Alcohol and Drugs Partnership (ADP) Strategy & Delivery Plan

2015-2020

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Version – 3

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Perth and Kinross
Alcohol and Drugs Partnership (ADP) Strategy 2015-2020

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1. Introduction

Perth & Kinross ADP is a strategic partnership made up of senior representatives from a wide range of partners across the area. This includes input from Health, Social Work, Housing, Police, Scottish Prison Service and the Voluntary sector. The ADP is responsible for planning and joining up the various initiatives across the area strategically to address adverse impact of alcohol and drugs use.

The Perth & Kinross Alcohol & Drug Partnership (ADP) does this by:

- By setting direction to strategically tackle adverse impact of drug and alcohol use in line with national and local priorities delivered by a local strategic plan;

- By influencing public policy and national strategy;

- By leading and coordinating joint planning and development of recovery and substance misuse services;

- By commissioning needs assessments and reviewing local and national drug and alcohol profile information;

- By overseeing the delivery of the strategic objectives through the annual action plans in regards to prioritising funding through commissioning services.

The purpose of this strategy is to outline the priorities and actions needed to address the current and anticipated challenges caused by the adverse impact of both alcohol and drug use in Perth and Kinross.

Our Vision

"Our preventative approaches reduce the adverse impact of alcohol and drug use. Our communities actively promote health, well-being and encourage recovery".

We will do this by supporting and promoting prevention approaches to substance misuse and a healthy and responsible attitude to alcohol consumption. This will be done by promoting health and well-being to address the impact of drugs and alcohol on the individual, family and communities by supporting and creating opportunities for recovery.

The core theme of the strategy is **Recovery** putting the individual at the centre of care and treatment and developing routes to recovery for them and their carers.

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Recovery Statement
Everyone individual is capable of recovery

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Recovery is about individuals improving their personal strengths and abilities to help them "live well" through both the good and hard times.

Within the alcohol and drug field, Recovery is about an individual's journey beyond a life that is defined by substance use.

Recovery is driven by the individual but firmly based within their family and community. Recovery is most effective when families and communities help support this process.

2. Place and Recovery

The Christie Commission[1] on public sector reform says that radical change is needed to tackle deep rooted social problems that exist in communities. The only way to resolve this is working differently, in partnership and by focusing on prevention and being more responsive to the needs of individuals and communities. The key findings include:

- Public services in need of urgent and sustained reform to meet unprecedented challenges;
- Pressures on budgets intense, economic downturn set to continue, social pressures, demographic challenges;
- Inequalities account for a significant element of increasing demands on public services;
- Need to tackle deep-rooted social problems that persist in communities;
- Need to do this from bottom-up. Top-down can be unresponsive to needs of individuals and communities; and
- Effective services must be designed with and for people and communities; and
- Working closely with communities to understand their needs, maximise talent, and support self reliance & resilience.

The Government, in response to the Christie Commission's recommendations, set out the reform of public services around four pillars: prevention, people, performance, and place.

Prevention - "*[By ensuring both voluntary and] public services organisations prioritise prevention, reduce inequalities and promote equality;*"

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[1] http://www.scottishthroughcare.org.uk/docs/research/Commission_on_Future_Delivery_of_Public_Services_-_Summary_Document.pdf

People - *"[By ensuring both voluntary and] public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience;"*

Performance - *"[By ensuring both voluntary and] public service organisations work together effectively to achieve outcomes – specifically, by delivering integrated services which help to secure improvements in the quality of life, and the social and economic wellbeing, of the people and communities of [Perth & Kinross] Scotland;"*

Place - refers to a greater focus on 'place' to drive better partnership, collaboration and local delivery need to be person-centred where things are done for and with people, encouraging ownership and empowerment, driving better partnership, collaboration and local services.

According to a recent study by the Scottish Government's Improvement Service [2] a substantial amount of Scottish public spending (perhaps 40%) is spent on preventable negative outcomes in individual and community lives. **The solution is prevention or early intervention that stops these negative outcomes occurring or reduces their impact on people's lives, as well as local, integrated public services.** The factors that lead to negative outcomes are complex so cannot be addressed by any public agency on its own. If we are concerned with 'outcomes' then we are concerned with people's lives, their living contexts and their opportunities and aspirations in life. Public services cannot 'do' positive outcomes to people or communities. At best, they can support them to pursue and achieve positive outcomes in their own lives. **The focus of the "Place" agenda will be on areas with concentrations of need and upon adults and families with complex needs.**

2.1 Integration of Health & Social Care Partnerships

The integration of Health & Social Care Partnerships (H & SCP) and the development of the Joint Strategic Plan will compliment the objectives and outcomes the ADP strategy aims to achieve. This has already apparent with the funding of two recovery projects from Integrated Care Fund one aimed mental health recovery and the other substance use recovery.

2.2 Recovery

Recovery is a national priority, the Scottish Government is committed to recovery as its long term strategy to tackle Scotland's legacy of **drugs misuse**. Recovery from serious drug dependence is possible. The Road to Recovery – *A New Approach to*

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[2] Making Better Places: Making Places Better – The Distribution of Positive and Negative Outcomes in Scotland, (2011) Colin Mair, Konrad Zdeb & Kirsty Markie

Tackling Scotland's Drug Problem (Scottish Government, 2008) [3] the Scottish Government's national drugs strategy – aims to address the distressing legacy of decades of drugs misuse.

This means moving from a model based mostly on treatment, to individuals taking responsibility for their lives. Recovery promotes improving the quality of life for an individual through recovery-supportive communities and services (see the proposed model in Appendix 1). The recovery approach supports the Christie Commission 'place' agenda which recognises the need for communities to support themselves. Where a robust recovery culture exists, this can have a positive impact on the quality of life of the people in that community; by effecting levels of drug and alcohol misuse, child protection, mental health issues, offending and anti-social behaviour. It also strengthens the other Christie Commission themes of prevention, people and performance essential in delivering a recovery focused society.

Recovery offers hope, choice, empowerment and life options. It's based on acquiring core skills, natural and formal recovery support systems and developing personal and family resources. For professional staff, recovery offers a new role, that of supporting/ facilitating people through their recovery journey, while working collaboratively with, and motivating, others who may provide longer term support and reassurance.

Significantly fewer young people are using illegal drugs and placing their health and lives at risk. However, we are seeing a cohort of hard-to-reach individuals who have been using drugs for more than a decade. They are getting older and their risk of drug-related death is greater. The most at-risk group are older men, from backgrounds of deprivation and with a history of drug misuse that may have weakened their health. We know that alcohol is also been a common factor in a number of these deaths. [4] More recently we have started to see links with more prescribed medication in relation to deaths; a key factor in these deaths is multiply drug use at the time of death.

Hidden harm of alcohol misuse - Changing Scotland's Relationship with Alcohol: A Framework for Action (Scottish Government 2009)[5] Tackling Scotland's unhealthy relationship with alcohol is also a national priority. This affects those who drink to excess, but also affects many young people who suffer and see their life opportunities limited because of their parents' excessive drinking. Children affected by parental substance misuse; parental misuse of drugs and alcohol has come to be recognised as a major challenge not just for child and family services but also adult services. It is no

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[3] Road to Recovery - *A New Approach to Tackling Scotland's Drug Problem (Scottish Government, 2008)* http://www.gov.scot/Publications/2008/05/22161610/0

[4] http://spoxy5.insipio.com/generator/sc/www.scotland.gov.uk/News/Releases/2012/02/drugs28022012

[5] Changing Scotland's Relationship with Alcohol: A Framework for Action (Scottish Government 2009) http://www.gov.scot/Resource/Doc/262905/0078610.pdf

longer a small–scale problem that can be left to specialists but rather one that every professional working with children encounters on a regular basis.

A study by Dr Sarah Galvani and Professor Donald Forrester[6] highlights higher rates of alcohol and/or other drug problems in Scotland than other parts of the UK and many other countries in Europe. The implications of this are felt throughout health and social care services and support. The recognition of the risks to children and the importance of a timely response have long been on the agenda in Scotland, receiving added focus since the publication of *Getting Our Priorities Right in* 2003 & 2013 (Scottish Executive 2003[7], Scottish Government 2013[8]). Similarly, the drugs strategy, *The Road to Recovery* (2008) also identified families and communities as a priority. This commitment continues with the Scottish Government current alcohol strategy (2009), identifying families and communities among its four key areas of focus. However, the social harms go beyond child welfare, affecting many other groups, including older people, people experiencing mental distress (health and well being), people with disabilities and people experiencing domestic abuse.

Researchers from York Health Economics Consortium at the University of York carried out research on the estimated costs of alcohol misuse in 2007 (the most recent year for available data)[9]. It estimated the direct costs of alcohol misuse for services such as health care, social care and the Criminal Justice system; the indirect costs to the productive capacity of the Scottish economy due to aspects such as alcohol-related absenteeism, unemployment and premature mortality; and the wider, intangible human costs (including pain, grief and suffering) associated with premature mortality caused by alcohol misuse. The study's main findings were:

- Health care costs, which include primary care, community-based care and hospital-based care, estimated at £268.8m (mid point) were mainly costs resulting from alcohol-related psychiatric and non-psychiatric hospital admissions.

- Estimated social care costs of £230.5m (mid point), the majority of which were generated by social care relating to children and families.

- The costs of crime (midpoint £727.1m) were primarily stemming from costs as a consequence of crime.

- The cost of alcohol misuse to the productive capacity of the Scottish economy is affected through:

  o premature mortality

  o presenteeism

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[6] 'Social Work Services and Recovery from Substance Misuse: A Review of the Evidence' (2011) Scottish Govt Social Research

[7] GOPR 1 - *Getting our Priorities Right: Good Practice Guidance for working with children and Families affected by Substance Misuse*" (Scottish Executive, 2003) http://www.gov.scot/resource/doc/47032/0023960.pdf

[8] GOPR 2 - *Getting our Priorities Right:* Updated good practice guidance for all agencies and practitioners working with children, young people and families affected by problematic alcohol and/or drug use http://www.gov.scot/Resource/0042/00420685.pdf gopr 2

[9] The Societal Cost of Alcohol Misuse in Scotland for 2007, Sophie Beale, Diana Sanderson, Jen Kruger, Julie Glanville and Steven Duffy (Jan 2010)

- o absenteeism
- o unemployment

These costs were estimated to be £865.7m (mid point) with lost potential productivity due to premature mortality accounting for a significant proportion of these indirect costs.

- The majority of the wider costs related to human costs (e.g. pain, grief and suffering) resulting from the lost years of life due to premature mortality.

Addressing these challenges requires imagination and commitment to working across services, as well as flexibility. The ethos of recovery and person-centred care and support will enable this shift to early intervention and prevention. The themes of prevention and early intervention and targeted intervention are explicit in Community Plan/Single Outcome Agreement 2013- 2023[10] and are implicit in the policies and plans across service areas. To delivery this will mean the involvement of statutory and non statutory services in collaboration with communities. Our challenge is not just to connect them in our thinking but to build recovery into our actions; local planning and outcomes.

3. Whole Family and Community Approach

This Alcohol and Drugs Partnership Strategy does not sit in isolation. Its success will depend on a range of supporting policies and activities and it is informed and influenced by other key plans and strategies. The Perth & Kinross Integrated Children Services Plan [11] highlights within its vision the requirement to integrate services for children, young people and families.

Recovery is well established in many parts of mental health and criminal justice services. It is the recovery linkage and relationship between these, which will make the difference. Whilst it is recognised that the individual has to be ready to make changes in their life and the role of the people who work with them is to facilitate and support people to embark on the recovery journey. However, because of the time this may take, there are implications for people with children and for children and families services. The impact of parental substance misuse on children needs to be assessed. Where children are deemed to be at risk of harm (emotional, physical abuse, neglect or other) the adult's recovery journey needs to be assessed as achievable within timescales appropriate to their children's age/stage of development. On a positive note, parenting can be a key motivating factor to assist the recovery process, but if parents cannot achieve this within appropriate timescales for their child, the child may need to be removed from their care and/or alternative future care plans made for them.

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[10] Perth and Kinross Community Plan /Single Outcome Agreement 2013 – 2023 (June 2013)
[11] Perth & Kinross Integrated Children's Services Plan 2013 – 2018 (Oct 2014)

Research indicates best outcomes are achieved when services work with the whole family**.** This means adult and child care services need to work and communicate closely. Forrester and Harwin (2011)[12] emphasise the need for a **whole family approach** to the problem – not just considering adult needs or children's needs but both, together – and engaging parents who may be reluctant to work with services. This has implications for the intensity of support and partnership working which would be necessary to motivate certain adults into recovery. **Therefore it's important that we move from a reactive approach to a preventive approach**. This will of course require a change in ways of working and in allocation of budgets. Professor Susan Deacon (2011)[13] in her report states, 'The fact is that many of the professionally-led, largely 'top down', programmes and initiatives favoured in previous years have not achieved the results we would so like so it is just plain wrong to repeat past approaches-especially in such straitened times"

4. Alcohol and Drugs Partnership Delivery Plan and Annual Report

Alcohol and Drugs Partnerships (ADPs) are required to prepare a three year Alcohol and Drugs Partnership Delivery Plan (2015-2018) by 15.6.15 and submit an Annual Report in September of each year. The ADP Delivery Plan needs to reflect the goals of the local ADP strategy and needs to include the following elements:

- High level summary of changes to be achieved over the three years of the plan
- Core and local outcomes to be achieved
- Financial investment
- Priority actions and interventions to improve outcomes
- Core local indicators to measure progress

The Annual Report will include the above elements, as well as key achievements and issues, expenditure, governance and financial accountability arrangements and feedback on national support provided by the Scottish Government.

Overall the ADPs key aims are to:

- Celebrate the positive impact of recovery on individuals and communities;
- Ensure we address cross-cutting issues (complex needs) affecting many individuals – mental health, criminal justice, housing/homelessness, unemployment to promote recovery;
- Ensure there are high quality treatment and support services to enable recovery;

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[12] Forrester, D. And Harwin, J. (2011) Parents who misuse drugs or alcohol. Effective interventions in social work and child protection. Wileys: Chichester
[13] Deacon, S (2011) Joining The Dots: A better Start for Scotland's Children" Scot Government UK.

- Promote and review service self evaluation, recovery planning and the adoption of national Quality Principles within support and treatment services;
- Identify and target specific families affected by drugs and alcohol and support frontline services to review and refocus their work to with a "Whole Family Approach";
- Ensure appropriate support and services for children and young people affected by their own and parental misuse;
- Create capacity in generic services to support community engagement to promote a Health and Well Being preventive agenda; and
- Ensure that there is a clear focus on addressing the whole population approach to alcohol and cultural change.

There are **7 core national outcomes** identified for Alcohol and Drug Partnerships (ADPs) and this strategy has been developed to reflect these. The ADP national outcomes have also been mapped where possible against the **9 national health and wellbeing outcomes** (Appendix 3); to identify crossover between both areas. We will report our successes based on these. These are:

1. Health People are healthier and experience fewer risks as result of alcohol and drug misuse;	
1.1 Local Outcome	More people are healthier and experience fewer risks as a result of alcohol and drug misuse;

Related National Health & Well Being Outcomes	
	1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
	4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
	5. Health and social care services contribute to reducing health inequalities.
	7. People who use health and social care services are safe from harm.

2. Prevalence	Fewer adults & children are drinking or using drugs at levels or patterns damaging to themselves or others;
2.1 Local Outcome	Fewer adults and children are drinking or using at levels or patterns damaging to themselves or others;

3. Recovery	Individuals are improving their health, well-being & life chances by recovering from problematic drug/alcohol use;
3.1 Local Outcome	More individuals are improving their health, well being and life chances by recovering from problematic drug/alcohol use;

Related National Health & Well Being Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.

2. People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3. People who use health and social care services have positive experiences of those services and have their dignity respected.

4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.

7. People who use health and social care services are safe from harm.

8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

9. Resources are used effectively in the provision of health and social care services, without waste.

4. Families	Children & family members of people misusing alcohol and drugs are safe, well-supported & have improved life chances;
4.1 Local Outcome	More children and family members who are affected by alcohol and drugs are safe, well supported and have improved life chances;

Related National Health & Well Being Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

5. Community	Safer Communities & individuals are safe from alcohol and drug-related offending and anti-social behaviour;
5.1 Local Outcome	More communities and individuals are safe from alcohol/drug related offending and anti social behaviour;

6. Local Environment	People live in positive, health promoting local environments where alcohol and drugs are less readily available;
6.1 Local Outcome	More people live in a positive, health promoting local environment where alcohol and drugs are less readily available;

Related National Health & Well Being Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.

7. Services	Alcohol and drugs prevention, treatment & support services are high quality. They are continually improving, efficient, evidence-based & responsive – ensuring people move through treatment into sustained recovery; and
7.1 Local Outcomes	All alcohol and drugs prevention, treatment and support services are high quality. They are continually improving, evidence based and responsive to people moving through treatment into sustained recovery.

Related National Health & Well Being Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.

3. People who use health and social care services have positive experiences of those services and have their dignity respected.

4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.

7. People who use health and social care services are safe from harm.

8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

9. Resources are used effectively in the provision of health and social care services, without waste.

5. Changing the Culture of the Workforce: Training and Development

Such a radical change in focus and emphasis will need significant changes in workforce training and development. One of the implications of the recovery model is that statutory Health and Social Care services may not necessarily be seen as the first point of contact, but may be more of a safety-net when needs cannot be met within

and by the local community. This concurs with GIRFEC (Getting it Right for Every Child) 2008 [14] which required a timely and proportionate approach, making best use of universal services in the first instance. Importantly for professional staff, individuals will need to be empowered and engaged, rather than "fixed". It also recognised that within other related strategies there are continuing strands related to the ADP strategy; training plays a large role in refocusing services to meet the challenges ahead. It is only by identifying these gaps in provision that we can identify the potential skills required to meet future demand. The recovery journey needs to be owned by the individual, their families and their communities. Training is therefore needed for a wider group beyond professionals who work within substance misuse. This will include community activists and peer mentors introducing a collaborative approach to training. This will mean a move from ownership to partnership and collaborative working across areas, involving for example, housing and employment services and peer mentors, and will require different skills and new ways of working for staff. The action plan in the appendix includes some key actions for learning and development and changing organisational cultures.

6. Current Position

6.1 Assessment of Needs

The aim of the Perth & Kinross Substance Misuse Profile (2014)[15] is to pool existing data sources, to give a better understanding of the issues that substance misuse has on the individuals; their family/friends and the communities in which they live.

The data sets are presented in eight sections: Alcohol Consumption; Drug Use Prevalence; Availability; Health Harm; Social Harm; Recovery; Families; and Service Contact. Each section of the main report gives an introduction, a summary of progress toward the relevant national outcome, benchmarking against another ADP areas and an analysis of the available data. The main findings of the report are summarised here.

6.1.1 Alcohol Consumption Key points
A considerable proportion of adults and children are drinking outwith safe government guidelines and the extent of alcohol consumption differs by various factors including age and deprivation. Older age groups tend to spread their drinking out throughout the week, drinking less on more days while younger people drink more on fewer days. A larger proportion of those living in the most deprived areas of Scotland reported being non-drinkers compared to those living in the least deprived areas and adults in the least deprived areas of Scotland were more likely to exceed weekly benchmarks for sensible drinking than those in more deprived areas.

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[14] Getting it Right for Every Child - http://www.gov.scot/resource/doc/238985/0065813.pdf
[15] Perth & Kinross Substance Misuse Profile 2014 - http://www.pkc.gov.uk/adp

What does this mean? - There will have to be different approaches for each group and areas. This will be a balance of prevention, education and intervention aimed at the target groups and areas. Even though people in the most deprived areas drink less than the more affluent areas their health is more adversely affected.

6.1.2 Drug Use Prevalence Key points

The prevalence of problem drug use in Tayside is higher than the national average but varies widely across the three council areas with Perth & Kinross estimated to have the lowest prevalence rate.

What does this mean? – The last prevalence study did identify lower levels of use than other areas in Tayside. However, this does not leave any room for compliancy we still need to work on a prevention agenda and ensure services locally are there to provide treatment and support.

6.1.3 Availability Key points

There has been an increase in the number of litres of alcohol sold per adult but data over the last 15 years show there has been a shift from on-trade sales to more off-trade sales.

See 6.1.1

6.1.4 Health Harm Key points

Substance misuse can have an effect on the health of an individual resulting in a demand for health services and although the number of hospital admissions has decreased recently, the rate of substance related mortality has increased over time. There is a large variation in the health harm caused by alcohol and drugs in different areas of Perth & Kinross and a steep inequality gradient exists when looking at the relationship between substance health harm and deprivation. In addition, although those living in the most deprived areas have been found to consume less alcohol, the health harm resulting from their drinking is far greater. Locally, a consultation in 2012 highlighted the ongoing challenges with supporting people with mental health and substance misuse issues and how they access the appropriate services. There were also clear associations with poor mental health and well being in relation to people who self medicate with drugs or alcohol.

What does this mean? – There are challenges in providing and supporting people who are impacted by deprivation. This will mean adopting health and well being approaches which build on the existing strengths in communities.

6.1.5 Social Harm Key points

Substance misuse not only affects the individuals using substances, but also those around them including the neighbourhoods in which they live and can be a contributory factor in a number of crimes.

See 6.1.4

6.1.6 Recovery Key points
This section is under development. Outcome data for all services are not available at this time.

What does this mean? – We are still at the foundation level of recovery development. Focusing on to a prevention and recovery will require fundamental shifts in the way services are commissioned and where resources are directed. However, the key to robust recovery is to build on existing strengths in the person, family and communities. This will require services to work collaboratively with the person at the centre of this.

6.1.7 Families' Key points
Substance misuse can have harmful and wide-reaching consequences for not only the individuals using the substances but also their families.

What does this mean? - Examples of this can be increased levels of child neglect or higher levels of anti – social behaviour in communities. Supporting families and friends is crucial to people in recovery as they provide the recovery capital which supports individuals in their recovery. (Also see 6.1.4, 6.1.6)

6.1.8 Service Contact Key points
NHS Tayside is performing well towards national targets relating to substance misuse set by Scottish Government and this has resulted in an increase in the number of individuals engaging with local substance misuse services. These clients often live chaotic lives with multiple and complex issues as a result of their drug and alcohol use.

What does this mean? – The people who are currently accessing services are being seen within the recommended guidelines. However, we need to ensure once people are in services they have access to other areas which will support their journey to recovery.

6.1.9 Needs Assessments
The ADP in partnership with the other Tayside ADPs has carried out three needs assessments. These were:

- Homelessness - 2013
- Children and Young People – 2013/14
- New Psychoactive Substances (Legal Highs) – 2014/15

The common themes which are highlighted in these reports are:

- Access to services;
- Workforce Development;
- Collaborative working;
- Greater understanding of the recovery and services role in this.

The themes identified from the range of needs assessment highlight areas have to be progressed. The key to delivering on these is the development and implementation of the Recovery Orientated System of Care (ROSC).

6.2 Strategic Priorities & Development

The ADP clearly identifies in its annual report to the Scottish Government each year its progress and future priorities for the following year. These are all underpinned by the ADP Commissioning Strategy 2014 themes of

- Prevention
- Intervention
- Recovery

The six areas below have been identified clear areas to progress.

ADP Annual Report 2014

	Priorities
1	The ADP will complete its Joint Commissioning Strategy by December 2013 that will incorporate a Logic Model and Integrated Resources Framework to set out clearly the resource and service inputs, activities and outputs to deliver the desired outcomes to the target populations in line with our themed priorities. Available resources to be redirected to support a recovery oriented system of care.
1a	**PROGRESS** The ADP has recently completed its Commissioning Delivery Plan this is being taken forward by the ADP Finance and Commissioning Group. The ADP has already moved resources from Adult Treatment Services to Children and Young People Services to support the prevention agenda. The ADP is in the process of developing its Recovery Orientated System of Care (ROSC) pilot in Perth City. This pilot will incorporate new service level agreements with partners and related outcome frameworks.
2	The ADP to ensure that there is a clear strategy to take forward the issues identified in "Evidence for Success" in relation young people, parents and alcohol.

2a	**PROGRESS** The ADP is taking forward a review of alcohol and drugs education provision within the Curriculum of Excellence. This will be taken forward by the ADP Children, Young People & Families group. This has been further supported by a joint Alcohol Scoping Exercise between the ADP and PKC Licensing Board.
3	The ADP will ensure an organisational development process is developed to redefine working practices to provide coherent and supportive framework to enable recovery.
3a	**PROGRESS** The ADP has taken forward development days with its delivery groups and has worked with STRADA to develop its strategic approach. The ADP is in the process of developing its Recovery Orientated System of Care (ROSC) pilot in Perth City. This pilot will incorporate new service level agreements with partners and related outcome frameworks.
4	The ADP will develop a phased approach to roll out SMART Recovery (SRUK) meetings within prison and across local services within Perth and Kinross.
4a	**PROGRESS** The ADP purchased a block licence from SRUK which has allowed a network of meetings to be developed. There are now meetings in the Community, Prison and Murray Royal Hospital. The ADP has also supported the development of the SRUK Families and Friends pilot locally in partnership with Cair Scotland.
5	The ADP will develop ADP quality assurance by piloting self-evaluation process and case file audits within ADP services as per Child Protection Committee (CPC) framework.
5a	**PROGRESS** The ADP has reviewed its Self-Evaluation Calendar and is the process of supporting local services to develop recovery planning returns. These returns will part of the quality assurance process. The ADP has also commissioned Quality Principles training for peer stakeholders. These peers will review local services using Quality Principles and provide reports to the ADP. These reports will be used as part of the quality assurance process. However, due to changing priorities within the CPC this year (2015) there will be no direct drug and alcohol case file audit.
6	Focus on developing its Recovery Orientated System of Care (ROSC) and workforce development and mitigating the adverse impact of substance misuse on children and young people.

6a	**PROGRESS** The ADP is in the process of developing its Recovery Orientated System of Care (ROSC) pilot in Perth City. This pilot will incorporate new service level agreements with partners and related outcome frameworks. The ADP is currently working with STRADA to develop workforce planning. The ADP Children, Young People & Families Group has being reviewing its membership and priorities and will focus on a "Whole Family Approach "with ADP partners.

6.3 ADP Delivery Groups Priority Areas

The ADP as part of its development process held a Delivery Group Development Day in October 2014. The purpose of this day was to bring together representatives from all the delivery groups; to establish areas of crossover and common priorities. As part of this event the following priorities were identified by the people who attended on the day.

The action areas identified below are not in any order of priority but were seen as essential to the delivery of a Recovery Oriented System of Care (ROSC). These were:

- Workforce Development
- Leadership
- Commissioning /Funding Shared understanding of (Health & Wellbeing)
- Improvement culture (Performance)
- Shared understanding of collaborative working/ROSC

7. Commissioning 2015/16

The ADP goal is to create an environment where recovery focused services complement the individual, family, carers and the community assets that help people achieve lasting change. We believe that evidence based and **outcome focused commissioning** is essential to achieving this. This has to be balanced by monitoring arrangements which provide a sound basis to measure the impact of any provision.

Our strategic aims are based under three themes:

- Prevention
- Intervention
- Recovery

These themes are aimed at promoting the health and well-being of people impacted by drugs and alcohol either directly or indirectly. The ADP launched its first recovery strategy in 2012 to address the impact that alcohol and drug use has on individuals, families and communities. The 2015 - 20 strategy builds on this foundation and continues this approach which is under pinned by the **Twelve Point Pledge** (See

Appendix 1) and **ADP Recovery Statement** (see page 3) The ADP has already started to move its strategic spend by shifting resources from adult services to sustain children and young people services to develop its prevention approach.

7.1 Commissioning 2016 Onwards

To make changes to the landscape of services and communities needs an architectural plan that provides a description of what services and communities will look like, and ways to review outcomes. This will be taken forward by the development of a ROSC. To create this process will mean a different way delivering and investing by far greater range of people than before. A change management approach will have to be developed to support the new ways of working. The ADP Commissioning Delivery Plan will have to support this process by ensuring that any commissioning, ensures that the new Drug and Alcohol Quality Principles are embedded into **outcome focused service level agreements.**

8. Quality Principles (Standards) 2014

These Quality Principles have been laid out as a journey starting with access to a service leading on assessment, recovery planning, review and beyond. No one Quality Principle is more important than another and each has equal standing. These principles will be applied to the ADP Commissioning Deliver Plan to ensure that each service level agreement takes cognisance of these. The Quality principles are as follows:

1. You should be able to **quickly access** the right drug or alcohol service that keeps you safe and supports you throughout your [personal] recovery.

2. You should be offered **high-quality; evidence-informed treatment, care and support interventions** which reduce harm and empower you in your recovery.

3. You should be supported by workers, who have **the right attitudes, values, training and supervision** throughout your recovery journey.

4. You **should be involved** in a full, strength-based assessment that ensures the choice of recovery model and therapy is based on your needs and aspirations.

5. You should have a **recovery plan that is person-centred and addresses your broader health, care and social needs**, and maintains a focus on your safety throughout your recovery journey.

6. You should be **involved in regular reviews** of your recovery plan to ensure it continues to meet your needs and aspirations.

7. You should have the opportunity to be **involved** in an ongoing evaluation of the delivery of services at each stage of your recovery.

8. Services should be **family inclusive** as part of their practice

9. Funding and Expenditure 2013/14

The tabled below provides the overall spend by services within the local area.

Perth & Kinross wide funding sources	2013/14 Expenditure			
	Scot/Gov Ring fenced	Mainstream Funding	Criminal Justice	Total
NHS Tayside Area wide	851,585	734,731		1,586,316
NHS Tayside P&K specific	591,210	637,009		1,228,219
P&K Council	594,375	797,276	137,521	1,529,172
			Total	**4,343,707**

10. Identifying Our Priorities

In March 2009 Audit Scotland[16] published a review of drug and alcohol services in Scotland. The report highlighted that, although substance misuse is found across society, people living in deprived areas are more likely to suffer serious health problems as a result of their or others' substance misuse. The local needs assessments carried out by the ADP highlighted substance misuse in more deprived areas had greater impact on people's health and wellbeing in comparison to more affluent areas. These deprivation areas are also impacted by higher levels of alcohol harm and mental health than the more affluent neighbourhoods in the area. A local Alcohol Scoping assessment of alcohol provision in the area also highlighted a clustering of alcohol outlets within the city boundaries and also identified adverse health impacts related to this.

These are areas of Perth & Kinross that have a higher concentration of problems related to alcohol and drug use. We need to respond to these challenges and ensure resources are directed towards the individuals, families and communities affected by these issues. National and local research suggests that fewer children are starting to drink alcohol before the age of sixteen however those that do drink are drinking more. Perth & Kinross has a number of organisations involved in the delivery of alcohol and drug education/prevention in schools and the community. This includes well developed partnerships in some areas which are integrated into the community.

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[16] Audit Scotland (2009) *Drug and Alcohol Services in Scotland*, prepared for the Auditor General and the Accounts Commission

Further work is needed to ensure that this work is replicated and focused on areas where substance use and the associated problems are likely to be more prevalent.

It is also good news that there has been a reduction in alcohol related acute hospital discharges. However, Perth & Kinross does have higher levels of discharges in 50 – 54 and 60 - 64 age range. Alongside this there is evidence to suggest that a large proportion of the adult population drink more than the recommended daily and weekly limits. This is not a problem limited to Perth & Kinross, although we are lower than national average. Scotland has the highest levels of alcohol purchased per capita in the UK. There needs to be a significant change to people's behaviour and attitude towards drinking if there is to be a reduction in the impact that alcohol use can have on people's health and wellbeing.

It is clear that parental substance misuse both national and local has a significant impact on children. The problems associated with parental substance misuse are reported as increasing and further work has been done to understand the challenges and issues to determine how it should be addressed. The development of a "Whole Family Approach" to this will be developed to create a joint approach between Adult and Children, Young People Services. Perth and Kinross has a comprehensive treatment system for people with alcohol and drug problems, which are made up of providers from the voluntary sector, Perth & Kinross Council and NHS Tayside. Local needs assessment work suggests that further capacity is currently needed within this system to address the level of need particularly if it is to meet future challenges around alcohol and the emergence of New Psychoactive Substances.

A key priority in Road to Recovery is to affect cultural change within treatment and other services used by those with alcohol and drug problems; to raise the aspirations of service users to move towards a drug free lifestyle. Alongside this there is a clear requirement to make recovery the focus of all services.

To truly achieve a recovery approach locally, we need to ensure that there is an integrated approach to the provision of services such as housing, employability and family support within recovery and treatment services; by providing swift and easy access when it is required.

The Christie Commission (2011) report has identified the need for public sector to change its approach to service delivery; due to the current economic climate and need to achieve better outcomes. The need for radical change has never been more important and this will mean structural realignment and cultural shift in thinking, requiring a rebalancing of the relationship between providers and consumers. The challenge for the ADP partners is to disaggregate services from a central delivery framework to a locality based delivery which embraces community at the heart. A Recovery Orientated System of Care (ROCS) has to be developed where new partnerships are formed by traditional drug and alcohol services with wider services, people in recovery and communities. This will then release the opportunities to make recovery a reality. This realignment will embrace the new philosophy of the Christie Commission by moving from passive citizen engagement to a proactive partnership approach.

Perth and Kinross is a safe area with relatively low levels of antisocial behaviour and crime. Nevertheless drugs and alcohol-related antisocial behaviour, violence and crime can have a significant impact on the quality of life in our communities. Tackling offending behaviour, including any alcohol or drug dependency issue that sustains offending, is a high priority. The ADP acknowledges that alcohol and drugs cut across many aspects of the community. This can range from alcohol-related disorder at one end of the spectrum to the use of crime to fund a drug use at the other. Targeting and addressing drug and alcohol issues would then contribute directly towards preventing a significant volume of crime and antisocial behaviour.

In short, they are the communities where health inequalities are most evident and where substance misuse has its greatest impact. We need to respond to these challenges and to ensure that resources are directed towards the individuals, families and communities affected by these issues. There is a need to target resources within particular areas with a focus on locality delivery. A number of current models lend themselves to this style of intervention:

- 'Change is a Must' project (Children Services working with parents)
- Criminal Justice Services, Tayside Intensive Support Service (Working with high level offenders)
- Perth & Kinross Drug & Alcohol Team (Localities)
- Barnardos Hopscotch (Children Affected by Parental Substance Misuse)
- Perth Prison Health Care & Mutual Aid meetings (SMART Recovery)
- Boxing Project (PKC Homeless Service & CATH - Voluntary Sector)
- Community "Cook It" (PKC Homeless Service & NHS)
- Collaborative Routes to Recovery (Substance use, Integrated Care Fund)
- Recovery Community (Mental health, Integrated Care Fund)

11)   Next Steps

Delivery Plans - 2015 – 2018

KEY	Pre = Prevention	Int = Intervention	Rec = Recovery	These 3 indicators are reflective of the action taken and are subject to interpretation. In some cases all may be applicable to the actions taken.

2015 - 2016								
1) Health - Outcome: More people are healthier and experience fewer risks as result of alcohol and drug misuse								
Ref		**Area**	**Action**	**Performance/Proxy indicator**	**Baseline**	**Target**	**Timescale**	**Lead Officer**
1.1	**Int**	ADP Adult Delivery Group (ADG)	Ensure people with substance misuse problems have quick and easy access to treatment.	Increased levels of clients accessing services - Waiting Times for Drug and Alcohol.	2013 Drugs – 98% accessed Alcohol – 98%	98% accessed 98%	2015 -16	ADG Chair
1.2	**Int**	ADG	Ensure people with both mental health and substance misuse problems are jointly assessed.	Number of joint assessments completed and care plans.	TBC	TBC	2015 -16	ADG Chair
1.3	**Pre**	ADG	Provide and promote overdose/naloxone training.	Number of people trained.	2013- 440	10% increase	2015 - 16	ADG Chair
1.4	**Int**	ADG	Work collaboratively with the ADP Children, Young People & Families Group to develop a "Whole Family" approach with a focus on transitions and family centred approach.	Whole Family Approach developed as part of ROSC city pilot (See 3.1)	N/A	N/A	2015 - 16	ADG Chair

1.5	**Rec**	ADG	Develop and implement Work Force Development Plan.	STRADA/ADP Workforce Plan.	N/A	N/A	2015 - 16	ADG Chair

2) Prevalence – Outcome: Fewer adults & children are drinking or using drugs at levels or patterns damaging to themselves or others

Ref		Area	Action	Performance/Proxy indicator	Baseline	Target	Timescale	Lead Officer
2.1	Pre	ADP Children, Young People & Families Group (CYP&F)	Develop an education programme to deliver the Curriculum For Excellence (CfE) for Health and Wellbeing Substance misuse experiences.	The numbers of pupils using illicit drugs in the last month (pupils age 15) The numbers of pupils using alcohol on a weekly basis (pupils age 15)	2013 10% 15%	2% decrease	2015 - 16	CYPF Chair
2.2	Int	ADP Children, Young People & Families Group (CYP&F)	Develop and Implement a multi-agency self-evaluation with initial focus on Children affected by alcohol and drugs (in collaboration with the CPC and GIRFEC strategy group).	Self Evaluation Framework.	N/A	N/A	2015 - 16	CYP&F Chair
2.3	Pre	ADP Focus on Alcohol Group (FoA)	Develop a prevention, education and intervention website for: Recovery; New Psychoactive Substances (NPS); Alcohol Prevention.	Website completed.	N/A	N/A	2015 - 16	FoA Chair

| 2.4 | Pre/Int | ADP Focus on Alcohol Group (FoA) | Develop NPS information and interventions (As per local NPS Needs Assessment recommendations). | NPS Management Group.

NPS work plan. | N/A | N/A | 2015 - 16 | FoA Chair |

3) Recovery – Outcome: More individuals are improving their health, well-being & life chances by recovering from problematic drug/alcohol use

Ref		Area	Action	Performance/Proxy indicator	Baseline	Target	Timescale	Lead Officer
3.1	Rec	ADP Adult Delivery Group (ADG)	Develop and implement Recovery Orientated System of Care (ROSC) pilot within Perth City. Virtual 75% and 25% (face to face) real time.	ROSC training delivered. Pilot implemented.	N/A	N/A	2015 - 16	ADG Chair
3.2	Rec	ADP Adult Delivery Group (ADG)	Promote mutual aid and increase numbers of groups available.	Numbers of groups.	2014 15 groups	25% increase	2015 - 16	ADG Chair
3.3	Rec	ADP Adult Delivery Group (ADG)	Develop and review Quality Principles Academy (Peer review of services).	Academy training completed. First Services reviewed.	TBC	TBC	2015 - 16	ADG Chair
3.4	Rec	ADP Adult Delivery Group (ADG)	Scope out and establish feasibility to create Recovery College locally.	Feasibility Study.	N/A	N/A	2015 - 16	ADG Chair

4) Families – Outcome: More children & family members who are affected by alcohol and drugs are safe, well-supported & have improved life chances								
Ref		Area	Action	Performance/Proxy indicator	Baseline	Target	Timescale	Lead Officer
4.1	Int	ADP Children, Young People & Families Group (CYP&F)	Implement strengthening Families Programme to improve family resilience and reduce early initiation of substance misuse.	Numbers of families with successful interventions.	TBC	TBC	2015 - 16	CYP&F Chair
4.2	Pre	CYP&F	Raise awareness and confidence of staff to provide advice and guidance on Children, Young People and Families using GOPR/GIRFEC.	Number of training events.	2014 GOPR - 4	TBC	2015 - 16	CYP&F Chair
4.3	Pre	ADP Children, Young People & Families Group (CYP&F)	Review the effectiveness of the CAPSM group and linkages with other multi agency screening groups and referral process.	Review Recommendations.	N/A	N/A	2015 - 16	CYP&F Chair
4.4	Pre	CYP&F	Work collaboratively with the Child Protection Committee and Adult Protection Committee to develop a holistic approach to prevention for Children, Young People and Families with a focus on transitions and family centred approach.	Collaborative Pathway developed.	N/A	N/A	2015 - 16	CYP&F Chair
4.5	Int	CYP & F (see 1.3)	Work collaboratively with the ADP Adult Delivery Group to develop a "Whole Family" approach with a focus on transitions and family centred approach.	Whole Family Approach developed as part of ROSC city pilot (See 3.1).	N/A	N/A	2015 - 16	CYP&F Chair

5) Community Safety – Outcome: More communities & individuals are safe from alcohol/drug-related offending and anti-social behaviour								
Ref		Area	Action	Performance/Proxy indicator	Baseline	Target	Timescale	Lead Officer
5.1	Int	ADP Adult Delivery Group (ADG)	Ensure substance misusing prisoners are supported during their prison term and on release.	Number of prison care plans Number of prisoners with through care plans.	TBC	TBC	2015 - 16	ADG Chair
5.2	Int	ADG	Ensure offenders are supported to address their alcohol related offending via Community Payback Orders (CPO).	Numbers of CPO with treatment requirement successfully completed.	2013/14 54%	2015/16 60%	2015 - 16	ADG Chair
5.3	Int	ADG	Ensure offenders are supported to address their drug related offending via Community Payback Orders.	Numbers of CPO with treatment requirement successfully completed.	2013/14 52%	2015/16 60%	2015 - 16	ADG Chair

6) Local environment – Outcome: More people live in positive, health promoting local environments where alcohol and drugs are less readily available								
Ref		**Area**	**Action**	**Performance/Proxy indicator**	**Baseline**	**Target**	**Timescale**	**Lead Officer**
6.1	Pre/Int /Rec	ADP Focus on Alcohol Group (FoA)	Develop a prevention, education and intervention website for: Recovery; New Psychoactive Substances (NPS); Alcohol Prevention.	Website completed.	N/A	N/A	2015 - 16	FoA Chair
6.2	Pre	FoA	Develop "social norming" project aimed at promoting health and wellbeing within school setting.	Project pilot completed and reviewed.	N/A	N/A	2015 - 16	FoA Chair
6.3	Pre	FoA	Develop New Psychoactive Substances educational material and pilot this within two secondary schools.	Project pilot completed and reviewed.	N/A	N/A	2015 - 16	FoA Chair

7) Services – Outcome: All alcohol and drugs prevention, treatment & support services are high quality. They are continually improving, efficient, evidence-based & responsive – ensuring people move through treatment into sustained recovery							
Ref		**Area**	**Action**	**Performance/Proxy indicator**	**Baseline**	**Target**	**Timescale**	**Lead Officer**
7.1	Rec	ADP Finance & Commissioning Group (F &CG)	Develop service level agreements (SLA's) and reporting frameworks as part of the ROSC city pilot (see 1.3).	SLA with all partners within ROSC city pilot. Performance/Quality reporting framework developed.	N/A	N/A	2015 - 16	Chair F & CG
7.2	Rec	ADP Adult Delivery Group (ADG)	Develop Quality Principle Academy (Peer review of services).	Participants complete course. First service reviewed and report presented.	TBC	TBC	2015 - 16	ADG Chair
7.3	Rec	ADP Executive Group	Review and monitor ADP Self Evaluation Calendar (Services provide Recovery Plans and progress updates).	Services provide Recovery Plans as part of annual self evaluation process.	TBC	TBC	2015 - 16	ADP Chair

KEY	Pre = Prevention	Int = Intervention	Rec = Recovery	These 3 indicators are reflective of the action taken and are subject to interpretation. In some cases all may be applicable to the actions taken.

2016 - 2017

1) Health - Outcome: More people are healthier and experience fewer risks as result of alcohol and drug misuse

Ref		Area	Action	Performance/Proxy indicator	Baseline	Target	Timescale	Lead Officer
1.1	**Int**	ADP Adult Delivery Group (ADG)	Ensure people with substance misuse problems have quick and easy access to treatment.	Increased levels of clients accessing services - Waiting Times for Drug and Alcohol.	2015 - TBC	98% 98%	2016 -17	ADG Chair
1.2	**Int**	ADG	Ensure people with both mental health and substance misuse problems are jointly assessed.	Number of joint assessments completed and care plans.	TBC	TBC	2016 -17	ADG Chair
1.3	**Pre**	ADG	Provide and promote overdose/naloxone training.	Number of people trained	2013- 440	10% increase	2016 -17	ADG Chair
1.4	**Int**	ADG	Work collaboratively with the ADP Children, Young People & Families Group to develop a "Whole Family" approach with a focus on transitions and family centred approach.	Whole Family Approach developed as part of ROSC city pilot (See 3.1).	N/A	N/A	2016 -17	ADG Chair
1.5	**Rec**	ADG	Implement Work Force Development Plan.	STRADA/ADP Workforce Plan.	N/A	N/A	2016 -17	ADG Chair

2) Prevalence – Outcome: Fewer adults & children are drinking or using drugs at levels or patterns damaging to themselves or others								
Ref		Area	Action	Performance/Proxy indicator	Baseline	Target	Timescale	Lead Officer
2.1	Pre	ADP Children, Young People & Families Group (CYP&F)	Develop an education programme to deliver the Curriculum For Excellence (CfE) for Health and Wellbeing Substance misuse experiences.	The numbers of pupils using illicit drugs in the last month (pupils age 15). The numbers of pupils using alcohol on a weekly basis (pupils age 15).	2013 10% 15%	2% decrease	2016 -17	CYP&F Chair
2.2	Int	ADP Children, Young People & Families Group (CYP&F)	Develop and Implement a multi-agency self-evaluation with initial focus on Children affected by alcohol and drugs (in collaboration with the CPC and GIRFEC strategy group).	Self Evaluation Framework.	N/A	N/A	2016 -17	CYP&F Chair
2.3	Pre	ADP Focus on Alcohol Group (FoA)	Review prevention, education and intervention website for: Recovery; New Psychoactive Substances (NPS); Alcohol Prevention.	Website completed.	N/A	N/A	2016 -17	FoA Chair
2.4	Pre/Int	ADP Focus on Alcohol Group (FoA)	Review NPS information and interventions (As per local NPS Needs Assessment recommendations).	NPS Management Group. NPS work plan.	N/A	N/A	2016 -17	FoA Chair

3) Recovery – Outcome: More individuals are improving their health, well-being & life chances by recovering from problematic drug/alcohol use								
Ref		**Area**	**Action**	**Performance/Proxy indicator**	**Baseline**	**Target**	**Timescale**	**Lead Officer**
3.1	Rec	ADP Adult Delivery Group (ADG)	Implement Recovery Orientated System of Care (ROSC) pilot within Perth City. Virtual 50% and 50% (face to face) real time.	ROSC training delivered. Pilot implemented.	N/A	N/A	2016 -17	ADG Chair
3.2	Rec	ADP Adult Delivery Group (ADG)	Promote mutual aid and increase numbers of groups available.	Numbers of groups.	TBC for 2015	25% increase	2016 -17	ADG Chair
3.3	Rec	ADP Adult Delivery Group (ADG)	Develop and review Quality Principles Academy (Peer review of services).	Academy training completed. First Services reviewed.	TBC	TBC	2016 -17	ADG Chair
3.4	Rec	ADP Adult Delivery Group (ADG)	Scope out and establish feasibility to create Recovery College locally.	Feasibility Study.	N/A	N/A	2016 -17	ADG Chair

Ref		Area	Action	Performance/Proxy indicator	Baseline	Target	Timescale	Lead Officer
**4) Families – Outcome: More children & family members who are affected by alcohol and drugs are safe, well-supported & have improved life chances**
4.1	Int	ADP Children, Young People & Families Group (CYP&F)	Implement strengthening Families Programme to improve family resilience and reduce early initiation of substance misuse.	Numbers of families with successful interventions.	TBC	TBC	2016 -17	CYP&F Chair
4.2	Pre	CYP&F	Raise awareness and confidence of staff to provide advice and guidance on Children, Young People and Families using GOPR/GIRFEC.	Number of training events and training evaluations.	TBC	TBC	2016 -17	CYP&F Chair
4.3	Pre	ADP Children, Young People & Families Group (CYP&F)	Review the effectiveness of the CAPSM group and linkages with other multi agency screening groups and referral process.	Review Recommendations.	N/A	N/A	2016 -17	CYP&F Chair
4.4	Pre	CYP&F	Work collaboratively with the Child Protection Committee and Adult Protection Committee to develop a holistic approach to prevention for Children, Young People and Families with a focus on transitions and family centred approach.	Collaborative Pathway developed.	N/A	N/A	2016 -17	CYP&F Chair
4.5	Int	CYP & F (see 1.3)	Work collaboratively with the ADP Adult Delivery Group to develop a "Whole Family" approach with a focus on transitions and family centred approach.	Whole Family Approach developed as part of ROSC city pilot (See 3.1).	N/A	N/A	2016 -17	CYP&F Chair

5) Community Safety – Outcome: More communities & individuals are safe from alcohol/drug-related offending and anti-social behaviour								
Ref		**Area**	**Action**	**Performance/Proxy indicator**	**Baseline**	**Target**	**Timescale**	**Lead Officer**
5.1	Int	ADP Adult Delivery Group (ADG)	Ensure substance misusing prisoners are supported during their prison term and on release.	Number of prison care plans Number of prisoners with through care plans	TBC	TBC	2016 -17	ADG Chair
5.2	Int	ADG	Ensure offenders are supported to address their alcohol related offending via Community Payback Orders (CPO).	Numbers of CPO with treatment requirement successfully completed.	TBC	2016 -17 60%	2016 -17	ADG Chair
5.3	Int	ADG	Ensure offenders are supported to address their drug related offending via Community Payback Orders.	Numbers of CPO with treatment requirement successfully completed.	TBC	2016 -17 60%	2016 -17	ADG Chair

6) Local environment – Outcome: More people live in positive, health promoting local environments where alcohol and drugs are less readily available							
Ref		**Area**	**Action**	**Performance/Proxy indicator**	**Baseline**	**Target**	**Timescale**	**Lead Officer**
6.1	Pre/Int /Rec	ADP Focus on Alcohol Group (FoA)	Review prevention, education and intervention website for: Recovery; New Psychoactive Substances (NPS); Alcohol Prevention.	Website completed.	N/A	N/A	2016 -17	FoA Chair
6.2	Pre	FoA	Develop "social norming" project aimed at promoting health and wellbeing within school setting.	Project pilot completed and reviewed.	N/A	N/A	2016 -17	FoA Chair
6.3	Pre	FoA	Develop New Psychoactive Substances educational material and pilot this within two secondary schools.	Project pilot completed and reviewed.	N/A	N/A	2016 -17	FoA Chair

7) Services – Outcome: All alcohol and drugs prevention, treatment & support services are high quality. They are continually improving, efficient, evidence-based & responsive – ensuring people move through treatment into sustained recovery								
Ref		**Area**	**Action**	**Performance/Proxy indicator**	**Baseline**	**Target**	**Timescale**	**Lead Officer**
7.1	Rec	ADP Finance & Commissioning Group (F &CG)	Develop service level agreements (SLA's) and reporting frameworks as part of the ROSC city pilot (see 1.3).	SLA with all partners within ROSC city pilot. Performance/Quality reporting framework developed.	N/A	N/A	2016 -17	Chair F & CG
7.2	Rec	ADP Adult Delivery Group (ADG)	Develop Quality Principle Academy (Peer review of services).	Participants complete course. First service reviewed and report presented.	TBC	TBC	2016 -17	ADG Chair
7.3	Rec	ADP Executive Group	Review and monitor ADP Self Evaluation Calendar (Services provide Recovery Plans and progress updates).	Services provide Recovery Plans as part of annual self evaluation process.	TBC	TBC	2016 -17	ADP Chair

KEY	Pre = Prevention	Int = Intervention	Rec = Recovery	These 3 indicators are reflective of the action taken and are subject to interpretation. In some cases all may be applicable to the actions taken.

2017 - 2018

1) Health - Outcome: More people are healthier and experience fewer risks as result of alcohol and drug misuse

Ref		Area	Action	Performance/Proxy indicator	Baseline	Target	Timescale	Lead Officer
1.1	**Int**	ADP Adult Delivery Group (ADG)	Ensure people with substance misuse problems have quick and easy access to treatment.	Increased levels of clients accessing services - Waiting Times for Drug and Alcohol.	TBC	98% 98%	2017 -18	ADG Chair
1.2	**Int**	ADG	Ensure people with both mental health and substance misuse problems are jointly assessed.	Number of joint assessments completed and care plans.	TBC	TBC	2017 -18	ADG Chair
1.3	**Pre**	ADG	Provide and promote overdose/naloxone training.	Number of people trained.	TBC	25% increase	2017 -18	ADG Chair
1.4	**Int**	ADG	Work collaboratively with the ADP Children, Young People & Families Group to develop a "Whole Family" approach with a focus on transitions and family centred approach.	Whole Family Approach developed as part of ROSC city pilot (See 3.1).	N/A	N/A	2017 -18	ADG Chair
1.5	**Rec**	ADG	Develop and implement Work Force Development Plan.	STRADA/ADP Workforce Plan.	N/A	N/A	2017 -18	ADG Chair

2) Prevalence – Outcome: Fewer adults & children are drinking or using drugs at levels or patterns damaging to themselves or others								
Ref		**Area**	**Action**	**Performance/Proxy indicator**	**Baseline**	**Target**	**Timescale**	**Lead Officer**
2.1	Pre	ADP Children, Young People & Families Group (CYP&F)	Review education programme to deliver the Curriculum For Excellence (CfE) for Health and Wellbeing Substance misuse experiences.	The numbers of pupils using illicit drugs in the last month (pupils age 15). The numbers of pupils using alcohol on a weekly basis (pupils age 15).	2013 10% 15%	2% decrease	2017 -18	CYP&F Chair
2.2	Int	ADP Children, Young People & Families Group (CYP&F)	Review multi-agency self-evaluation with initial focus on Children affected by alcohol and drugs (in collaboration with the CPC and GIRFEC strategy group).	Self Evaluation Framework.	N/A	N/A	2017 -18	CYP&F Chair
2.3	Pre	ADP Focus on Alcohol Group (FoA)	Review prevention, education and intervention website for: Recovery; New Psychoactive Substances (NPS); Alcohol Prevention.	Website completed.	N/A	N/A	2017 -18	FoA Chair
2.4	Pre/Int	ADP Focus on Alcohol Group (FoA)	Review NPS information and interventions (As per local NPS Needs Assessment recommendations).	NPS Management Group review progress against NPS recommendations.	N/A	N/A	2017 -18	FoA Chair

3) Recovery – Outcome: More individuals are improving their health, well-being & life chances by recovering from problematic drug/alcohol use								
Ref		**Area**	**Action**	**Performance/Proxy indicator**	**Baseline**	**Target**	**Timescale**	**Lead Officer**
3.1	Rec	ADP Delivery Group (ADG)	Develop and implement Recovery Orientated System of Care (ROSC) pilot within Perth City. Virtual 25% and 75% (face to face) real time.	Pilot implemented and reviewed. ROSC review report to ADP.	N/A	N/A	2017 -18	ADG Chair
3.2	Rec	ADP Delivery Group (ADG)	Promote mutual aid and increase numbers of groups available.	Numbers of groups.	TBC	25% increase	2017 -18	ADG Chair
3.3	Rec	ADP Delivery Group (ADG)	Re Run Quality Principles Academy (Peer review of services) training.	New Academy training completed and services reviewed.	TBC	TBC	2017 -18	ADG Chair
3.4	Rec	ADP Delivery Group (ADG)	Recovery College created locally with partners.	Recovery College prospectus for substance misuse and mental health.	N/A	N/A	2017 -18	ADG Chair

4) Families – Outcome: More children & family members who are affected by alcohol and drugs are safe, well-supported & have improved life chances								
Ref		**Area**	**Action**	**Performance/Proxy indicator**	**Baseline**	**Target**	**Timescale**	**Lead Officer**
4.1	Int	ADP Children, Young People & Families Group (CYP&F)	Implement strengthening Families Programme to improve family resilience and reduce early initiation of substance misuse.	Numbers of families with successful interventions.	TBC	TBC	2017 -18	CYP&F Chair
4.2	Pre	CYP&F	Raise awareness and confidence of staff to provide advice and guidance on Children, Young People and Families using GOPR/GIRFEC.	Number of training events.	TBC	TBC	2017 -18	CYP&F Chair
4.3	Pre	CYP&F	Work collaboratively with the Child Protection Committee and Adult Protection Committee to develop a holistic approach to prevention for Children, Young People and Families with a focus on transitions and family centred approach.	Collaborative Pathway reviewed.	N/A	N/A	2017 -18	CYP&F Chair
4.4	Int	CYP & F (see 1.3)	Review collaboratively working with the ADP Adult Delivery "Whole Family" approach.	Whole Family Approach reviewed as part of ROSC city pilot (See 3.1).	N/A	N/A	2017 -18	CYP&F Chair

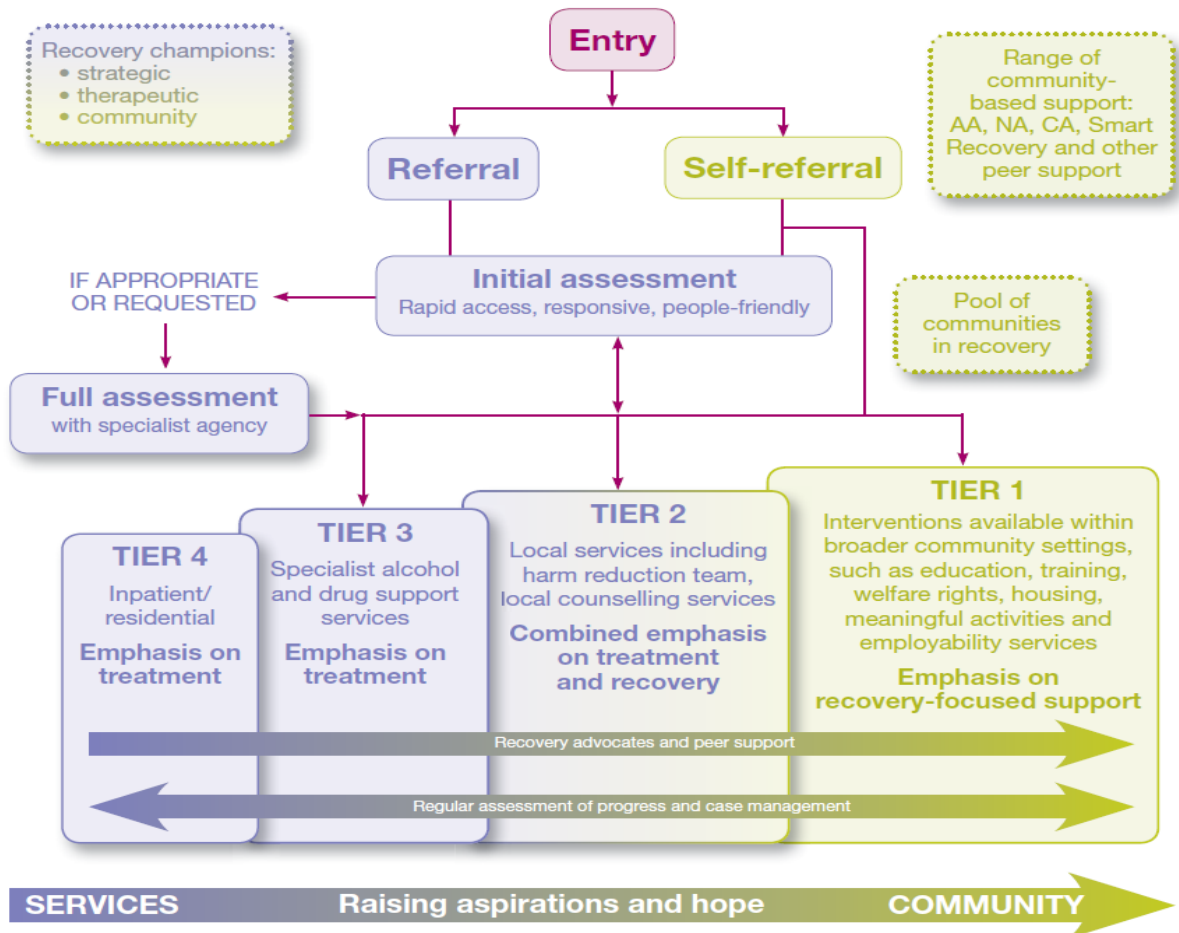| 5) Community Safety – Outcome: More communities & individuals are safe from alcohol/drug-related offending and anti-social behaviour								
Ref		**Area**	**Action**	**Performance/Proxy indicator**	**Baseline**	**Target**	**Timescale**	**Lead Officer**
5.1	Int	ADP Adult Delivery Group (ADG)	Ensure substance misusing prisoners are supported during their prison term and on release.	Number of prison care plans Number of prisoners with through care plans.	TBC	TBC	2017 -18	ADG Chair
5.2	Int	ADG	Ensure offenders are supported to address their alcohol related offending via Community Payback Orders (CPO).	Numbers of CPO with treatment requirement successfully completed.	TBC	TBC	2017 -18	ADG Chair
5.3	Int	ADG	Ensure offenders are supported to address their drug related offending via Community Payback Orders.	Numbers of CPO with treatment requirement successfully completed.	TBC	TBC	2017 -18	ADG Chair

6) Local environment – Outcome: More people live in positive, health promoting local environments where alcohol and drugs are less readily available								
Ref		**Area**	**Action**	**Performance/Proxy indicator**	**Baseline**	**Target**	**Timescale**	**Lead Officer**
6.1	Pre/Int /Rec	ADP Focus on Alcohol Group (FoA)	Review prevention, education and intervention website for: Recovery; New Psychoactive Substances (NPS); Alcohol Prevention.	Website completed.	N/A	N/A	2017 -18	FoA Chair
6.2	Pre	FoA	Review "social norming" project aimed at promoting health and wellbeing within school setting.	Project pilot completed and reviewed.	N/A	N/A	2017 -18	FoA Chair
6.3	Pre	FoA	Develop New Psychoactive Substances educational material and pilot this within two secondary schools.	Project pilot completed and reviewed.	N/A	N/A	2017 -18	FoA Chair

7) Services – Outcome: All alcohol and drugs prevention, treatment & support services are high quality. They are continually improving, efficient, evidence-based & responsive – ensuring people move through treatment into sustained recovery								
Ref		**Area**	**Action**	**Performance/Proxy indicator**	**Baseline**	**Target**	**Timescale**	**Lead Officer**
7.1	Rec	ADP Finance & Commissioning Group (F &CG)	Review service level agreements (SLA's) and reporting frameworks as part of the ROSC city pilot (see 1.3).	SLA outcomes reviewed.	N/A	N/A	2017 -18	Chair F & CG
7.2	Rec	ADP Adult Delivery Group (ADG)	Quality Principle Academy (Peer review of services).	QP – Academy service reports.	TBC	TBC	2017 -18	ADG Chair
7.3	Rec	ADP Executive Group	Review and monitor ADP Self Evaluation Calendar (Services provide Recovery Plans and progress updates).	Services provide Recovery Plans as part of annual self evaluation process.	TBC	TBC	2017 -18	ADP Chair

Appendix 1 – Recovery Model

Entry

Recovery champions:
• strategic
• therapeutic
• community

Range of community-based support: AA, NA, CA, Smart Recovery and other peer support

Referral

Self-referral

Initial assessment
Rapid access, responsive, people-friendly

IF APPROPRIATE OR REQUESTED

Pool of communities in recovery

Full assessment
with specialist agency

TIER 1
Interventions available within broader community settings, such as education, training, welfare rights, housing, meaningful activities and employability services
Emphasis on recovery-focused support

TIER 2
Local services including harm reduction team, local counselling services
Combined emphasis on treatment and recovery

TIER 3
Specialist alcohol and drug support services
Emphasis on treatment

TIER 4
Inpatient/residential
Emphasis on treatment

Recovery advocates and peer support

Regular assessment of progress and case management

SERVICES — Raising aspirations and hope — **COMMUNITY**

Appendix – 2 Recovery Pledge

Our Twelve Point Pledge

1   We will provide *all* drug and alcohol users and their families with *hope* that recovery is an achievable goal.

2   We do not accept that clients get *stuck* or are too *chaotic* to move forward in a direction they want.

3   We will support the notion of peers as *beacons of recovery* who will provide inspiration to those who are starting their journey.

4   We will support *communities of recovery* which are user and peer, as well as carer, led.

5   We accept that the role of professionals *will diminish over time* and move from directing to facilitating, and embrace the reality that recovery is people-led rather than service-led.

6   We will support the *active participation* of the clients, carers and families in recovery.

7   We acknowledge that people have the right to their *own journey of recovery*.

8   *Recovery is a holistic approach which involves a broad church of attitudes* and will involve more agencies than have traditionally been involved within the treatment model.

9   Perth and Kinross Alcohol and Drug Partnership (ADP) will support the 'Recovery Strategy' *through effective communication* of the benefits of recovery to the individual, families and communities.

10   We also pledge to support individuals, families, communities and organisations in putting a *face to recovery, to ensure that people's stories have a platform to be heard*.

11   The ADP will work with our Partners in the Community Planning Partnership to create an environment where recovery flourishes and *actively promote the 'Recovery Agenda'*.

12   Our final pledge is that we will support *recovery as a reality*.

Appendix 3

Health & Social Care - National Outcomes for Health and Wellbeing

1. **People are able to look after and improve their own health and wellbeing and live in good health for longer**
   Integrated health and social care services must be planned for, and delivered, in person-centred ways that enable and support people to look after and improve their own health and wellbeing. Our aim is to promote action to support a Scotland where people have the information, means, motivation, and opportunities to live a healthy life for as long as possible. Integrated health and social care services can influence this by providing appropriate information and working with individuals to identify how they, their local families and communities could support people to make changes happen.

2. **People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community**
   Successful integration of health and social care services will provide for more people to be cared for and supported at home or in a homely setting. This outcome aims to ensure delivery of community based services, with a focus on prevention and anticipatory care, to reduce unnecessary admissions to hospital or long term care settings. It recognises that independent living is key to improving health and wellbeing.

3. **People who use health and social care services have positive experiences of those services and have their dignity respected**
   It is important that health and social care services take full account of the needs and aspirations of the people who use services. Person centred planning and delivery of services will ensure that people receive the right service at the right time, in the right place, and services are planned for and delivered for the benefit of people who use them. For people who use care and support services, their experience of those services should be positive, and should be delivered for the person rather than to the person.

4. **Health and social care services are centred on helping to maintain or improve the quality of life of service users**
   There is unwarranted variation and inconsistency in the quality of care and support for people across Scotland. Everyone should receive the same quality of service no matter where they live. It is therefore important that we continue to improve the quality of our care services and address inconsistencies. This national health and wellbeing outcome provides for an on-going focus on continuous improvement in relation to health and social care services.

5. **Health and social care services contribute to reducing health inequalities**
   Health inequalities can be described as the unjust differences in health which occur between groups occupying different positions in society. Health inequalities can occur by gender, income, social class, deprivation, educational status, ethnicity and geography. This outcome reflects the contributory role that health and social care services have in addressing health inequalities.

6. **People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being**
   This outcome recognises the key role play by unpaid carers and reflects the importance of ensuring that health and social care services are planned and delivered with a strong focus on the wellbeing of unpaid carers.

7. **People who use health and social care services are safe from harm**
   In carrying out their responsibilities under this Act, Health Boards, Local Authorities and Integration Authorities must ensure that the planning and provision of health and social care services protects people from harm.

8. **People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do**
   It is important that the people who work in health and social care services are supported to carry out their vitally important role to a high standard, and that they feel engaged with the work they do and the people for whom they care, in order to improve the care for, and experience of service users.

9. **Resources are used effectively in the provision of health and social care services, without waste**
   Preventative and anticipatory care can play a particularly important role in achieving better outcomes for people with multiple complex needs, helping to avoid or delay admission to institutional care settings and enabling people to stay in their own homes and communities for as long as possible. If people's needs are not anticipated, and opportunities to prevent the need for institutional care are not met, people can find themselves in institutional care too early, and for too long. Not only does this situation represent a poor outcome for the person, it is also a poor use of resources that could be better deployed on other forms of care, for that person and the wider community. Health and social care services must therefore be planned for, and delivered, in ways that make best use of duty to achieve available resource while at the same time optimising outcomes for patients and service users. These considerations must be taken account of by Integration Authorities in fulfilling their legal best value.