

PROGRAMME FOR GOVERNMENT 2018-19: ADDITIONAL INVESTMENT IN SERVICES TO REDUCE PROBLEM DRUG AND ALCOHOL USE

2018-19 INVESTMENT PLANS AND REPORTING TEMPLATE

ADP: ABERDEEN CITY

Our overall aim throughout this investment is to reduce the number of drug and alcohol related deaths by 50% by 2026.

Will achieve this by:

Developing innovative ways to reduce alcohol and drug related deaths through increasing engagement in high quality, person centred services, reducing the adverse and harmful impact of parental drug / alcohol use on children, reducing the potential harm to young people caused by use of drugs / alcohol, reducing harm, morbidity and mortality, supporting recovery and development of increased business intelligence and analysis

Investment Area *	Key Challenge	Proposal & Intended Outcome	Anticipated Investment £	Anticipated Investment Measure - Progress
WORKSTREAM 1: WHOLE-FAMILY APPROACH				
Reduce the adverse and harmful impact of parental drug / alcohol use on children	Support whole family approaches in tackling substance misuse by providing support, treatment and recovery through joint working and robust quality assurance processes to ensure that the best interests of the child and their family are met.	Ensures effective joint working arrangements are in place between adult treatment services and children and family services;	Year 1: £100,000 Year 2: £100,000 Year 3: £100,000	<ul style="list-style-type: none"> - Demonstrable improved joint working, - Improved chronologies and joint case management - Holistic care for families affected by drugs and alcohol
	Enhance the support for kinship carers who have responsibility for vulnerable young people	Ensure family members, partners and carers receive a proactive offer of support and advice in relation to drug and alcohol misuse		<ul style="list-style-type: none"> - Feedback from Kinship carers
	Improve access to treatment services for parents and carers	Ensure that the most vulnerable and in particular those with children have access to appropriate services		<ul style="list-style-type: none"> - Increase in women represented in treatment stats - Increase in uptake of family planning and other harm reduction services
Reduce the potential harm to young people caused by use of drugs / alcohol through early intervention, education and prevention work and specifically targeting the most vulnerable young people	Prioritise support for Looked After Children	Ensure that prevention and early intervention work supports the most vulnerable young people in relation to drug and alcohol choices		<ul style="list-style-type: none"> - Increase in consistent programmes for at risk young people - Long term reduction of CEYP presenting with drug and alcohol related problems
	Develop a corporate educational approach in relation to drug / alcohol misuse with associated governance / assurance process	Increase the number of educational inputs by primary and secondary schools on alcohol / drugs and improve associated reporting		<ul style="list-style-type: none"> - Measurable activity and consistency in delivery across schools

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Investment Area *	Key Challenge	Proposal & Intended Outcome	Anticipated Investment £	Anticipated Investment Measure - Progress
WORKSTREAM 2 REDUCING HARM, MORTALITY AND MORBIDITY				
Reduce harm, morbidity and mortality	<i>Ensure action to reduce drug and alcohol deaths is innovative, planned, co-ordinated and reaches the most vulnerable</i>	<i>Increase the distribution and access to naloxone, particularly for people not engaged in specialist treatment services</i>	Year 1: £100,000 Year 2: £100,000 Year 3: £100,000	- Increase in distribution of naloxone to primary users and significant others
	<i>Reduce risks associated with injecting behaviour and collaborate on the agenda to eradicate Hepatitis C</i>	<i>Ensure the harm associated with Blood Borne Viruses is reduced for individuals and communities</i>		- Increase in BBV testing - Increase in BBV testing sites - Increase in case finding
	<i>Ensure substance misuse treatment programme is in place for those within the criminal justice system and provide opportunities for those not engaged in specialist treatment to engage</i>	<i>Ensure that those entering or leaving the community justice system have access to continued or opportunistic drug and alcohol treatment</i>		- Increase in uptake of treatment in justice settings - Decrease in breaks in continuity of care
	<i>Continue the development of Community Alcohol Hubs targeting communities where deprivation is greatest as a whole system / whole population approach to alcohol</i>	<i>Ensure access to alcohol services is local, integrated and targets areas of greatest need</i>		- Evaluation of the impact of alcohol hubs
	<i>Reduce the harm caused by alcohol on local communities through intervention and prevention</i>	<i>Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals</i>		- Increased number of alcohol brief interventions delivered
	<i>Develop a plan to improve understanding on how licensing could contribute to reducing the harm caused by alcohol</i>	<i>Increase knowledge of the impact of alcohol within their local community</i>		- Increase delivery of community training sessions

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Investment Area *	Key Challenge	Proposal & Intended Outcome	Anticipated Investment £	Anticipated Investment Measure - Progress
Workstream 3: Service Quality Improvement				
Ensure services are high quality, person centred and reduce the adverse and harmful impact of parental drug / alcohol use and meet the needs of service users	Continue to implement improvement activity and further develop our programme of quality assurance within our specialist services that will seek and involve service users views	Measurable and reportable quality assurance measures	Year 1:£400,000 Year 2: £400,000 Year 3: £400,000	
	Ensure that our workforce is appropriately supported and valued in our quality processes to ensure best possible care, recruitment and retention	Improved training and development for staff		- Staff service feedback and job satisfaction
	Develop innovative ways to engage those most at risk to drug or alcohol related problems	Improved low threshold access to treatment		- Increase number of service users from target cohorts engaging services
	Build capacity of our specialist services to improve access, waiting times and retention in treatment	Improved low threshold access to treatment		- We exceed waiting times standard
	Evaluate and continue the development of Community Alcohol Hubs targeted to communities where deprivation is greatest as a whole system / whole population approach to alcohol	Ensure access to alcohol services is local, integrated and targets areas of greatest need		- Evaluation of the impact of alcohol hubs
	Take forward recommendations in relation to "The Delivery of Psychological Interventions in Substance Misuse Services in Scotland Report"	Ensure service users have access to psychology and trauma informed services		

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Investment Area *	Key Challenge	Proposal & Intended Outcome	Anticipated Investment £	Anticipated Investment Measure - Progress
WORKSTREAM Supporting Recovery				
Ensure recovery is supported and visible in our communities	<i>Ensure that people undertaking recovery from drug and alcohol issues have opportunities and support to maintain drug / alcohol free lives</i>	<i>Develop a community service plan in the context of "people and place" and seek opportunities to provide those who are in recovery with appropriate support</i>	Year 1:£40,000 Year 2: £40,000 Year 3: £40,000	- <i>Locality plans include specific opportunities for people in recovery</i>
	<i>Maintain links with local recovery groups, support groups and mutual aid fellowships</i>	<i>Ensure that a range of support mechanisms in place and available to groups who support those in recovery</i>		- <i>Number and frequency of groups / meetings</i> - <i>Demographics of those attending groups / meetings</i>

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Investment Area *	Key Challenge	Proposal & Intended Outcome	Anticipated Investment £	Anticipated Investment Measure - Progress
WORKSTREAM Development of business intelligence and analysis				
Ensure delivery is development of business intelligence and analysis	<i>Develop ways of using business intelligence to improve our understanding of the causes and underlying issues which impact upon drug and alcohol related deaths</i>	<i>Improved information sharing and access to data which allows analysis to aide understanding and direct services</i>	<i>Year 1: £26,000 Year 2: £26,000 Year 3:£26,000</i>	TBD
	<i>Build capacity of our specialist services to improve access, waiting times and retention in treatment</i>	<i>Ensure Scottish Government performance reporting requirements are met</i>		TBD <i>Ensure Scottish Government performance reporting requirements are met</i>

In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integration Authority Chief Officer(s).

01/11/2018

Chair
Alcohol and Drugs Partnership

01/11/2018

Chief Officer
Aberdeen City Health & Social Care Partnership




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Appendix – reconciliation with Scottish Government priorities

Background

The Scottish Government have allocated £666,404 recurring funding to Aberdeen City ADP which will be available from September 2018. Investment intentions have to be submitted to the Scottish Government by the 26th Oct.

The criteria for the use of this funding is contained in

Funding Allocation Letter August 2018	Funding Allocation Letter May 2018	Draft National Strategy
 2018-19 - Programme for Gover	 ADP - Funding - 2018-19 - Funding let	 All Together Now - Our Strategy to Addr

The Scottish Government is currently refreshing its own National Strategy for Drugs and Alcohol. ADPs are also required to develop a new three year Delivery Plan for the period 2019 – 2022. To maximise the opportunity for involvement and to ensure our funding is aligned to local delivery priorities that may not be evident until national and local plans are fully developed we will take a programmatic approach to investment. A separate paper outlines the approach to developing the Delivery Plan over the next six months. Taking a programmatic approach will also allow, as the ADP refreshes the Delivery Plan, the ADP to engage appropriately with other local partnerships, planning processes and ensure alignment of outcomes.

We have organised the criteria for investment into broad thematic workstreams:

Workstream 1: Whole Family Approach

Workstream 2: Reducing Harm, Morbidity and Mortality

Workstream 3: Service Quality Improvement

Workstream 4: Supporting Recovery

Workstream 5: Intelligence Led Delivery

It should be noted that the above workstreams do not represent the full scope of ADP activity. The full scope of ADP activity will be represented through the work undertaken to refresh the local Delivery Plan.

Directing funding in this way will allow engagement with partners to determine the best methods for implementation, delivery, monitoring and reporting.

The allocations for each workstream are:

	Yr 1	Yr2	Yr 3
Workstream 1: Whole Family Approach	£100k	£100k	£100k
Workstream 2: Reducing Harm, Morbidity and Mortality	£100k	£100k	£100k
Workstream 3: Service Quality Improvement	£400k	£400k	£400k
Workstream 4: Supporting Recovery	£40k	£40k	£40k
Workstream 5: Intelligence Led Delivery	£26k	£26k	£26k
Total	£666k	£666k	£666k

The high level actions for each workstream can be found in **Appendix 1**.

There will be some overlap between workstreams. It is also recognised that there will be lead times required for implementation. Where feasible funds will be carried forward when an under spend is incurred. Non-recurring / unallocated under spend will be prioritised for use to support the workstreams within the framework and aligned to:

- staff training
- secondments
- equipment and resources
- community resources and grants
- public information and engagement

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Delivery methodologies

In determining the best methods for implementation we will seek to collaborate with:

- Public, localities communities of interest and service users
- Professionals
- Community Planning Partnership, and specifically Community Justice Board, Integrated Children's Services Board, Resilient, Included and Supported Group
- Aberdeen Health and Social Care Partnership

To maximise the impact of investment we will take a number to approaches to ensure resources have the appropriate impact. Broadly the framework will be:

		Example	Heading
1	Things we know work	Where we have service capacity issues, good evidence, existing requirement for continuous service improvement	Continuous Service Improvement
2	Things we don't know	Where we have ideas for innovation, ideas for new ways of working, some evidence but want to test these ideas with limited risk and build on learning	Improvement Project
3	Things we don't know that we don't know	Where we are unclear on how to improve and innovate, or the evidence is unclear we may fund someone to undertake some work to progress to the level of an Improvement Project	Action Research

By following this framework we will be able to use resources flexibly to invest in innovative new ways of working and maintain stability of service delivery, improve quality appropriately or to disinvest from areas where there is not significant improvement or change..

Governance, Accountability and Procurement

The ADP will use the governance and accountability structures of the AHSCP to manage, monitor and report on investments. Where the delivery method of any developments requires the purchase of services we will use Aberdeen City Procurement and Contracts and work within Public Contracts (Scotland) Regulations 2015.

APPENDIX 1

WORKSTREAM 1: WHOLE-FAMILY APPROACH	
SCOTTISH GOVERNMENT CRITERIA	HIGH LEVEL LOCAL ACTION
Family members, partners and carers receive a proactive offer of help, advice and support;	<p>With colleagues and through the Integrated Children’s Service Board we will:</p> <ul style="list-style-type: none"> • <i>Support whole family approaches tackling substance misuse, supporting recovery, joint working, providing quality assurance in assuring the best interests of the child and their family are met.</i> • <i>Collaborate with Managed Care Network for Sexual Health and BBVs to ensure vulnerable substance users have access to appropriate contraception planning support</i> • <i>Support Kinship carers</i> • <i>Prioritise support for Looked After Children</i> • <i>Seek to reduce stigma that inhibits people seeking help</i>
Treatment professionals with adult services have the skills to identify children who are being adversely affected by another’s alcohol and/or drug use. This includes taking a key role within GIRFEC and child welfare and protection processes and ensuring ongoing professional development within supervision processes.	
Effective joint working arrangements are in place between treatment services and children and family services (including statutory child protection services) which ensure that services work together in the best interest of the child and their family;	
Services respond to the changing needs of people using them alongside children and other family members. This would be demonstrated in their care plans, programmes and activities;	
Families have access to support and help which addresses their collective needs as a family;	
Services recognise the impact that stigma plays in accessing and engaging in a range of services amongst parents with problematic alcohol or drug use.	

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WORKSTREAM 2 REDUCING HARM, MORTALITY AND MORBIDITY	
SCOTTISH GOVERNMENT CRITERIA	HIGH LEVEL LOCAL ACTION
Improved planning and coordination of interventions to reduce and prevent drug and alcohol deaths;	<p>In collaboration we will:</p> <ul style="list-style-type: none"> • <i>Develop innovative way to develop prevention strategies to reduce drug and alcohol deaths particularly for people not engaged in specialist treatment services</i> • <i>Collaborate with the MCN for Sexual Health and BBVs to reduce risks associated with injecting behaviour and collaborate on the agenda to eradicate Hepatitis C as a means to improving all outcomes associated with Blood Borne Viruses</i> • <i>Develop innovative ways to distribute naloxone to communities not engaged in specialist treatment services</i> • <i>Work to ensure the continuity of substance misuse treatment of people moving through the justice system and ensure continuous opportunities for those not engaged in specialist treatment to engage</i> • <i>Evaluate and continue the development of Community Alcohol Hubs targeted to communities where deprivation is greatest as a whole system / whole population approach to alcohol</i> • <i>Actively support localities to reduce the impact of alcohol on hospital admission rates</i>
Broaden the delivery of key activities to reduce harm	
Work to support effective prisoner throughcare, particularly for locally identified vulnerable groups & whether this is referenced in local community justice improvement plans;	
Continuing support for the provision of naloxone in community, custodial and healthcare settings;	
Continued implementation of a Whole Population Approach for alcohol, targeting harder to reach groups, including those impacted most by the new minimum unit price for alcohol from 1 May 2018 and supporting a focus on communities where deprivation is greatest.	

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WORKSTREAM 3 SERVICE QUALITY IMPROVEMENT	
SCOTTISH GOVERNMENT CRITERIA	HIGH LEVEL LOCAL ACTION
Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the Quality Principles.	<p>In collaboration we will:</p> <ul style="list-style-type: none"> • <i>Continue to implement improvement activity and further develop our programme of quality assurance within our specialist services that will seek and involve service users views</i> • <i>Ensure that our workforce is appropriately supported and valued in our quality processes to ensure best possible care, recruitment and retention</i> • <i>Develop innovative ways to engage those most at risk to drug or alcohol related problems</i> • <i>Build capacity of our specialist services to improve access, waiting times and retention in treatment</i> • <i>Evaluate and continue the development of Community Alcohol Hubs targeted to communities where deprivation is greatest as a whole system / whole population approach to alcohol</i> • <i>Take forward recommendations in relation to “The Delivery of Psychological Interventions in Substance Misuse Services in Scotland Report”</i>
Involve people with lived and living experience / Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services;	
Ensure people have access to effective treatment - particularly those at most risk	
Reduce waiting times for treatment and support services. Particularly waits for opioid substitution therapy (OST) including where these are reported as secondary waits under the LDP Standard;	
Improved retention in treatment particularly those detoxed from alcohol and those accessing OST;	
Improved access to drug/alcohol treatment services amongst those accessing inpatient hospital services;	
Development of advocacy services;	
Services and staff must deliver person-centred, trauma-informed care	

WORKSTREAM 4 SUPPORTING RECOVERY	
SCOTTISH GOVERNMENT CRITERIA	HIGH LEVEL LOCAL ACTION
Ensure the recovery community thrives - to achieves its potential	<p>In collaboration we will:</p> <ul style="list-style-type: none"> • <i>Ensure that positive examples of recovery are visible in our communities</i> • <i>Ensure our specialist services continue to have opportunities to engage with communities of recovery</i> • <i>Work with partners to take forward recovery in the context of “people and place” and seek opportunities to take forward the recovery agenda</i> • <i>Maintain links with local recovery groups, support groups and mutual aid fellowships</i>
Continued development of recovery communities.	

WORKSTREAM 5 DEVELOP AN INTELLIGENCE-LED APPROACH TO DELIVERY

SCOTTISH GOVERNMENT CRITERIA	HIGH LEVEL LOCAL ACTION
Compliance with the Drug and Alcohol Treatment Waiting Times Local Delivery Plan (LDP) Standard, including, continuing action to increase the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database;	<p>In collaboration we will:</p> <ul style="list-style-type: none"> • <i>Build capacity of our specialist services to improve access, waiting times and retention in treatment</i> • <i>Evaluate and continue the development of Community Alcohol Hubs targeted to communities where deprivation is greatest as a whole system / whole population approach to alcohol</i> • <i>Develop ways of using intelligence to improve performance and engagement in relation to drug and alcohol related problems</i>
Implementation planning for the Drug and Alcohol Information System (DAISY) including adaptations to local delivery systems and IT infrastructure, to ensure full compliance with data entry and national reporting requirements.	
Continuing work to increase compliance with the Scottish Drugs Misuse Database data entry requirements for the SMR25 (a) and (b) datasets, in preparation for DAISY;	
Compliance with the Alcohol Brief Interventions Local Delivery Plan (LDP) Standard.	