development days.

- *Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements;*

The ADP has supported the development of a through - care process from prison to the community this is supported by the key partners in the community.

- *Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).*

The ADP is currently carrying out a survey /needs assessment in relation to NPS with other ADPs in Tayside.

APPENDIX 1: NOTES

1. Please complete the RAG column for each theme according to the following definitions:
Red: No action is yet underway
Amber: Action is underway but is not yet completed
Green: Action is completed
2. This column should be used to describe the range of evidence used to support the RAG Score. We do not require the source documents to be attached unless specifically requested
3. **Joint Strategic Needs Assessment:** Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. (<http://www.nhsconfed.org/Publications/briefings/Pages/joint-strategic-needs-assessment.aspx>)
4. **Joint Performance Framework:** a national assessment process on how effectively local partnerships are achieving these improvements. (http://www.sehd.scot.nhs.uk/publications/cc2004_02.pdf)
5. **Integrated Resource Framework:** this is being developed jointly by the Scottish Government, NHS Scotland and COSLA to enable partners in NHS Scotland and Local Authorities to be clearer about the cost and quality implications of local decision-making about health and social care. The IRF helps partnerships to understand more clearly current resource use across health and social care, enabling better local understanding of costs, activity and variation across service planning and provision for different population groups. (<http://www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives/integrated-resource-framework/>)

6. Please indicate in your evidence if you have received feedback on this report from your Community Planning Partnership/ or other accountability route, specifying who that is. Strategic commissioning is informed by The Commissioning Cycle (the outer circle) which drives purchasing and contracting activities (the inner circle), and these in turn inform the on-going development of Strategic Commissioning. Strategic commissioning is defined as 'term used for all activities involved in assessing and forecasting needs, links investment to desired outcomes, considering options, planning the nature, range and quality of services and working in partnership to put this in place. Strategic commissioning process is defined by four stages, analyse, plan, deliver and review as presented visually in the diagram below.



7. The [Alcohol and Drug Workforce Statement](#) is addressed to anyone who has a role in improving outcomes for an individual, families or communities experiencing problematic drug and alcohol use.

8. A full range of essential care Services include identifiable community rehabilitation services – including using people with lived experience; access to detoxification and residential rehabilitation; access to a full range of psychological and psychiatric services; services addressing employability and accommodation issues.

<http://www.scotland.gov.uk/Resource/Doc/217018/0058174.pdf>)

9. **Quality Assurance Framework:** A guidance document which sets out the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met. Examples of how to improve the quality of your services may be found at

<http://www.qihub.scot.nhs.uk/media/458288/efficient%20and%20effective%20cmht%20prototype%20version%201.pdf>

The Independent Expert Review of Opioid Replacement Therapies in Scotland ‘Delivering Recovery’ can be found at

<http://www.scotland.gov.uk/Publications/2013/08/9760/downloads>

The Quality Principles will be published in the coming weeks. This template will be updated with a link to them upon publication.

We are looking to improve this self-assessment for ADPs on a regular basis. Please describe briefly whether you found the questions asked to be useful in considering your current position.

Yes

Appendix 2

ADP Bench Marking

INDICATORS FOR BENCHMARKING

Perth & Kinross v Aberdeenshire v Ayrshire (East, North & South)

Comparison of alcohol consumption in adults and young people

ADP Area	Percentage of adults with potential problem drinking (using CAGE)	Percentage of 15 year olds reporting drinking on a weekly basis
Perth & Kinross	11% (Tayside)	19.1%
Aberdeenshire	10% (Grampian)	20.9%
Ayrshire - East	11% (Ayrshire & Arran)	20.9%
Ayrshire - North	11% (Ayrshire & Arran)	28.9%
Ayrshire - South	11% (Ayrshire & Arran)	18.0%
Scotland	12%	20.4%

Source: Scottish Health Survey 2008-2011 & SALSUS 2010

Comparison of drug prevalence in adults and young people

ADP Area	Problem drug use prevalence rate	Illicit drug use in the last month in 15 year olds
	2009/10	2010
Perth & Kinross	1.18%	10.7%
Aberdeenshire	0.75%	6.4%
Ayrshire - East	3.11%	13.0%
Ayrshire - North	2.07%	15.1%
Ayrshire - South	1.26%	7.8%
Scotland	1.71%	11.4%

Source: ISD Prevalence Study 2009/10 & SALSUS 2010

Comparison of alcohol availability and accessibility

ADP Area	Premise licences rate per 10,000 population (aged 18+) 2012/13	Proportion of 15 year olds who reported buying alcohol from a shop, off-licence or supermarket 2010
Perth & Kinross	49.0	8%
Aberdeenshire	31.4	5%
Ayrshire - East	32.6	12%
Ayrshire - North	36.5	14%
Ayrshire - South	46.6	7%
Scotland	38.0	11%

Source: Scottish Government and SALSUS 2010

Comparison of drug availability

ADP Area	Percentage of residents perceiving drug misuse or dealing as a very or fairly common problem in their neighbourhoods 2012	Percentage of 15 year olds ever offered drugs
		2010
Perth & Kinross	14.4%	32.8%
Aberdeenshire	6.3%	31.8%
Ayrshire - East	22.7%	38.2%
Ayrshire - North	17.7%	50.3%
Ayrshire - South	8.9%	37.5%
Scotland	12.9%	42.5%

Source: Scottish Household Survey 2012 and SALSUS 2010

Comparison of alcohol related acute hospital discharges and mortality (age/sex standardised rate per 100,000 population)

ADP Area	Alcohol related acute hospital discharge rates	Alcohol related mortality rates per 100,000
	(2012/13)	-2012
Perth & Kinross	435.9	21.2
Aberdeenshire	314.0	10.6
Ayrshire - East	822.4	18.5
Ayrshire - North	920.5	17.4
Ayrshire - South	794.6	23.2
Scotland	693.3	21.2

Source: SMR01 and NRS

Comparison of drug related acute hospital discharges (age/sex standardised rate per 100,000 population) and mortality (crude rate per 100,000 population)

ADP Area	Drug related acute hospital discharge rates	Drug related death rates per 100,000
	(2012/13)	2012
Perth & Kinross	93.8	6.1
Aberdeenshire	40.6	3.7
Ayrshire - East	239.9	12.3
Ayrshire - North	217.8	15.5
Ayrshire - South	113.2	9.2
Scotland	107.2	11.0

Source: SMR01 and NRS

Child case conferences where parental alcohol and/or drugs are identified as an issue as at 31st July 2013 (rate per 10,000 population aged under 18 years)

ADP Area	Parental drug misuse	Parental alcohol or drug misuse	Parental alcohol misuse
Perth & Kinross	3.9	7.8	4.2
Aberdeenshire	4.1	4.6	0.9
Ayrshire - East	4.9	4.9	No data
Ayrshire - North	14.7	19.9	12.9
Ayrshire - South	8.7	16	11.6
Scotland	6.4	9.6	5.1

Source: ScotPHO Alcohol & Drug Profiles

Percentage of HEAT standard achieved – Alcohol Brief Interventions 2013/14

ADP Area	Percentage achieved compared to target number of interventions
Perth & Kinross (NHS Tayside)	122%
Aberdeenshire (NHS Grampian)	119%
Ayrshire - East (NHS Ayrshire & Arran)	160%
Ayrshire - North (NHS Ayrshire & Arran)	160%
Ayrshire - South (NHS Ayrshire & Arran)	160%
Scotland	141%

Source: ISD Scotland

Age standardised rate of 'new' clients reported to the SDMD in 2011/12

ADP Area	Age standardised rate per 100,000 of 'new' clients reported to the SDMD in 2011/12
Perth & Kinross	114
Aberdeenshire	198
Ayrshire - East	412
Ayrshire - North	377
Ayrshire - South	294
Scotland	230
<i>Source: ISD Scotland</i>	

Percentage of clients commencing treatment within 3 weeks of referral as at 31st March 2014

ADP Area	Percentage of clients
Perth & Kinross	97.7%
Aberdeenshire	83.5%
Ayrshire - East	96.6%
Ayrshire - North	94.9%
Ayrshire - South	98.1%
Scotland	96.1%

Source: ISD Scotland

