



# Fife Alcohol and Drug Partnership

Promoting Recovery. Reducing Harm.

**Fife ADP Strategy 2020 - 2023**

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## An introductory message from Our Chair – Kathy Henwood Head of Education and Children’s Services

It is a pleasure to present Fife’s Alcohol and Drug Partnership Strategy which represents our approach to addressing the needs of people and communities affected by alcohol and drugs. The Plan has been developed over several months with our partners, services and those who use services and takes in to account a number of local and national policies as well as our Needs Assessment (2018) and Synthesis of Policy Recommendations (2019). The strategy includes the current picture of where we are in Fife and underpins our mission to reduce harm but more importantly to promote and support recovery for all individuals, their families including children and young people and their wider communities.

Over the last year, in my position as Chair I have been impressed by the commitment and the partnership working I have seen, not only at the Committee level but within our services. Across all sectors, people genuinely want to see the citizens of Fife affected by alcohol and drug issues get well, achieve their potential and live productive and enjoyable lives.

However, this is not always easy to achieve and there are still very significant challenges which face us and the people of Fife. Firstly, the rate of drug and alcohol related deaths in Fife - which are tragically increasing year on year - represent a loss to us all. Across Scotland, long before Covid 19, ADPs have been attempting to reverse this public health crisis locally. Fife is no exception and for this reason, we have set up a new public health surveillance group to understand drug related deaths and where we can improve. We have already increased investment in to reaching people at risk and protecting them by offering immediate harm reduction advice and equipment and longer-term treatment and support. We will continue to search for innovative ways to do this over the next three years with new partners and by inviting people with lived and living experience to be at the centre of decision making and service redesign. Secondly, we need to extend our message of recovery and the recovery orientated system of care to services and partnerships across the NHS, Council, third and independent sectors. By doing this we hope to reduce barriers, promote awareness of our services, address stigma and create a much more tailored trauma informed response to those affected by alcohol and drugs wherever they seek help. Thirdly, the ADP needs to change how we work. We will be streamlining our structure and subgroups, scrutinising activity and ensuring it achieves good outcomes for the targeted client groups and improving processes and procedures so we can respond quickly to emerging risks, changing direction if required. To this end, we will track the progress of this strategy on an annual basis and we will seek feedback as to how we are doing. We will share this with all our stakeholders.

The work we have set for ourselves is ambitious but in my view, absolutely necessary, if we are to achieve our aims. I believe we have some strong assets in our capable, creative and knowledgeable ADP Committee, Support Team, Service Providers and those with lived experience and I am confident, we can deliver this strategy. I look forward to working together with you all over the next three years.

## Our Vision, Mission and Values

### Vision

To enable all the people of Fife to live healthy lives free from the harms or alcohol and drug use.

### Mission

We will deliver our vision by working with individuals with lived and living experience, communities, services and local and national partners using our collective resources effectively. We will be motivated by a desire to tackle health inequalities, poverty and service exclusion, for all affected by alcohol and drug use. We will focus on prevention and early intervention, improving our existing treatment and support system of care and protect and ensure equity of opportunity for children, young people and families. We will ensure that public health principles underpin the work with those in the criminal justice system. Furthermore, we will mitigate against health and social harms caused by high levels of alcohol consumption by continuing to employ a whole population approach.

### Values

- Person-centred
- Human Rights based approach
- Integrity
- Caring
- Respectful
- Inclusive
- Empowering
- Improvement driven

## About Us – Fife Alcohol and Drug Partnership

Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership (HSCP) with the accountability to reduce the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife for individuals, children, young people, families and communities. The partnership comprises of senior officers of statutory authorities and representatives of the third sector agencies with an interest in or a shared responsibility for meeting the various care groups' needs. The ADP Committee has a direct reporting link to the HSCP and the Scottish Government on progress and improvement achieved from all allocated investment. The ADP consists of a governing committee headed by a Chair – rotated on a three-year cycle - and five subgroups tasked to undertake specific work on behalf of the Committee. Fife ADP Committee takes a responsibility for strategic planning, setting the direction and making resource and investment decisions based on local strategic themes.

These are detailed below and are closely aligned to the National Drug and Alcohol Strategy “Rights, Respect and Recovery” 2018:

- Prevention of problematic substance use involving work with young people
- Early Intervention to prevent worsening or development of harms which will make recovery less challenging
- Recovery and treatment for those who have developed a physical and psychological dependence on substances

- Protection of children and young people affected by another's use of substances
- Whole Population Approach with an aim of achieving and maintaining health supporting levels of alcohol consumption

The ADP Committee is assisted in this work by the ADP Support Team consisting of a coordinator, two policy officers and a database support officer. Their roles are to guide the ADP Committee in interpreting and implementing national strategy and policy to meet the needs of the Fife population by making recommendations to the Committee and fully supporting the work of the subgroups.

To fulfil its responsibility and address the needs of the care groups, the ADP commissions several services to work with families, carers, young people and adults seeking recovery using effective evidence-based interventions including medication assisted treatment, counselling and psychosocial support and key-working approaches. All services are outcome based and are categorised within one of the strategic themes. The Service Level Agreements are monitored and reviewed by the Alcohol and Drug Partnership Support Team and Fife Council's Commissioning and Performance Team on a quarterly and annual basis. The ADP Committee through its Health and Social Care representative has formal strategic

alliances with the Adult and Child Protection Committees. The ADP support team attends various other strategic groups within the Health and Social Care Partnership and the Community Planning Partnership. These include but are not limited to the Fife Violence Against Women Group, Reducing Offending and Reoffending, Community Safety Partnership, Welfare Reform and Anti-Poverty Partnership improving strategic links and developing better ways of working together.

### Fife ADP Structure

The current structure of the ADP involves five subgroups, the Joint Commissioning Group, Alcohol Harm Group, Overdose Prevention and Drug Death Monitoring Group, Recovery Group and a new group just established in August this year, the Public Health Drug Death Surveillance Group. The ADP has recognised the remit and responsibilities of these subgroups need reviewed as part of its commitment to priorities featured in this strategy. The review will commence in January 2021 with the possibility of some sub-groups dissolving, some refocusing and some new subgroups forming. This process will allow the ADP Committee to have a stronger focus on the improvements required to achieve its plan over the next three years, bringing together the appropriate people with the right experience and knowledge to advise and complete the work.

Outwith the review, it is the ADP Committee's intention to establish a service user panel to improve the ADP's relationship with people who have lived or living experience. Over the last few

years engagement has been on an adhoc consultative basis and led by ADP requirements and processes. A longer term, permanent and inclusive approach is required that allows those with lived and living experience to contribute in meaningful ways including but not limited to service design, strategy development and commissioning. The preference is to develop a living and lived experience panel as a subgroup of the ADP linked to service users in the recovery community and to those currently receiving services to represent many voices. The ADP and its support team will be guided by people with lived and living experience as the most suitable methods for this work. National assistance will be sought from the Scottish Recovery Consortium to support this development using their experience of working with other ADPs across Scotland.

### Financial Resources

ADPs financial framework has become increasing complicated in recent years with additions of funding streams from different Scottish Government initiatives. Traditionally the core funding originated from two sources, the Scottish Government and the contribution made by the HSCP. In 2017/2018 ADPs were provided with new investment from Programme for Government for a period of three years and in 2020/21 the Drug Death Taskforce award, provided additional finance for two years. There is also funds available from the CORRA foundation's Challenge and Change Fund, Drug Death Task Force's subgroups and investment made available from a variety of different sources directly to the voluntary and third sector. These are provided often for specific work with identified care groups with

clear outcomes attached and the challenge for the ADP is to meet these requirements cognisant of local needs and gaps in provision.

These additional funds present great opportunities for quality improvement and allow the ADP and its services to develop innovative approaches for service redesign without decommissioning or disinvestment. As a result, the ADP has been able to support the expansion of recovery communities in new areas reducing isolation for many, invest in community pharmacies' expanding provision of injecting equipment, take

home naloxone and wound care and developing a hospital inreach service. However, the monies are short term and the ADP may need to apply for continuation or they could cease entirely. For this reason, the ADP and its partners must improve its evaluation of projects to support a reprioritisation process. A robust approach assessing all the spend in its entirety, will ensure that effective, evidence based and successful work continues when funding is reduced. Furthermore, a commitment to recommission the Needs Assessment process during the life of this strategy will assist service planning, future investment and forecasting needs into the next strategy.

## COVID 19 – Our Response

Fife ADP's response to the pandemic and subsequent lockdown was immediate and effective with operational teams leading the way in maintaining support and provision to existing service users' whilst finding suitable ways to take referrals and keep the system of care working. Almost all services remained open in some capacity and creative ways were employed to maintain recovery communities. Prescriptions and food parcels deliveries were managed within the existing workforce, IT equipment and phones were provided by services and the ADP.

In the first months, there was very little time to consult with service users, commissioners, stakeholder or referrers about service delivery adaptations or to seek approval from the ADP. Taking time to do this would have been unnecessary and caused unacceptable breaks in service delivery.

However, going forward, the ADP in cognisance of the Fife HSCP's Recovery Plan, needs to strategically plan how services are delivered whilst the lockdown, social distancing and reduced access to community buildings remain in place. As part of this, the ADP is keen to maintain the innovative service delivery models developed during lockdown and for these not to be lost as the easing of restrictions

continues. In particular, the phone and home delivery of harm minimisation equipment, the distribution of Take Home Naloxone kits to every NHS Addictions Services' patient dispensed with their medication and online recovery community cafes and support groups are examples of work to be maintained. Especially as the latter overcame geographical barriers which predated the crisis. To achieve this, the ADP has commissioned Scottish Drugs Forum's peer research project to conduct qualitative research to understand the impact of the service changes on service users, to hear the voices of the care group and to present their preferences for future delivery. A study of drug related deaths, alcohol related deaths and other quantitative data during the period of lockdown will also be useful in understanding and responding to changing needs from the pandemic. As too, will using local intelligence from our communities, partners, stakeholders and commissioned services. This will allow the ADP to plan, direct and reconfigure service delivery, aiming to offer comparable services in terms of access and quality whilst also taking in to account the current restrictions and guidelines.



## Strategic Direction – National Strategies and Policies

Over the last five years, there have been many national statements, policies and strategies, defining the current priorities for the drug and alcohol partnerships. These include but are not limited to:

- The Quality Principles: Standard Expectations in Care 2014
- Staying Alive in Scotland 2016
- Older People with Drug Problems in Scotland: Addressing the Needs of an Ageing Population 2017
- The Scottish Government. National Development Project Fund 2018
- Rights Respect and Recovery 2018
- Alcohol Framework 2018
- Lead Psychologists in Addiction Services Scotland: Substance misuse services and delivery of psychological interventions 2018
- Responding to Drug Use with Kindness, Compassion and Support: Dundee Report 2019
- Drug Death Taskforce Summary of Medication Assisted Treatment (MAT) Standards: Access, Choice, Support 2020 (Appendix 4)
- Drug Death Taskforce: Six Evidence based policies 2020

## Strategic Direction – Local Research

Over the course of 2018, the ADP's Needs Assessment was undertaken by Fife Council Research Team, Scotland Health Council and Scottish Government Information Service Division. This analysis has formed the basis of the planning for this strategy and the actions to be taken over the next three years. The Needs Assessment consisted of four components:

- **Understanding and cognisance of national and local policy drivers** including quantitative analysis of several local and national datasets providing profiles and current picture of drug and alcohol use in Fife;
- **Assessment of the current evidence base** and a quantifiable and qualitative assessment including future forecast of demand against current service capacity;
- **Consultation with ADP providers, members and the wider stakeholder group** to include current good practise and initiatives, identification and analysis of gaps and recommended areas for improvement;
- **Consultation and engagement with service users** including those in recovery and those who are categorised as hard to reach or hard to engage.

The Needs Assessment consulted with every current provider, over 20 stakeholders and referrers and 75 service users with recent experience of recovery and Fife's current service provision. The alcohol and drug profiles and the needs of the population are featured in this strategy and provide a clear picture of the challenges the ADP Committee and its partners need to address. In the main the report concluded that the range, choice and quality of services is of good enough quality to protect people and support recovery, however, despite this, high levels of harm including drug related deaths remain. These failings appear to be systematic in nature and broader than individual service provision. They are summarised below:

- **Unmet Demand** - There is significant unmet demand for services only a third of demand is addressed currently with concern around limited provision in the evening and weekends
- **Areas of deprivation** – There are issues with services being in the wrong places within areas of deprivation, with accessing their location often proving a challenge for a client group with many financial and mobility issues
- **Service Level Agreements** – SLAs - or how they are used by the ADP - are not responsive enough and provide few opportunities for services to receive feedback and redesign.

- **Integration** - There is a lack of integrated care and no case management system evident, leading to a fragmented system of care
- **Access to help** – There is a lack of awareness of services amongst other services, partnerships and the service user groups
- **Duplication** – Several services provide counselling across Fife and assessments completed by each service can be detrimental to the service user groups

Although not indicated in the Needs Assessment, stigma experienced by those with alcohol and drug problems, plays a role in creating unmet demand and limiting access to help. What we know from conversations with service users, is that stigma is present amongst the partnership and in universal services. These attitudes create unnecessary and discriminatory barriers for the care group, making it difficult to access the support needed to recover. The ADP Committee has a responsibility to challenge unhelpful policies and practices via its strategic relationships, at an operational level by offering training to its own workforce and by building alliances to educate and support other workforces.

Further statistical information from the Needs Assessment about drug and alcohol prevalence, profiles, hospital stays and deaths are contained in Appendices 1 and 2 of this strategy and are provided for background and a basis for determining priorities within this strategy.

In September 2019, Fife ADP commissioned Public Health to complete a Synthesis of Policy Recommendations to analyse and review current contractual service provision against the national and local strategies for alcohol and drugs. In the main the report indicated three broad approaches (point 1) to be adopted within all of the services and highlighted seven specific gaps (point 2) not currently provided either by individual services or by the system of care as a whole. These are listed below:

1. Principles for all- can be implemented across all commissioned services
  - Embedded approaches
  - Client involvement
  - Workforce Development
2. Service development- areas for new service provision or modifications to existing provision
  - Service access
  - Housing
  - Shared learning

- The right to health
- Whole systems approach
- Assertive outreach
- Environment

The remainder of this strategy is the ADP's response to these findings and details the plans and actions to improve how we work, what we provide to the service user and how we close gaps in our system of care. This will be done by following the national and local guidance.

## Strategic Direction - Workforce Development

The ADP recognises that its workforce is its greatest asset. The workers' abilities, knowledge and personal capabilities are key to successfully supporting those who are affected by alcohol and drug use. The workforce needs continual investment, support and focus to maintain an acceptable level of competence, to keep pace with the needs of the care group and to acquire new skills or knowledge as interventions change and develop.

All ADP national and local research, policy or strategic documents in particular the Quality Principles (2014), Medication Assisted Treatment Standards (2020) and Fife ADP Synthesis of Policy Recommendations (2019) indicate that workforce development is integral to delivering a responsive, person centred and human rights based system of care. Each individual commissioned service has a separate and individualised workforce development strategy for their workforce but there is not a shared policy across all ADP services. A partnership workforce development strategy produces several benefits. It can mitigate against a siloed approach by producing opportunities for coordination between services, ensuring there is a consensus about common aspects of service delivery in particular triage, assertive outreach, trauma informed delivery and it fosters partnership working and integration. Fife ADP, intends to develop a workforce delivery plan focused on improving our

approach to trauma and aligning our recovery orientated system of care with the MAT standards in particular "The system that provides MAT is both psychologically & trauma informed with psychosocial interventions to support engagement, change, and recovery management...". The overall aim is to have a fully trauma informed and psychologically responsive system of care that recognises the difficulties of the care group to engage and is not punitive or stigmatising in its approach. This is especially relevant for women experiencing violence and abuse and services must tailor their approach and model to ensure that women can engage and are retained in services. Furthermore, the need to improve trauma informed delivery is also frequently referenced in local research as a means of improving the experience of treatment and support for the service user and preventing early unplanned discharge.

Over the last few months, the ADP's commissioned Psychology Service, conducted a training needs assessment across the full partnership's workforce. From this a competence framework has been developed detailing interventions, training, coaching and mentoring and to increase sustainability over the longer term, group and individual supervision is included. Over the next three years, it is expected that all ADP services will be fully involved and committed to this shared workforce delivery plan.

## Strategic Direction - Locality Planning

The Public Bodies Act (2014) provides opportunity for health and social care to be fully integrated as well as requiring the Health and Social Care Partnership (HSCP) to define and work closer with the seven localities by moving away from a centrally based approach for the provision of services. Fife HSCP provides data on population size, health and social care needs including alcohol and drug related death and hospital admissions for each locality. From this information, locality plans are developed in partnership with patients, service users, carers and the third and independent sectors on community needs and specific local priorities.

The ADP Needs Assessment 2018, the drug prevalence study and drug related death annual report indicates areas of Fife – usually those with higher levels of deprivation data zones - experience more harm from alcohol and drugs than other areas. Whilst current locations of services, mainly in central Fife and areas of deprivation are broadly correct, there are still issues with services being in the wrong places within these areas, with access often proving a challenge for a client group with many financial and mobility issues. Although, most services respond to this by assisting service users either by utilising local community buildings, home visiting and the

provision of bus passes, there is a risk that access might still be too difficult for some. Fife ADP Committee and its services, plan to overcome this by working more closely with localities and their boards, recognising different communities have increased and more intensive needs and require an individualised response. This targeted and focused approach draws on the expertise of local professionals, the community and service users ensuring that service provision is embedded and more likely to successfully reach and support its care group. As a test of change, Fife ADP's Overdose Prevention and Drug Death Monitoring Group has commenced work with the Levenmouth locality. Recent data has shown a high level of drug related deaths in this area compared to the rest of Fife and a more intensive bespoke approach might be required. Whilst this work is in its infancy, the outcomes could ultimately change how our ADP services work in the area, where they are based, the referral pathways and who are their partners. This process could be repeated in other localities in Fife, however it is essential that service adaptations in one area are not automatically duplicated in another and care is taken to co-produce and redesign services individually based on the areas' needs.

## Strategic Direction - Our plan

### Theme 1 – Prevention and Early Intervention

#### Outcome: Fewer People develop problem drug and alcohol use

Fife ADP recognises the three types of prevention and early intervention, namely addressing environment and social inequalities, targeted intervention with a focus on families or communities where there are increased vulnerabilities and drug and alcohol awareness and education usually aimed at children and young people in their educational institution. This theme crosses strongly with two other themes, building a recovery orientated system of care and getting it right for children and young people. When recovery based support addresses current inequalities it can be an effective prevention for future generations by improving family life and reducing the risk of childhood adverse experiences. For this, the ADP acknowledges that an increased focus and a commitment to potentially reallocate resources to this theme is required if we are to prevent children and young people from developing problems with alcohol and drugs later in life. Of equal importance as this is early intervention work, acting quickly and effectively to work with young people who are using substances problematically or demonstrating indicators that they may do so in the future.

The table below, details the ADP’s improvement plan for this theme and represents the commitments the ADP and its partners will work towards in the next three years.

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be in 2023
<p><i>Links between ACEs and problematic alcohol and drug use.</i></p> <p>To develop a broad awareness of Trauma across the Fife workforce. Staff within</p>	<p>Practitioners in Education and Children’s Services are aware of and putting into their practice action/s which connect better with young people and families</p>	<p>Stage 1 and Stage 2 Online Trauma Informed and Skilled Training to be promoted and made available to all Education and Children’s Services staff on an</p>	<p>All staff within Education and Children’s Services have taken part in Stage 1 and Stage 2 training.</p>

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be in 2023
<p>Education and Children’s Services are supported to develop and reflect upon their trauma related skills in relation to working with young people and families.</p>	<p>who are experiencing or have experienced trauma.</p> <p>For example: working with children and young people whose parents have a mental health diagnosis or are addicted to drugs or alcohol.</p> <p>Staff are aware Additional Support Need legislation and conditions (including those that are hidden) which may require additional support</p>	<p>opt in basis. This should include partners if possible.</p> <p>Targeted roll out of Stage 1 and 2 training to those who have not yet undertaken the training.</p>	<p>Opt in training made available for those interested in going beyond Stage 2</p>
<p><i>Improving connections within communities, reducing loneliness and social isolation.</i></p> <p>To ensure young people have additional means of support in helping them to connect with other young people and sources of support to reduce social isolation.</p>	<p>Staff and partners have created an environment where children and young people feel listened to and are secure in their ability to discuss personal and sensitive aspects of their lives because they feel involved and cared about.</p>	<p>Implement the Fife School Counselling Services ‘Peer-Peer’ brief and ‘families’ service.</p> <p>Solihull Parenting Programme (online) to be promoted across Fife to all parents and people who work with children and young people.</p>	<p>Evaluation and Review of Fife School Counselling Services and to implement improvements</p>
<p><i>Promote lifelong health and wellbeing in Scotland’s most deprived communities.</i></p>	<p>All staff and partners model behaviour which promotes and supports the wellbeing of all and the whole learning community has a shared understanding of wellbeing and the importance of</p>	<p>Introduced and promoted Fife’s revised Health and Wellbeing Strategy.</p> <p>Partners (including ADP services) and services who support young people’s</p>	<p>Reviewed and advised the strategy progress and have implemented an update</p>



The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be in 2023
	lifelong learning in terms of Health and Wellbeing.	wellbeing are clear in their shared priorities when working together to promote lifelong health and wellbeing in Fife's most deprived communities.  For example through the work of the Mental Health Strategy Improvement Group and Fife's Health and Social Care Partnership.	
<p><i>Tackling needs early and joined up working within GIRFEC.</i></p> <p>To ensure that all practitioners who support young people's wellbeing are aware of GIRFEC processes and their roles within the framework.</p>	<p>Staff engaging regularly in professional learning to ensure they are up to date with local, national and where appropriate, international legislation affecting the wellbeing of all children and young people.</p> <p>Parents/carers and their children are included and feel they are being listened to by all professionals involved with their child.</p>	<p>Introduced and raised awareness of Fife's 'No Wrong Door' process for any child where there is a wellbeing concern to increase opportunities for early intervention.</p> <p>Devise and pilot 'Our Minds Matter TOGETHER at (named school)' Partnership Agreement. Tailored local response developed by each school to address the needs of pupils'.</p>	<p>Extend application of No Wrong Door process across all Fife secondary schools.</p> <p>Continue rollout of 'Our Minds Matter TOGETHER at...' across all secondary schools in Fife.</p>

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be in 2023
<p><i>Drug, alcohol and other health education for children and young people.</i></p> <p>To understand the additional value of drug and alcohol education for children and young people of primary and secondary schools age.</p>	<p>An evidence-based review of the educational input required with consideration of the universal and targeted provision undertaken with relevant partners.</p>	<p>To have concluded the review and to implement the findings.</p> <p>This could result in a revision of the current service brief with resource implications.</p>	<p>To have a tailored and targeted approach with inbuilt flexibility to respond to the drug and alcohol educational needs of schools and their children and young people including those who are of school aged but not currently in education.</p>

## Theme 2 - Developing a Recovery Orientated System of Care

### Outcome: People access and benefit from effective integrated person-centred support to achieve their recovery

The ADP's three key priorities under this theme, which are:

#### 1. Overdose Prevention and Drug Related Deaths

##### Measures

- To reduce the number on a three year rolling average of Drug Related Deaths from 2020 onwards
- To reduce hospitalisation admissions for those who use drugs.

#### 2. Alcohol Related Harm and Alcohol Related Death

##### Measures

- To reduce the number on a three year rolling average of Alcohol Related Deaths from 2020 onwards
- To reduce hospitalisation admissions for those who use alcohol

#### 3. Recovery, Recovery Communities and Lived and Living Experience

##### Measures

- To increase the number of recovery communities
- To increase the percentage of people leaving the system of care with improved outcomes

To achieve these priorities the ADP has three programmes for change. These are

- Redeveloping the Recovery Orientated System of Care briefs to reflect the current evidence base for best practice
- Improve how Fife ADP functions by developing key links to extend the recovery orientated system of care across other directorates and partnerships
- Continue improvement work funded by the Programme for Government and Drug Death Taskforce Fund

#### Redeveloping the Recovery Orientated System of Care Briefs

Fife ADP recognised the need to improve its Recovery Orientated System of Care to respond to the findings of the Needs Assessment (2018) and the Public Health Synthesis of Policy Recommendations (2019) and to align with the Rights Respect and Recovery National Strategy, in particular its eight point plan (Appendix 3). In addition, the MAT standards 2020 (Appendix 4), Quality Principles and other national and local policies have a bearing on how the ADP and its services should work together to improve access, the treatment and support experience for the service user and availability of a recovery community throughout the whole recovery journey. Some of this work is underway but the main conduit for achieving the outcomes is to refresh and adapt the current service briefs as part of a referral or recovery pathway for the care groups.

The ADP funds a number of services across statutory and third sector providing counselling, psychosocial support, medication assisted treatment, housing support, community-based rehabilitation, harm reduction, peer mentoring, recovery activities and education, drop ins and recovery community development. Some of these briefs have not been formally and strategically reviewed for several years, though operation delivery will have changed often directed by the services themselves or by the ADP on an ad hoc basis. New briefs provide an opportunity for better integration and service consolidation within the partnership and possibly with other directorates and partnerships. There is scope to develop meaningful and measurable outcomes and key performance indicators that provide a sense of the work undertaken as each key part of the Fife Alcohol and Drug Partnership Strategy 2020 - 2023

recovery journey – harm reduction, early intervention, engagement in treatment and so on – and quality improvement and quality assurance of the services. An essential part of this work is moving from a consultative approach towards one of coproduction which recognises the rights of service users, their families and their communities to be involved in the redesign of their services. Current local qualitative research being undertaken – alcohol related death research, Covid-19 and its impact on services, access to treatment and support for women with our partners in the Fife Violence Against Women Group and the stimulant study – will also inform the models of these briefs.

It is worth noting that some service provision is not funded nor governed by the ADP Committee though it forms an important part of the offer to the Fife residents seeking support for alcohol and drug problems. In particular, access to residential rehab through the FIRST service and also through Criminal Justice Social Work teams. Alcohol counselling for adults and their families provided by FASS is also not funded by the ADP.

#### Improve how Fife ADP functions by developing key links to extend the recovery orientated system of care across other directorates and partnerships

The ADP Committee needs to improve how it functions by creating processes and procedures for; thorough self-assessment of its own performance leading to action planning; strategic planning and coordinating its work and those of its subgroups towards the themes and priorities and supporting future investment accountability ensuring that spend is allocated appropriately to areas where it is most needed and most effective. This will allow the ADP to reprioritise and address gaps in provision as highlighted in its own local research and the national priorities.

Further to this, the ADP should extend its system of care to develop alliances both strategically and operationally with other partnerships and directorates throughout the HSCP, Education and Children’s Services, Housing and Safer Communities and others on shared responsibilities and improve outcomes for those affected by alcohol and drugs. All work planned over the next three years, is outlined below.

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
<p>To improve how the ADP functions in line with the findings of the Needs Assessment</p>	<p>Improved decision making, commissioning and quality assurance and improvement processes and protocols to support robust investment and commissioning decisions</p>	<p>To have reviewed the TOR</p> <p>To have reorganised, established and dissolved some subgroups. Integral to this is the establishment of a service user panel of those with lived and living experience.</p> <p>To build a robust accountability and quality assurance based performance outcome framework overseen by an ADP subgroup. This should be based on the new strategy and gather information from a variety of sources including the Contracts and Commissioning Team, Services six monthly reviews, stakeholder and service user interviews. This process should inform the annual report charting the progress of this strategy</p> <p>To have conducted a review of some ADP spend and investment and reallocate funds to priority areas.</p> <p>To have maintained the risk register.</p> <p>To have successfully implemented</p>	<p>To have developed a brief for a new Needs Assessment in partnership with mental health//housing/criminal justice to support the next strategy</p>

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
		the Scottish Government DAISy (Drug and Alcohol Information System)	
<p>To work better in partnership with Mental Health, Primary Care and in acute hospital settings</p>	<p>To contribute and support the HSCP's strategy development for adults affected by mental health.</p> <p>For the ADP, to be involved strategically and operationally with the seven identified workstream groups for improving mental health provision. One of which has a focus on Actions 27 and 28 improving access to treatment and support for those with a dual diagnosis.</p> <p>For the ADP to work closer strategically with primary care as part of the cluster approach through locality planning partnership boards.</p>	<p>A consultant led liaison and facilitation team funded by Drug Death Taskforce monies over two years, to produce closer and more effective linkages between addiction services and generic mental health. This will include clinical support and third sector input will be well established to provide an effective liaison, support and care management service for people with a drug or alcohol dependency.</p> <p>To have started an analysis and a review of ABI delivery in Fife in primary care and in A&amp;E with the aim of developing a process for a more targeted approach of ABI delivery in areas where alcohol harm is highest</p> <p>To have completed a review of the REACH team and to have implemented findings by redesigning the multidisciplinary service</p>	<p>To have evaluated the consultant led liaison and facilitation team and incorporated successful aspects of the service model into Addiction Services' and other providers' delivery model.</p> <p>Following on from a joint needs assessment, the ADP will explore joint commissioning of third sector support services for mental health and substance use where there is commonality in service user needs and synergy to be obtained.</p>

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
<p>A targeted and whole systems approach to Sexual Health (SH) and Blood Borne Virus care within ADP commissioned services.</p>	<p>To contribute to the local and national target of elimination of Hep C by 2024</p> <p>Sexual Health needs are assessed some are met by ADP services as standard</p>	<p>Fife ADP in partnership with SH BBV Lead explore establishing a BBV champion in each service</p> <p>Fife ADP explores the possibility of paying triage services per test for DBST and sets targets in service SLAs</p> <p>New rapid access clinics and all triages will involve BBV testing at the first appointment including an antibody test if appropriate.</p> <p>SH needs are screened and assessed by all services doing a triage and a fast track referral is made.</p> <p>Workforce Development will be made available from the SH &amp; BBV team for any third sector organisation.</p> <p>Promotion of postal HIV test is made available in statutory services</p>	<p>Review and evaluation of the actions in 2021 against the target of elimination of Hep C.</p> <p>Peer testing is developed and in place in all agencies.</p> <p>Analysis of pharmacy contribution to DBST and consideration of expansion of IEP programme across all pharmacies.</p> <p>Promotion of postal HIV test is made available in all services</p>



The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
<p>Recognise advocacy as an essential provision required to complement current ADP service delivery and benefit service users and services by improving engagement, prevention of unplanned discharge and service user feedback.</p>	<p>To provide access and engagement for independent advocacy for those affected by alcohol and drugs.</p>	<p>A mapping and scoping exercise is to be completed to understand the type and scale of advocacy provided by current recovery services.</p> <p>To understand the need for independent and/or group-based advocacy and assess if what is already in place in Fife is appropriate and suitable.</p> <p>To join the Scottish Recovery Consortium's National Advocacy Network and to learn from independent advocacy models and approaches commissioned in other parts of Scotland.</p>	<p>The ADP have a specific independent advocacy in place with accompanying workforce development to accommodate the specific needs of the care group for advocacy support.</p>
<p>Create opportunities for closer strategic, commissioning and operational links between Housing and Safer Communities (HSC) Team and their partners in early intervention measures to prevent homelessness where alcohol and drug use is a contributory factor</p>	<p>People affected by alcohol and drugs will be protected and prevented from becoming homeless</p> <p>People at risk of homelessness or living in temporary accommodation are prioritised for treatment, support and recovery.</p>	<p>To support wrap around tenancy support for the 18-24 age group and for older adults by exploring how ADP service provision can complement and contribute to the outcomes of preventing homelessness</p> <p>To have developed with lived and living experience peers a recovery hub in a hostel to provide harm reduction, access to support and recovery via a mentoring approach.</p>	<p>Closer integration between ADP services and HSC services including workforce development, establishment of joint pathways by coordinating assessments and interventions.</p>

## Continue improvement work funded by the Programme for Government and Drug Death Taskforce Fund

### Overdose Prevention and Drug Related Deaths

The ADP subgroup Overdose Prevention and Drug Related Death group produces an annual analysis of drug deaths in Fife highlighting emerging issues and trends. This informs an action plan and is combined with the recent six emergency response guidance issued by the Drug Death Taskforce. This work is not exhaustive and is dynamic, changing continually as more is learned about how to prevent harm and death;

#### 1) Targeted distribution of Take Home Naloxone -

- The ADP funded a recent pharmacy project to increase the number of pharmacies supplying a Take Home Naloxone (THN) kit and overdose prevention education to families and friends of those at risk at times and days when services are unavailable. An additional 11 pharmacies will commence supply in areas where needle exchange rates are highest. The overall aim is to make THN available in all 85 Fife pharmacies.
- To make use of the Lord Advocate's change in the legalities of Take Home Naloxone distribution and supply. Fife ADP has commenced work to train service users and peers and those workforces in housing, social work and criminal justice teams and women services.

#### 2) Implement Immediate Response Pathway for Non Fatal Overdose –

- Over 2018/19, Fife ADP developed a new service to respond assertively to non-fatal overdoses to reduce the risk of future deaths of this cohort. In March 2019, this service started as a pilot scheme with a simple premise of assertively outreaching to those who experience an NFO with the aim of engaging in longer term treatment and support. Over the last year the service has been extremely successful, approaching 160 individuals and engaging 125. The ADP has committed another year of funding to this and to further enhance the pathway the ADP plans to develop rapid access clinics for Medication Assisted Treatment with a longer term plan of providing same day prescribing.

#### 3) Optimise the Use of Medication Assisted Treatment and Target the People most at risk –

- Fife ADP plans to develop pharmacist and/or GP with special interest (GPSI) led rapid titration and low threshold clinics in key high risk areas (Kirkcaldy, Levenmouth) for drug related deaths and non-fatal overdoses. Some of the clinics will be outreach and be based in a mobile unit enabling the patient to access support within their own community. This is especially important in Fife where the geographical spread of the population presents barriers to accessing treatment and support and some patients with families might find it difficult to leave their home for long periods.

- The clinics will work with the most high risk including those who have recently experienced a non-fatal overdose, women, women experiencing domestic violence and women in the Criminal Justice (CJ) system, with complex comorbidity conditions, those who are care experienced, those who have struggled to stabilise and other risks identified indicating that the person is at high risk of drug related death.

#### 4) Optimise Public Health Surveillance

- Fife ADP has established a Public Health chaired sub-group of the Overdose Prevention & Drug Death Monitoring Group to review all suspected drug-related deaths which occur in Fife. This group is in the early stages and learning has been sought from the Drug Death Task Force with neighbouring health board areas such as NHS Tayside in order to learn from their current review process and potentially integrate aspects of their approach into how this works in Fife.
- The purpose of this review group is to carry out a regular, multi-systemic reviews of suspected drug-related deaths early after they occur in order to learn any lessons and implement changes in a timely manner. There is an opportunity to expand the scope of the learning to include comorbidities and experiences not previously researched. It is particularly important to understand complex child and adult trauma including needs of those who are care experienced and those who have had children removed into care. The group will have a core membership from relevant organisations with the option to co-opt additional members should the need arise. It will meet every six weeks and report to the ADP via the Overdose Prevention & Drug Death Monitoring Group.

#### 5) Ensure Equivalence of Support for People in the Criminal Justice System

- Rigorous analysis of the drug deaths in Fife during 2018, indicated eight of the 64 deaths occurred within the first six months of release from prison. In 2018, 22 people had died within 6 months of leaving police custody and a similar figure for 2019. Clearly opportunities to engage with those at risk in these settings have not been fully utilised.
- Fife ADP has responded to the former risk by providing investment for a prison inreach peer mentoring service to establish strong robust relationships with those in prison - HMP Perth, Edinburgh and Glenochil - who have alcohol and/or drug problems to provide access and support once liberated to the community. This prevents lapses or relapses at a high risk point when tolerance to opiates may be low and ensures a successful transmission back in to the community. The service provides support to access a range of services such as housing, GP, benefits and engagement with support to continue their recovery journey. Secondly the model matches a peer mentor with the individual liberated so lived experience and sharing of the difficulties overcome in the recovery journey can be inspirational to the mentee. The peers also provide advocacy support and assist with navigation through various other systems of care and support. This service supplements the lead role of the NHS Addiction Service in coordinating and maintaining treatment for those liberated from prison returning to Fife.

## Alcohol Related Deaths and Reducing Harm

Alcohol Related Deaths do not have the same level of national focus, national analysis through a dedicated database and additional investment as drug related deaths. Fife ADP have addressed this locally by planning qualitative and quantitative analysis of the alcohol related death occurring over a one-year period. This will enable the ADP to understand – with an emphasis on learning and quality improvement - in greater detail, profiles including age, gender, locality and cause of death, the physical and mental comorbidities and the social and housing situation of people who have lost their lives. The research is expected to uncover, commonalities about who is at risk of death or key “opportunities missed” to intervene earlier which could then be used to prevent potential deaths. This could lead to work in other settings – possibly hospital, primary care, homeless services for example - promoting access to the ADP system of care, or development of a bespoke service and/or a unique pathway to treatment and support for those at risk of death. Potentially as part of this work the ADP should incorporate those affected by Alcohol Related Brain Damage (ARBD) as service users affected by this condition can be further disenfranchised, caused by systems of care where the condition is frequently undiagnosed and not widely understood. Recent work undertaken to reduce alcohol related death and harm is detailed below:

- Funded from Programme for Government, the ADP has a multiple disciplinary hospital team - consisting of five partners Addiction Services, Social Work, ADAPT, We Are With You and Pharmacy services - with the responsibility to respond rapidly to A&E attenders or patients with serious physical and mental health problems as a result of substance use and are not currently engaged with the standard system of recovery and care. The service provides an inreach into the hospital with continued work post discharge in the community focussing on harm reduction advice and provision of equipment, access to treatment and support, navigation and active linkage to services that can meet holistic needs with the aim of preventing harm, reducing crisis episodes and supporting recovery. The work is building a rapport with the service user, conducting a thorough assessment, care planning and goal setting with the individual at their pace and respectful of their preferences to improve their life and personal goals with the overall aim of reducing further harm and preventing further unplanned attendances at hospital. The service commenced in February 2020 and early case studies indicate progress in reducing the number of admissions to hospital for clients with alcohol dependency.

## Recovery, Recovery Communities and Service User Involvement

Promoting recovery is part of every ADP services' remit and underpins all the work we do from needle exchange, to psychosocial support to prescribing medication. Recovery comes in all shapes and sizes and is defined very much by the individual and not by the service nor the ADP. Recovery from alcohol and drugs is more than support and treatment provision, it is a form of rehabilitation involving all aspects of a person's life. Our role is to support their recovery by sharing our knowledge and advice, providing and accessing the right interventions, navigating through other systems of care and advocating for the person's rights at this difficult and chaotic time in their life. We should do this entirely in partnership with the individual with a focus of enhancing self-efficacy and sustainable life changes. For this reason, the ADP recognises the need for Recovery Communities developed either by services or by those with lived and living experience as part not only of sustaining recovery but reducing loneliness and isolation and connecting people in recovery together. The recovery cafes in Fife also provide a starting point for recovery and provide a safe space for socialising whilst also helping people develop confidence to access activities in their local communities. They exist alongside after care and meaningful activity including SMART groups and peer support groups provided by current services. Some new key work in this area, is:

- A project was developed over 2019/20 between Clued-Up and Phoenix Futures with two main aims to increase the number of peer mentors and mentees and improve outcomes for both groups and to increase the employability skills in young people as part of preventative and early intervention work stream particularly where there are indicators that such work will prevent problematic substance use in later life.
- 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 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. 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 provision.
- Clued-Up element works with young people (16-25 years of age) who are affected by substance use either their own use or that of their families. They enable young people to find their own path into education, employment or training depending on the needs of the young person. They work to reduce barriers by working with other employability partners and reducing stigma. They also work closely with Phoenix Futures, and where appropriate will refer individuals from their service into Phoenix Futures for community-based activities or for the role of a peer mentor. Two additional drop in services have been established in

Glenrothes and Dunfermline increasing coverage from Kirkcaldy and Levenmouth.

- In 19/20, Restoration Fife received additional funding from the ADP and the National Lottery to further develop existing provision for the recovery community. A recovery café was established in Leven with lived and living experience peers who can offer support and make referrals to other agencies if appropriate. In many ways this is the only route into services, provides meaningful activity and reduces loneliness for some of the care group.

### Theme 3 – Getting it Right for Children and Young People

#### Outcome: Children and families affected by drug and alcohol use will be safe, healthy, included and supported

The Children and Young People (Scotland) Act 2014 and the policy driver Getting it Right for Every Child inform service development and delivery across the partnership in Fife to improve outcomes for children, young people and families in Fife. The Children's Service agile action plan (2020-21) re-confirms these priorities:

- **Safety** – by working together we will protect our children and young people
- **Wellbeing** – by working together we will support and promote the health and wellbeing our children and young people
- **Opportunity**-by working together we will improve the life chances of our children and young people
- **Poverty** -by working together we will mitigate the impact of poverty on Fife families

Education & Children's Services and specifically the Children & Families Social Work Service has a key responsibility for improving outcomes for Fife's most vulnerable children and families. This responsibility is closely aligned with this theme held by the ADP to improve outcomes for children, young people and their families affected by alcohol and drug use. This also includes support and access to treatment for young people using substances whose use is likely to develop into dependency with associated health, social, educational and criminality issues.

Fife ADP's Needs Assessment (2018) and the Public Health led Synthesis of Policy Recommendations (2019) indicated improvements and recommendations for the ADP and its operational teams including developing a whole system of care approach and better partnership working. This needs to be reflected within the services providing support to children, young people and families to mitigate against ineffective siloed approaches that do not support the family moving into recovery from substance use as a whole.

Fife ADP has identified three priority areas within this theme:

- Whole Family Support Service with those affected by alcohol and drugs and their children to intervene early to prevent statutory measures and to assist the family to recover together

- Support for Foetal Alcohol Syndrome and Neonatal Abstinence Syndrome
- A carers and family support service for adults connected to or caring for a person affected by alcohol or drugs

To meet the first priority, Fife ADP, intends to commission a service model in partnership with Fife Council’s Education and Children Services directorate combining current investment into one service brief and consolidates the Children Affected by Parental Substance Use (CAPSU) work across the partnerships. This and the other priorities are outlined in the improvement table below:

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
<p>To improve the support and service provision offered to children, young people and their families affected by substance use using the recent evidence base and aligned with the strategic aims of both the Children’s Services Strategy “Belonging to Fife” and that of the ADP.</p>	<p>Fewer children and young people experience adverse childhood trauma as a result of alcohol and drug use</p> <p>More families are offered and engaged in the support and interventions they need</p> <p>To explore with partners additional preventative support/service provision to be offered to women and children and their families affected by Foetal</p>	<p>A wrap around 24/7 whole family support and community-based service is commissioned to work with families using whole family and asset based approaches to prevent crisis and increase functionality of the family unit. This will reduce the need for statutory measures and keeping families together where it is safe to do so.</p> <p>This service will offer support to young people in their own right who are experiencing early onset of problems with alcohol and drugs.</p> <p>To have explored ways in which the ADP adult services can improve pathways and support for Drug Use Midwife Liaison Service and improving outcomes for patients</p>	<p>Evaluation and outcome monitoring for this service indicate successful and sustainable outcomes for families.</p> <p>Voices of families, young people and children are sought and used to improve the delivery of this service.</p> <p>To have an established pathway for women/children and families affected by FAS and NAS into support to prevent harm</p>



The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
	Alcohol Syndrome and Neonatal Abstinence Syndrome		
To better understand the needs of carers, family members and concerned others	<p>More families/carers/concerned others are supported in their roles and are able to access support for themselves.</p> <p>Family support is recognised, valued and enhanced by services offering support and treatment as evidenced in their performance reporting, in the quality principles peer research and in DAISy Outcomes</p>	<p>To have worked with Scottish Families Affected by Alcohol and Drugs to map the existing family support provision in Fife across all sectors.</p> <p>To have identified and understood the family support offered by commissioned services as part of their work.</p> <p>To have identified carer and family support provided by other partnerships in the HSCP and to have considered development of this workforce/investment to serve the population affected by another's substance use</p> <p>To have developed an addition to the workforce development plan building on current skills and knowledge for family support service delivery.</p>	To have considered commissioning a dedicated support service which exclusively offers support and advice to family members/carers affected by someone else's substance use

## Theme 4 – Public Health Approach for Criminal Justice

**Outcome: Vulnerable people are diverted from Justice System, wherever possible and those in the justice system are fully supported**

Fife ADP recognises that people with alcohol and drug problems, involved in the criminal justice system will also be experiencing poor physical and mental health, deprivation and poverty, and other disadvantages which do not offer a good basis for recovery. The means by which this is addressed is to offer services where the approach is routed in public health initiatives aimed at rebalancing inequalities. This will not only reduce reoffending rates but will improve the individual’s health and wellbeing outcomes by assisting access to universal services - housing and primary care - and specialist provision - mental health and alcohol and recovery service - and to create opportunities for social engagement and meaningful activities to reduce loneliness and isolation. Bespoke approaches are needed to reach this specific care group and ensure equity of access with service provision being on a par with service users in the community.

Fife ADP has identified two priority areas within this theme:

- Those liberated from prison either having completed a short term sentence or been on remand
- Those frequently arrested and in custody suites

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
Improve the partnership approach for those liberated and returning to Fife from a prison	<p>All those liberated to Fife have a home, a GP, a support service and network available to them.</p> <p>There is an increase in those liberated to Fife engaging with a service for their alcohol and drug issue</p> <p>There is a decrease in those liberated to Fife disengaging and losing their ORT prescription upon liberation from prison</p>	<p>The prison peer mentoring service will be fully established and be key to offering lived experience based support for those leaving prison with an alcohol and drug use history seeking support to start or continue their recovery.</p> <p>An ISP will be developed between partners and an allocation and</p>	<p>The prison peer mentoring service will be fully embedded and part of the rehabilitation and support of those returning to Fife from prison.</p>

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
	There is a decrease in those liberated to Fife experiencing a DRD in the first 6 months following release from prison	referral meeting held involving all partners who work with liberated prisoners.  The views of those who have experienced prison and a substance use issue will be sought and used to redesign the approach and services	
Improve the access and availability of services for those experiencing police custody	There is a percentage increase of those with alcohol and drug use engaging with a specialised treatment or support service for a 12 week period  There is a percentage decrease of rearrest rates of those with alcohol and drug problems	All people in custody or who are in contact with the police due to problems with alcohol and drugs will have been offered an access appointment with a navigator and have been actively supported into specialist services if appropriate	The ADP will have reviewed and evaluated this service and have implemented findings in standard provision or have developed a bespoke service provision.

## Theme 5 – Alcohol Framework 2018

### Outcome: A Scotland where less harm is caused by alcohol

The Alcohol Framework 2018 sets out key tasks for Scottish Government, Health Boards and ADPs. A number of these key tasks centre around licensing. A key task for ADPs is to work alongside Public Health and Alcohol Focus Scotland in influencing the licensing regime. Fife ADP aim to continue the partnership work with Public Health on challenging licenses where there are greater health harms. Another report will also be written to support the licensing board on implementation of an overprovision policy, which would target areas of high health harms and high alcohol deaths.

Fife ADP will also work with partners across Fife to raise awareness of campaigns set by Scottish Government for example the Chief Medical Officer's lower-risk drinking guidelines and Alcohol Awareness week. Key partners will include Public Health and Health Promotion, as well as other partners across Fife Council and Fife NHS Health Board. Fife ADP will work with Health Promotion in particular to promote the messages across workplaces within Fife and offer relevant information to these work places on health harms and how to refer into services for employees who may require support.

The changes we need to make	What will success look like?	Where we want to be in 2021	Where we want to be In 2023
<p>Support public health by providing detailed information about alcohol related harm in Fife indicating overprovision in some key areas</p> <p>Continued support to Public Health to enable Public Health to identify potential harm caused by licence application in areas of Fife with high alcohol related deaths and other health and social harms</p>	<p>An overprovision policy adopted by the Licensing Board supporting decision making on the five objectives contained within the legislation</p> <p>Licence applications will be challenged jointly by Fife ADP and Public Health</p>	<p>Licensing board taking into consideration report on statistics on overprovision of licensed premises, and harms caused by alcohol e.g. health, social harms.</p> <p>Licence applications will be appraised by both ADP and Public Health and joint objections will be submitted</p>	<p>An effective overprovision policy in place for areas with overprovision/high levels of alcohol related harms.</p> <p>Licence applications not supported in areas where overprovision exists as indicated in the Licensing Board's policy.</p>
<p>More social media/campaign presence on key days for alcohol e.g. alcohol awareness week, FASD day across partnerships.</p>	<p>Partnerships will come together to post key messages and inform staff of key messages.</p>	<p>A partnership approach to social media/campaigns on alcohol and other key days. We will work with partners to ensure that this work consults with young people on the best approaches to prevent alcohol related harm.</p>	<p>Templates created for key messages, that services have access to use when required and on key campaign days.</p>
<p>Work with Health Promotion across workplaces to raise awareness of access routes in Fife</p>	<p>A higher percentage of work places aware of referral routes into treatment supporting the employees to maintain their employment</p>	<p>Workplaces involved with Health Promotions have relevant information on referral routes.</p>	<p>Referral rates into services increases, and numbers losing employment due to alcohol and drug problems decreases.</p>

## Appendices

See separate document