



# **Edinburgh Alcohol & Drug Partnership**

## **Annual Report 2014/15**

## **EADP Annual Report 2014/15**

### **Contents**

- **Partnership Details** **Page 3**
- **Self-Assessment** **Page 4**
- **Financial Framework** **Page15**
- **Core & Local Indicators and Key Activities** **Page 18**
- **ADP & Ministerial Priorities** **Page 25**

## PARTNERSHIP DETAILS

Alcohol & Drug Partnership:	Edinburgh
ADP Chair	Michelle Miller
Contact name(s):	Nick Smith
Contact telephone	0131 529 2117
Email:	Nicholas.smith@edinburgh.gov.uk
Date of Completion:	17 <sup>th</sup> September 2015
Date published on ADP website(s)	30 <sup>th</sup> September 2015

The content of this template has been agreed as accurate by the Alcohol and Drug Partnership, and will be shared with our Community Planning Partnership at its on 10<sup>th</sup> September 2015.

Michelle Miller

Edinburgh Alcohol and Drug partnership (EADP) Chair

## Section 1: Self Assessment

This section is a self assessment of progress against key areas of partnership activity as set by the Scottish Government.

**Red:** No action is yet underway

**Amber:** Action is underway but is not yet completed

**Green:** Action is completed

Theme	Red Amber Green	Evidence
<b>ANALYSE</b>		
<i>This section covers the work to better understand the needs and challenges in relation to drugs/alcohol across the city.</i>		
<p><b>ADP Joint Strategic Needs Assessment</b> 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</p>	<b>G</b>	<p>EADP has carried out the following formal reports into need in the local area:</p> <ul style="list-style-type: none"> <li>• Adult Needs Assessment 2010</li> <li>• Housing Needs Assessment 2010</li> <li>• CYP Needs Assessment 2011</li> <li>• CAPSM Needs Assessment 2012</li> <li>• Overprovision of Licensed Premises Reports - Produced 2011 and 2013</li> <li>• ARBD scoping exercise in 2013</li> <li>• Service user and Professional perspectives on challenges to recovery 2013</li> </ul> <p><b>2014/15</b> During the course of 2014/15 we carried out a review of the demand on our treatment services. This report sets out the number of individuals using treatment and recovery service across the as well as their demographic details. This enabled us to consider a number of issues around access as well as review our investment to match the demand across the city.</p>

Theme	Red Amber Green	Evidence
<p><b>Outcomes based on the ADP Joint Performance Framework</b> is in place that reflects the ADP National Outcomes.</p>	G	<p>A joint performance framework is in place based on national outcomes, priorities within Edinburgh's Single Outcome Agreement and Edinburgh ADP's outcomes. Progress is assessed quarterly, annually and biennially (depending on data availability). Indicators link to the priorities of the ADP Subgroups</p>
<p><b>Integrated Resource Framework - Process</b> Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.</p>	G	<p>The EADP Commissioning Collaborative has mapped investment in adult treatment and recovery services by income and expenditure. Unit costs have been identified across service provision. Alongside this a series of investment priorities have been established within the Treatment and Collaborative which will be used to inform the investment plans for 2015/16.</p>
<p><b>Integrated Resource Framework - Outcomes</b> A coherent approach has been applied to selecting and prioritising investment and disinvestment options – building prevention into the design and delivery of services.</p>	A	<p>The EADP Commissioning Collaborative has identified a set of priorities for service development to achieve a Recovery Oriented System of Care. In 2014/15 the Collaborative benchmarked its self against these to develop a set of key shifts that were needed within the current system of care. These shifts in provision and local demand data have guided investment decisions for 2015/16.</p>
<p><b>We have a shared vision and joint strategic objectives</b>, which is aligned with our local partnerships, e.g child protection committees, violence against women, community safety etc.</p>	G	<p>Edinburgh ADP has a clear vision and a set of six priorities. This is set out in the EADP Strategy and Delivery Plan 2015-18. This is supported by a commissioning plan for adult treatment and recovery services which is due to be refreshed during the course of 2015; as well as commissioning intentions for drug/alcohol services for children, young people and families which is embedded within the Council's commissioning plan. The subgroups of EADP have clear terms of reference and action plans which are linked to the overall strategy.</p> <p>Representatives from the following partnerships are represented at EADP:</p> <ul style="list-style-type: none"> <li>• Community Safety Partnership</li> </ul>

Theme	Red Amber Green	Evidence
		<ul style="list-style-type: none"> <li>• Reducing Reoffending Partnership</li> <li>• Child protection Committee</li> </ul>
<p><b>A. Our strategic commissioning work is clearly linked to Community Planning priorities and processes.</b></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>	<b>G</b>	<p>Our Commissioning Plan for Adult Recovery is linked to the overall principles and priorities within Edinburgh's Commissioning Strategy for Health and Social Care Services.</p> <p>The commissioning plan for children and young People's drug/alcohol services forms one part of the Council's overall commissioning Plan for Children, young people and families.</p> <p><b>Link to criminal Justice</b> EADP plays an active role in the Reducing Reoffending Strategic Group. This group reports in to the Community Safety Partnership and has a clear plan of action to reduce reoffending amongst:</p> <ul style="list-style-type: none"> <li>• Prolific offenders</li> <li>• Families at risk</li> <li>• Women</li> </ul> <p>In 2015/16 Edinburgh is piloting a problem solving court approach with people who have alcohol related offending.</p> <p><b>Link to Child Protection Committee</b> The ADP has a set of shared objectives with the Child Protection Committee which are embedded within Child Protection Improvement Plan. A joint event to consider the links between Domestic Abuse, Child Protection and Substance misuse is planned for 2015/16.</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>The ADP is identified as a Strategic Partnership within the Community Planning Structure. This means that its role is to deliver and report progress on key aspects relating to Edinburgh's strategic priority to reduce drug/alcohol misuse. Further information on the Community Plan is available at <a href="http://www.edinburgh.gov.uk/info/20133/community_planning/391/community_planning_in_edinburgh">http://www.edinburgh.gov.uk/info/20133/community_planning/391/community_planning_in_edinburgh</a></p>

Theme	Red Amber Green	Evidence
		<p>The ADP is required to report progress against this priority to the Edinburgh Partnership on an annual basis.</p> <p>Alongside this the Alcohol and Drug Partnership reports ongoing progress three times per year through the Chief Officers Group for Public Protection.</p>
<p><b>Service users and carers</b> are embedded within the partnership commissioning processes</p>	<p><b>A</b></p>	<p>EADP has a Service User and Carer Involvement Framework (see <a href="http://www.edinburghadp.org.uk">www.edinburghadp.org.uk</a>). This framework sets out how we will ensure that service users are involved in service planning, development and delivery within the commissioning process. Ultimately this involves developing vibrant networks of service users with a mechanism for engaging service providers commissioners / planners.</p> <p>We have involved service users in the development of this framework, the formal evaluation of particular services, as well as a formal appraisal of our service system which has led to the development of Challenge Statements for the development of a recovery orientated system of care.</p> <p>During 2014/15 we held five conversation cafes for people in recovery to identify next steps in terms of developing a recovery oriented system of care. This has spawned four groups across made up of people in recovery who are working together to develop social and other support activities in their locality. Findings have been written up and used to develop the recovery oriented system of care locally in Edinburgh.</p> <p>Alongside this there has been considerable development within treatment and recovery services on how they involve people in service delivery and planning. A model will be developed to ensure service users can be involved in the commissioning process through the networks that exist within treatment and recovery services.</p>

Theme	Red Amber Green	Evidence
<p><b>A person centered recovery focus has been incorporated into our approach to strategic commissioning.</b></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"> <li>• Recovery Orientated System of Care service review and redesign</li> <li>• Identify and commission against key recovery outcomes</li> <li>• Recovery outcome reporting across alcohol and drug services eg. Outcome STAR. Other</li> <li>• Individual recovery care plan and review</li> <li>• Involved mutual aid and recovery communities</li> </ul> <p>Please include your outcomes for all individuals within your alcohol and drug treatment system for 2014/15 if available.</p>	<p><b>G</b></p>	<p>As a partnership we have developed a person centred recovery focussed approach to the commissioning and delivery of alcohol and drug services. This is reflected in the Commissioning Plan and the Annual Action Plan for the Treatment and Recovery Collaborative. We have established a person-centred joint pathway into services and co-location of key partners to enhance a person centred approach through the recovery journey.</p> <p>An outcomes based approach has been developed and outcomes have been set that are consistent with service objectives as well as consistent across service type. This has been set out in an Outcomes Framework that spans the recovery journey. These outcomes have been used to redesign services to develop a more recovery oriented system of care. Future work will include the development of outcome measures so that practitioners and service users can measure progress and those with a management and planning responsibility can work together to improve outcomes across the system of care.</p> <p>EADP is considering how it can use the DAISY database to enable the recording of outcomes for individuals, rather than by single agencies. It is not helpful to present outcomes at this stage in the process. This is because outcomes are measured at an agency level, and this does not recognise that many individuals will use more than one agency to achieve their recovery outcomes.</p> <p>Progress to achieving a ROSC</p> <ul style="list-style-type: none"> <li>• Collaborative approach to commissioning developed recognising the equitable contribution agencies / sectors / specialists make to service development.</li> <li>• Annual Action Plan in place based on the priorities of the Treatment and Recovery Collaborative</li> <li>• Three Recovery Hubs where services are co-located; one hub where partners have developed an integrated way of working without co-location (awaiting premises)</li> <li>• Recovery outcomes have been identified across the recovery journey</li> <li>• Model of key working developed and agreed, with clear roles of qualified and non-qualified practitioners</li> </ul>

Theme	Red Amber Green	Evidence
		<ul style="list-style-type: none"> <li>• Role of volunteer peers agreed and training programme developed across the partnership.</li> <li>• Regular involvement of mutual aid (Smart Recovery, AA, CA) in service planning events</li> </ul>
<p>All relevant statutory requirements regarding <b>Equality Impact assessments</b> have been addressed during the compilation of our ADP Strategy and Delivery Plan</p>	<b>G</b>	<p>We undertake equality impact assessments on all new services. This has included an assessment of the Recovery Hub models across the city. Equality Impact Assessments have also been completed for the local action plans and commissioning Plans.</p> <p>During 2014/15 the following impact assessments were completed:</p> <ul style="list-style-type: none"> <li>• Recovery Hubs</li> <li>• Counselling Services</li> <li>• Residential Rehab Services</li> </ul>

Theme	Red Amber Green	Evidence
<p><b>DELIVER</b>  <i>This section covers the key work areas of the ADP as set by the Scottish Government</i></p>		
<p><b>Joint Workforce plans</b>, 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.</p>	<p><b>A</b></p>	<p>The development of the workforce is recognised as a key part of delivering a more recovery oriented approach. At this stage a range of training is available across Edinburgh covering harm reduction through to end stage recovery. This is delivered by both existing partners of EADP and national organisations.</p> <p>The development of a more strategic approach to workforce developed is underway. The initial work has focussed on psychological interventions, using a stepped care approach. A review of the evidence has identified the key interventions which need to be delivered and a training needs analysis is being planned.</p> <p>The intention is to develop similar approaches to other areas of work which require attention within the system of care as needed.</p> <p>The significant rise in NPS use in Edinburgh has required a short term focus on rolling out NPS training.</p>
<p><b>A transparent performance management framework</b> is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision</p>	<p><b>G</b></p>	<p>Our contracts with the Third Sector and Service Level Agreements with the Public Sector set out clear a clear performance management process. This is as follows:</p> <ul style="list-style-type: none"> <li>• Quarterly reports which covers outputs, outcomes and other quality domains</li> <li>• Progress against implementing a quality assurance framework</li> <li>• Quarterly meetings to identify effective practice and challenges</li> <li>• A process for performance improvement</li> </ul>

Theme	Red Amber Green	Evidence
<b>REVIEW</b>		
<i>This section covers the work the ADP does to review its progress</i>		
<b>ADP Delivery Plan is reviewed on a regular basis.</b>	<b>G</b>	ADP Subgroups have their own annual action plans based on the priorities within EADP's three year strategy and delivery plan. These are reviewed and updated regularly (six months as a minimum) as part of the work of the subgroups and progress is reported through the ADP Executive.
Progress towards <b>outcomes focussed contract monitoring arrangements</b> being in place for all commissioned services, which incorporates recommendation 6 from the Delivering Recovery Report	<b>A</b>	<p>Outcomes have been agreed across the partnership which span the recovery journey from the "chaos of addiction" to "thriving in recovery". Alongside this multi-sector alliances have been established and have been tasked with redesigning services key aspects of the system of care based on these outcomes.</p> <p>EADP is looking to identify an outcome measurement tool which will be tested during the course of 2015/16 to measure outcomes for individuals. At this stage the range of IT systems across the partnership preclude the ability to report outcomes for individuals. Further work is needed within the Alliances to test cross sector outcome measurement. At this stage EADP is planning to use the DAISY database as the means for measuring outcomes for individuals.</p>
<b>A schedule for service monitoring and review</b> is in place, which includes statutory provision	<b>G</b>	There is a clear schedule of monitoring and review in place through the quarterly review process. This includes quarterly reports and meetings with providers as and when required. There have significant challenges to report within NHS Lothian due to the implementation of a new IT system (Trak). This has affected NHS Lothian's ability to report HEAT A11 Waiting Times Standards as well as local performance data. The EADP Support Team continues to work with NHS Lothian to enable local performance reporting.
<b>Service users and their families play a central role in evaluating the impact of our statutory and third sector services.</b>	<b>G</b>	Service users and their families are involved in evaluating the impact of services. Service outcomes are measured through tools which require self reporting and contribute directly to the individual's care plan. Alongside this providers regularly report findings from service user questionnaires and focus groups through performance management meetings.

Theme	Red Amber Green	Evidence
There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.	G	We have developed a Quality Assurance Framework which focuses on organisational qualities. All organisations have been required to complete a self evaluation and action plan to address gaps in quality. The action plan is reviewed as a part of the quarterly review process.

**Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please also include your Key Aim Statement and a specific update on your progress in implementing.**

**Key Aim Statement:**

We will increase the proportion of people who are linked to the recovery community and/or mutual aid following a planned discharge from treatment. This will increase from 12.4% in quarter 1 2013/14, to 20% in quarter 3 2013/14 and to 25% in quarter 1 2014/15.

	Q1 2013/14	Q3 2013/14	Q1 2014/15	Q1 2015/16
<b>Expectation</b>	12.4%	20%	25%	30%
<b>Progress</b>	-	32%	46%	(data not yet available)

**Recommendations 1-2**

1. *Consideration should be given to the development of mechanisms bringing closer the delivery of approaches to address health inequalities and problem substance use.*
2. *Primary care services – specifically General Practice and Community Pharmacy – are essential elements of the delivery system and should be delivered to national standards.*

**Progress**

- The Poverty and Inequality Partnership and the Health Inequities Standing group in Edinburgh, include longer term prevention actions which will reduce inequalities and impact of problem substance misuse
- Recovery Hubs are based within the four areas of significant deprivation in Edinburgh, proving drop-in access to treatment services.

- Primary care plays a significant role in the delivery of drug treatment in Edinburgh and there are significantly more people in treatment with their GP than in specialist services. This is overseen by through a contract between NHS Lothian and GP surgeries. GPs are supported to deliver on this contract by the Primary Care Facilitation Team based within NHS Lothian. A monitoring group has been established to review the contract to ensure that it is recovery oriented and aligned with specialist alcohol and drug services.
- The role of the Recovery Hubs has been clarified in terms of joint working with GP surgeries. New approaches to providing people (who receive treatment through their GP) with psychosocial support and access to peers are being developed across the city.
- Medical Director appointed by NHS Lothian to hold the responsibility for the delivery of ORT in line with national guidance. A working group has been established, chaired Dr David Farquharson, as Medical Director, to review ORT prescribing across acute, specialist, primary care and prison services.

**Recommendations 3-5 – These recommendations are relevant to the Scottish Government and not for ADPs to report on.**

3. *Opioid replacement is an essential treatment with a strong evidence base. Its use remains a central component of the treatment for opiate dependency and it should be retained in Scottish services.*
4. *A national specification for pharmacy services for problematic drug users should be developed to ensure that a high quality and consistent service can be provided in Scotland. This should be supported by a nationally agreed guideline for supervised self-administration of ORT medications and initiation of improvement approaches to accelerate progress.*
5. *The mechanisms in place which determine the reimbursement cost of methadone in Scottish community treatment systems should be reviewed to ensure they deliver best value and that in balancing the competing challenges, the benefits to problem substance users are to the fore.*

**Recommendations 6-7**

6. *Recovery-orientated systems of care (ROSCs) are well described in many guidance documents. All local systems should immediately publish prioritised SMART plans to ensure they can demonstrate a process towards delivery of ROSCs.*
7. *Within the medical and other caring professions, it is everyone's responsibility to manage drug users and their problems which extend into every clinical speciality. All practitioners can effect change and have opportunities to address drug-related problems within their profession arena. Local systems should have plans in place to ensure substance users are not excluded from generic services.*

**Progress**

- EADP has established a Treatment and Recovery Collaborative to design, develop and implement a recovery oriented system of care in Edinburgh. Many elements of this are already in place. The Collaborative has a SMART action plan against a set of agreed

priorities. This plan is reviewed on an annual basis.

- A full range of essential care services are on offer in Edinburgh full range of *Essential Care* services including community rehabilitation services – including 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.
- Approaches to workforce development are being put in place with the support from the Scottish Drugs Forum (SDF) and STRADA.
- During 2015/16 a series of workforce development events are took place to support the development of a locally integrated recovery oriented system of care. These include:
  - Recovery Matters training for all staff in partnership with the Scottish Recovery Consortium
  - Conversation cafes for service users
  - Events to review specific aspects of the system of careThese events have sought to engage both service providers and service users in developing the change that is needed at a local level.

**Recommendations 8-11 – These recommendations are relevant to the Scottish Government and not for ADPs to report on**

8. *The Scottish Government should seriously reconsider how to better facilitate universal and effective partnerships which respond to local need and deliver consistent and measureable outcome improvement for substance users across Scotland.*
9. *There is an urgent need to address the lack of institutional memory in the planning, delivery and governance of these systems of care. In particular, current advisory structures should be reviewed to improve impact on performance – especially with regard to lines of accountability and relationships with the Scottish Government and Scottish Parliament.*
10. *The Chief Medical Officer should task the Chief Scientist to consult with the academic community in Scotland and bring forward robust plans to develop a Scottish National Research Programme addressing the key substance use questions for Scotland. The aim should be to support and facilitate the delivery of efficient, high quality research into both the natural history of problem substance use – its development and progression – as well as the effectiveness of a broad range of treatment approaches – including psychological and social approaches.*
11. *Any proposal to further develop national information systems in the area of substance misuse at national level should be subject to meaningful and accountable project management. This should include: external scrutiny of delivery; a risk assessment to identify and address the main obstructions to delivery; publication of a realistic programme of delivery with agreed timeframes with measureable milestones; clear lines of accountability for all elements of the proposed system.*
12. *The variation of practice identified across services should be addressed using a proven improvement methodology, enshrined in the ‘3-Step Improvement Framework for Scotland’s Public Services’.<sup>3</sup> This work should be given high priority by the Scottish Government and its partners. Clearly defined aims, drivers and measures should be developed, for agreement at an initial national collaborative learning event, organised by the Scottish Government early in 2014.*

## Section 2: 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.

### Total Income from all sources

Income	Alcohol	Drugs	Total
Earmarked funding from Scottish Government	£3,494,281	£3,407,522	£6,901,803
Funding from Local Authority	£1,391,000		£1,391,000
Funding from NHS (excluding funding earmarked from Scottish Government)	£2,690,011		£2,690,011
Criminal Justice Funding	£1,811,753		£1,811,753
<b>Total</b>			<b>£12,794,567</b>

### Total Expenditure from sources

	Total
<b>Prevention</b> (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£963,736
<b>Treatment &amp; Support Services</b> (include interventions focussed around treatment for alcohol and drug dependence)	£11,574,275
<b>Recovery</b>	£256,556
<b>Total</b>	<b>£12,794,567</b>

### **End Year Balance for Scottish Government earmarked allocations**

<b>Funding Stream</b>	<b>Income £</b>	<b>Expenditure £</b>	<b>End Year Balance £</b>
ADP Drug & Alcohol Funding	£7,803,349	£7,228,652	£574,697

### **Total Underspend from all sources**

<b>Underspend £</b>	<b>Proposals for future use</b>
£574,697	Investment in capacity within the Hubs Alliance to manage demand on service.

### **Support in kind**

Police Scotland	Enforcement activity to disrupt the supply of drugs
Youth Services and Schools	Alcohol and Drug Education and prevention with young people
Children and Families Social Work, Community Nursing and other Community Support Services in the Public and 3 <sup>rd</sup> Sector	Assessment and intervention to support children and their families where parents use alcohol and drugs.
Adult Social Work, Community Nursing and other Community Support Services	Assessment and intervention to support adults who use alcohol and drugs problematically. This includes those who have mental health problems and alcohol /drug problems; those with alcohol related brain injury; those who are homeless.
Primary Care, Accident and Emergency, Hospital, Ambulance and other medical services	Treatment of people whose conditions are related to their alcohol and drug use (e.g. alcohol related accidents, overdose, treatment of blood borne viruses etc.

Community Safety	Environmental Wardens - safe disposal of needles
Housing	Temporary accommodation and Housing Support for homeless people with substance misuse problems

DRAFT

## Section 3: Core and Local Indicators 2014/15

The indicators have been identified to measure progress against the high level outcomes and priorities in delivering the local strategy to address alcohol and drug use

### A note on the 2011/12 Baseline data

This data is taken from Edinburgh ADP's 3 Year Delivery Plan published in 2012. The actual data may have been taken from an earlier time period depending on availability. The detail of these baselines are set out in the Delivery Plan itself (2012-15).

## EADP Outcome 1: Children, young people and adults' health and wellbeing is not damaged by alcohol and drugs

Indicators	Baseline	Expectation	Progress
<b>National Health Outcome: People are healthier and experience fewer risks as a result of alcohol and drug use</b>			
Rate per 100,000 of alcohol-related hospital discharge rates. (3 year rolling average)	<b>618</b> 2007-2010 <i>Scotland 504</i>	Reduce	<b>654.7</b> 2013 <i>Scotland 696.9</i>
Rate per 100,000 of alcohol-related mortality (3 year rolling average)	<b>22</b> 2008 - 2010 <i>Scotland 23</i>	Reduce	<b>21.8</b> 2013 <i>Scotland 21.4</i>
Number of alcohol brief interventions delivered in line with HEAT Standard	5,963 Annual target	Increase	
Rate per 100,000 of drug-related hospital discharges. (3 year rolling average)	<b>116</b> 2007 - 2010 <i>Scotland 120</i>	Reduce	<b>144.1</b> 2013 <i>Scotland 124.6</i>
Drug deaths per 1,000 population	<b>0.1%</b> 2006-10 <i>Scotland-0.1%</i>	Reduce	<b>Not available</b> 2014 <i>Scotland</i>
Prevalence of hepatitis C in injecting drug users	<b>57.1%</b>	Reduce	<b>67%</b>

Indicators	Baseline	Expectation	Progress
	2008 <i>Scotland -53.5%</i>		2011 <i>Scotland 53%</i>
<b>National Prevalence Outcome: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others</b>			
Prevalence of problem drug use amongst 15-64 year olds	<b>1.61%</b> 2006 <i>Scotland 1.62%</i>	Reduce	<b>1.90%</b> 2012 <i>Scotland 1.7%</i>
% of 15 year old pupils who usually take illicit drugs at least once a month	<b>15%</b> 2006 <i>Scotland 20%</i>	Reduce	<b>9.2%</b> 2013 <i>Scotland 9.4%</i>
% of 15 year olds drinking on a weekly basis	<b>16%</b> 2006 <i>Scotland 21%</i>	Reduce	<b>9.5%</b> 2013 <i>Scotland 11.6%</i>
<b>National Families Outcome: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances</b>			
Number of Child Protection Case Conferences where parental drug and alcohol abuse has been identified	<b>112</b> 2012	Monitoring only	<b>131</b> 2014
Rate per 1,000 of maternities recording drug use (3 year rolling average)	<b>15.1</b> 2006/7-08/09 <i>Scotland 9.9</i>	Monitoring only	<b>47.5</b> 2011 <i>Scotland 19.7</i>
<b>Key actions to deliver the outcome in 2014/15:</b>			
<ul style="list-style-type: none"> <li>• Risk taking behaviour seminars delivered in secondary schools across Edinburgh</li> <li>• SNAPFAX leaflet produced for young people S2 and above.</li> <li>• ABI training delivered to key staff working with children, young people and families</li> <li>• Training delivered to key staff on New Psychoactive Substances</li> <li>• Joint planning session held with Healthy Respect looking at substance use and mental health</li> <li>• Speak Up and Speak Out campaign delivered with a focus on substance misuse</li> <li>• Leaflet developed setting out services for families affected by parental substance use</li> <li>• Increased investment to enable a Family Worker to be based within each of the Recovery Hubs</li> <li>• Pilot carried out with youth services for teenagers affected by parental alcohol/drug use</li> </ul>			

Indicators	Baseline	Expectation	Progress
<ul style="list-style-type: none"> <li>• Father's Group developed at the Prepare pregnancy service</li> <li>• Training on the CAPSM Guidelines carried out across the city</li> <li>• Service developed for children and young people in contact with the throughcare service to receive support for people with drug/alcohol problems</li> <li>• Standing Focus Group established of frontline and managers to support the development of services for young people with drug/alcohol problems</li> <li>• Questionnaire with key staff groups carried out to identify demand for specialist services</li> <li>• Model of care established for specialist young people's services, based on a community model</li> <li>• Single screening / referral and assessment process agreed across specialist 3rd Sector, NHS Lothian and CEC services</li> <li>• Data sharing arrangements agreed across all specialist services</li> </ul>			

DRAFT

## EADP Outcome 2: Individuals and communities affected by alcohol and drugs are safer

Indicators	Baseline	Expectation	Progress
<b>National Community Safety Outcome: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour</b>			
Offence rate per 10,000 of population - Serious Assault	<b>8</b> 2010/11 Scotland 9	Reduce	6.7 2013 Scotland 6.1
Offence rate per 10,000 of population - Vandalism	<b>149</b> 2010/11 Scotland 143	Reduce	117.7 2013 Scotland 97.4
One year Reconviction Frequency Rate for offenders given a Drug Treatment and Testing Order. (Number of reconvictions for every 100 offenders)	<b>170</b> 2008/9 Scotland 192	Reduce	TBC
<b>National Local Environment Outcome: People live in positive, health-promoting local environments where alcohol and drugs are less readily available</b>			
Percentage of 15 year olds who have been offered drugs in the last year	<b>51%</b> 2006 Scotland 57%	Reduce	37.3 2013 Scotland 35.6
Percentage of people noting street drinking or alcohol related disorder as a problem in their neighbourhood	<b>5.5%</b> 2012	Reduce	9.1% 2013 Scotland 11.9
Number of new applications for premise or occasional licences refused under section 23	<b>1</b> 2012/13 Scotland 12	Increase	0 2013/14
Rate per 10,000 population of off-sales premises	<b>13.0</b> 2013 Scotland 11.4	Reduce	Not available 2013/14
Number of dwelling house fires where alcohol/drugs	<b>77</b>	Reduce	TBC

Indicators	Baseline	Expectation	Progress
is a contributory factor	2012/13		
<p><b>Key actions to deliver the outcome in 2014/15:</b></p> <ul style="list-style-type: none"> <li>• Offender Recovery Service in place working across HMP Edinburgh and the local community to improve throughcare. The new service brings together 3 previously separate services and provides a consistent service across the prison to community.</li> <li>• Establishment of Willow as the Women’s Justice Centre with access to treatment for women through this route.</li> <li>• Police Scotland continued approach to disrupt and manage the supply of illegal drugs</li> <li>• Continued support to the Licensing Forum to improve understanding of alcohol related harm and overprovision</li> <li>• Fire Service delivered programme of awareness raising of fire risk and alcohol use within treatment services</li> </ul>			

## EADP Outcome 3: More people achieve a sustained recovery from problem alcohol and drug use

Indicators	Baseline	Local Improvement Goal/Target	Actual Performance
<b>National Recovery Outcome: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use</b>			
Percentage of people receiving a planned discharge from treatment services	40% Annual target	Increase	<b>55%</b>
Percentage of people stabilised drug/alcohol use or abstinent at point of discharge from specialist services	37% 2013/14	Increase	Baseline to be established
The proportion of people who are linked (not just referred) to the recovery community and/or mutual aid following a planned discharge from treatment	12% April 2013	20% April 2014	46% April 2014
Number of mutual aid groups running regularly in Edinburgh	61 April 2013	Increase	103 April 2015
<b>National Services Outcome: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use</b>			
Percentage of clients waiting <b>less</b> than 3 weeks between referral to a specialist drug and alcohol service and commencement of treatment	52% 2011/12	90%	<b>86%</b> 2013/14
Percentage of problem drug users supplied with Naloxone	6% 31/3/12 Lothian	15% by 31/3/14 Lothian	<b>22%</b> 31/3/15
<b>Key actions to deliver the outcome in 2014/15:</b>			
<ul style="list-style-type: none"> <li>• 4 Conversation Cafes held for people in recovery and professionals covering “Contributing to Recovery”</li> <li>• Expert Group established to set out how to involve people with lived experience in service delivery; training and recruitment package for peers under development</li> <li>• 12 people with lived experience trained in becoming recovery activists through the Scottish Recovery Consortium’s Recovery College delivered by Scottish Recovery Consortium</li> <li>• 2 Peer Workers recruited within Social Work SMS</li> </ul>			

Indicators	Baseline	Local Improvement Goal/Target	Actual Performance
<ul style="list-style-type: none"> <li>• Conversation Cafe held with family members and carers</li> <li>• Leaflet produced for services for families affected by parental substance misuse</li> <li>• Psychological Therapies Alliance established</li> <li>• Training package for trauma awareness for all practitioners and associated literature in development</li> <li>• Group work programme developed in the Hub Services</li> <li>• Funding for a “Fundraiser Post” secured to work across the Aftercare Alliance</li> <li>• Hubs Alliance established to redesign access and stabilisation services</li> <li>• Core roles of Nurse, Social Worker and 3rd Sector Practitioner agreed within the Hubs.</li> <li>• Joint event held to bring together mental health and substance misuse services in North East Edinburgh</li> <li>• Residential Alliance established</li> <li>• Joint event held between LEAP and 3RT to identify common areas of work in assessment and delivering support post residential rehab</li> <li>• 5 Recovery Matters Training events held across the city for people in recovery and treatment providers</li> <li>• Psychological Therapies Alliance established</li> <li>• Four Locality Drug Related Deaths Groups established</li> </ul>			

**Number of people in receipt of Opiate Replacement Therapy:** (This number is not currently available<sup>1</sup>)

<sup>1</sup> We are interested to know whether other Health Boards areas / ADPs are able to identify an accurate number. This data covers those who are in treatment through specialist treatment services, GPs, other health services (E.g. BBV / Sexual Health services).

## **Section 3: EADP & Ministerial Priorities**

### **ADP Priorities 2014/15**

This section sets out progress against the ADP Priorities in 2014/15

#### **1. Integrated Resource Framework (IRF)**

We have developed a set of investment priorities which reflect our priorities for establishing a recovery oriented system of care through the Treatment and Recovery Collaborative. These priorities have been used to establish investment plans from 2015/16 onwards. In summary these priorities have led to a shift towards psychosocial interventions aimed at those later in their recovery journey.

#### **2. Service user and carer involvement**

We held five conversation cafes across the city to help develop a vision for recovery oriented services at a locality level. Work has continued across the system of care to involve service users in the planning, development and delivery of services. This includes the development of partnership arrangements for recruiting, training and supervision of volunteer peer workers.

#### **3. Joint Workforce Development**

There have been a number of initiatives to develop the workforce including Recovery Matters training, seminars on developing psychologically informed services and a range of training on delivering treatment and support interventions.

#### **4. Equality Impact Assessments**

Equality impact assessments have taken place in the following settings to inform service redesign:

- Recovery Hubs
- Counselling Services
- Residential Rehab Services

#### **5. Quality Assurance**

All organisations which receive funding through the ADP to deliver adult and recovery treatment services have undergone a quality assurance self assessment process. Following this organisations have produced an action plan to address any quality gaps which are addressed as a part of quarterly review meetings.

## Ministerial Priorities 2014/15

This section sets out progress against Ministerial Priorities in 2014/15

Priority	Progress 2014/15
Alcohol Brief Interventions (ABI)	<p>The HEAT Standard for the delivery of ABIs in primary care and other priority settings was achieved by a significant margin</p> <p>ABI training for staff was also carried out in the following settings:</p> <ul style="list-style-type: none"> <li>• Children and Families settings</li> <li>• Job Centre Plus</li> <li>• Criminal Justice settings</li> </ul> <p>Monitoring arrangements have also been developed with the Council's Swift database to identify when ABIs have been carried out by criminal justice social workers</p>
Waiting times	<p>HEAT Standard has presented significant challenges in 2014/15 and the partnership has achieved 86% over the course of the year against a 90% target for those waiting less than 3 weeks. NHS Lothian faces a significant challenge to reduce waiting times. However partners have developed and are testing a new model of care to reduce pressure on SMD services.</p>
Improve compliance with the national Scottish Drug Misuse Database	<p>Compliance has been improved within with key organisations submitting to the database. This can be seen within those organisations with higher numbers of people on their caseloads.</p>
Improve data quality within the Drug and Alcohol Treatment Waiting Times Database	<p>Data quality has been good and reporting is accurate. Further work has taken place to reduce anonymous entries within identified organisations through quarterly quality assurance meetings.</p>
Increase the reach and coverage of the national naloxone programme	<p>A stock take event was held to set identify the challenges and priorities for the roll out of the Take Home Naloxone Programme. This has led to the development of Pan Lothian Action Plan and Steering Group. The action plan has been implemented and this has led to a significant increase in the supply of Naloxone across Edinburgh. The work has been integrated into the strategic approach to reduce drug related deaths.</p>
Develop local understanding of the prevalence and impact of new psychoactive substances	<p>Our response to NPS has been developed through two key partnership groups:</p> <ol style="list-style-type: none"> <li>1. A Citywide Community Improvement Partnership (CIP) <ul style="list-style-type: none"> <li>This group has shared intelligence on NPS to identify opportunities to reduce the availability of NPS in Edinburgh. This has included: <ol style="list-style-type: none"> <li>i. Collating evidence to present a case to the Fiscal that a Forfeiture Order can be taken out against</li> </ol> </li> </ul> </li> </ol>

Priority	Progress 2014/15
	<p>all NPS under trading Standards legislation.</p> <ul style="list-style-type: none"> <li>ii. Collating evidence for the ACMD to influence the implementation of a temporary banning order against Ethylphenidate</li> <li>iii. Identifying and monitoring outlets selling these substances and using powers available to dissuade this trade.</li> </ul> <p>2. A Lothian-wide NPS Treatment Group</p> <p>This group has carried out a number of key tasks to address the problem use of NPS. This includes:</p> <ul style="list-style-type: none"> <li>i. Research with those using NPS to identify levels risky behaviours and opportunities to intervene</li> <li>ii. Clinical guidelines for treatment services in supporting people with NPS problems</li> <li>iii. Training for clinicians and practitioners on risks and effects of NPS</li> <li>iv. Literature for those using NPS on the risks and where to get help</li> </ul>

DRAFT

## **ADP Priorities in 2015-16**

Below are EADP's five key commitments for 2015/16 following the self-assessment.

### **1. Integration of health and social care services**

We will develop a joint model of service delivery between adult drug/alcohol and mental health treatment and recovery services. This will include clear relationships with housing, community safety, children and families and community services. This work will start initially in one locality in the city before being rolled out across the city.

### **2. Integrated resource framework**

We will use local health data provided by ISD to identify service usage amongst people pre and post treatment intervention. This will help us to understand the preventative effect that treatment can have on the needs for further health interventions.

### **3. Service user and carer involvement**

We will hold four conversation cafes across the city to further refine our vision around key aspects of the recovery oriented system of care. We will identify a mechanism for those with lived experience to be directly represented at the Treatment and Recovery Collaborative and to inform every aspect of the commissioning process.

### **4. Joint workforce development**

We will test out a stepped care approach to developing psychologically informed services. This will include developing a framework for evidence based interventions, a training needs analysis and the means of delivering training to across drug/alcohol treatment services. We will then identify other areas of work where similar levels of workforce development are needed.

### **5. Outcome development**

We will identify and test an outcomes tool to measure outcomes for people using treatment and recovery services. This will link to the outcomes framework already developed by the Treatment and Recovery Collaborative. We will look to test our ability to measure outcomes for individuals (not just by agency contact). In the longer term we anticipate using Daisy as the means of data collection to measure outcomes.

## Ministerial Priorities

ADP funding allocation letters from the Scottish Government set out 2015-16 outlined a range of Ministerial priorities. This section of the report outlines how EADP will take these forward.

### 1. Alcohol Brief Intervention (ABIs)

The Scottish Government sets NHS Lothian a annual target for the delivery of ABIs in priority settings (primary care, accident and emergency and antenatal settings). This is regularly achieved at a health board level. During 2015/16 we will look to broaden the delivery of ABIs by training practitioners in the following settings:

- Prisons
- Police cells
- Hard to reach communities inc focus on practitioners and community workers in areas deprivation is greatest

Arrangements will be developed to enable practitioners to report back on the number of ABIs delivered, ideally this will be through developing existing data and recording systems.

### 2. Continued Implementation of a Whole Population Approach for alcohol

EADP will continue to work with the Licensing Board and Forum to inform the assessment of overprovision and future licensing policy. In 2015/16 we will:

- Carry out an assessment of the links between alcohol related harm and availability in Edinburgh
- Improve our understanding of the Edinburgh's citizens perspectives on overprovision
- Collect views from key professionals dealing with alcohol related harm

We will continue to work with Alcohol Focus Scotland on Neighbourhood Partnership approach in Leith. This will include:

- Delivery of education in schools focussed on understanding alcohol approaches to alcohol advertising
- Delivery of workshops and seminars for community members on influencing the licensing process
- Collate perspectives on the harm to others caused by alcohol use

### **3. Reducing Alcohol Related Deaths**

There were 86 Alcohol Related Deaths<sup>2</sup> in Edinburgh in 2015/16. EADP's 3 Year Strategy and Delivery Plan sets out how the partnership will reduce alcohol related harm across the city and this includes alcohol related deaths. These deaths are mapped across the city at a Intermediate Zone level. During the course of 2015/16 we will carry out research into alcohol related hospital admissions. This will enable us to identify service usage and opportunities to intervene earlier to reduce alcohol related morbidity. We will also identify the link between alcohol related deaths and hospital admissions as it is anticipated that reducing hospital admissions may well reduce alcohol related deaths.

### **4. Quality Improvement**

#### Waiting times

Waiting times remain a challenge in Edinburgh and over the course of the year we did not achieve the waiting times target. Significant work is needed to improve data recording and demand management within NHS Lothian SMD. Two key pieces of work for 2015/16 include:

- The development of a locality approach across mental health and substance misuse services. This will include a focus on productivity to improve the efficiency of key services which face capacity challenges.
- The transition to the new model of care in Edinburgh which includes clarity over the role of a "Nurse" in relation to alcohol and drug treatment.

#### Quality assurance and quality principles

We will continue to monitor organisational quality through our quality assurance process. This process includes the Scottish Governments' drug quality principles.

#### Data compliance

In many treatment and recovery organisations data compliance is good. However we will review data compliance amongst organisations on a quarterly basis and will set organisations targets to improve data entry and reporting. We will also work with organisations who have high numbers of anonymous records to ensure understanding across staff teams and amongst service users about why key demographic data is needed and the security of this data.

---

<sup>2</sup> An alcohol related death has a narrow definition in medical terms and includes those deaths that can be directly attributed to alcohol use such as cirrhosis, but does not include alcohol related deaths such as car accidents or cancer/strokes that may be related to alcohol consumption. Definitions are available at <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-related-deaths/coverage-of-the-statistics>

### Alcohol and Drug Treatment for Offenders

The large majority of Edinburgh's prisoner population resides at HMP Edinburgh. As a result we have recently worked with Criminal Justice Social Work to restructure and tender services so that there is one organisation providing treatment and support across HMP Edinburgh, throughcare following release and in police cells / courts. This enables a consistent service for people who are released from HMP Edinburgh to return to Edinburgh when their sentence less than four years and they are eligible for voluntary throughcare. Work is underway within the prison to identify effective working relationships between organisations that support people at the point of release from HMP Edinburgh. This includes housing, drug/alcohol, mental health, mentoring services amongst others.

In 2015/16 we will:

- Tender counselling services so that there is one contract for counselling services across the community and HMP Edinburgh covering both alcohol and drug problems. Counselling will be focussed at those whose sentence is likely to be the last the length of the sentence or planned for when they are released from prison. Local data suggests that many people drop out of counselling services at the point of release and their support needs are likely to be better met by the throughcare service.
- Continue to improve the pathway for people using treatment and support services in the prison to ensure people receive the right service at the right time.