

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2019/20 (*Fife*)

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2019/20** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#). We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2019/20. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please also ensure all **sections in yellow** are fully completed.

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform the [monitoring and evaluation of rights, respect and recovery](#) (MERRR). This data is due to be published in 2021.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform the MERRR and excerpts and/or summary data from the submission will be used in published MERRR reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2020** to: alcoholanddrugdelivery@gov.scot



NAME OF ADP: Fife

Key contact:

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I. DELIVERY PROGRESS REPORT

1. Representation

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership	<input checked="" type="checkbox"/>
Children's Partnership	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>

1.2 What organisations are represented on the ADP and who was the chair during 2019/20?

Chair (*Name, Job title, Organisation*) :

Steve Hopton (until October 2019), Fife Council, Criminal Justice Manager.

Kathy Henwood (November 2019 – onwards) Fife Council, Head of Education and Children's Services

Representation

The public sector:

Police Scotland	<input checked="" type="checkbox"/>
Public Health Scotland	<input checked="" type="checkbox"/>
Alcohol and drug services	<input checked="" type="checkbox"/>
NHS Board strategic planning	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>
Scottish Prison Service (where there is a prison within the geographical area)	<input type="checkbox"/>
Children's services	<input checked="" type="checkbox"/>
Children and families social work	<input checked="" type="checkbox"/>
Housing	<input checked="" type="checkbox"/>
Employability	<input checked="" type="checkbox"/>
Community justice	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>
Elected members	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/> Please provide details.....

The third sector:

Commissioned alcohol and drug services	<input checked="" type="checkbox"/>
Third sector representative organisation	<input checked="" type="checkbox"/>
Other third sector organisations	<input type="checkbox"/> Please provide details.....

People with lived/ living experience	<input type="checkbox"/>
Other community representatives	<input type="checkbox"/> Please provide details.....
Other	<input type="checkbox"/> Please provide details.....



1.3 Are the following details about the ADP publically available (e.g. on a website) ?

- Membership
- Papers and minutes of meetings
- Annual reports/reviews
- Strategic plan <http://www.fifeadp.org.uk/>

There is a website but it is not up to date and does not reflect the current work of the ADP Committee, it does however have current information on service provision. Plans are underway to refresh this.

1.4 How many times did the ADP executive/ oversight group meet during 2019/20?

Four times

2. Education and Prevention

2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information

Posters

Website/ social media

<http://www.fifeadp.org.uk/>

Accessible formats (e.g. in different languages)

Please provide details.....

Other

The ADP has Facebook and Twitter accounts. These are monitored regularly and updated.

2.2 Please provide details of any specific communications campaigns or activities carried out during 19/20 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

Count 14 Campaign

This campaign launched by the Scottish Government aimed to help raise awareness of the new Chief Medical Officer's alcohol unit guidelines. Locally it involved joint working with NHS Health Promotion team. Materials were distributed to all hospital settings, a large number of workplaces and community centres and pharmacies. Members of the ADP Committee and services were encouraged to distribute leaflets amongst staff too.

Alcohol Awareness Week

In Fife, the Alcohol Awareness week revolved around the Count 14 campaign. The ADP Alcohol Related Harm subgroup coordinated a raising awareness campaign centred around targeting the whole population at various sites throughout Fife. An example of this involved approaching individuals entering the hospital (staff, patients, families and other professionals) to dispel myths and provide education about alcohol unit amounts. Resources were provided from Health Promotion, so individuals could pour a measure, information was provided, promotional material and crucially information on how to access the services in Fife.



2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 19/20 specifically around drugs and alcohol (max 300 words).

During 2019/20, a joint young people and employability service was established in partnership with Clued-Up and Phoenix Futures. The service has two main objectives, to increase the number of peer mentors and mentees whilst improving the outcomes for both groups and to increase the employability skills in young people as part of preventative and early intervention work.

Phoenix Futures main responsibility is to recruit and train peer mentors and mentees who have lived experience of problems with alcohol and drugs. The aim of this element of the service, is to bring individuals together from across communities to reduce loss, isolation and loneliness. Individuals will see their potential through the role of becoming peer mentees and peer mentors as well as being able to help others. The peer mentors work with individuals to help them to reintegrate into the community. They support individuals keep appointments and accompany them when required ensuring that they are not discharged early from treatment and support. There is the possibility for individuals when ready to progress from Clued-Up into Phoenix peer mentor programme if suitable. Over ten peer mentors with lived experience have now been recruited and support is being offered to adults to improve engagement with services. The service has also launched two recovery drop in cafes in Lochgelly and Cowdenbeath providing valuable social interaction and meaningful activity for those affected by alcohol and drugs in areas without recovery focused provision.

Clued-Up element works with young people (16-25 years of age) who are affected by substance use. They enable young people to find their own path into education, employment or training depending on the needs of the young person. The project aims to reduce barriers by working with other employability partners and reducing stigma. Wherever appropriate will refer individuals from their service into Phoenix Futures for community-based activities or for the role of a peer mentor.

Since the start of the funding in January 2019, Clued Up has worked with 230 young people between the ages of 16-25. The method and approach to engagement, includes assertive outreach, home visits, offering drop in provision, and not discharging after a few missed appointments as such the disengagement rate is 13%. Eight young people have found employment and two additional drop-in services have been established in Glenrothes and Dunfermline increasing our coverage from Kirkcaldy and Levenmouth. These are developing well with good attendance and have input from Fife ETC colleagues. Young People are attending without a formal referral from another service causing the self-referral rate to be 65%.

2.4 Was the ADP represented at the alcohol Licensing Forum?

Yes
No

Please provide details (max 300 words)

A member of Fife ADP sits on the Licensing Forum with Public Health. Fife ADP work alongside Public Health to object to licences that seem contrary to the licensing objectives. These are:

Preventing crime and disorder;

Securing public safety;

Preventing public nuisance;

Protecting and improving public health;

Protecting children from harm.

A member of Fife ADP support team also sits on the Licensing forum which feeds into the Licensing Board.



2.5 Do Public Health review and advise the Board on licence applications?

- All
Most
Some
None

Please provide details (max 300 words)

At present Public Health respond to the licence applications along with Fife ADP support team. Each application is sent to Public Health and Fife ADP. If it appears that there is incongruency between the application and the licensing objectives, a template is completed by Public Health and submitted to the Licensing Board to object to the licence and raise concerns.



3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication [Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland](#): priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2019/20 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes

No

In development

Please give details of developments (max 300 words)

During the course of the last financial year, the ADP support team with a third sector provider and Scottish Ambulance Service have developed a new service to respond to the longer-term needs of people who are using drugs in Fife. Evidence has proved that those who experience a non-fatal overdose are at greater risk of a Drug Related Death and that interventions such as psychosocial support, medical assisted treatment (methadone, buprenorphine) and support to address their broader needs such as housing can be a protective and preventative factor. In the year, the project had engaged with approximately 125 clients from 160 referrals, a conversion of 78% with positive outcomes experienced by clients. The success of the project rests largely with the assertive outreach element. This includes wherever possible making an in person approach rather than sending a letter and responding within a 48 hour period to the referral where the service user motivation is likely to be high and engagement will prevent a possible further overdose experience.

Below is an example of the type of support the service has offered or helped the service user access over the last 12 months:

- Harm reduction advice and safer injecting including Injecting Equipment Provision (IEP)
- Sexual health advice and referral
- Naloxone and Overdose Prevention Training
- Blood Borne Virus (BBV) referral and support to rapid anti body test and referrals
- Alcohol Brief Interventions and Drug Brief Interventions
- Specialist Midwifery services.
- Medication Assisted Treatment (MAT)
- Housing and homelessness

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk 19/20 (max 300 words).

Fife ADP services each vary in how they offer rapid re-engagement to their services. Below are some examples of the work involved in reengagement

- Assertive outreach to service users and their families to reengage to prevent early unplanned closure
- Allowing self referral back to the service at any time
- Reopening their file within a short time frame and thus avoiding the reassessment process
- Offering triages at point of first contact, thus avoiding onward referral and support directly back into treatment if required
- Highlighting those most at risk such as experience of a non-fatal overdose and employing a system of prioritisation
- The Non-fatal overdose project works out of hours in an attempt to re-engage service users back into the system of care
- The ADP harm reduction service due to the nature of the work is anonymous but will telephone service users – if appropriate - if they have not been seen recently or make enquiries within communities



- Fife ADP Psychology Service, through thorough assessment and risk management are able to tailor their response to lapses or relapses. Through risk assessment and a shared plan, the service is able to place therapy on hold or to discharge to the initial referrer for onward support with a view to re-referral in the future.

Specifically, NHS Addiction Service offers:

Individuals who have not engaged with the service, particularly those who are identified as being high risk are discussed with a member of the senior clinical team or at a multidisciplinary team meeting and plans made to recommence treatment. This can be done within 24 hours and a titration prescription issued by a non-medical prescriber. Some patients may be reviewed by the member of the medical team, this can be done virtually, via telephone or face to face.

3.3 What treatment or screening options were in place to address drug harms? (mark all that apply)

- | | |
|--|--|
| Same day prescribing of OST | <input checked="" type="checkbox"/> |
| Methadone | <input checked="" type="checkbox"/> |
| Buprenorphine and naloxone combined (Suboxone) | <input checked="" type="checkbox"/> |
| Buprenorphine sublingual | <input checked="" type="checkbox"/> |
| Buprenorphine depot | <input type="checkbox"/> |
| Diamorphine | <input type="checkbox"/> |
| Other non-opioid based treatment options | |
| Other | <input type="checkbox"/> Please provide details..... |

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 19/20 (max 300 words).

The REACH service model developed over 2019/20 provides an in-reach service for those admitted into hospital or presenting at A&E with alcohol and drug problems meeting their immediate needs whilst they are in hospital but with a larger focus on planning and supporting the individual in the community upon discharge. The emphasis is building a rapport, conducting a thorough assessment, care planning and goal setting with the individual at their pace and respectful of their preferences to improve their life experiences, reduce further harm and prevent further unplanned attendances at hospital. The service was launched in March 2019 and there have been difficulties in operation delivery as key staff returned to substantive roles as a result of the pandemic and lockdown.

3.5 What treatment or screening options were in place to address alcohol harms? (mark all that apply)

- | | |
|--|-------------------------------------|
| Fibro scanning | <input type="checkbox"/> |
| Alcohol related cognitive screening (e.g. for ARBD) | <input checked="" type="checkbox"/> |
| Community alcohol detox | <input checked="" type="checkbox"/> |
| Inpatient alcohol detox | <input checked="" type="checkbox"/> |
| Alcohol hospital liaison | <input checked="" type="checkbox"/> |
| Access to alcohol medication (Antabuse, Acamprase etc.) | <input checked="" type="checkbox"/> |
| Arrangements for the delivery of alcohol brief interventions | |



in all priority settings
 Arrangements of the delivery of ABIs in non-priority settings
 Other Please provide details.....

Alcohol hospital liaison has taken place however this has been delivered on an ad hoc basis, plans are in place to develop pathways.

People engage in effective high-quality treatment and recovery services

3.6 Were Quality Assurance arrangements in place for the following services (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles):

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Public sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3.6 Please give details on how services were Quality Assured including any external validation e.g. through care inspectorate or other organisations? (max 300 words)

All services including statutory have an SLA with the ADP and are monitored on a quarterly and annual basis. Further to this the ADP Support Team has agreed outputs, outcome and activities with each service and reports are required on a six monthly basis. Below are examples of type of external validation ongoing within services in Fife.

FIRST and Frontline Fife are both registered and inspected by the Care Inspectorate. The latter's workers are registered with SSSC and formal observations of practice are carried out in line with CI/SSSC standards

FASS and DAPL are both members of counselling governing bodies, namely COSCA (Counselling and Psychotherapy in Scotland) and BACP (British Association for Counselling and Psychotherapy) and these counselling services including those provided by ADAPT are audited/assessed annually by COSCA's Recognition Scheme for Counselling Services. The scheme addresses organisational standards and practices including recruitment and training, Continuous Professional Development and Practice/Clinical Supervision, and systems for appropriate referral, record keeping and feedback from service users.

The ADP Psychology Services' psychologists are governed by the standards and the ethical guidelines of the Health & Care Professional Council.

The harm reduction service with We Are With You, is seeking registration with Health Improvement Scotland.

3.7 Were there pathways for people to access residential rehabilitation in your area in 2019/20?

Yes
 No

Please give details below (including referral and assessment process) (max 300 words)

Fife's FIRST service has delivered a successful service since 2014 and this has been highlighted in the Dundee Drug Commission Report. This has been largely due to four features of the model (a) robust



assessment (b) extensive preparatory work (c) ongoing liaison with the client in rehab and their family for the duration of their stay and (d) immediate support from the community rehabilitation service linking the clients into recovery supports on discharge from the residential unit. The Family Support element has proved to be of huge benefit to the client and their family members as a whole. This service is not funded by Fife ADP. In more detail, FIRST's Residential Rehabilitation programme is for individuals with substance issues and is funded to provide assessment, preparatory work and ongoing support. Referrals can be made through attending the Fife-wide triage drop-in clinics or through other appropriate services. Those applying for residential rehabilitation are required to meet the referral criteria and be prepared to engage in a structured and intense programme of preparatory work. To meet the criteria for this service a client must have:

- Had a drug and/or alcohol issue for a considerable period of time (years rather than months).
- Previously tried and exhausted drug and alcohol services in the community.
- Not benefitted from previous formal community-based detoxification.
- Evidence of willingness to change and to see change as a personal responsibility.
- A commitment to engage in a structured and intense programme of preparatory work prior to detoxification followed by residential rehabilitation.
- A willingness and understanding of the need to continue to engage with services after returning to the community.
- Been assessed as capable of achieving abstinence and is prepared to do so.

There are three elements to the service:

- 1) Assessment and preparatory stage where FIRST will look at current and historic drug and alcohol use, criminal activity, housing issues, social circumstances, family networks and support, involvement with other services and assess motivation for change. Inpatient residential detoxification for six weeks followed by a twenty week residential rehabilitation programme with places purchased from one of four external providers selected on the particular needs of the individual.
- 2) Structured community-based rehabilitation with suitable housing and housing support as key components as well as a comprehensive package of aftercare services and continuing follow up for a sustained period of time will follow after this twenty-six week period.
- 3) On completion of the programme the client will receive ongoing support from one of FIRST's Rehabilitation Workers and have access to a range of aftercare.

Residential Rehabilitation is also accessed through Fife Criminal Justice Social Work service. These placements are provided by Turning Point Scotland (TPS) and based on a referral and joint assessment of the individual's suitability. Broadly the criteria is: a person on an order who is at risk of not completing this successfully due to an alcohol or drug issue and is not managing in the community. The profile is usually someone who is committing low tariff offences on a very frequent basis and is willing to attend rehab to address the main driver of the offences.

3.8 How many people started a residential rehab placement during 2019/20? (if possible, please provide a gender breakdown)

For the FIRST service 43 referrals were made (31 male and 12 female)

For CJ and TPS service 20 referrals were made with 10 people attending rehab.



People with lived and living experience will be involved in service design, development and delivery

3.9 Please indicate which of the following approaches services used to involve lived / living experience (mark all that apply).

For people with lived experience :

- | | | |
|--------------------------------------|-------------------------------------|-----------------------------|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires/ surveys | <input checked="" type="checkbox"/> | |
| Focus groups | <input checked="" type="checkbox"/> | |
| Lived/living experience group/ forum | <input checked="" type="checkbox"/> | |
| Board Representation within services | <input checked="" type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details..... |

Please provide additional information (optional)

Most services regularly consult service users about service delivery and seek their views in relation to service improvements, what has worked for them and what they would like to improve Over the course of 19/20, DAPL, one of the counselling services reviewed and developed their client assessment form with those with lived experiences at the heart of the participation and rebranded this service development, with the client group deciding the new name for the service. Frontline Fife has also consulted their clients on several issues such as SMART group provision and the use of new digital support projects.

For family members:

- | | | |
|--------------------------------------|-------------------------------------|-----------------------------|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires/ surveys | <input checked="" type="checkbox"/> | |
| Focus groups | <input checked="" type="checkbox"/> | |
| Lived/living experience group/ forum | <input type="checkbox"/> | |
| Board Representation within services | <input type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details..... |

Please provide additional information (optional)

The views of family members are sought by most services, specifically FIRST/Phoenix partnership has a Family Support Group which meets on a monthly basis. This maintains links between those in residential rehab and their families in Fife, this is part of what makes the service successful and helps to build a recovery focused circle around the individual once they leave the residential rehab placement.



3.10 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2019/20 financial year?

- Improved
Stayed the same
Scaled back
No longer in place

Please give details of any changes (max 300 words)

Plans are in place for people with lived experience to be involved in the NHS Service Improvement and Quality Principles Groups. This, along with the use of focus groups, will enable service developments to be progressed taking the views of people with lived experience into account.

3.11 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?

- Yes
No

Please give details below (max 300 words)

A number of services offered placements as part of the Scottish Drugs Forum (SDF) Addiction Worker Training Programme. This included both third sector services such as FIRST as well as NHS Fife Addiction Services. FIRST currently have four members of staff delivering frontline services who are in recovery. They also have a number of ex-service users who are either Peer Leaders or Volunteers with the service. To supplement this FIRST offer placements to students in recovery who are attending the local colleges undertaking specific courses e.g. HNC in Social Care. The DAPL Counselling service has a blend of volunteers and employees with and without lived experience. DAPL provides volunteering opportunities for individuals who have lived experience of alcohol and drugs services. A number of different opportunities are available depending on training and qualifications, including recovery work.

We Are With You has a well developed community engagement policy, detailing a process for service users to engage in volunteering opportunities and a structure to move through this process and onto employment in many instances. Locally, the service has a history of providing volunteering opportunities that have developed into sessional and then salaried positions. Currently 40% of operational staff in Fife have gone through this process.

Phoenix Futures' Recovery through Nature programme funded by the ADP offers volunteering opportunities throughout Fife to those affected by alcohol and drug use with possibility of gaining a qualification. Scottish Drugs Forum peer research project offers training to service users and acquisition of skills involved in research and analysis. This work informs local policy development at a strategic level.



People access interventions to reduce drug related harm

3.12 Which of these settings offered the following to the public during 2019/20? (mark all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A person-centred approach is developed

3.13 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred around recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

- Fully embedded
 Partially embedded
 Not embedded

Please provide details (max 300 words)

For a number of years, the ADP has used the Quality Principles Standard Expectation in Care and Support (2014) as its benchmark for assessing if services have developed and embedded the principles of a Recovery Orientated Systems of Care within and between their services. This is monitored via the Service Level Agreements in place with Fife Council's Contract Team. To supplement this, Fife ADP commissioned Scottish Drugs Forum to conduct a peer research service user questionnaire. The survey interviewed 37 people who used or using services in Fife during 2019/20. This concluded that services are of a good quality and areas of good practise were: Some key areas of good practice were:

- 3 week waiting times are mostly being met from referral time to being seen by the service
- Good worker relationship - being treated fairly, respectfully and with dignity
- Majority of workers are using a person centred approach
- Recovery goals and plans were seen as effective
- Service users being aware that a family member can be involved in their recovery plan upon the service users request.

Areas for improvement and recommendations were:



- Increase service user awareness of their right to have a copy of their recovery plans.
- Increase workers knowledge of advocacy or referrals to other services which could be of benefit to the service user as part of their recovery plan.
- Consistency of worker contact and sustained engagement with service user.
- Service user reviews being completed at mutually agreeable times.
- Increase dialogue with service user in plan for moving forward and discharge from the service being by mutual consent.
- Service users to be made aware of The Quality Principles and their importance.

The ADP has considered this feedback and this will be addressed in the new strategy and the development of new service briefs.

3.14 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?

Yes

No

Please provide details (max 300 words)

Several discussions have taken place and local processes agreed. The need for the development of pathways has been identified and these discussions are planned.

The recovery community achieves its potential

3.15 Were there active recovery communities in your area during the year 2019/20?

Yes

No

3.16 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes

No

3.17 Please provide a short description of the recovery communities in your area during the year 2019/20 and how they have been supported (max 300 words)

In 19/20, Restoration Fife received additional funding from the ADP and the National Lottery to further develop existing provision in establishing a recovery community. A recovery café was established in Leven with attendance numbers varying for five to eight people. The additional funding has allowed Restoration to employ six sessional workers with lived experience of substance use. This ensures that cafes are fully staffed with people who can offer support and make referrals to other agencies if appropriate, this acts as an additional and for some people the only route into services, provides meaningful activity and reduces loneliness.



In addition to Restoration, the ADP also supported a number of peer/peer-led initiatives across Fife. These included those run by services such as Phoenix Futures and FIRST as well as SMART Recovery and grass-roots organisations such as Oor Space in the East Neuk.

During 19/20 The ADP team attempted to unify the recovery services within Fife by co-creating a shared communications strategy and timetable of events across all recovery services and groups in preparation for the development of a Lived Experience Panel which would contribute to the strategic direction of the ADP as well as contributing to national networks such as SRC's Lived Experience Recovery Network. This piece of work will be developed in 2020/21 and reported on when appropriate.

A trauma-informed approach is developed

3.18 During 2019/20 have services adopted a [trauma-informed approach](#)?

- All services
- The majority of services
- Some services
- No services

Please provide a summary of progress (max 300 words)

FIRST staff have undertaken trauma informed training and participate in monthly coaching sessions covering a variety of different topics. This service works in partnership with Addictions Psychology Therapies Service (APTS) and jointly deliver Emotional Resources Groups (ERG). Staff are fully equipped in and have received training in Formulation, Core Skills and Motivational Interviewing. Staff in the NHS Addictions Service have been trained however a training programme including trauma-based work is planned. FASS and ADAPT have taken a trauma awareness approach to service delivery for many years. In current practice, Trauma awareness training is provided for all Support Workers, Outreach Workers and Counsellors. Trauma informed care is implemented at all levels of engagement and interventions are offered and aimed at connecting clients with support and resources that are designed to be sensitive to the presence of symptoms of trauma and available at each stage of their treatment and support. Within the organisation, therapeutic Counselling programmes are available for service users who need dedicated support. These are provided by fully qualified, accredited practitioners. Front line staff are also aware of referral pathways that enable service users to be referred to NHS Psychology and are able to assess their own abilities to meet the needs of the service user. DAPL has made it a priority to ensure that all staff have received additional CPD training with regards to being trauma informed, as well as also being ACE aware. Staff are qualified to a minimum of counselling diploma level up MSc & Doctorate. Trauma awareness is weaved into all aspects of DAPL service delivery.

During 2019, We are with You have piloted a new trauma informed approach for service delivery. This will not be implemented due to feedback from service users and a new model has been developed

One of the main roles of the ADP Psychology service is to increase psychological ways of working and help to support ADP funded services to adopt a trauma-informed approach to service delivery. To date, a trauma training package has been developed that will be rolled out to all ADP funded services. Sessions with service managers has also been delivered. Providing regular consultations, attendance at team and clinical meetings is also aimed at promoting trauma informed care amongst services. Sharing the psychological formulations with referrers is also another means of increasing understanding about the impact of complex trauma on service-users functioning/presentation/engagement with services. The service also delivers highly specialised, evidence-based trauma focused interventions on an individual basis as part of direct clinical work with service-users. In terms of engaging patients, additional efforts are



made for those who find seeking help challenging due to their trauma histories. For example, having a 'meet & greet' pre referral/first appointment session. As well as providing joint appointments prior to referral again aimed at reducing barriers to engaging with psychological therapy.

An intelligence-led approach future-proofs delivery

3.19 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (mark all that apply)

- Alcohol harms group
- Drug death review group
- Drug trend monitoring group
- Other Please provide details.....

ADP Recovery Working Group
ADP Joint Commissioning Group

3.20 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice (max 300 words)

Fife ADP in partnership with Public Health, has Caldicott approval to conduct detailed and extensive research into alcohol related deaths in 2018. Preliminary analysis commenced but has not progressed to a stage where the ADP is able to inform practice delivery. This was intended to be completed in 20/21 but has been delayed due to the impact of the pandemic.

3.21 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (max 300 words)

Fife ADP has a subgroup responsible for monitoring drug-related deaths and overdoses which occur in the region. This subgroup: The Overdose Prevention and Drug Death Monitoring Group (OPDDMG) met quarterly during the reporting period and consisted of senior representation from multiple disciplines including third sector, Public Health, NHS, Police, Criminal Justice and ADP.

The aim of the OPDDMG is to identify, support and develop initiatives that improve the quality of services and reduce the risk of drug-related death and near-fatal overdose in Fife. In order to effectively carry out this work, the group was heavily supported by the ADP Support Team which recruited a Drug-Death Database Coordinator during the reporting period. All deaths notified to the ADP Support Team by the police were reviewed by the DRD Database Coordinator and further data gathered from appropriate agencies such as health and social work. This data then informed the work of the OPDDMG.

The OPDDMG held an event in 2019 which was attended by cross-agency representation and developed the OPDDMG workplan based on the SDF Staying Alive in Scotland report and indicators. One of the identified gaps in current provision was the absence of a dedicated group to hold detailed, rapid reviews of all recent drug deaths. It was acknowledged that official reviews were currently only afforded to those who died whilst in treatment with NHS Fife Addiction Services as part of their internal processes Work to rectify this gap and develop a multidisciplinary drug death review group has been actioned and will be reported on in 20/21.



4. Getting it Right for Children, Young People and Families

4.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

Yes

No

Please give details (E.g. type of support offered and target age groups)

Fife ADP commissions a young person's outreach service provided by Clued Up. This service provides a comprehensive "youth friendly" substance use support and information service for young people under-25 in the Fife area, also targeting the wider issues of general well-being and lifestyle. The project provides education, prevention, early intervention and diversion for young people affected by their own or someone else's substance use.

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes

No

Please give details (E.g. type of support offered and target age groups)

In addition to the service provided by Clued Up see 4.1, the ADP commissions a CAPSU (Children Affected by Parental Substance Use) service provided by Barnardos. The service is a whole family support provision delivered throughout Fife to families, children and young people affected by parental substance use. The service was first commissioned in 2011 and has since evolved to respond to the needs of local families and is featured on the Fife's Children's Wellbeing Pathway at the intensive level. The CAPSU service works with parents and children 0-12 and any older siblings within the family who are affected by parental substance use. This service provides intensive support to families and focuses on reducing the impact of the parental substance use, improving parent confidence, resilience and health, improved family relationships increased resilience in the children and family has access to support services. The support offered is very practical support as well as more therapeutic 1:1 sessions with children and parents to address the various issues impacting on family life. The service focuses on individual sessions with parents which explore their adult attachment strategies around their lived experiences and how that informs their parenting styles with their children. This allows for therapeutic sessions in relation to their parenting and how this impacts on the development of their children and their emotional wellbeing. These sessions also focus on past or present substance use, triggers and associated trauma.

This then informs the family sessions and the individual work with the children. The service works in family homes and helps children create safety plans so that they have clear messages about what to do should their parents be under the influence and they require assistance. The CAPSU service also provide group work for the children being supported



4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes

No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The HSCP Partnership representative on the ADP also attends the Child Protection Committee and an update is provided from the ADP at every meeting. Third Sector services commissioned by the ADP have representatives involved in the children's services partnership structure e.g. Child Protection Committee and the Children's Services Partnership group and feedback is given by the third sector rep on the ADP Committee.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2019/20 financial year?

Improved

Stayed the same

Scaled back

No longer in place

Please provide additional information (max 300 words)

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2019/20 financial year?

Improved

Stayed the same

Scaled back

No longer in place

Please provide additional information (max 300 words)

4.6 Did the ADP have specific support services for adult family members?

Yes

No

Please provide details (max 300 words)

The DAPL counselling service commissioned by the ADP provides counselling to adult family members affected by someone else's alcohol or drug use. FIRST also provides support to adult family members please see 4.8 for more detail.



4.7 Did services for adult family members change in the 2019/20 financial year?

- Improved
 Stayed the same
 Scaled back
 No longer in place

Please provide additional information (max 300 words)

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice?
 (mark all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Please detail below)	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information (max 300 words)

The DAPL service delivers SMART family sessions which are facilities in a group setting delivered by a recovery worker who is appropriately trained to deliver this intervention via SMART UK. This intervention has proven really beneficial to family members in their support for a family member. DAPL is one of a few services that also deliver services to those affected by another's substance use; this is undertaken within a one to one counselling modality; however, family group counselling can be offered. DAPL's current deliver both adult and young person services thus have the capacity to undertake work with all family members in group or isolation. Furthermore, DAPL delivered family group work session during school term holidays to ensure support was offered at for some can be challenging times.

The FIRST service offers support to family members by way of advice and support for both groups listed above. They have a Family Support Group for those families who have a family member involved in the residential rehabilitation service. Community rehabilitation clients are given the opportunity to have a family member involved in their care if they wish and our staff will liaise with both parties.

ADAPT and FASS provide counselling in the Alcohol Support Service and ADAPT helps clients address issues around difficult relationships within the family dynamic and to build family support to aid personal recovery. These services also provide counselling support for family members who are having difficulty supporting or coping with someone who is using drugs and/or alcohol.



5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

Yes

No

No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)

5.2 Has the ADP worked with community justice partners in the following ways? *(mark all that apply)*

Information sharing

Providing advice/ guidance

Coordinating activities

Joint funding of activities

Other Please provide details

Please provide details (max 300 words)

Community Justice partners are represented on the ADP

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

Information sharing

Providing advice/ guidance

Coordinating activities

Joint funding of activities

Other Please provide details

Please provide details (max 300 words)

The ADP has a member who sits on the ROAR (Reducing Offending And Reoffending group). The ADP has contributed to the Community Justice Outcome Activity Across Scotland Local Area Annual Return 2019/20.



5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest

In 19/20 there was not a bespoke service available for people arrested in Fife who had problems with alcohol or drugs. The ADP has recognised this is a gap and analysis was conducted to understand the need for this service in partnership with Criminal Justice and third sector. During 2020/21 using Drug Death Taskforce monies, a service has been developed to navigate those who are arrested into appropriate support and treatment to prevent further rearrest and/or worsening of health and other social needs.

b) Upon release from prison

The NHS Addiction Service takes lead responsibility for maintaining treatment for those liberated from prison returning to Fife. This is a coordinated approach, planned in advance between prison and community-based health teams with the aim of preventing unplanned discharge and subsequent social and health problems. To supplement this, Fife ADP had developed a prison peer support mentoring service with Phoenix Futures. This builds a relationship with the individual prior to release and supports rehabilitation post release, helping the individual access and navigate housing, primary care and welfare support. This service is part of our drug death prevention strategy reducing the risk of lapse and relapse at a time in the person's life where tolerance is lower.



6. Equalities

Please give details of any specific services or interventions which were undertaken during 2019/20 to support the following equalities groups:

All services work closely with other professionals and will adapt to a different way of working if it is identified that it would be of benefit to the client and their needs.

6.1 Older people (*please note that C&YP is asked separately in section 4 above*)

Use of home visits. Family members / carers attending appointments.

6.2 People with physical disabilities

Home visits offered

6.3 People with sensory impairments

Home visits offered. Family members / carers attending appointments

6.4 People with learning difficulties / cognitive impairments.

Use of home visits. Family members / carers attending appointments. Specifically, Front Line Fife's staff undertook training to better support those with autism. who are at much greater risk of homelessness and the root causes of homelessness e.g. addictions, poverty.

One of the roles of the psychology service involves carrying out neuropsychological assessment to identify cognitive impairment/assist with diagnosis of ARBD to aid identification of barriers to change and/or engage with treatment. The service offers support to services regarding ways of adapting materials/communication for service users with identified cognitive impairments

6.5 LGBTQ+ communities

The DAPL service had an active presence at Fife Pride where they provided alcohol and drug advice and took referrals. Furthermore, all staff volunteers and placement undertook diversity training via the trans alliance to ensure all were up to speed with the changing terminology and best practice principles when engaging with this client group

6.6 Minority ethnic communities

The ADP has worked with the migrants forum to help minority groups into services this included refugees, as well as individuals from Russia/Poland/Lithuania mainly and doing staff awareness sessions.

A number of services do have their booklets in different languages to increase access. Every services also has access to the interpreting service via the phone. Fife centre of equalities is consulted when developing leaflets and other materials in different languages.

6.7 Religious communities

Frontline Fife has worked with local Mosques to raise awareness of support services and each year works with religious communities/local churches on campaigns to tackle food insecurity, hardship support and street pastors etc. This work and our partnership with these communities is central to our core activity/inclusive approach.

6.8 Women and girls (including pregnancy and maternity)

The ADAPT service has created professional liaison and referral pathway with midwifery and offer pregnancy testing for clients of our service.

II. FINANCIAL FRAMEWORK 2019/20

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	3,297,789
2019/20 Programme for Government Funding	1,156,983
Additional funding from Integration Authority	711,092
Funding from Local Authority	1,149,642
Funding from NHS Board	2,895,533
Total funding from other sources not detailed above	
Carry forwards	0
Other	
Total	9,211,039

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	1,155,655
Community based treatment and recovery services for adults	6,431,116
Inpatient detox services	
Residential rehabilitation services	203,315
Recovery community initiatives	149,037
Advocacy Services	65,868
Services for families affected by alcohol and drug use	255,867
Alcohol and drug services specifically for children and young people	677,693
Community treatment and support services specifically for people in the justice system	9,238
Other	
Total	9,199,083



7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29th May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2019/20 Programme for Government Funding

Yes

No

Please provide details (max 300 words)

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes

No

Please provide details (max 300 words)

Fife ADP HEAT (Health Efficiency Access Target) A11 Performance 2019/20

Drug and Alcohol Treatment Waiting Times (DATWT) are a measure of performance and response to demands for services across the different NHS Boards in Scotland.

The Scottish Government set a national HEAT Target (Health improvement, Efficiency, Access, Treatment) for Drug and Alcohol Treatment Waiting Times. This target stated that by March 2013, 90% of people who need help with their drug or alcohol problem will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

Below is the Fife performance for services required to measure their response to access over the last financial year.

October-December 2019

Service	Drugs	Number	Alcohol	Number
DAPL	100% seen < 3 weeks	148	100% seen < 3 weeks	111
FASS	Alcohol Only Service		90% seen < 3 weeks	184
Fife ARBD	Alcohol Only Service		89% seen < 3 weeks	19
Addictions Services	93% seen < 3 weeks	115	85% seen < 3 weeks	87
FIRST	100% seen < 3 weeks	15	100% seen < 3 weeks	86

Jan-March 2020

Service	Drugs	Number	Alcohol	Number
DAPL	100% seen < 3 weeks	198	98% seen < 3 weeks	91
FASS	Alcohol Only Service		78% seen < 3 weeks	196
ARBD	Alcohol Only Service		76% seen < 3 weeks	17
Addictions Services	87% seen < 3 weeks	108	73% seen < 3 weeks	88
FIRST	100% seen < 3 weeks	108	100% seen < 3 weeks	33

Fife ADP HEAT (Health Efficiency Access Target) Alcohol Brief Interventions Performance 2019/20

The ABI LDP Standard for 2019-20 states that: NHS Boards and their Alcohol and Drug Partnership (ADP) partners will sustain and embed alcohol brief interventions in the three priority settings of primary care, A&E and antenatal and broaden delivery in wider settings. Nationally, the delivery figure for ABIs under the LDP standard in 2019-20 remains 61,081 ABIs from 1 April 2019. It is expected that at least 80% of delivery (i.e. a minimum of 48,865 ABIs) will continue to be delivered in the priority settings. The remainder can be delivered in wider settings in accordance with this guidance

For 2019/20, Fife's target for ABI delivery was 4187 with 80% delivered in the three priority areas and the table below indicates that the overall target was over exceeded but only 66% were delivered in the priority areas. The ADP will commence a review in 2020/21 to improve this percentage rate and develop a plan to further embed deliver in priority area.:

Quarter	Primary Care	A&E	Antenatal	80% target met?	Wider Settings	Quarterly Total
Q1: 1 Apr 19 – 30 Jun 19	702	67	4	75%	258	1,031
Q2: 1 Jul 19 – 30 Sep 19	774	63	8	59%	587	1,432
Q3: 1 Oct 19 – 31 Dec 19	721	30	8	62%	465	1,224
Q4: 1 Jan 20 – 31 Mar 20	929	0	10	69%	422	1,361
Annual Total	3,126	160	30	66%	1,732	5,048