

STANDARD REPORTING TEMPLATE - ABERDEEN CITY ADP ANNUAL REPORT 2015-16

Document Details:

ADP Reporting Requirements 2015-16

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

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

Alcoholanddrugdelivery@scotland.gsi.gov.uk

1. FINANCIAL FRAMEWORK - 2015-16

Your Report should identify both the earmarked alcohol and the earmarked drug funding from Scottish Government which the ADP has received (via your local NHS Board) and spent in order to deliver your local plan. It would be helpful to identify any other expenditure on drugs and/or alcohol prevention, treatment/support services or recovery which each ADP partner has contributed from their core budgets to deliver the Plan. You should also highlight any underspend and proposals on future use of any such monies.

Total Income from all sources

Income	Substance Misuse (Alcohol and Drugs)
Earmarked funding from Scottish Government	2157k
Funding from Local Authority	2292k
Funding from NHS (excluding funding earmarked from Scottish Government)	4556k
Funding from other sources	194k
Total	9,199k

Total Expenditure from sources

	Substance Misuse (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	1,337k
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	6,639k
Recovery	706k
Dealing with consequences of problem alcohol and drug use in ADP locality	The ADP is unsure what figures that the Scottish Government expect to be included in this section.
Total	8,682k

2015-16 End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
ADP	2,157,000	1,944,000	213,000

2015-16 Total Underspend from all sources

Underspend £	Proposals for future use
213k	ADP - The underspend on ADP funding from the 2015/16 financial year will be used to fund core ADP services in 2016/17, therefore protecting these services from the full impact of reductions in the level of Scottish Government funding in 2016/17.
188k	Aberdeen City Council – N/A
116k	NHS Grampian funding – N/A

Support in kind

Provider	Description
	A number of partners supply support in kind, such as: staff time (e.g. NHS G provides finance support); accommodation for meetings; training; transport; etc. Information around this has not been collated on an ongoing basis and is therefore not available for inclusion in this report.

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2015-16 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2015-16. Please outline these below.

PRIORITY	*IMPROVEMENT GOAL 2015-16	DELIVERY MEASURES	ADDITIONAL INFORMATION
<p>1. Compliance with the Drug and Alcohol Treatment Waiting Times LDP Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)</p>	<ul style="list-style-type: none"> • 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. • No one will wait longer than 6 weeks to receive appropriate treatment • 100% data compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland 	<p>We continue to sustain performance to meet waiting times local improvement target and LDP standard. - 98.1% was achieved during the year</p> <p>This will be managed through existing service redesign, service user pathway, and process for managing waiting times through routine monitoring of activity and feedback loop. – 99.8% was achieved during the year</p> <p>Anonymous records would be entered on an exceptional basis only, in accordance with the guidance provided by ISD. – 100% was achieved during the year</p>	
<p>2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)</p>	<p>The Scottish Government ABI target for NHS Grampian in 2015/16 was set at 6658. This has resulted in a target for Aberdeen City of 2889. The delivery target for ABIs in Aberdeen City had previously been exceeded in 2014/15. The ADP aimed to ensure that this positive delivery continued in 2015/16. The ADP also wanted to explore opportunities to extend ABIs into a range of other, non clinical settings.</p>	<p>Numbers of ABIs delivered over the year were:</p> <p>NHS Core settings - 2980</p> <p>Commissioned third sector alcohol service (Alcohol & Drugs Action) – 1330</p> <p>Other settings:</p> <p>NHS G Health point – 9</p> <p>NHS G Community Rehabilitation service -11</p> <p>Aberdeen Royal Infirmary in-patient / out-patient services – 85</p> <p>Keep Well – 3</p> <p><u>TOTAL - 4418</u></p>	<p>The ADP plans to increase capacity for ABI delivery in a range of settings by rolling out ABI Training for Trainers programme in 2016-17.</p>

<p>3. Increasing Data Compliance SDMD: SMR25 A and B.</p>	<p>The ADP intended to implement a Quality Assurance Framework across alcohol and drug services. The Framework being in line with the Quality Principles and would include service standards which will aim to improve compliance with SDMD. The ADP aimed to improve performance over the year from 60% to having compliance of not less than 75%.</p>	<p>75.3% compliance was achieved during the year</p>	
<p>4. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)</p>	<p>The ADP intended to ensure that partners work with ISD in its planning for the introduction of DAISy.</p>	<p>Compliance was noted each month and any remedial action undertaken.</p>	<p>ADA, the local commissioned third sector service has recently procured a new Case Management system, which has the DAISy dataset incorporated into the design brief.</p>
<p>5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison.</p>	<p>The ADP notes that the Scottish Government has added <i>'including those on release from prison'</i>. This was not shown as a 'stand alone' Ministerial Priority in last year's annual report template.</p> <p>Aberdeen City ADP does not have a prison located within its boundary. However, the ADP:</p> <ul style="list-style-type: none"> • Is an active member of the NHS 	<p>The following naloxone supplies were made in 2015/16:</p> <ul style="list-style-type: none"> • Person at risk (first supply) – 274 • Person at risk (repeat supply used) – 56 • Person at risk (repeat supply other) – 191 • Friends / Family (first supply) – 11 • Friends/Family (repeat supply used) – 1 • Friends/Family (repeat supply other) – 2 • Service workers (First supply) – 7 • Service workers (repeat supply used) – 0 	

	<p>Drug Related Death group</p> <ul style="list-style-type: none"> • Made its 'Key Aim Statement' around reducing drug related deaths • Has set a priority within its Delivery Plan to reduce alcohol and drug related morbidity and mortality. <p>Increasing provision of naloxone is seen as a key element in reducing drug related deaths and is something which the ADP actively promotes. This includes trying to ensure that prisoners from Aberdeen City, with a previous history of drug use, are given naloxone on release from custody.</p> <p>The ADP sees opportunities through changes to the legislation to be able to enhance the supply of naloxone to other stakeholders, such as family and friends of drugs users.</p>	<ul style="list-style-type: none"> • Service workers (repeat supply other) - 2 <u>Total – 544</u> <p>By the end of the year, 863 naloxone supplies had been made to 'Person at risk (first supply)' which equates to 27% of the estimated prevalence (3200) of problem drug users in Aberdeen City.</p> <p>Third sector provider ADA worked with the ADP to agree protocols to quickly improve accessibility of Naloxone kits following changes to legislation. A media campaign was launched before Christmas via STV, social media, TV, T-shirts and posters to raise awareness of Naloxone which contributed to the increase in naloxone kits distributed in the last quarter of the year. This was shared as good practice at a national SDF event in March this year. ADA is the local representation on the Older Drug Users working group, chaired by the SDF.</p> <p>Although HMP & YOI Grampian sits within Aberdeenshire, it receives the majority of its prisoners from Aberdeen City. Its operational matters however fall outwith Aberdeen City control. The ADP did endeavour to ensure that prison staff issued naloxone to relevant prisoners from Aberdeen City on their release from custody. The ADP tried to put in place systems to measure the numbers of prisoners who were released with naloxone. Data was received from HMP & YOI Grampian for the last two quarters of the year which showed</p>	
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		that 33 prisoners from Aberdeen City were given naloxone.	
6. Tackling drug related deaths (DRD)/risks in your local ADP.	The ADP notes that this was not shown as a 'stand alone' Ministerial Priority in last year's annual report template. The ADP has however made the reduction of alcohol and drug related deaths as a priority within its Delivery Plan for 2015-18.	<p>The ADP has made reducing deaths a priority within its Delivery Plan for 2015-18, and as seen in response to priority 5 above, to ensure that naloxone is widely distributed to vulnerable drug users. However, in addition to this, the ADP tackles drug related deaths through a number of methods:</p> <p>1. By commissioning Alcohol & Drugs Action (ADA) to engage with drug users, through a variety of means, including:</p> <ul style="list-style-type: none"> • A website which has information and advice, including short video clips • Addressing stigma and isolation by developing good links with the local press and having one positive media story per month over the past year to highlight recovery/support available • Early Intervention workers, who contact service users who have been referred to the IDS and help them to address any barriers to accessing and engaging • 'Recovery Taster' drop in sessions at the Timmermarket clinic providing open access and information on AA / NA / SMART / ORT & Me / Volunteering / Activity groups • The provision of a range of activity groups such as a walking group, gardening group with a focus on attracting older drug users into activities to reduce isolation and promote recovery 	

		<ul style="list-style-type: none"> • Being open, and accessible seven days a week • Providing outreach to areas of deprivation in Aberdeen city, including the three areas of priority recently identified by Community Planning Aberdeen • Providing an in-reach service at the Police custody centre in Aberdeen City • Targeting high risk users / injectors of drugs via their needle exchange • Promoting the uptake of Dried Blood Spot Testing for BBVs and engagement in immunisation and treatment programmes <p>ADA aims to encourage all service users, but in particular those at high risk of overdose and death, to enter specialist treatment services.</p> <p>2. Monitoring occasions when the Scottish Ambulance Service attend overdose incidents where they have given naloxone, and having processes in place to reach out to individuals who are not currently engaged with treatment services with a view to encourage them in.</p> <p>3. Developing links and processes with wider services (e.g. Housing/Homeless Services) in order to better identify at-risk/vulnerable individuals not in contact with services.</p>	
7. Implementing improvement methodology including implementation of the <i>Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services</i> .	A local Quality Assurance Framework had been developed which linked a range of quality indicators, including the national Quality Principles to a number of service standards. The standards	A Quality Assurance Framework (QAF) has been developed to help take forward Quality Assurance within the substance misuse service across all providers involved in service delivery. The QAF is based upon the national quality principles.	Whilst services strive to be trauma informed, there is a gap in training in this area. The new

	<p>were in turn linked to staff competencies, which could be monitored through things like the NHS 'eKSF' appraisal system and personal portfolios. The intention was for a training and development programme to be put in place in conjunction with NES to implement the Quality Assurance Framework.</p>	<p>The principles are present in recruitment, induction, supervision and appraisal processes. The QAF will help give measurable data on quality. The QAF document provides the resources essential to consider in the development of clinical standards, competences, and clinical processes. The five key essential components are:</p> <ol style="list-style-type: none"> 1. a focus on recovery-oriented systems of care 2. person-centred service delivery 3. evidence-based practice 4. involvement of service users in the design and audit of services 5. continuous monitoring of quality <p>The QAF has service standards. Specific standards include:</p> <ul style="list-style-type: none"> • Assessment • Recovery planning • Service user feedback • Record keeping / admin • Prescribing standard • Vulnerable adults / children • Supervision • Care standards: Accessible; Engagement; Stabilisation; Family planning; BBV; Naloxone • Core skills • Evidenced base practice <p>Performance against Service Standards will be measureable at individual and service</p>	<p>NHSG Substance Misuse Psychologist should hopefully assist in developing a local response.</p>
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		<p>component level. A training programme of Core Skills Training is being implemented through the QAF. Specific competencies within the training include, evidence that the staff member can:</p> <ul style="list-style-type: none"> • Assess level of emotional literacy of the client. • Demonstrate or document strategies to enhance emotional literacy. • Use strategies to help a client manage an emotional conversation, including disclosure and trauma • Help a client: <ul style="list-style-type: none"> ○ Develop plans to remove high risk triggers from the environment <p>Service user feedback on whether services are adhering to the quality standards has been sought via paper questionnaires, and via a touchscreen viewfinder which has been located at waiting rooms across services during the year. This has provided positive feedback that indicates that staff are well trained and delivering services to a high standard.</p>	
<p>8. Responding to the recommendations outlined in the independent expert group on opioid replacement therapies.</p>	<p>The ADP notes that this was not shown as a stand alone Ministerial Priority in the annual report template last year. However this is something that the ADP has continued to work on since the publication of the ORT report.</p>	<p>Examples of how the ADP helped to tackle some of the recommendation themes:</p> <p>1. Social exclusion and health inequalities</p> <ul style="list-style-type: none"> ○ 26 of 29 (90%) of GP practices provide shared care treatment for drug treatment in Aberdeen City 	

	<p>Responses given in the next column are contained under the six themes which the recommendations came within. As the Scottish Government will be aware, many of the recommendations fell outwith the direct remit of individual ADPs.</p>	<p>ensuring that there is easy access to primary health care for the majority of vulnerable and disadvantaged groups, including all the identified areas of deprivation</p> <ul style="list-style-type: none"> ○ The third sector commissioned service - Alcohol & Drugs Action (ADA) engages with drug users, though a variety of means, including: <ul style="list-style-type: none"> ○ A website which has information and advice, including short video clips ○ Early Intervention workers, who contact service users who have been referred to the IDS and help them to address any barriers to accessing and engaging ○ 'Recovery Taster' drop in sessions at the Timmermarket clinic providing open access and information on AA / NA / SMART / ORT & Me / Volunteering / Activity groups ○ The provision of a range of activity groups such as a walking group, gardening group with a focus on attracting older drug users into activities to reduce isolation and promote recovery ○ Being open, seven days a week ○ Providing outreach to areas of deprivation in Aberdeen city ○ Providing an in-reach service at the Police custody centre in Aberdeen 	
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		<p>City</p> <ul style="list-style-type: none"> ○ Having a dedicated youth worker who is able to provide support to individuals and partners ○ Targeting high risk users / injectors of drugs via their needle exchange ○ Promoting uptake of Dried Blood Spot Testing for BBVs and engagement in immunisation and treatment programmes ○ Having its ARC Service staff (Aberdeen Recovery Community) working within GP practices ○ Community Planning Aberdeen has identified three localities for targeting local work. These mirror areas where the highest health inequalities exist. These areas are where the commissioned ADA services currently target outreach work <p>2. Opioid replacement therapies in Scotland</p> <ul style="list-style-type: none"> ○ The commissioned service ADA, through their ARC service: <ul style="list-style-type: none"> ○ use a “Staged Model of Recovery” which includes Outcome Star measurements to demonstrate recovery milestones achieved ○ provide a personal development route for 	
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		<p>recovery whereby service users can gain SQA and City & Guild Credits / Awards for recovery milestones achieved</p> <ul style="list-style-type: none"> ○ provide access to volunteering opportunities and accredited learning as part of the service ○ has links in place with Job Centre+; housing; welfare advice; foodbanks; and debt management services so that service users can get appropriate support ○ We have piloted and evaluated a scheme called 'Prescribing For Recovery' which seeks to engage long term service users in opportunities to access recovery services and "de-medicalise" their treatment The pilot has proved successful and is being rolled out to the remaining practices. ○ We have services working to a Quality Assurance Framework which at its centre has a set of defined Core Skills ○ The Consultant Psychiatrist in the Substance Misuse service is the appointed ORT Officer <p>3. Progressing recovery in Scotland</p> <ul style="list-style-type: none"> ○ Aberdeen in Recovery (AiR) is a peer support group which continues 	
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		<p>to grow and develop. AiR has supported the formation of the weekly ORT & Me meetings in Aberdeen City. The AiR chair also has a seat at the ADP</p> <ul style="list-style-type: none"> ○ ADA holds an annual 'Recovery Star Awards' in order to celebrate achievements made by clients over the year ○ Evidence is collated from anonymous surveys which have been carried out with service users on their personal experiences (using the viewpoint machines). This feedback has been very positive on service provision ○ The Aberdeen City Alcohol, Drugs & BBV Forum has aimed its activity at capturing views and opinions from a variety of stakeholders, including service users, families, communities, and workers. The Chair of the Forum attends the ADP ○ Increased involvement of people with lived experience as paid support workers and as volunteers <p>4. Governance and accountability of the delivery system</p> <ul style="list-style-type: none"> ○ the ADP understands that the Scottish Government is examining this area under its ongoing review of ADPs 	
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		<p>5. Information, research and evaluation</p> <p>6. Mechanism for change</p> <ul style="list-style-type: none"> ○ the ADP understands that the Scottish Government leads on recommendations made under these two themes <p>In addition to the above, the written and verbal responses given to the Care Inspectorate in 2016 would also provide the local response to the ORT report.</p>	
9. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women	Aberdeen City ADP does not have a prison located within its boundary. However, the nearest one (HMP & YOI Grampian - based in Aberdeenshire) receives the majority of its prisoners from Aberdeen City. The Scottish Prison Service is therefore represented on the ADP membership, and the ADP includes SPS issues within its agenda. The ADP has endeavoured to obtain and monitor alcohol and drugs information, data and intelligence relating to prisoners from Aberdeen City in order to ensure that they are getting the necessary care and support in moving between prison / community alcohol / drugs services.	<p>Workforce Planning measures with the ADP and HMP & YOI Grampian have been reviewed. and developed during 2015-16.</p> <p>The ADP has good links to and has worked with the Policy Co-ordinator, Community Justice Redesign, Aberdeen City Council as she develops new local Community Justice plans which will be implemented in April 2017.</p>	There are plans to implement some workforce measures with HMP & YOI Grampian during 2016-17.
10. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).	The ADP aimed to continue work with a range of partners including: ACC (Trading standards; Education; Youth work team; Housing; Social work;	For a number of years, the ADP has operated an NPS Forum. This group continued to meet regularly over the year.	The DTMG will continue to operate on a multi-agency

	<p>Youth justice; Criminal justice); Police Scotland; NHS Grampian (Public health; Acute sector; Pharmacy; Substance misuse services; Mental health); Third sector, on tackling issues that arose from NPS use.</p> <p>As part of this, the ADP intended to regularly publish a 'RAG' analysis on the impact that NPS was having on partners. This assisted in helping to identify and shape training needs and could be used for feeding back into national monitoring processes. Head shop activity was monitored as part of this.</p> <p>Information obtained from group members could also help shape information needs, supporting local media campaigns and provide essential key messages and education across the wider partnership communities.</p>	<p>Early in 2016, in response to changing context and legislation, this group changed its name to become the 'Drug Trend Monitoring Group' (DTMG). This was also in recognition that NPS issues are now coterminous with other substances.</p> <p>The DTMG has been pivotal in informing the ongoing 'RAG' analysis of local drug trends and associated issues, including helping to inform NPS workforce development needs. It has also been instrumental in partners helping to support enforcement activity - such as Operation 'Alexander', which took place in December 2015. This successful operation resulted in NPS being recovered from 'Head' shops across Scotland. A significant quantity of NPS was recovered from premises in Aberdeen City.</p> <p>The subsequent updated local 'RAG' analysis, completed in early 2016, showed that the positive impact of enforcement activity and legislation changes appeared to have had a strong impact upon availability and prevalence on the local use of NPS.</p> <p>During the year, Police Scotland conducted a survey through the Aberdeen City Council 'City Voice' (Citizen Panel) on the perceptions and impact of NPS on local communities. The information from this re-enforced a need for appropriate control measures. It concluded that availability and proximity of sale of NPS was a significant factor in antisocial behaviour</p>	<p>partnership basis ensuring linkage with national support agencies and activity in other ADP areas. This will ensure the wider partnership is well informed and involved in developments.</p> <p>The DTMG will also help shape, workforce needs, communication (substance alerts) as well as education and media engagement and keeping the wider partnership apprised of the context of substance related issues in Aberdeen City. This includes offering multi-agency support to Education (Schools) in respect of</p>
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		<p>incidences and hence help support local use of ASBO legislation in closing a local 'head' shop in a City locality.</p> <p>The ADP also developed a multi-agency briefing paper on NPS, which was regularly updated and disseminated across the local partnership. A number of bespoke NPS training sessions, facilitated by the local commissioned service provider - Alcohol & Drugs Action were provided during 2015-16 to non-specialist agency staff groups.</p> <p>A programme of school based education activity was also undertaken during 2015-16: 'Not for Human Consumption' which consisted of multi-agency delivered road-show events which took place in 7 secondary schools, engaging 696 pupils (S3/S4). With small group-work and interactive activity delivered by various partners the evaluation conducted with the young people yielded very positive results overall in relation to knowledge, values and attitudes.</p> <p>With the legislative changes underway in 2016 the programme was subsequently adapted and piloted in a further secondary school under the title of "Know More". This development allowed for a more 'mainstream' and needs based flexible approach reflecting the substance issues and specific school/community context. The programme also included informal youth work education as well as key information for parents/guardians,</p>	<p>emerging trends and issues.</p>
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		<p>taking place over a longer time period. This helped reinforce messages and give more opportunity to engage a higher number of young people overall. After a successful evaluation, demonstrating increased engagement and effective use of existing resources, the programme will be available in 2016-17. This can be tailored to suit the needs of each school's specific population and identified needs.</p> <p>Alcohol & Drugs Action has delivered 84 training and awareness events to over 3000 people in the local area in the past year. These have mainly focussed on NPS awareness, but have included general alcohol & drug awareness also. Through these training sessions, local people (family members, young people, prison staff, NHS staff, ACC staff, and third sector staff have reported an increased confidence in their ability to respond effectively to NPS and other drug/alcohol issues.</p> <p>NPS knowledge locally has been gathered from service user experience. ADA also supported a service user to make a short educational film: '<i>Legal Highs One Woman's Journey</i>' which has been well received locally and nationally.</p>	
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<p>11. On-going Implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.</p>	<p>The ADP Delivery Plan 2015-18, set a priority of 'early intervention' which aimed to target resources to specific populations / localities most at risk and vulnerable to alcohol and drugs problems.</p>	<p>The ADP has been involved in a range of Whole Population Activity as shown by the list of activities below.</p> <ul style="list-style-type: none"> • ABI Delivery: A programme of ABI training continued over the year (89 persons attended ABI training over the year and 47 people attended the Alcohol Whole Population Approach sessions). As can be seen by the response given to Ministerial priority 2 above, ABIs were subsequently delivered in a range of settings. In particular, the commissioned third sector organisation, Alcohol & Drugs Action successfully delivered 1330 ABIs. • ABI Capacity: The local ABI training was impact evaluated during 2015 and found to be of a good quality. Subsequently, with local expertise (and on advice from Health Scotland) a Training for Trainers package has been developed on the foundations of this successful delivery model. The training plan will incorporate delivery in wider settings within Health, Local Authority, Prison and Third Sector with a key focus on at risk and vulnerable populations as well as sustaining activity within priority settings. To this end the ADP has also developed local guidance for working with 'problematic drinking' designed to augment the process of looking at the care and referral processes for high risk individuals where brief interventions may not be appropriate or 	<p>The ADP plans to increase capacity for ABI delivery in a range of settings by rolling out ABI Training for Trainers programme in 2016-17.</p> <p>An alcohol awareness E-learning package will be launched in 2016-17.</p>
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		<p>indeed not provide the sufficient level of input and support required.</p> <ul style="list-style-type: none"> • Alcohol Awareness E-Learning: Package under development (with Skills Network) in 2015 and currently under testing. The module will act as a basic introductory package aimed at wider partners and community. • Alcohol Licensing: The ADP supported the Public Health Consultant in preparing objection letters in response to licensing applications submitted to Aberdeen City Licensing Board. During the year a total of 72 licensing objections were reviewed which resulted in 19 letters of objection and 4 letters of representation being submitted. As a result one variation to an on sales license was refused, one new off-sales was refused and four premises agreed to vary their operating plans to comply with representation requests. Aberdeen City ADP collates information on decisions and key learning outcomes from all licensing applications that have been submitted. • Best Bar None: Aberdeen city is unique in Scotland in awarding a “Best Public Health Initiative” as part of the Best Bar None awards. In 2015 the national award was once again presented to a local licensed premises’ for its involvement in the DRY Aberdeen campaign. This campaign aims to promote alcohol free events. This category has been highlighted at the national BBN awards. 	
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		<p>This year, the criteria for this award has been amended to include questions around: availability of “No and Low” alcohol products; whether or not there is easy access to free water; and active promotions of any local or national low risk drinking campaigns. It will also endeavour to find out more about what local licensed premises are doing in contributing to the ‘Protecting and Improving Public Health’ Licensing Objective.</p> <ul style="list-style-type: none"> • DRY Aberdeen: The ‘Dry Aberdeen’ initiative is hosted by a local Licensed premises’. It is also a Best Bar None Gold accredited venue, and is recognised for its commitment to the promotion of responsible and safe drinking environments. The idea of ‘Dry Aberdeen’ was offered to all licensed venues in Aberdeen city centre by the ADP with this Licensed premises’ taking forward alcohol free nights within their programme. Three events were held over the year with a further one planned for October 2016. Partners involved in this initiation include Aberdeen City ADP, Aberdeen University Students Association, Robert Gordon University, North East College, Safer Aberdeen, ABSAFE , Red Frogs and Licensed premises’ who have hosted it. Since this initiative was launched in 2014 Universities have added alcohol free events to their programme of entertainment for students during “Fresher’s Week”. The Dry Aberdeen 	
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		<p>website is also being updated to include a listing of late opening coffee shops and unlicensed restaurants.</p> <ul style="list-style-type: none"> • Weekend Partnership: Aberdeen City ADP is a member of the Weekend Partnership. This group meet on a monthly basis and membership is extended to anyone involved in the “night time economy” of the city. Members represent, police, ambulance, fire, universities, Community Safety Partnership, transport providers, ADP, wardens, licensed trade, door staff, street pastors etc. The group work collectively on action plans to ‘Create a culture of responsible drinking’ and ‘Reduce violent crime’ in the city centre. An example of group work during 2015 resulted in the production of short film clips with festive safety messages that were circulated using social media channels, and the Safe Taxi Scheme which has ensured that students can be taken home safely at the end of a night out. • Purple Flag: is an accreditation process similar to the Green Flag award for parks and the Blue Flag for beaches. It leads to Purple Flag status for town & city centres that meet or surpass the standards of excellence in managing the evening and night time economy. Purple Flag is a positive initiative that indicates an entertaining, diverse, safe and enjoyable night out. Aberdeen is the only city in Scotland to be awarded Purple Flag 	
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		<p>accreditation. The City was re-accredited this status again in 2015-16. The Weekend Partnership group also support the monitoring process via an action plan that 'Strengthens and promotes Purple Flag in Aberdeen'.</p> <ul style="list-style-type: none"> • Drunk and Incapable (D&I): Processes for D&I reviewed and pilot work commenced in conjunction with the Community Safety Partnership Hub and the IAS Social Workers to look at multi-agency involvement in the identification and support of vulnerable individuals coming to the attention of support services. • Workplace: The ADP continued to support NHSG Healthy Working Lives team by skilling its health coaching staff to deliver various health promotion activities focused on alcohol and drugs within the workplace. • CMO (UK) Guidance & Consultation (2016): The ADP in conjunction with Aberdeenshire and Moray ADPs responded to the consultation on the change to UK wide low-risk drinking guidance. Further to this, once the consultation process has been concluded the ADP will endeavour to update relevant resources and work to provide an effective strategy for the ongoing communication of the Guidance to both general population as well as key target groups (e.g. older populations). • ADA Culture Changers project: The ADP supported local commissioned service 	
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		<p>provider, (Alcohol & Drugs Action) to access funding from the Robertson Trust to work at school/community level in two specific localities with young people and their families. The project is a partnership initiative that also includes Aberdeenshire ADP and is intended to look at developing learning around changing and influencing alcohol cultures from the perspectives and input of young people in their communities. The project has three year funding (from 2015) and is currently in early stages of reporting on its first year of activity.</p> <ul style="list-style-type: none"> • Public engagement: The ADP launched a social media campaign over the Festive period ('Party Animals') in conjunction with local media partners and its commissioned service ADA. Engagement with the campaign was high (109,850 reached, 68,783 views and 4,429 specific interactions) with all of the various targeted messages being well received. It has been noted that this has impacted well in terms of the subsequent review of community safety data showing downward trends in key indicators for alcohol-related violence and antisocial behaviour recorded over the 	
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festive period.

The ADP also supported successful engagement with Alcohol and Drug Action's service website which utilises a self AUDIT screening tool. Since its launch over 2,000 individuals have interacted to complete self-screening

- **City Voice Public Consultation (report 35):** The ADP submitted a number of questions to the citizen panel regarding awareness of the local Licensing Board's Statement of Licensing Policy. The survey also allowed for insight into public awareness of 'no' and 'low alcohol' products. From 629 responses it was clear (80% of respondents unaware of Policy and 70% unaware of ability to influence decisions). Knowledge of 'no' and 'low alcohol' products was low (around half of survey only) and highlighted that ability to be able to taste before purchase was important. The changes in drink-drive legislation also appear to have been key to driving awareness. The survey also

		<p>allowed for a revisit of information relating to local licensing outlet availability and proximity. The survey will help with communication strategy and reinforce the refreshment of the Statement of Licensing Policy.</p> <ul style="list-style-type: none"> • Education (CfE Schools): In 2015 the ADP supported Education colleagues with the successful implementation of their policy for the management of alcohol/drug issues and incidents in Schools (with 26 senior managers attending accompanying CPD sessions). The policy was launched alongside updated Curriculum for Excellence teaching guidance (substance misuse outcomes). Furthermore learning sessions with a range of primary and secondary classroom teachers piloted this guidance took place and looked specifically at making necessary improvements to substance misuse lesson planning. The specific learning from these events will be taken forward in 2016 and support the ongoing review process for teaching guidance. An elective audit process for future evaluation of teaching resources/methodology has been agreed with Education colleagues and further discussions to plan implementation to take place 2016-17 • Education (Further and Higher Learning): The ADP has fully established links with relevant FE and HE providers (now including their Accommodation Fora). Currently at an early stage, it is intended 	
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		<p>that this relationship will look at positively influencing the health and wellbeing of student population and in particular targeting 'Freshers' week activity as well as developing interventions and support pathways for the local student population. In 2015 the ADP has supported the updating of local alcohol & drug policies for accommodation providers and going forward will look to expand influence into procedures and practice. To this end, the ADP will also join and support the local steering group for the NUS accredited 'Alcohol Impact' scheme being undertaken by Aberdeen University in 2016-17.</p> <ul style="list-style-type: none"> • Acute Service Alcohol Liaison Nursing: review concluded in 2015. A new service model agreed and to be established in 2016 with enhanced nursing capacity and remit to support care pathways and link up with community and specialist services for the most vulnerable. 	
<p>12. ADP Engagement in improvements to reduce alcohol related deaths.</p>	<p>The ADP Delivery Plan 2015-18 has a priority of reducing alcohol and drug related morbidity and mortality. It aims to tackle this through activities, ranging from education and prevention work, through to encouraging people into treatment and recovery.</p>	<p>In addition to the information on alcohol related activity outlined in the section above, the ADP also commenced work in order to improve processes for dealing with people who were found Drunk and Incapable (D&I), particularly those people who are frequently found D&I and who vulnerable and are at greater risk.</p> <p>During the year, the ADP supported a decision taken by NHS Grampian and Police Scotland that the commissioning of a local Designated</p>	<p>The ADP intends continuing to monitor local processes for dealing with people who are found D&I. This will ensure that they develop and evolve to give the best possible early intervention</p>

		<p>Place of Safety for people found D&I could not be sustained into 2016/17. The ADP agreed that much improved and more cost effective solutions could be developed to deal with this problem. As such, work began with a range of partners, including: IAS, Police Scotland, NHS Grampian, ACC Social Work, Community Safety Partnership, and the Third Sector to develop, improve and refine operating processes for 2016/17, particularly for the most vulnerable.</p>	<p>and where necessary treatment and support.</p> <p>NHS G Public Health and the three Grampian ADPs are keen to take up the offer contained in the funding letter and getting assistance from the Scottish Government Health and Social Care Analytics Division to use patient level data to understand acute health pathways for alcohol related deaths.</p>
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* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

3. ADDITIONAL INFORMATION 1 APRIL 2015 – 31 MARCH 2016

1	<p>Please <u>bullet point</u> any local research that you have commissioned e.g. hidden populations, alcohol related deaths. <i>(the actual research is not required)</i></p>	<p>NHS Grampian ‘Current Evidence, Reference & Guidance on Addictions’ (CERGA) Group – Evidence Research Papers requested/published:</p> <ul style="list-style-type: none"> • Ageing population (hazardous/harmful) drinkers in general population and potential trajectory on the impact on health/social care (September 2015) • Alcohol displays (off-sales) in-store positioning/advertising that influences purchase and consumption behaviour (September 2015) • Influence on Alcohol Use in Adolescents and Young People (February 2016) <p>Aberdeen City Council ‘City Voice’ (Citizen Panel Survey); Report 35 (June 2015) included panels responses to questions around:</p> <ul style="list-style-type: none"> • Awareness of the Local Licensing Board Statement of Licensing Policy • Awareness of ‘No’ and ‘Low Alcohol’ products • Alcohol Outlet Availability/Proximity’ data • Perceptions of impact of NPS on local communities <p>The NHS Grampian Alcohol Licensing Act Group (GALAG):</p> <ul style="list-style-type: none"> • Alcohol licensing research in Peterhead area <p>During the year, Viewpoint Survey machines were used to collate anonymous feedback from service users. Questions in the survey were based around the Quality Principles:</p> <ul style="list-style-type: none"> • Integrated Drug Service (Timmermarket Clinic) • Integrated Alcohol Service (Macrobin Clinic) • Specialist Injecting Equipment Provider Service Provision (Alcohol and Drugs Action)
2	<p>What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route.</p>	<p>Annual reports and the Delivery Plan are tabled at ADP meetings. The ADP Delivery Plan 2015-18 was tabled at a Community Planning Aberdeen Board meeting held on 26th October 2015.</p>

3	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise if your ROSC is ‘in place’; ‘in development’ or in place and enhancing further. <i>(No additional information is required)</i></p>	<p>Since 2010 Aberdeen has had distinct service structures in place based on the needs of service users. The whole work of the Aberdeen City IAS (Integrated Alcohol Service) and the IDS (Integrated Drug Service) is based on the same philosophy as the ROSC. Specifically, we:</p> <ul style="list-style-type: none"> • Commission direct access harm reduction services including IEP from ADA • Have a central multidisciplinary assessment / stabilisation service • Operate community based multidisciplinary teams organised around GP clusters. • Have Recovery service / recovery coaches embedded within teams • Have established referral pathways for young people at risk of developing problems • Have links to the wider ROSC support which exists in Aberdeen to address connected issues, such as housing, domestic violence, family issues, criminal justice and mental health • Have piloted and evaluated a scheme called Prescribing For Recovery (PFR) which seeks to engage long term service users in opportunities to access recovery services and “de-medicalise” their treatment • Use a similar model for alcohol but without the long-term prescribing element required for drugs misuse • Operate cluster Team Leaders who have targets for the number of people supported into ARC with uptake monitored through performance management reports • Commissioned the ARC service from ADA, which is embedded within the multi-disciplinary cluster teams. The ARC Service has key performance indicators • Are aware that progress in recovery requires to be needs led rather than target led and aim to foster a culture where workers will attempt to remove barriers to people progressing • Record, report and celebrate stages of recovery achieved by service users <p> <ul style="list-style-type: none"> • In Development • <u>In Place</u> • Enhancing further </p>
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4	<p>Is there an ADP Workforce Development Strategy in Place, if <u>no</u>, are there plans to develop?</p>	<ul style="list-style-type: none"> • Workforce Strategy in place Yes/Ne <p>A Strategic review and associated action plan was put in place in February 2015 and subsequently updated in December 2015. The strategy will be refreshed as the ADP recognises that training needs analysis information needs to be periodically updated. This update will give the opportunity to incorporate and reflect the workforce considerations arising from the SDF “Staying Alive in Scotland” report as well as taking account of feedback from the 2016 ADP Care Inspectorate process.</p> <p>The ADP is planning to work with Robert Gordon University in updating relevant training needs information and planning further collaboration (the ADP have successfully developed a postgraduate module on substance misuse with Robert Gordon University which ran February - May 2016 and is scheduled to run again September – December 2016).</p> <p>The ADP draws on support from the Scottish Drugs Forum’s Workforce team and continues to plan and deliver multi-agency modular training input annually in the local area.</p> <p>The ADP reviews and responds to local needs. To this end, it has through its locally commissioned third sector provider ‘Alcohol & Drugs Action’, provided a series of additional training events to meet local needs in respect of NPS issues.</p> <p>In 2016-17 the ADP plans in conjunction with its service provider to build further capacity by opening up more in-house training opportunities for the benefit of wider service professionals. Specific content will be influenced by the results from the needs/demand review process.</p> <p>If no,</p> <ul style="list-style-type: none"> • Are there plans to develop? And will support be given by any NCOs
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5	<p>A. Please indicate if your ADP has participated in the Drug Death Prevention work of the Scottish Drugs Forum (SDF), as requested by Ministers in their letter to ADP Chairs on 6 August 2014.</p> <p>B. Please provide details of local Drug Death Prevention strategies in place or planned.</p> <p>C. Please include details of any local Drug-Related Death groups in place, in addition to the information provided within the Ministerial priorities section.</p>	<p>A. Yes. The ADP has attended all Reference Group activity hosted and facilitated by the Scottish Drugs Forum, including the specific event on death prevention (8th December 2015) and associated conference/seminar; ‘Drug Trends & Vulnerable Populations’ (30th May 2015). An SDF facilitated focus group event was held in Aberdeen prior to the publication of the ‘Staying Alive’ report in 2016 which was attended by key ADP members and support staff.</p> <p>B. Reducing alcohol and drug related morbidity and mortality is one of the four priorities within the ADP Delivery Plan 2005-18. The ADP intend responding to the recommendations contained within the ‘Staying alive in Scotland’ report. This will help to identify areas where further work will be required to be taken forward and needs to be taken forward in an action plan.</p> <p>C. NHS Grampian Drug Related Death Group; ADP Delivery Workstream Group</p>
6	<p>Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following:</p> <ul style="list-style-type: none"> • update on progress in implementing your key aim statement – have you achieved it/when do you plan to do so? • How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March 2015. 	<p>The ADP notes that this question mirrors question number 8 in the Ministerial priorities above. However, the following responses address the specific bullet points.</p> <ul style="list-style-type: none"> • Key Aim Statement The ADP had made its key aim statement as being ‘<i>To reduce the annual average number of drug related deaths in Aberdeen City (26) by 10% over the next 3 years</i>’. • Numbers on ORT 2007 • Length of time on ORT and dose This information is not routinely collected centrally. We are in discussion with colleagues to develop mechanisms to centralise this data for future reporting purposes. • ORT & ROSC Staff training As can be seen in the response to Ministerial priority 7 above, a Quality Assurance Framework (QAF) has been developed to help take forward Quality Assurance within the substance misuse service. The QAF is based upon the national quality principles.

<ul style="list-style-type: none"> • Information on length of time on ORT and dose • Information about any related staff training in ORT provision or recovery orientated systems of care. • Detail of any ORT focussed groups operating in the area. • GP engagement – how drug and alcohol treatment is being delivered in primary care settings. <p><i>See note 1.</i></p>	<ul style="list-style-type: none"> • ORT Focussed groups A meeting took place in October 2016 with the Scottish Recovery Consortium around ORT & ME. Following on from this, a member of Aberdeen in Recovery (AiR) took it upon herself to set up local meetings. Although this was a peer led initiative, a meeting room within the NHS Grampian Timmermarket clinic was made available to facilitate the group. Since January 2016, ORT & Me peer group meetings have taken place every Thursday morning. These have been successful in attracting people at various stages of their recovery journey, encouraging them to explore options on how they can move forward in a supported environment. There are currently plans to expand ORT & Me with a further weekly meeting being held in the early evening. • GP engagement 26 out of 29 (90%) GP practices in Aberdeen City provide shared care treatment for drug problems, demonstrating good engagement and easy access to primary health care for vulnerable / disadvantaged groups. <p>The multi-disciplinary IDS team members and lead GP for each practice hold annual or bi-annual recovery reviews for all patients and agree broad care objectives for the coming 6 months. This includes the third sector ADA ARC (Aberdeen Recovery Community) service which is organised around GP clusters. The ARC Recovery service / recovery coach staff are a key part of this.</p> <p>A scheme called Prescribing For Recovery (PFR) has also been piloted and evaluated. This seeks to engage long term service users in opportunities to access recovery services and “de-medicalise” their treatment.</p> <p>Training for Primary Care and Community Pharmacy has also been regularly held.</p>
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APPENDIX 1: NOTES

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

Please provide any feedback you have on this reporting template.

The ADP welcomed the shorter and more concise template. It would however be beneficial if all Scottish Government priorities for feedback in the template are clearly set out at the commencement of the year.