

STANDARD REPORTING TEMPLATE - PERTH & KINROSS 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

Total Expenditure from all sources

| | £ |
|------------------------------------|------------------|
| Scottish Government (P&K specific) | 1,154,255 |
| Scottish Government (Tayside wide) | 610,833 |
| NHS Mainstream (P&K Specific) | 666,691 |
| NHS Mainstream (Tayside wide) | 426,253 |
| Other sources | 936,730 |
| Total | 3,794,762 |

Expenditure split

Expenditure split:

| | £ |
|---------------------------|------------------|
| Intervention | 2,894,031 |
| Prevention | 28,286 |
| Intervention & Prevention | 744,950 |
| Infrastructure | 127,495 |
| Total | 3,794,762 |

2015-16 End Year Balance for Scottish Government earmarked allocations

| | Income £ | Expenditure £ | End Year Balance £ |
|------------------|------------------|----------------------|---------------------------|
| Substance Misuse | 5,363,523 | 5,290,108 | 73,415 |

2015-16 Total Underspend from all sources

| Source | Underspend | Proposal for future use |
|----------------------|-------------------|--------------------------------|
| SG Earmarked Funding | 73,415 | |
| NHS Mainstream | N/A | |
| Other Sources | N/A | |
| | | |

Support in kind

| Provider | Description |
|-----------------|--------------------|
| N/A | |
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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 |
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| <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 | <ul style="list-style-type: none"> • We continue to meet the local improvement target and LDP standard for waiting times. • This will be managed through ongoing monitoring and stakeholder feedback to ensure standards continue to be met during and after any redesign of services or service user pathways. Anonymous records will be entered on an exceptional basis only, in accordance with the guidance provided by ISD. | <p>The ADP is currently compliant with the Waiting Times framework with all the services in P&K. This has been achieved by closing working relationship between the ADP Information Analyst and leads within all the services. There has been significant work carried out to sift duplicate data within the waiting times and the SMR25 data bases. Services have been advised of the requirement to submit complete</p> |

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| | | | client returns in relation to SMR 25 returns. |
| 2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs) | <ul style="list-style-type: none"> • Ensure compliance with ABI standard for 15/16 (4,758) • Increase delivery and uptake of ABIs across services in Tayside | <ul style="list-style-type: none"> • Quarterly reports of ABI delivery in both priority and wider settings. • Bi-annual audits of ABI data from Primary Care. • Tayside surpassed the standard in 2015/16 and completed a total of 6,759 ABI's of which 6,494 were reportable against the standard. | As above. |
| 3. Increasing Data Compliance SDMD: SMR25 A and B. | <ul style="list-style-type: none"> • Ensure compliance of SMR 25A completions • Improve Compliance of SMR 25B completions | <ul style="list-style-type: none"> • Monthly SMR compliance reports. • Ongoing program of data quality improvements to remove duplicates and reduce errors in completed SMR forms in the SDMD in preparation for DAISy. | As above. |
| 4. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy) | <ul style="list-style-type: none"> • Prepare services for the implementation of DAISy and ensure systems are in place for transition. | <ul style="list-style-type: none"> • SMR data clean up underway. • DAISy data set shared with all Services in Tayside to ensure data can be captured. • Development team for new EMIS system within TSMS services using DAISy dataset to ensure data is captured and the use of file upload investigated. | As above |
| 5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison. | <ul style="list-style-type: none"> • Increase naloxone training • Increase the number of kits supplied. • Increase the number of Peer Training Sessions. • Increase the Professional | <p>There has been an increase total of naloxone kits issued in P & K this will be used as a baseline in the future.</p> <p>Tayside from April 2015 - March 2016 was</p> | The ADP is part of a Tayside wide Overdose & Naloxone Forum, the Forum is the direct conduit for |

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| | <p>Training Offered by NHS Tayside.</p> | <p>996.</p> <p>The amount of kits issued in P & K was 171</p> <p>Naloxone training (Services Trainers) numbers of people :</p> <p>HMP Perth – 324</p> <p>P & K - 51</p> <p>Naloxone training (Peer Training):</p> <p>In 2015 71 people took part in awareness sessions in relation to naloxone and of these 52 were trained in the use of naloxone. There were 3 Naloxone Training for Trainers sessions held during this period and a total of 42 people received this training across Tayside.</p> | <p>naloxone training and provision of naloxone across Tayside. The prison plays a key role in this and provides naloxone on release from the local prisons. The ADP has promoted the training of peers to provide naloxone/ overdose training; this has been done in partnership with SDF National Co-ordinator. This Forum is a sub group of the Tayside Drug Death Group which reviews drug deaths in Tayside. This group provides a report each year, with a set of recommendations. The group will launch this report on World Overdose day on</p> |
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| | | | <p>the 31/8/16 at a Tayside event to raise the profile of drug deaths in Tayside.</p> |
| <p>6. Tackling drug related deaths (DRD)/risks in your local ADP.</p> | <ul style="list-style-type: none"> Identify and reduce the risk of drug related deaths in Tayside. | <ul style="list-style-type: none"> The Drug Death Review Group meets every 6 weeks to review individual cases and circumstances, relating to an individual's death. The aim of this review process is to contribute to the identification of preventative interventions at multiple stages in the individual's life and positive interventions which may change the life course of people with substance misuse problems who are still living. An annual Drug Death Report is published with recommendations to facilitate the reduction of drug deaths, inform policy and practice at a local and national level. The report summarises the results of data collection and analysis pertaining to the demographic, social, offending, substance misuse, physical, psychiatric, psychological and service use characteristics as well as the specific circumstances of drug deaths in the Tayside area. | <p>There are opportunities for people to be supported by services locally who have been identified as at risk of overdose</p> |

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| | | <ul style="list-style-type: none"> • In 2015, the current upward trend in the number of drug deaths in Tayside has continued with 48 drug deaths (DD) in 2015. Although still lower than the number seen in 2012, it remains the case that Tayside and Dundee City in particular, continues to have a poor record in relation to substance use and drug deaths should remain a high priority for all ADP partners. Within P&K ADP area there were 8 DD, although lower than our partner areas, we treat any increase as serious and work through the DRD Group, to understand why this has unfortunately increased. • It is recognised that the Drug Death Report recommendations from the report cannot be delivered by a single service or agency but require the organised efforts of community planning and other partnership groups; in particular the ADPs. Tayside ADPs will ensure that outcomes relating to the recommendations in the report are clearly reflected and prioritised in their strategic plans and outcomes reporting. | |
| <p>7. Implementing improvement methodology including implementation of the Quality</p> | <ul style="list-style-type: none"> • Complete Quality Principle peer training. • Evaluate local Services using | <ul style="list-style-type: none"> • The ADP ran a Quality Principle pilot course in partnership with the council. This pilot was completed and four | <p>The ADP has been involved with the Care</p> |

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| <p>Principles: Standard Expectations of Care and Support in Drug and Alcohol Services.</p> | <p>Quality principles.</p> | <p>people graduated from this. These people came from the local community.</p> <ul style="list-style-type: none"> • The two statutory services were reviewed using the Quality Principles as a template. Recommendations from the group were discussed with service managers and changes were made. • This year saw the first ever ADP Validated Self Evaluation of the Quality Principles. This was carried out by the Care Inspectorate in which the full range of services within Perth & Kinross took part. • This process will help the ADP and the Services measure themselves against our own 'Score' around the Quality Principles and will help the development of services locally. | <p>Inspectorate Evaluation process and has submitted our Self-Evaluation Assessment and is awaiting a full report in December 2016. The post inspection briefing from the Care inspectorate suggested that our local self-evaluation submission was positive.</p> |
| <p>8. Responding to the recommendations outlined in the independent expert group on opioid replacement therapies.</p> | <ul style="list-style-type: none"> • To develop a local ROSC pilot with in Perth city. • Develop Health, Wellbeing & Recovery branding locally. | <ul style="list-style-type: none"> • The ADP is working with partners to establish a ROSC system. • Reviewing options of developing a physical hub with partners in Perth city. • The ADP has been working with partners in mental health services to develop a Health, Wellbeing and Recovery approach and logo locally. | <p>The change to how ADPs are funded nationally has had implications on the development of the ROSC locally. The three ADPs sought clarification of any potential shortfall from NHS Tayside. NHS Tayside has now</p> |

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| | | | <p>confirmed that it will provide the funding. However, the funding will be subject to NHS Tayside cost savings .This will require further redesign of (ROSC) substance misuse provision in Perth & Kinross.</p> |
| <p>9. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women</p> | <ul style="list-style-type: none"> • Improve through - care linkages with community services. • Improve access to mutual aid. • Increase recovery opportunities within prison settings. • Increase % of Criminal Justice Community Payback Orders with Alcohol and Drugs conditions completions. | <ul style="list-style-type: none"> • The ADP partners have worked together to ensure through care opportunities on release. • SMART Recovery training for prisoners and staff. • Prison staff have been trained in Smart Recovery and have supported the Development of Smart with the Prison Estate. • National Recovery events hosted within Perth prison by Scottish Recovery Consortium. • Supported the Scottish Recovery Consortium, holding the Recovery Walk within Perth Prison, which was an excellent success for both Prisoners, Staff as well as guests. • Community Payback Successfully Completed for Alcohol; 82.4% (28/34) • Community Payback Successfully Completed for Drugs; 60.0% (18/30) | <p>The ADP has representation from HMP Perth at the ADP meetings and at the Tayside ADP meetings. The transfer of health responsibility to NHS now means there are closer links with the broader health services in the community which provides more robust links at prisoner release for through care support. The prison has been proactive in</p> |

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| | | | <p>promoting recovery and mutual aid support within the prison setting. Locally CJS provide drug and alcohol interventions as part of the community payback orders. There is regular specialist input into the prison from a Consultant Addictions Psychiatrist, GP addictions specialist and Non-Medical Prescriber.</p> |
| <p>10. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).</p> | <ul style="list-style-type: none"> • Improve access to NPS training for ADP partners. • Work in partnership with Trading Standards to address NPS shops trading in the city. • Information about NPS to be made available across Perth & Kinross. • Develop the ‘Pop-up Advice Shop’ • Develop sessions around NPS that can be open to the Public. | <ul style="list-style-type: none"> • Delivered national training for partners. • Created information website/media platform. • Commissioned NPS training online tool. • The ‘Pop-up Advice Shop’ has been developed and can be deployed at events across Perth & Kinross. • Sessions held at the Child Exploitation Online Prevention (CEOP) Event held at the Cinema in Perth. • Training Events are open to the Public. • Harm Reduction Messages have been | <p>The ADP has supported the new NPS legislation by providing information on the ADP Refocus social media platform in relation to understanding the changes in the law. The ADP has also worked with</p> |

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| | <ul style="list-style-type: none"> • Harm Reduction Messages to be Developed • Questionnaire for Services has been developed around NPS, this will be tried out after the New Act has been in force and changes to the way these substances are purchased begin to happen. • Support for the development of a Tool to be used in Schools. | <p>displayed across the Social Media Platforms.</p> <ul style="list-style-type: none"> • The ADP has supported a bid by Tayside Council on Alcohol to develop a Toolkit to be used in Schools, which will also cover NPS. | <p>young people, Modern Apprentices and a local school to develop a “YouTube” video clip. The ADP has also commissioned an online training package for NPS locally. All of this was supported by Tayside wide needs assessment on NPS locally.</p> |
| <p>11. On-going Implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.</p> | <ul style="list-style-type: none"> • Carry out Alcohol Scoping exercise in partnership with Licensing Board. • Carry out Alcohol Attitudes Survey. | <ul style="list-style-type: none"> • Ongoing work between ADP and Licence Board regarding overprovision and social impact in communities. • A Booklet to advise Older People around various Community Safety Issues, including Alcohol was supported by the Focus on Alcohol Group. • Discussion with Public Health around increasing awareness sessions and training regarding Alcohol Brief interventions. | <p>The ADP has carried out two needs assessments in relation to alcohol one of these was an Alcohol Scoping Exercise to establish the level of alcohol related harm with P&K. The ADP has also carried out Alcohol Attitudes survey to establish people’s views in relation to</p> |

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| | | | <p>alcohol. This was carried out by Tayside ADPs the ADP will further develop this by conducting mini surveys (using parts of the Alcohol Attitudes Survey) locally to develop ADP evidence base. The Focus on Alcohol (FoA) as part of its communication plan will look to develop ABI awareness and interventions in localities.</p> |
| <p>12. ADP Engagement in improvements to reduce alcohol related deaths.</p> | <ul style="list-style-type: none"> • Focus on Alcohol Project to work with Community Safety Partnership regarding proving alcohol information booklet to older people at risk. • Work with Community Safety Partnership and Child Protection Committee to carry out Safer Community surveys. • Website which focuses on the key issues around alcohol which can link local people to local services. • Providing Community Safety | <ul style="list-style-type: none"> • ADP commissioned Alcohol Attitudes Survey with other Tayside ADPs. • Development of online alcohol information via ADP “Refocus” website/social media platform. • Information campaigns, held in local media, ‘football booklet’ as well as targeted information through the website too: • a) Drink Driving New Laws, b) Women and Alcohol, calories and issues around FASD, c) Young People attending festivals in the local area. d) Dry January information and e) | <p>The ADP has reviewed local data in relation to this as part of the Alcohol Scoping Exercise. The ADP has supported services development of the NICE compliant Alcohol Care Pathway. The whole</p> |

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| | <p>with the New Toolkit around Licencing which was distributed to the local community groups.</p> | <p>Changes in the Alcohol Units.</p> <ul style="list-style-type: none"> • Targeted ABI's completed by the various partners throughout Perth & Kinross. • Information at various schools through our partners. | <p>population approach will also support interventions in relation to this area. The ADP has supported the development of alcohol screening with HMP Perth through dedicated funding and collaborative working with NHS substance misuse service. The ADP Information Analyst is reviewing information currently available in this area to look at outcomes related to ABIs.</p> |
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* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

3. ADDITIONAL INFORMATION 1 APRIL 2015 – 31 MARCH 2016

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| 1 | <p>Please bullet point any local research that you</p> | <p>The ADP has initiated three pieces of research during this period. These are:</p> |
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| | <p>have commissioned e.g. hidden populations, alcohol related deaths. <i>(the actual research is not required)</i></p> | <ul style="list-style-type: none"> • <i>Alcohol Scoping Exercise (in partnership with local Licensing Board);</i> • <i>Alcohol Attitudes Survey (in partnership with other Tayside ADPs).</i> • Chemsex Survey which included alcohol, which proved to be the drug most mixed with illicit drugs and the drug most used around sexual practices. |
| 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>The ADP has links to Integrated Joint Board (IJB) via the ADP chair who is a member of the IJB. The ADP also reports through Housing & Community Care committee into the community planning structure.</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>The ADP is currently going through a redesign process. Developing a ROSC is part of this process. All stakeholders have been consulted and this information will be used when commissioning services for the ROSC. This will be a person centred approach as per ADP and Health & Social Care vision. The commissioning framework will include service level agreements with all partners to ensure consistent and co-ordinated approach in delivering the ROSC.</p> |
| 4 | <p>Is there an ADP Workforce Development Strategy in Place, if <u>no</u>, are there plans to develop?</p> | <p>The Workforce Strategy is in place this will be supported by Scottish Drugs Forum and National Support (Scottish Government). The ROSC workforce plan will be flexible enough to develop ROSC within the localities.</p> |
| 5 | <p>A. Please indicate if your ADP has participated in the Drug Death Prevention work of the</p> | <p>A - The ADP Lead Officer attended this national launch of the work at Stirling University and was also involved with national consultation work.</p> <p>B – The national “Staying Alive” Report is in the planning stages and will be taken forward when ADP Annual</p> |

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| <p>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>Reporting cycle is completed.</p> <p>C – The ADP works in partnership with the other two ADPs in Tayside and has Drug Death Working Group and Drug Death Review Group. These groups have representation from Tayside ADPs and other stakeholders. The Drug Death Review Group produces an annual report each year based on analysis of drug deaths locally with a set of recommendations for Tayside ADPs. The Drug Death Working Group reviews all the drug deaths in the area to establish if the case meets the local drug death criteria. This group also highlights any areas where interventions could take place to prevent drug deaths.</p> |
| <p>6 Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland.</p> <p>Please include any information around the following:</p> <ul style="list-style-type: none"> • Update on progress in | <p>The ADP is currently going through a system redesign process. Developing and implementing the ROSC is part of this process.</p> <p>The ADP key aim statement was to develop a ROSC Model – This has been inhibited by factors out with the ADP’s control, such as recent changes to ADP funding. This change in funding has had implications on the further development of the ROSC in Perth & Kinross.</p> <p>The ADP has set up a Redesign Group to take this work forward. This group is currently working with Perth & Kinross Council Business Support Unit to develop this work.</p> |

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| | <p>implementing your key aim statement – have you achieved it/when do you plan to do so?</p> <ul style="list-style-type: none"> • How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March 2015. • Information on length of time on ORT and dose • Information about any related staff training in ORT provision or recovery orientated systems of care. | <p>Methadone – 446 Buprenorphine - 11</p> <p>The Methadone dosage rates range from 1ml-130mls. The amount of time people are on a programme is not available.</p> <p>HMP Perth provided 'ORT Recovery & Me'. A support group that facilitates those offenders looking to reduce methadone and suboxone use. The group meets on a fortnightly basis and has 12 members. This has proved extremely successful with the Scottish Recovery Consortium hosting various events in Perth Prison.</p> <p>TSMS Staff have attended the following training:</p> <ul style="list-style-type: none"> a) Psychology of co-occurring substance misuse and mental health. |
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| | | <p>month of October 2015, with 50 agencies being involved;</p> <ul style="list-style-type: none">• Development of Social Prescribing;• ROSC Awareness sessions for partners and stakeholders;• Two GP practices within Perth prescribe methadone to stable patients as part of a Service Level Agreement;• The Consultant Addictions Psychiatrist will be attending a planned Primary Care Learning Event for GPs in February 2017 to deliver teaching on management of alcohol problems within primary and secondary care, and to give an overview of current service provision. |
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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 found the national financial table’s format unsuitable due to local differences in methods of collecting and reporting. This table was adjusted to provide the information required to complete the financial statement.