

Fife Alcohol and Drug Partnership

PROMOTING RECOVERY

REDUCING HARM



Delivery Plan April 2015 – March 2018

1. Introduction

The Fife Alcohol and Drug Partnership was established in 2009. Its membership is made up from senior officers from Fife Council, NHS Fife, and Police Scotland. Scottish Drugs Forum represents the Fife Third Sector Alcohol and Drugs Services on the ADP.

Service users and people in recovery influence Fife ADP strategy, policies and service development throughout a range of activity including conversation cafes, peer research and service user feedback and involvement.

Appendix A outlines the priorities identified by a group of service users which informed this delivery plan.

Fife Alcohol and Drugs Partnership reports to Fife Community Planning Partnership through Fife's Integrated Health and Social Care Partnership. Our activities are aligned to the high level community plan outcome of Reducing Inequality and contribute directly to the following community planning priorities;

- Making Fife's communities safer
- Improving the health of Fifers and narrowing the health inequality gap
- Improving early years development of children in Fife

We operate within the Fife Prevention Framework developed by Fife Partnership and have contributed to the development of this model by ensuring recovery focused prevention is included within the framework. **(Appendix B)**

We share the vision of Fife Community Plan 2011-2020 that better outcomes in our area of responsibility will be achieved through;

Leadership:

- Strong and visible leadership.
- Achieving common goals through a partnership based approach.
- Communicating a clear message about challenges, priorities and opportunities.

Recognising and supporting the assets and aspirations of individuals and communities:

- Improving services - through consultation and engagement.
- Achieving outcomes through co-production - staff and service users or communities working together.
- Supporting community resilience and empowerment - communities taking decisions, delivering services, controlling and owning assets.

Effective and integrated services:

- Joined up and collaborative service delivery.
- Alternative ways of delivering services in partnership with businesses, voluntary organisations, social enterprises and communities.
- Services that meet the needs of customers by engaging with communities and empowering managers and front line staff.
- Improving services for those most in need.

- Investing in early intervention and preventative action – preventing problems from escalating, so reducing the risk of harm to citizens and costly remedial action for services.
- Better commissioning of services.

2. Fife Alcohol and Drug Partnerships strategic aims and outcomes:

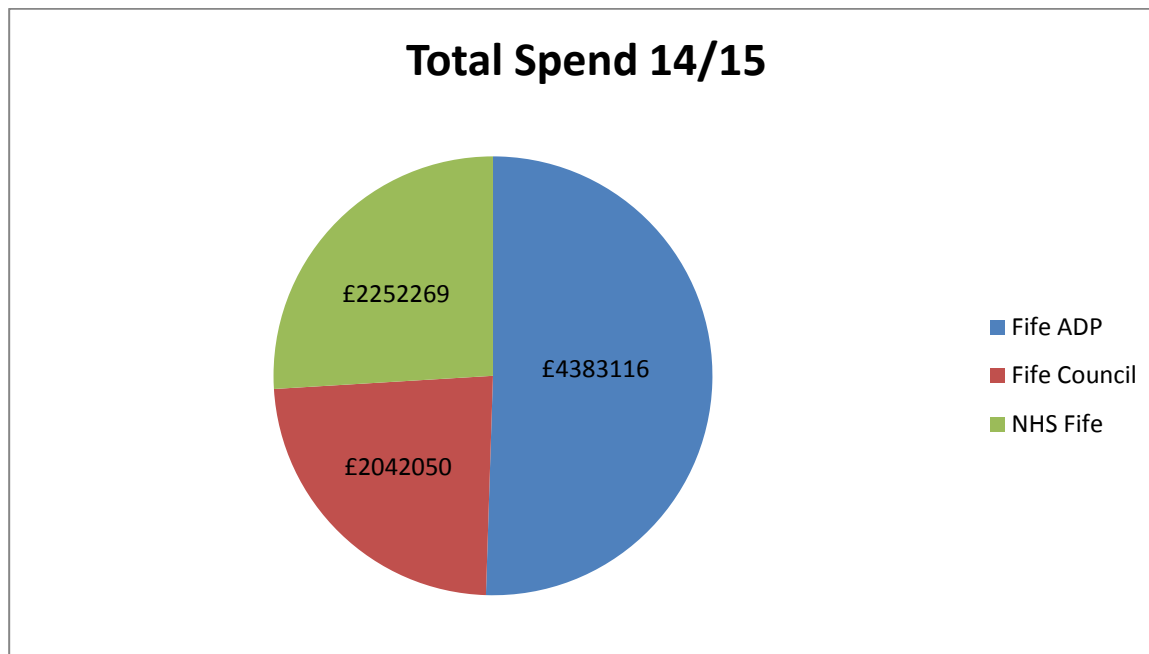


3. Financial Accountability Arrangements

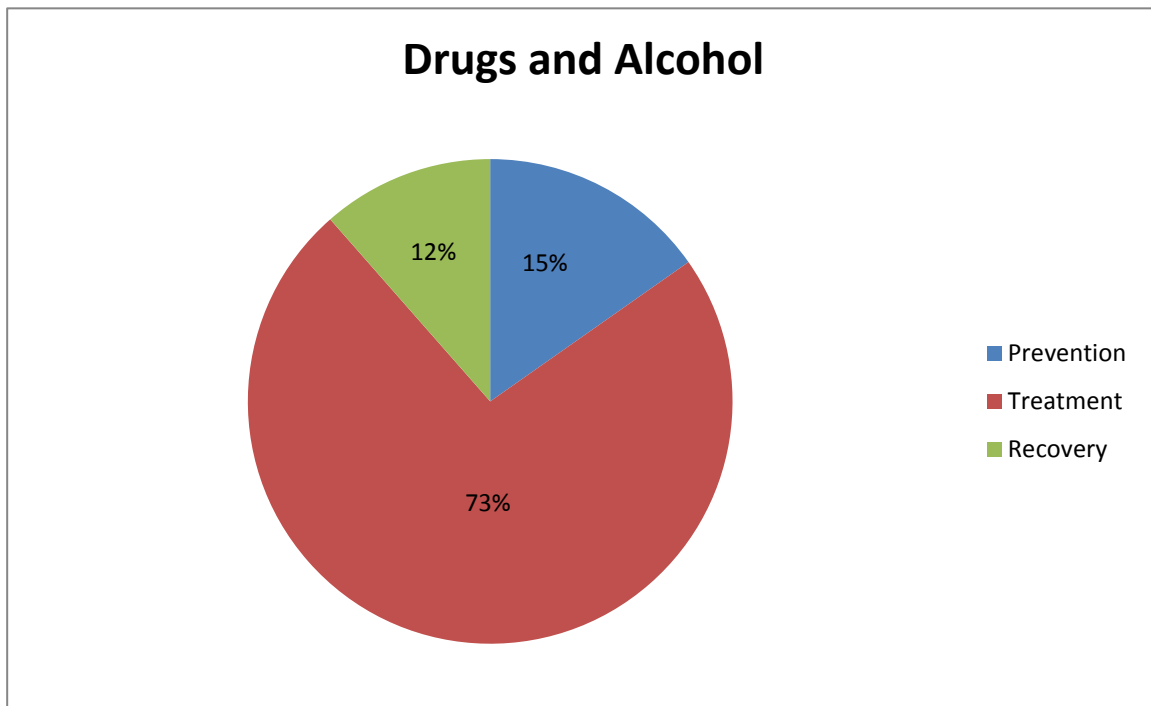
We are accountable to the Integrated HSCP for all spend on alcohol and drugs and provide the HSCP with performance against information through the Integrated HSCP service delivery plan. Fife ADP intends to utilise its full allocation of Scottish Government funds to deliver on our strategic aims and outcomes and meet national priorities and targets and standards on Drug and Alcohol Waiting Times, Alcohol Brief Interventions and Take Home Naloxone. We will also use resources to develop our response to New Psychoactive Substances and embed the Quality Principles (Standard Expectations for care and treatment in alcohol and drug services) across the sector. We will seek to secure funds from partner originations and other external bodies to promote recovery and reduce harm from substance misuse in Fife.

Appendix C outlines the partner contribution secured for 2014/15. **Appendix D** outlines the proposed allocations for 2015/16 (subject to confirmation of allocations from Scottish Government).

The total identifiable spends on alcohol and drugs service and activities across Fife ADP, Fife Council and NHS Fife in 2014/15 was **£8,677,435**. Fife ADP under spend for 2014/15 was **£43,310**.



The diagram below outlines the percentages of identifiable Fife ADP, NHS Fife and Fife Council allocations spent on Prevention, Treatment and Recovery services and activity in 2014/15.



4. Governance Arrangements and Performance Frameworks

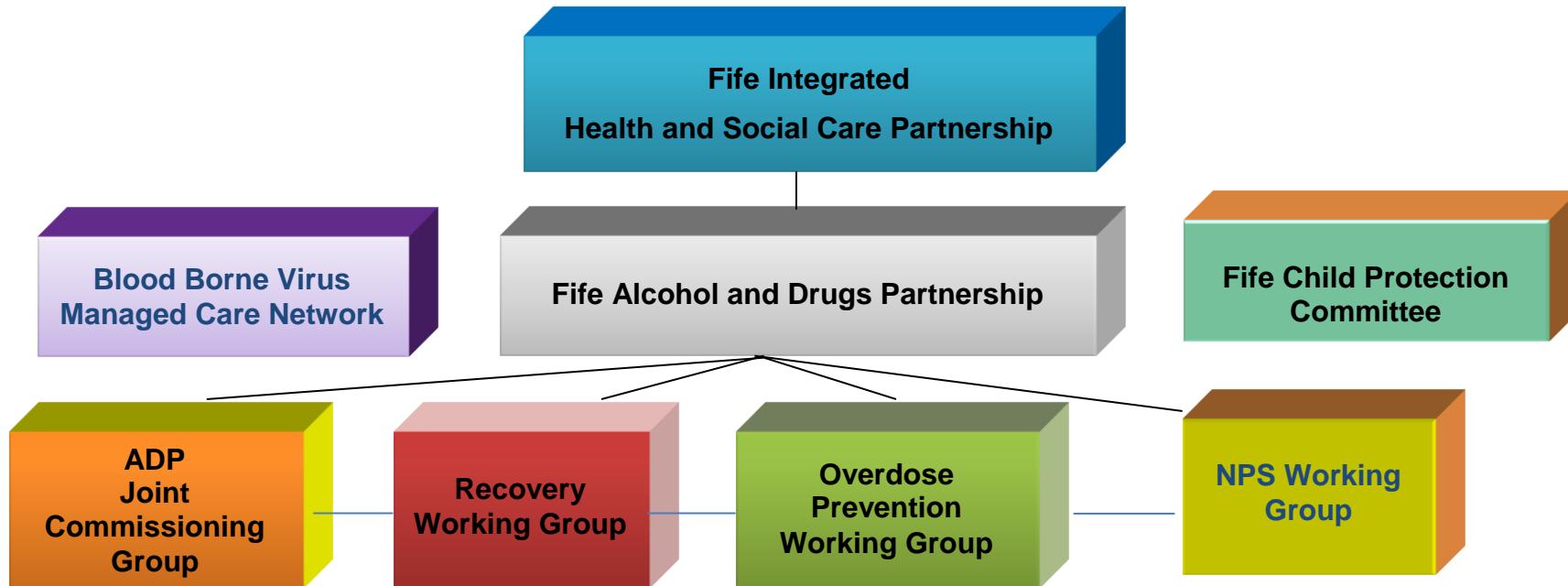
We use continuous improvement methodology (Plan-Do-Study-Act) in relation to our strategic outcomes, service commissioning and performance.

Fife ADP will provide Fife Integrated HSCP with;

- Regular updates on progress against strategic aims, outcomes and indicators as required.
- Annual reports for approval in autumn of 2015, 2016, 2017 & 2018.
- Proposals for the commissioning of services from 2018/19 in Autumn 2017.

5. Delivery Mechanisms.

We will drive progress on our aims and outcomes through statutory provision and commissioned services. We will plan, monitor, evaluate and adapt our responses to substance misuse in Fife through ADP and partnership working groups as outlined in the diagram below.



6. Review of delivery plan 2012-2015.

We updated our local drug and alcohol profile in 2014 and reviewed data included in the Scottish Public Health Observatory Alcohol and Drug Profiles for Fife (**Appendices E & F**).

Some key figures from these sources are;

- A 12% decrease in the estimated number of problem drug users (Opiates and Benzodiazepine use only).
- A decline in the percentage of problem drug users in treatment.
- Drug related discharges were up to 28 times higher in deprived areas than in the least deprived.
- Alcohol related discharges were up to 5 times higher in deprived areas than in the least deprived.
- 27% of people discharged from hospital for alcohol related issues were over 60.
- 37% of people discharged from hospitals for drug related issues were in their 30's.
- Over £1million pounds was spent on recovery orientated services and support in 2014/15 (12% of the total partnership funds available).
- Fife has a lower than the Scottish average percentage of maternities with problem drug use. (195 -Three year average, 16.1% v 19.7 for Scotland,2011)
- Fife has higher than the Scottish average number of child protection cases with parental alcohol or drug use. (106, 14.6% vs 10.9% for Scotland (2014)
- There were 74 Alcohol related deaths (3 year average 2010/11 to 2012/13) with higher deaths rates in deprived communities with high number of outlets.
- There were 37 Drug related deaths (3 year average 2010/11 to 2012/13) with higher death rates in deprived communities.
- The general prevalence of alcohol and drug use among school pupils in Fife has continually reduced since 2002. (**Appendix G**)
- NPS use among school pupils in Fife was reported at 3%

The conclusions we draw from this data are

- There needs to be a continued and increased effort to prevent alcohol and drug related deaths in Fife
- There needs to be continued and improved support for children and young people affected by parental substance misuse.
- The gap between prevalence and the percentage of people in treatment remains too high.
- There needs to be a continued and increased effort to address health inequalities in Fife
- Services need to respond to the complex needs of an aging population of alcohol and drug users.
- There needs to be increased effort in the development of a recovery orientated system of care in Fife.
- The link between outlet density and alcohol related deaths in Fife needs to be explained to policy makers

7. Core and Local Outcomes to be achieved

Table 2 Core & Local Outcomes

Outcome area	Specifics actions	Measures	Accountability
1.Prevalence & Health	Implement an integrated treatment & recovery model in all localities based on the Prescribing and Rehabilitation Glenrothes (PARG) Pilot by August 2016.	Prevalence of problem drug use rate.	Fife ADP Recovery Working Group
	Review and revise Local Enhanced Service Agreements for substance misuse in line with recommendations of the ORT Review by August 2016	Individuals drinking above the daily/ weekly recommended limits	NHS Fife
	Implement IT systems to improve ease of access and referral into and between treatment services by 1 st April 2016	Percentage of Problem Drug using population in treatment.	Fife ADP Recovery Working Group
	Implement an Alcohol and Drug Liaison Service across Fife by 1 st April 2016	Alcohol and drug hospital admissions.	NHS Fife /Fife ADP
	Expand the Alcohol Related Brain Damage service across Fife by October 2015.	Number of people provide with enhanced support for addictions in Primary Care and Community Pharmacy settings.	
	Develop pathways and services for older people affected by substance misuse by 1 st April 2016.	Pathway developed	NHS Fife /HSCP/Fife ADP








2.Recovery	<p>Enhance investment and support for mutual aid and community based recovery activity by increasing the percentage of ADP funding spent on recovery to 20% of total funds by March 2018</p> <p>Continue investment in community and residential rehabilitation beyond March 2016.</p> <p>Redesign the Employability service brief (SB6) to provide enhanced support for early and on going recovery by October 2015.</p>	<p>Spend on recovery orientated activity as % of total ADP budget.</p> <p>Number of people supported to engage with mutual aid fellowships by specialist service staff</p> <p>Number of staff in specialist services trained in recovery based practices</p> <p>Number of people supported by to stabilise reduce or eliminate drug and alcohol use.</p>	<p>Fife ADP/Fife Council/HSCP</p> <p>Fife ADP/ Fife Council/HSCP</p> <p>Fife ADP & SRC</p> <p>Fife ADP</p>
3. Children and Young People	<p>Develop effective services for children and young people affected by parental substance misuse.</p> <p>Carry out joint review of service supporting children affected by parental substance misuse by October 2015</p> <p>Refresh joint ADP/ CPC implementation of GOPR2 action plan and workforce development programme by December 2015.</p>	<p>Reduction in child protection cases with alcohol/drugs as risk factor.</p> <p>Reduction in maternities where drug and alcohol use are present.</p> <p>Number of staff undertaking training in responding to Children affected by Parental Substance Misuse</p>	<p>Fife CPC & ADP</p> <p>Fife ADP/Fife Council/NHS Fife</p> <p>Fife ADP, CPC & SDF</p>
4. Community Safety & Local Environment	<p>Work with Fife Licensing Forum to inform an effective overprovision policy for Fife Licensing Board by March 2016.</p>	<p>Production of Fife Overprovision Policy</p>	<p>Fife ADP/Community Safety Partnership/Fife Licensing Forum</p>







<p>4. Community Safety & Local Environment/Contd.</p>	<p>In addition to the actions identified under item 1, continue to develop Fifes Take Home Naloxone Programme up to March 2018.</p> <p>Improve identification of, and preventative activities focused on novel psychoactive substances (NPS).</p> <p>Develop a care pathway for people affected by NPS use by April 2016</p>	<p>THN Target for 2015- 18</p> <p>Increased awareness of harm reduction messages among services, service users and the general population.</p> <p>Production and implementation of an NPS care pathway.</p>	<p>Fife ADP Overdose Prevention Working Group</p> <p>Fife ADP</p> <p>Fife ADP</p>
<p>6.Inequality</p>	<p>Develop models of alcohol and drugs service delivery that tackle inequality, prioritising those in 20% most deprived areas.</p>	<p>Percentage of hospital discharges for drug and alcohol misuse in 20% most deprived areas.</p> <p>Number of prisoners taking up substance misuse interventions via through-care services</p>	<p>Fife ADP</p>
<p>7.Empowerment</p>	<p>Develop methods of involving and empowering people affected by substance use and people in recovery in planning, decision making and delivery of services.</p>	<p>Increase % of services evidencing user involvement in the planning and delivery of substance misuse services.</p> <p>Evidence of changes in service delivery as a direct result of service user feedback.</p> <p>Peer research activity bringing improvements in services.</p>	<p>Fife ADP & Scottish Drugs Forum</p>




7. Empowerment	Develop methods of involving and empowering people affected by substance use and people in recovery in planning, decision making and delivery of services	Evidence of implementation of the National Quality Principles for alcohol and drug services.	
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7. Services

The following services are commissioned by Fife ADP Fife Council and NHS Fife to promote recovery and reduce harm from substance misuse.

Summary of Recovery Services and Support Fife from 1 st April 2015		EAST				WEST		
		North East Fife	Glenrothes	Levenmouth	Kirkcaldy	Cowdenbeath	City of Dunfermline	South West Fife
 ADAPT	Direct Access drug and alcohol partnership. Brief interventions, advice, signposting and counselling.	●	●	●	●	●	●	●
 addaction Scotland	Specialist Harm Reduction Service, triage and referral. C Clear Peer education project relating to BBV.	●	●	●	●	●	●	●
ARBD Nurse Service 	Support for people affected by alcohol related brain damage.	●	●	▲	●	●	●	●
Addictions Clinical Psychology 	Psychological Interventions for individuals with complex/severe co-morbid psychological problems and substance misuse.	●	●	●	●	●	●	●
Addiction Services 	ADP Integrated Recovery Service. Alcohol and drug treatment service providing stabilisation, prescribing and detoxification interventions for people experiencing drug and/or alcohol dependency.	*	*	*	*	*	*	*
 Believe in children Barnardo's	Substance misuse education, Children affected by Parental Substance misuse.	●	●	●	●	●	●	●
 Older-UP	Vulnerable Young Peoples Outreach	●	●	■	■	●	●	●

	ADP Integrated Recovery Service. Psychological Services, Family Support, Alternative and complimentary for children, families and individuals	*	*	*	*	*	*	*
	Fife Council Drug Treatment Testing Order and Through care Addiction team: Supervision of Drug Court orders including drug treatment and testing. Through care addiction service for people leaving prison.	■	■	■	■	■	■	■
	Counselling for problem drinkers and family members aged 16+, Pre & post detox support, relapse prevention.	▲	▲	▲	▲	▲	▲	▲
	ADP Integrated Recovery Service. Community based rehabilitation and recovery service. Assessment through care and aftercare for residential rehabilitation.	*	*	*	*	*	*	*
	Recovery Link work with people affected by substance misuse. Housing support and advice, court representation, temporary accommodation, housing management, Prevention First (enhanced housing options), employability and social enterprises.	*	*	*	*	*	*	*
	Awareness & Education for solvent misuse issues, Sign posting & referrals to local agencies & 24 hour helpline.	◆	◆	◆	◆	◆	◆	◆
Recovery Service Brief	Brief under development to support longer term recovery from alcohol and drugs through personal development, social and physical activity, training/ education/employment/volunteering and community action. Service will aim to increase recovery capital in individuals, groups and communities across Fife.	*	*	*	*	*	*	*
	Peer and volunteer led community group for people in recovery providing activities, support, social events and access to new experiences and opportunities that promote recovery. Open to people from across Fife, serious about recovery.	●	●	●	●	●	●	●

 Specialist Midwife	Specialist midwife support and early intervention for drug and alcohol misusing women and their families.	◆	◆	◆	◆	◆	◆	◆
 Specialist Pharmacist	Provide specialist pharmaceutical expertise, advice and information for strategic planning, development and support of patient focussed services for substance misusers. Coordination of Injecting Equipment Provision scheme	▲	▲	▲	▲	▲	▲	▲
 Wise Choices	Community based educational programmes for adults aged 16 – 64 which focus on alcohol and drug misuse, assisting people towards work readiness.	■	■	■	■	■	■	■

Key: ● ADP funded ■ Fife Council funded ▲ NHS Fife funded * ADP/Fife Council/NHS Fife funded ◆ Other external funding source

8. Requests for National Support

Fife ADP will need support from national partners to help deliver this plan. We expect to continue the good working relationships with the **Alcohol and Drug Delivery Unit**, the **ADP National Support Officers** and **NHS Information Statistic Division**.

We will continue to develop relationships with **Scottish Families Affected by Alcohol and Drugs** in order to ensure family inclusive services are available in Fife and the needs of partners' carers and families are part of our development of a Recovery Orientated System of Care.

We expect to engage with the following agencies on specific pieces of work to deliver on local and national outcomes;

Scottish Drugs Forum-

- Representation of Third Sector Alcohol & Drugs Services on ADP
- Delivery of Fife Addiction Workers Training Programme,
- Delivery of Fife Peer Research and Peer Mentoring Programmes,
- Delivery of joint ADP/CPC workforce development programme (previously delivered by STRADA)

Scottish Recovery Consortium

- Support to development visible recovery in Fife.
- On-going workforce development through "Recovery Matters" Training.
- Consultancy and critical friend role on development of ROSC in Fife.
- Joint activity on Annual Recovery Walks and other National Events.

Core outcomes – As defined by the Scottish Government

- 1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use:** a range of improvements to physical and mental health, as well as wider well-being, should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of drug or alcohol-related mortality.
- 2. PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others:** a reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future.
- 3. RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use:** a range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.
- 4. FAMILIES: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances:** this will include reducing the risks and impact of drug and alcohol misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.
- 5. COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour:** reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.
- 6. LOCAL ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less readily available:** alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in meaningful activities, and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the community.
- 7. SERVICES: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery:** services should offer timely, sensitive and appropriate support, which meets the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity and sexual orientation) and facilitates their recovery. Services should use local data and evidence to make decisions about service improvement and re-design.

ANNEX A

ADP Delivery Plan

Your ADP Delivery Plan should reflect the goals of your local ADP Strategy and be agreed by all ADP partners. The next ADP Delivery Plan is due by **15 June 2015** and should cover the period April 2015 to March 2018.

Robust performance frameworks should feature within their Delivery Plans – these should include baseline data & Measurable targets, where available, which link planned activities to outcomes. ADP Annual reports should provide an update on progress against these. The format of your Plan is for your ADP to determine in light of local management and reporting requirements but it should include:

x ADP Partner Organisations

Note: Plans should be agreed by all your partner organisations. These would normally include at a minimum: the local NHS Board, local authority, police and the Third Sector. Additional partners may reflect local priorities. The names of the organisations directly engaged in preparing the Plan should be listed.

X Governance & financial accountability arrangements

Note: Your Plan should briefly outline the local governance arrangements for developing and overseeing delivery of the plan, including how decisions are made on investment of the available financial resources (both earmarked and from partners' core funding). It should also indicate through what route and with what frequency your ADP reports to your Community Planning Partnership and advise how often you receive feedback.

X Ministerial and ADP Priorities - A high-level summary of key changes to be achieved over the duration of the Plan

Note: This summary should identify a small number of strategic changes which your ADP intends to achieve during the three years of the plan period which will help deliver the Alcohol Framework¹ and The Road to Recovery², and how these will contribute to your SOA. These could be outcomes or outputs but will contribute to preventing alcohol and drug harm and/or improving person-centred recovery services and support. The summary should also identify plans/progress towards implementing a ROSC.

¹ Changing Scotland's Relationship with Alcohol: A Framework for Action, March 2009: <http://scotland.gov.uk/Publications/2009/03/04144703/0>

² The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem, May 2008: <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

x Core & Local Outcomes to be achieved

Note: Core Outcomes are attached at Annex D. Your ADP may have local outcomes in addition to these (including any contained in your Single Outcome Agreement). These should also be outlined in your Plan. 10

X Core & Local Indicators to enable progress to be measured – Performance Framework

*Note: This section should outline how you are measuring performance and can demonstrate that the investment in alcohol and drugs delivery is making a direct impact in your area. Core indicators, as set out at **Annex E (1) & (2)**, should be included in Delivery Plans. In addition, your ADP may have local indicators of progress towards core and local outcomes which should also be outlined in your Plan. Examples of possible local indicators are attached at Annex F.*

For all indicators, you should include baseline figures (for the start of the reporting period, or the most up-to-date available figures), as well as your SMART targets for the end of the three year planning period. However, wherever possible, ADPs should present trends as far back as possible to enable more robust assessments of the longer-term direction of travel. This will also help you to consider appropriate targets for the 3 year planning period. ADP Annual reports should provide an update on progress against these indicators.

x Financial Investment (including earmarked Scottish Government funding and partners' core funding)

Note: Your plan should identify both the earmarked drug and alcohol funding from Scottish Government which the ADP receives (via their NHS Board) to enable you to deliver your local Plan.

Where appropriate, you should also separately identify any other resource (e.g. financial, staffing as well as in kind) which impacts on alcohol and/or drug prevention, treatment and support activities locally – the source of this resource should also be specified.

x Priority Actions & Interventions to Improve Outcomes

Note: This section of your Plan should outline priority actions for investment including the increasing emphasis on preventative spend as well as on ensuring treatment and support services are person-centred and recovery-oriented. The Alcohol Logic Model (and supporting evidence)³, the Quality Alcohol Treatment & Support Services report⁴ and the Alcohol & Drugs Workforce Statements⁵ should be helpful in identifying your priorities. You should indicate arrangements for strengthening service user engagement. The distribution of resources between acute or specialist services, support services (typically Tier 1 and 2) and community-based support for Recovery should be clear and transparent. (The Audit Scotland Self-Assessment Checklist will be helpful in this regard, see “Drug & Alcohol Services in Scotland”, pp37-41, Appendix 4, http://www.audit-scotland.gov.uk/docs/health/2009/nr_090326_drugs_alcohol.pdf)

³ Health Scotland Alcohol Logic Model: http://www.healthscotland.com/OFHI/alcohol/logicmodels/lm_01.html

⁴ Quality Alcohol Treatment & Support report, March 2011: <http://www.scotland.gov.uk/Publications/2011/03/21111515/3>

⁵ Supporting the development of Scotland's Alcohol and Drug Workforce, December 2010:

http://www.scotland.gov.uk/Publications/2010/12/AandD_11

All actions and interventions identified should clearly link to delivery of improved national core and local outcomes.

x Request for National Support

Note: Scottish Government seeks to support ADPs to deliver high quality person-centred prevention, treatment and support services through the work of the Alcohol and Drugs Delivery Units as well as through our funding of the commissioned organisations (Health Scotland, Information Services Division, Alcohol Focus Scotland, Scottish Training for Drugs and Alcohol (STRADA), Scottish Drugs Recovery Consortium, Scottish Drugs Forum, Scottish Families Against Alcohol and Drugs).

Please set out any issues/areas of support required to help deliver your Plan