

## **STANDARD REPORTING TEMPLATE - FIFE ADP ANNUAL REPORT 2015-16**

Document Details:

### **ADP Reporting Requirements 2015-16**

1. Financial Framework
2. Ministerial Priorities
3. Additional Information – Performance Framework

The Scottish Government copy should be sent by 12 September 2016 for the attention of Amanda Adams to:

[Alcoholanddrugdelivery@scotland.gsi.gov.uk](mailto:Alcoholanddrugdelivery@scotland.gsi.gov.uk)

## 1. FINANCIAL FRAMEWORK - 2015-16

Your Report should identify both the earmarked alcohol and the earmarked drug 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/support services or recovery 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

<b>Income</b>	<b>Substance Misuse (Alcohol and Drugs)</b>
Earmarked funding from Scottish Government	£4,258,881
Funding from Local Authority	£1,257,308
Funding from NHS (excluding funding earmarked from Scottish Government)	£2,515,163
Funding from other sources c/f from 2014/15	£43,310
<b>Total</b>	<b>£8,074,662</b>

### Total Expenditure from sources

	<b>Substance Misuse (Alcohol and Drugs)</b>
<b>Prevention</b> (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£1,271,750
<b>Treatment &amp; Support Services</b> (include interventions focussed around treatment for alcohol and drug dependence)	£5,908,422
<b>Recovery</b>	£787,233
<b>Dealing with consequences of problem alcohol and drug use in ADP locality</b>	
<b>Total</b>	<b>£7,967,405</b>

**2015-16 End Year Balance for Scottish Government earmarked allocations**

	<b>Income £</b>	<b>Expenditure £</b>	<b>End Year Balance £</b>
Substance Misuse	<b>£4,302,191</b>	<b>£4,194,935</b>	<b>£107,256</b>

**2015-16 Total Underspend from all sources**

<b>Underspend £</b>	<b>Proposals for future use</b>
<b>£107,256</b>	<b>Carry forward to offset reduction in funding in 2016-17</b>

**Support in kind**

<b>Provider</b>	<b>Description</b>
Fife Council	Accommodation and associated staff costs for ADP support team.
NHS Fife	Support from Assistant Director of Finance
NHS Pharmacy	NHS Fife Specialist Substance Misuse Pharmacist

## 2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2015-16 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 2015-16. Please outline these below.

PRIORITY	*IMPROVEMENT GOAL 2015-16	DELIVERY MEASURES	ADDITIONAL INFORMATION
<p>1. Compliance with the Drug and Alcohol Treatment Waiting Times LDP Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)</p>	<ul style="list-style-type: none"> <li>• Maintain over 95% of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery from 2015-16</li> <li>• No one will wait longer than 6 weeks to receive appropriate treatment from April 2015 to March 2016</li> <li>• 100% data compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland from April 2015 to March 2016</li> </ul>	<ul style="list-style-type: none"> <li>• We continue to sustain performance to meet waiting time's local improvement target and LDP standard.</li> <li>• This will be managed through existing service redesign, service user pathway, and process for managing waiting times through routine monitoring of activity and feedback loop.</li> <li>• Anonymous records would be entered on an exceptional basis only, in accordance with the guidance provided by ISD.</li> <li>• Ongoing monitoring is undertaken to ensure compliance is maximised.</li> </ul>	
<p>2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)</p>	<ul style="list-style-type: none"> <li>• A total of 4187 ABIs will be delivered in Fife by 31/03/2016</li> <li>• 80% (3350) of ABIs will be delivered in a priority setting in Fife by 31/03/2016</li> </ul>	<ul style="list-style-type: none"> <li>• We will continue to monitor number of ABI's delivered by services and ensure targets for ABI's are met</li> <li>• This will be managed through routine monitoring of ABI's in 6 monthly and annual reports</li> </ul>	

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	<ul style="list-style-type: none"> <li>The remainder 837 ABI's will be delivered in wider settings in Fife by 31/03/2016</li> </ul>		
3. Increasing Data Compliance SDMD: SMR25 A and B.	<ul style="list-style-type: none"> <li>Increase level of compliance and amount of data submitted to the National Services Scotland Information Services Division, ISD, Scotland by 31/03/2016</li> </ul>	<ul style="list-style-type: none"> <li>We continue to sustain performance to ensure SDMD compliance</li> <li>Blank records would only be present on an exceptional basis, in accordance with the guidance provided by ISD. Ongoing maintenance is undertaken to maximise and support service achieve compliance.</li> </ul>	
4. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	<ul style="list-style-type: none"> <li>Ensure all SMR25A and B data is completed in full, so that it accurately reflects the number of people engaging with drug and alcohol treatment services at local level by 31/03/2016</li> </ul>	<ul style="list-style-type: none"> <li>We will continue to monitor SDMD, to ensure compliance in completion of data is 100% from services delivering tier 3 and 4 drug and alcohol treatment in Scotland</li> <li>Regular reports are run and shared with services to support this.</li> </ul>	
5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison.	<ul style="list-style-type: none"> <li>Enable Naloxone to be distributed from wider settings, not simply NHS, by March 2016.</li> <li>More than 25% (cum.) of problem substance users</li> </ul>	<ul style="list-style-type: none"> <li>Addaction, FIRST, Clued Up and ADAPT (3<sup>rd</sup> Sector organisations) now (July 2016) supply Naloxone directly to clients.</li> </ul>	This is a forward priority for the Fife Overdose Prevention and Drug Death monitoring group and

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	<p>in Fife to be supplied with Naloxone by March 2016.</p> <ul style="list-style-type: none"> <li>• Review progress and 'reach' by March 2016.</li>   <li>• Treatment through-care is provided, where appropriate, upon release from prison - including Naloxone availability/supply and priority referrals to addiction services via CJ.</li> </ul>	<ul style="list-style-type: none"> <li>• Since the national Naloxone programme began, 1413 Fife individuals, representing 49% of Fife's estimated problem drug using population<sup>1</sup>, have been supplied with a Naloxone kit. At the time of writing, 764 Fife individuals, representing 26% of Fife's estimated problem drug using population<sup>1</sup>, have been supplied with a Naloxone kit that would still be 'in date'. In 2015/16, 405 Naloxone kits were distributed representing 14% of Fife's estimated problem drug using population<sup>1</sup>.</li> <li>• Naloxone is being supplied to identify 'at risk' individuals within Fife's Custody Suite settings. In 2015/16, 38 kits were supplied.</li> <li>• Fife SDF User Involvement programme is utilising a peer research model to research factors underpinning 'reach' and to recommend future developmental areas in order to further enhance Naloxone distribution effectiveness and efficacy.</li> </ul>	<p>the Fife Naloxone group.</p> <p>Nine overdose/naloxone specific training, awareness and drop-in events are planned for 2016-17.</p> <p>Additional 3<sup>rd</sup> sector organisations will be added to the 'group of 4' achieved to date.</p> <p>Prison through-care, including Naloxone availability, is in place including priority referrals to addiction services.</p> <p>Capture status and monitor progress against the <i>Staying Alive in Scotland</i> ADP tool.</p>

PRIORITY	*IMPROVEMENT GOAL 2015-16	DELIVERY MEASURES	ADDITIONAL INFORMATION
		<ul style="list-style-type: none"> <li>Record actions of the Fife overdose prevention and drug death monitoring group and the Fife Naloxone group.</li> <li>520 additional kits supplied into the distribution system between Aug 2015 and June 2016.</li> </ul>	<p>Conduct and evaluate 'tests' of approaches to engage historically non/low-engaging 'at risk' individuals (e.g. mobile interventions, area based 'events' and pharmacies' provision).</p>
<p>6. Tackling drug related deaths (DRD)/risks in your local ADP.</p>	<ul style="list-style-type: none"> <li>Reduce number of drug related deaths from 46 per year in 2014 (with an average increase of 3 per year since 2005), to less than 40 by March 2018, i.e. reverse the trend.</li> <li>Supply Naloxone to an increasing percentage of the estimated population of problem substance users, year on year, against challenging fiscal backdrop.</li> <li>Develop information sharing and partnership responses to non-fatal overdose occurrences/incidents.</li> </ul>	<ul style="list-style-type: none"> <li>NRS DRD figure for fife for 2015 was 44, down 2 from 2014.</li> <li>Record/monitor/review number of naloxone kits issued/programme effectiveness.</li> <li>Record actions of the Fife overdose prevention and drug death monitoring group and the Fife Naloxone group.</li> <li>Conduct and evaluate 'tests' of approaches to engage historically non/low-engaging 'at risk' individuals (e.g. mobile interventions, area based 'events' and pharmacies' provision).</li> <li>Non-fatal overdose information sharing in place between Police Scotland "P" Division and ADP</li> </ul>	<p>Increase number of workers/professionals training in overdose/naloxone via 'Training for Trainers' by March 2017. Nine overdose/naloxone specific training, awareness and drop-in events are scheduled for 2016-17. Capture status and monitor progress against the <i>Staying Alive in Scotland</i> ADP tool.</p>

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	<ul style="list-style-type: none"> <li>• Also, see 5 above and related summation below.</li> <li>• Increase training and awareness focus on overdose/naloxone.</li> </ul>	<p>funded intervention/harm reduction service.</p> <ul style="list-style-type: none"> <li>• Non-fatal overdose information sharing in place between NHS Addiction services and ADP funded intervention/harm reduction service.</li> <li>• Every S3 pupil in every Fife Secondary school now participates in a substance misuse education input, via an ADP funded service, that explores the risks associated with poly drug use, the factors involved in overdose and appropriate emergency responses (for own learning and awareness re risks and in relation to other people such as friends/family members). This is done as part of a 'whole school' approach to personal and social education that includes capacity building work with teaching/guidance staff.</li> <li>• 34 individuals were referred, from a range of agencies, to the Fife Residential Rehabilitation programme.</li> </ul>	<p>Non-fatal overdose pathway being development (Scottish Ambulance Service/ADP funded intervention/harm reduction service) – pathway expected to be completed by end Sept 2016.</p>

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		<ul style="list-style-type: none"> <li>• Also, see 5 above and related summation below.</li> </ul>	
<p>7. Implementing improvement methodology including implementation of the <i>Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services</i>.</p>	<ul style="list-style-type: none"> <li>• Meet with all funded services to co-produce a position statement for the care inspection by February 2016.</li> <li>• Highlight the Quality Principles to services, by distributing a leaflet detailing the Quality Principles by February 2016</li> <li>• Distribute file reading template for services to use on their own files, to ensure the Quality Principles are being met within their file taking by March 2016</li> <li>• Compliance with Quality Principles to be added to Service Level Agreements by 31/03/2016</li> <li>• Addiction services to be supported in improvement and evaluation methods around Quality Principles by 31/03/2016</li> </ul>	<ul style="list-style-type: none"> <li>• Receive feedback from services on Quality Principles for position statement</li> <li>• File reading feedback from Care Inspectorate</li> <li>• Updated Service Level Agreements</li> <li>• Attendance at NHS Addiction Services improvement meetings.</li> <li>• Recovery working group work programme</li> <li>• Drug and Alcohol game awareness/exploration work.</li> <li>• Ongoing contract monitoring as part of ADP commissioning strategies and plans.</li> </ul>	

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	<ul style="list-style-type: none"> <li>Further highlight as a key priority to services by 31/03/2016</li> </ul>		
<p>8. Responding to the recommendations outlined in the independent expert group on opioid replacement therapies.</p>	<p>Progress towards key statement aim.          “All adult recovery services in Fife will ensure all new service users have their own recovery plan (Theme 2, Recommendation 3).”</p>	<ul style="list-style-type: none"> <li>Person centred recovery plans are embedded in practice</li> <li>All new service users have a recovery plan.</li> <li>Monitoring of the above to be completed through regular updates from services.</li> <li>Options paper on the development of an integrated model of service delivery between primary care, hospital services and statutory and non-statutory substance misuse services.</li> </ul>	
<p>9. 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, including women</p>	<ul style="list-style-type: none"> <li>A member of the ADP support team to sit on the Reducing Offending and Reoffending Group for 2015-2016</li> <li>Training on drugs and alcohol services to be given to members of Reducing Offending and Reoffending Group in February 2016</li> <li>A meeting with through-care teams to take place</li> </ul>	<ul style="list-style-type: none"> <li>Monitor referrals coming from through-care/prison service on quarterly basis.</li> <li>Take actions from Reducing Offending and Reoffending group</li> <li>Monitor number of naloxone supplied from custody services via monthly reports</li> <li>Number of linked appointments with through-care teams and services to be reported annually</li> </ul>	

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	<p>by summer 2015 to improve links.</p> <ul style="list-style-type: none"> <li>• Link in with prison service/custody services in relation to supplying naloxone across 2015/16</li> <li>• Prison service to be added to FORT, so they can make referrals to services easier by March 2016</li> <li>• Thoroughfare workers to attend appointments with individuals on liberation throughout the period of April 2015 to March 2016</li> </ul>	<p>&amp; use of equality and impact assessments in all planning of services to assess impact on specific groups.</p>	
<p>10. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).</p>	<ul style="list-style-type: none"> <li>• Merge the treatment and enforcement meetings regarding NPS to one group by March 2016 to reduce duplication.</li> <li>• Ensure appropriate representation is on NPS group from Police Scotland, trading standards and BBV team</li> <li>• Put on training (including workforce development) raising awareness of NPS by March 2016.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor attendance at two meetings</li> <li>• Monitor number of shops ceasing to trade NPS in Fife</li> <li>• Evaluate training on NPS</li> <li>• Drug trend monitoring process has been refreshed in order to reach wider partners with robust, reliable alert/trend information and is overseen by the NPS group. NPS trends have made us think beyond current partners as it has been appearing in other settings.</li> </ul>	

PRIORITY	*IMPROVEMENT GOAL 2015-16	DELIVERY MEASURES	ADDITIONAL INFORMATION
	<ul style="list-style-type: none"> <li>• Cease shop trading of any NPS in Fife by March 2016</li> </ul>		
<p>11. On-going Implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.</p>	<ul style="list-style-type: none"> <li>• ABI's in primary and wider settings to be delivered in 2015/16</li> <li>• Safe Zone run in December 2015 - treating 34 individuals under the influence in the Dunfermline area who may otherwise have required A&amp;E attendance. Evaluation report detailed that this work including the likely saved the life of one young person.</li> <li>• Awareness raising to be done in December 2015 on risks of alcohol, and sign posting individuals onto safe zone if required.</li> <li>• Overprovision Policy work to commence from April 2015 and a plan to be in place by March 2016</li> <li>• Presentation given to Licensing Forum and in August 2015 on</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor number of ABI's through monthly reporting, 6 monthly reports and annual reports</li> </ul> <p>Neighbourhood Watch gave details of the items found by their teams over the Safe Zone weekends. Overall 115 items were collected. 67 items were collected over the first weekend (47 bottles, 18 glasses and 2 other dangerous items - broken umbrella &amp; small golf club) and over the second weekend 48 items were collected (35 bottles, 12 glasses and 1 other item – broken umbrella). By removing these items from the streets it reduces the likelihood that they will be used as weapons in violent crime or disorder. Street Pastors reported 215 interactions with the public which included 90 positive verbal responses, 12 vulnerable persons supported, 32 flip-flops given out, 99 lollipops, 42 "Spikeys", 4 Police/ Ambulance</p>	<p>Delayed until 2017</p>

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	overprovision and hospital admissions.	Assistance, 5 Water/ Hot Drinks, 4 aggressive situations calmed, 1 first aid/survival blanket. <ul style="list-style-type: none"> <li>• Evidence to support overprovision policy gathered and shared with Licensing Board.</li> </ul>	
12. ADP Engagement in improvements to reduce alcohol related deaths.	<ul style="list-style-type: none"> <li>• ABI's in primary and wider settings to be delivered throughout 2015/2016</li> <li>• Safe Zone to be set up for December 2015</li> <li>• Overprovision Policy work to commence from April 2015 and a plan to be in place for March 2016</li> <li>• Presentation to be given to Licensing Forum and Board by August 2015 on overprovision and hospital admissions.</li> <li>• Review capability/capacity and make forward recommendations to strengthen the focus on alcohol related deaths</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor number of ABI's through monthly reporting, 6 monthly reports and annual reports</li> <li>• 34 individuals attended the safe zone through report from Police Scotland (see above detail in section 11).</li> <li>• Monitor number of alcohol related deaths in Fife, and any correlation to deprived areas</li> <li>• Presentation to Licensing Forum/Board completed.</li> </ul>	

<sup>1</sup> Last published estimate of number (n): *Estimating the National and Local Prevalence of Problem Drug Use in Scotland 2012/13*, ISD Scotland, March 2016.

\* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

### 3. ADDITIONAL INFORMATION 1 APRIL 2015 – 31 MARCH 2016

1	<p><b>Please <u>bullet point</u> any local research that you have commissioned e.g. hidden populations, alcohol related deaths. (<i>the actual research is not required</i>)</b></p>	<p><b>Fife Liaison Options Appraisal Report- McMillan and Rome</b></p> <p>This report was commissioned by Fife Alcohol and Drug Partnership to progress the development of an integrated model of service delivery between primary care, hospital services and statutory and non-statutory substance misuse services. The report was published in April, 2016. A project group was set up in July 2016 to take forward the report findings. The main objectives this report looked into were;</p> <ul style="list-style-type: none"> <li>• To review current information regarding service delivery structures and specifications within the Fife ROSC.</li> <li>• To initiate an open dialogue with health and social care practitioners across Fife regarding the development of an integrated system of care for patients on opioid replacement therapy.</li> <li>• To map and evaluate current pathways of care.</li> <li>• To investigate opportunities to reduce the frequency of hospital admissions through the development of assertive outreach and in-reach initiatives.</li> <li>• To explore a range of options to support the reduction of drug-related morbidity and mortality. To facilitate the re-organisation of current resources to meet the needs in localities.</li> <li>• To put forward an options appraisal paper to the Fife ADP with recommendations for the structure of future service delivery.</li> </ul>
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		<p><b>Road to Recovery?- AT CoR</b></p> <p>This report, although not commissioned by Fife ADP has been a useful tool which Fife ADP have discussed at the project group alongside the Fife Liaison Options Appraisal Report by McMillan and Rome. This research was commissioned by AT CoR, a community interest company, the conclusions coming from a three and a half year pilot project conducted in the Dunfermline area with individuals who are usually marginalised from society.</p>
2	<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.</b></p>	<p>Fife ADP annual reports and delivery plans are submitted to Fife Health and Social Care Partnership (HSCP) Integrated Joint Board (IJB) for approval. ADP commission against service briefs which are put forward to the HSCP for final approval.</p> <p>Fife ADP will provide Fife HSCP with;</p> <ul style="list-style-type: none"> <li>• Regular updates on progress against strategic aims, outcomes and indicators as required.</li> <li>• Annual reports for approval in autumn of 2015 &amp; 2016</li> <li>• Proposals for the commissioning of services in 2015/16</li> </ul> <p>The divisional general manager for the HSCP also sits on the ADP committee and acts as the link between Fife ADP and the HSCP. The Head of Strategic Planning Performance and Commissioning for Health and Social Care also sits on the ADP committee, and chairs the Joint Commissioning Group.</p>
3	<p><b>A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise if your ROSC is 'in place'; 'in</b></p>	<ul style="list-style-type: none"> <li>• In Development</li> <li>• In Place</li> <li>• <b>Enhancing further</b></li> </ul>

	<p><b>development' or in place and enhancing further.</b>  <i>(No additional information is required)</i></p>	
4	<p><b>Is there an ADP Workforce Development Strategy in Place, if <u>no</u>, are there plans to develop?</b></p>	<ul style="list-style-type: none"> <li>• Workforce Strategy in place Yes</li> </ul> <p>If no,</p> <ul style="list-style-type: none"> <li>• Are there plans to develop? And will support be given by any NCOs</li> </ul> <p>Fife ADP's workforce development activity has continued to focus on two main audiences:</p> <ul style="list-style-type: none"> <li>• Workers in NHS and Third Sector specialist substance misuse services;</li> <li>• Workers in general public and third sector services who come into contact with drug and alcohol users as part of their responsibilities.</li> </ul> <p>Fife ADP's workforce development training programme supports the principles in section 5 of "Supporting The Development of Scotland Alcohol and Drug Workforce" by ensuring staff are informed, educated and have an awareness of alcohol and drugs, and are able to deliver early stage interventions when appropriate. It also supports the aim to 'protect vulnerable adults from harm caused by drug and alcohol misuse by themselves or others'. Service Briefs outline the need for staff to be able to demonstrate they will:</p> <ul style="list-style-type: none"> <li>• Provide all service users with hope that recovery is an achievable goal;</li> <li>• Recognise and value individuality and respect culture, beliefs, religion, sexuality and way of life;</li> <li>• Respect privacy and confidentiality.</li> </ul> <p>Workforce development in 2015/16 focused on:</p> <ul style="list-style-type: none"> <li>• Raising awareness and understanding of the risks and consequences of substance use;</li> </ul>

		<ul style="list-style-type: none"> <li>• Making sure workers had access to the latest credible information about drug and alcohol use in Fife and are able to respond to the ever changing trends;</li> <li>• Tackling New Psychoactive Substances (NPS);</li> <li>• Early intervention training focussing on high risk groups aimed at improving health and preventing drug and alcohol related harm;</li> <li>• Motivational Interviewing;</li> <li>• Making services more trauma informed;</li> <li>• Drugs and alcohol and older people as suggested by the workforce development survey in 2013/14.</li> </ul>
5	<p><b>A. Please indicate if your ADP has participated in the Drug Death Prevention work of the Scottish Drugs Forum (SDF), as requested by Ministers in their letter to ADP Chairs on 6 August 2014.</b></p> <p><b>B. Please provide details of local Drug Death Prevention strategies in place or planned.</b></p> <p><b>C. Please include details of any local Drug-Related Death groups in place, in addition to the information provided within the Ministerial priorities section.</b></p>	<p><b>A:</b> Reducing drug deaths is a strategic priority of Fife ADP and we have been active participants in the Drug Death Prevention work of the Scottish Drugs Forum (SDF). Fife ADP completed the ADP Drug Related Death pilot questionnaire, participated in the ADP Development Workshop, contributed to the development of the ‘Staying Alive Report’ and directly supported its piloting process. Fife were also active participants in the older drug user’s consultation event and will continue to support this invaluable work.</p> <p>A number of actions have been taken to strengthen Fife’s response to prevent avoidable drug related deaths. A refreshed Overdose Prevention and Drug Death Monitoring Group leads the Fife ADP response. A separate Naloxone group now oversees the effective supply of naloxone to ‘at risk’ individuals. Analysis shows that since the national naloxone programme began, 39% of Fife problem drug users were supplied with a naloxone kit and that, at the time of writing, 29% of problem drug users had been supplied with a naloxone kit that would still be ‘in date’.</p> <p>Changes to legislation regarding naloxone distribution have enabled Fife drug services to now supplying naloxone directly to their clients. Fife now has four Third Sector services that supply Naloxone – this is in addition to NHS Fife and custody suite distributions. Fife have refreshed their efforts regarding overdose</p>

		<p>awareness and naloxone training and are also ‘testing’ area-based and outreach approaches to engaging with ‘at risk’ individuals who have historically been non/low-engaging.</p> <p><b>B:</b> See A, above. Also, historically, the implementation of Fife ADP’s local drugs strategy relied upon the activities of the former Fife Overdose Prevention Group who had links with the former Fife Drug Death Monitoring Group. These two groups have been merged into one Overdose Prevention and Drug Death Monitoring Group in order to improve communication, learnings, efficiency and effectiveness.</p> <p>The ‘<i>Staying Alive in Scotland: Strategies to Combat Drug Related Deaths</i>’ report (SDF) will guide and support much of the work of this refreshed, focused, overdose and death prevention group. Indeed Fife ADP plan to develop their death prevention priorities based around the recommendations of this seminal report and will produce this plan towards the end of September this year.</p> <p>Fife also commissioned McMillan Rome to make recommendations for the development of an integrated approach to the delivery of substance misuse services in Fife and the implementation of findings/recommendations of this report is expected to deliver substantial benefits in engaging with historically non/low-engaging ‘at risk’ individuals.</p> <p><b>C:</b> See A and B, above.</p>
6	<p><b>Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland.</b></p>	<p><b><u>Key Aim Statement</u></b> All adult recovery services in Fife will ensure all new service users have their own recovery plan (Theme 2, Recommendation 3).</p> <p>As noted previously, Fife ADP has achieved the above goal set out in the key aim statement. Achieving this key aim statement has not been straight forward, and some refinements were required in the systems of individual services to</p>

<p><b>Please include any information around the following:</b></p> <ul style="list-style-type: none"> <li>• <b>update on progress in implementing your key aim statement – have you achieved it/when do you plan to do so?</b></li> <li>• <b>How many people were in receipt of opiate replacement therapies in your area between 1 April 2015 &amp; 31 March 2016.</b></li> <li>• <b>Information on length of time on ORT and dose</b></li> <li>• <b>Information about any related staff training in ORT provision or recovery orientated systems of care.</b></li> <li>• <b>Detail of any ORT focussed groups operating in the area.</b></li> <li>• <b>GP engagement – how drug and alcohol treatment is being delivered in primary care settings.</b></li> </ul> <p><i>See note 1.</i></p>	<p>ensure a person centred recovery plan was embedded in practice. Some adjustments were also made to ensure that recovery plans could be updated by every service that the service user was working with. It is our intention to review the statement aim going forward.</p> <p>Drug and alcohol treatments have been delivered in primary care settings through a mix of local enhanced service, individual prescribing and referral on to specialist treatment services.</p> <p>There were 1476 patients in receipt of ORT by NHS Addiction Services and a further 259 patients prescribed ORT by Primary Care. The average length of time on ORT for patients of NHS Addiction Services is approximately 3 years and the average dose of methadone during this period was 76mg. This information is not available for individuals prescribed through primary care at present.</p> <p>Fife ADP included the redesign of an alcohol and drug liaison service and an NHS Fife led revision of the Local Enhanced Contract for Substance Misuse in its desired outcomes in the Delivery Plan for 2015-2018. To take forward this work an options paper to explore the development of an integrated model of service delivery between primary care, hospital services and statutory and non-statutory substance misuse services was commissioned. The ADP can share this report if requested.</p> <p>During the period 1 April 2015 - 31 March 2016, there have been a number of training sessions delivered on co-dependency, assessment and theories of addiction, motivational interviewing and also inputs delivered by the Scottish Recovery Consortium. All of this work has been undertaken to support workforce development to enhance local service delivery.</p>
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## ADDITIONAL INFORMATION ON PERFORMANCE PROGRESS

Indicator	Baseline	Most recent Indicator	Local Improvement Goal/Target	RAG
General acute inpatient & day case discharges (EASR) with a diagnosis of alcohol misuse in any position.	553.4 (2011/12)	629.9 (2014/15) Was 636.2 (2013/14)	Decrease by 10%	
General acute inpatient & day case discharges (EASR) with a diagnosis of drug misuse in any position.	442 (10/11 to 12/13)	636 (2014/15) Was 558 (11/12 to 13/14)	Decrease by 10%	
Alcohol related deaths (underlying cause) (EASR) per 100,000 population. Rolling averages.	80 (2006-10)	59 (2013-2015)	Decrease by 10%	
Prevalence of Hepatitis C among people who inject drugs (PWID). Percentage of injecting drug users testing positive for HVC antibody (% is based on all injecting drug users tested).	62% (2011)	18% (analysis of 185 dry blood spot tests, 2015-16). Figure was 39% for 2014-15.	Local goal to be set by BBV MCN	
Reduction in Problem Drug Use Prevalence Rate 15-64	1.38%	0.86% (Latest data 2014)	Reduce by 0.38% to <1%	
Increase in the annual Naloxone supplies made.	229 (2012)	1831 supplied to date; 405 during 2015/16.	825 by 2015 New local plan/goal required.	
Increase new clients into treatment as a proportion of problem drug users.	32% (2009/10)	39% (2015/16)	Increase by 18-50%	
Percentage of clients receiving treatment within 3 weeks of referral to specialist drug and alcohol services.	81%	100% (Average across 2015/16)	90% +	

Increase % of services evidencing user involvement in the planning and delivery of substance misuse services	100% (2014/15)	100%	100%	
Reported reduction in problematic substance misuse	74% (2014/15 of those in or exited treatment)	83% (2015/16 of those in or exited treatment)	85% of those who exit treatment	
Decrease in the number of Drug Related Deaths	46 (2014)	44 (2015)	Decrease by 10%	
Decrease in the number of alcohol related deaths	74 (2011-13)	59 (2013-15)	Decrease by 10%	

NB: Targets for 2015-16 have been continued to 2016-17. It is our intention to benchmark against Lanarkshire ADP for appropriate indicators.

## APPENDIX 1: NOTES

1. **The Independent Expert Review of Opioid Replacement Therapies in Scotland** ‘Delivering Recovery’ can be found at <http://www.gov.scot/Publications/2013/08/9760/downloads>

**Please provide any feedback you have on this reporting template.**

Fife Health and Social Care Partnership Integrated Joint Board considered and endorsed the ADP Annual Report on the 22<sup>nd</sup> of September 2016. The IJB recognised the hard work of the ADP at this time and acknowledged future plans.