

## **ABERDEENSHIRE COMMUNITY PLANNING BOARD – 10 JUNE 2015**

### **SOA FOCUS: ALCOHOL AND DRUGS**

#### **1 Recommendations:**

- 1.1 Discuss the progress made by the Aberdeenshire Alcohol and Drug Partnership in delivering the outcomes set out in the Single Outcome Agreement.**
- 1.2 Support activity by demonstrating how each partner is contributing towards the “alcohol and drugs” priority.**
- 1.3 Challenge performance as part of the partnership’s governance role to be satisfied that we are collectively doing as much as we can to improve outcomes, plan preventatively and join up resources.**

#### **2 Background / Discussion**

- 2.1 During the previous year the Community Planning Board has dedicated time on its agenda to scrutinising the priorities set in the Single Outcome Agreement. At its meeting in September 2014, the Board agreed a forward programme of “support and challenge” of its priorities stretching through to summer 2015.
- 2.2 The template in appendix 1 has been completed by members of the multi-agency Aberdeenshire Alcohol and Drug Partnership and is framed around the themes of prevention, resources, place and performance.
- 2.3 Board members are asked to show how their organisation is contributing towards the long-term outcome “*Reductions in health outcomes between communities and across Aberdeenshire*” as well as the specific themes highlighted in the template.
- 2.4 In light of Community Planning Partnerships being held responsible for improving outcomes for each of their priority areas, Board members are encouraged to challenge progress to date.

#### **3 Implications for Local Community Planning Groups and/or Consultation with Local Community Planning Groups**

- 3.1 Local Community Planning Groups now have the opportunity to contribute to the report to inform of any issues under this priority. This would be included under the “Place” heading within the reporting template.

#### **4 Equalities, Staffing and Resource Implications**

- 4.1 The agreement on joint resourcing and community planning partnerships published as part of the Scottish budget for 2014/15 places further emphasis on partners demonstrating how they can pool their shared

resources – budgets, staff, buildings, information – to deliver improvements for their shared priorities.

- 4.2 This report does not require an equalities impact assessment because its recommendations do not have a differential impact on people with protected characteristics.

**Gillian Robertson, ADP Commissioning and Performance Manager and  
Erin Wood, Strategic Development Officer (Community Planning)**

19 May 2015

<b>SOA PRIORITY:</b>
<b>Reduction in inequalities in health outcomes between identified communities and across Aberdeenshire</b>
<b>Aberdeenshire is the safest place in Scotland</b>
<b>LEAD PARTNERSHIP:</b>
<b>Aberdeenshire Alcohol and Drug Partnership</b>
<p>Aberdeenshire Alcohol and Drug Partnership (ADP) is a collection of public bodies, voluntary organisations and citizen activists seeking to draw interested parties together to collectively tackle the issues associated with problematic alcohol and drug use and to support recovery from addiction.</p> <p>The ADP works to its current strategy, “Healthier, Happier Safer” focusing on 3 areas: Prevention, Public Protection and Recovery. Work on a new strategy is ongoing and will be mindful of and should inform future CPP priorities.</p>
<b>PREVENTION – How is the partnership shifting towards preventative planning? Are resources being shifted?</b>
<p><b>ABI</b> – (Alcohol Brief Intervention) is recognised as an effective preventative tool through the use of short opportunistic motivational interviewing techniques to help people reflect on their current drinking behaviour. Aberdeenshire had a HEAT target of 2500 ABIs for 2014/15. We achieved 2587 comprising 1790 from NHS settings and 797 from wider settings (51 from Turning Point Scotland and 746 from Criminal Justice Social Work - ABI is embedded within CJSW as every day practice and activity in custodial settings in North Aberdeenshire). Aberdeenshire were the only area in Grampian NHS to record data from wider settings and we continue to promote this as good practice, with a number of training events lined up for Third sector organisations, CLD staff, Prison Staff and Fire staff who have agreed to report back on activity. The Fire service has also agreed to provide training to Substance Misuse staff on fire prevention. This work will hopefully help in achieving our target for 15/16 which will allow us to count 20% of ABI activity from wider settings, this was only 10% in 14/15.</p>

**Take home Naloxone** (Heroin Antidote) – continues to be issued in substantial numbers within Aberdeenshire although some training events have been undersubscribed. The exceeded target set and continues to be an area of activity to promote this with wider groups including local Forum..

**Community Activities** Aberdeenshire has three ADP Community Engagement Forums actively involved in a number of activities that would relate to prevention and increasing recovery capacity within communities. This ranges from delivering training to Forum members to funding community projects to increase capacity, raise awareness or support prevention activities. The Forums have also held a number of events raising the awareness of addiction and plan to develop further events and resources.

The Forums have supported a range of community projects. These have included a Parenting Programme in the North, involving parents and partners in the design of a programme to support them in discussing substance misuse and other risk-taking behaviour with their children. In Central, the Forum provided funding for diversionary activities for a Boys' Group. This group of 7 young men, aged 13 – 15, were identified as being very vulnerable and the funding provided the opportunity to take part in Graffiti art project, developing their confidence, skills and self-esteem. They also gained accreditation for their work. The South Forum has concentrated on ensuring local communities know about the role of the Forum and in identifying relevant issues where the Forum can be of help. This involves them going out into small rural communities with information and publicity to engage with people and strengthen local representation on the Forum.

**Diversions activities** Capacity issues have hindered implementation of the ADPs planned programme of diversionary activities resulting in an unintended underspend in this area. We are currently investigating the possibility of combining efforts with Community Safety Partnership colleagues to collaborate and improve progress.

**Young People** - A number of campaigns have been undertaken targeting young people and their parents including 'Meet The Hendersons' and awareness raising work on New Psychoactive Substances (NPS). This has helped inform young people and their families about alcohol and drugs. The alcohol and parenting don't mix campaign has run for the last two years with the Meet the Hendersons website promoting safe and sensible evidence based guidelines for parents. In February ALEC took delivery of 10,000 stickers promoting the website so that they can put sticker into the home school books of primary children who visit the bus - this has led to unprecedented activity on the site - which in the last two months has outstripped the activity after the radio campaign in 2013.

According to the 2014/15 SALSUS report, Aberdeenshire continues to see reductions in alcohol and drug use in children.

- The numbers of young people drinking alcohol in Aberdeenshire continues to fall, with the percentage of 13 year olds having had a “proper alcoholic drink” in Aberdeenshire being 3% less than the Scottish Average. The percentage of 15 year olds in this category was 5% lower than in 2010, but remains higher than the national average by 6%.
- Only 45% of 13 year olds thought it was OK for someone their age to drink alcohol, a drop of 11% since 2010, although it is 3% above the national average. 86% of 15 year olds thought it was OK for someone their age to be drinking alcohol, this is 9% higher than the National Average. There is no change in this trend from 2010.
- The Numbers of young people who had drunk alcohol in the last week continues to fall, with 13 year olds drinking in the last week falling by 8% and 15 year olds falling by 16%. 13 year olds who had had a drink in the last week were drinking an average of 17 units a week, and 15 year olds an average of 16 units.
- There has been a significant increase in the numbers of young people who had never tried to buy alcohol and a decrease in those who had bought alcohol.
- There was a significant increase in 15 year olds who have never been drunk and a decrease in those who have been drunk more than 10 times.
- The percentage of young people reporting using drugs remains below the National average. The numbers of 15 year olds having used drugs in the previous week was down by 4%, but the numbers of 13 year olds in this category had increased by 1%.

These data are not normally available at a Council level every year. Aberdeenshire ADP has arranged for the 2015/16 survey to be of sufficient size to enable an Aberdeenshire report to be published next year.

**Licensing** – The ADP continues to support all three licensing forums and also supply various statistical information to support licensing boards in their decision making progress. Whilst Aberdeenshire overall performs better than most other areas of Scotland, we have a range of communities that have alcohol related morbidity and mortality on a par with the worst performing regions of Scotland. Recent evidence has been published demonstrating a link between the density of licensed premises in Aberdeenshire and alcohol related hospital admissions. The latest citizen survey found that 40% of respondents had been adversely affected by their use of alcohol. We will continue to work with local communities to help the Boards feel able to consider a designation of ‘off-sales ‘overprovision’ in the areas with greatest morbidity in their November 2016 Policy Statements.

Gillian, are we able to say anything about the shift in resources towards prevention?

We are working closely with HMP Grampian and a range of other partners to develop activities and interventions which will allow a wider range of support prior to release to reduce addiction as well as increase skills to minimise harm and prevent risk to themselves and others. An example of this is the new worker in HMP Grampian who runs Dads Groups promoting parenting and appropriate play and interaction with their children.

There are currently services working with Police Scotland to support people in custody suites prior to appearing in court and this offers ABI as well as the widest range of ongoing support if the person does not receive a custodial sentence. This service follows up with people after their initial contact

### **RESOURCES – To what extent is the partnership and its members jointly resourcing the shared outcomes?**

#### **Service Redesign -**

We've been working hard to redesign services to:

- a. Improve waiting times/ responsiveness/ quality.
- b. Integrate services, achieve efficiencies.
- c. Shift balance of care from drugs to alcohol.
- d. Shift balance from specialised treatment to community aftercare.

We are making headway in the redesign of our services. This has involved pilots in Huntly and Peterhead developing a model offering a single point of access offering the range of services appropriate to this customer group. The aim of this is to provide an integrated offer of treatment and support as well as an easy access into services. On reviewing the pilots, partners accepted that the Peterhead pilot had provided valuable information to help the development of our redesign of services and improve access and performance. This pilot also recognised the reduction in waiting times and a shorter time waited to receive further support including prescribing. As a result of this, agreement has been reached to increase capacity in the partnership to allow further Single points of Access for substance misuse in addition to more capacity to help people move on from specialist services and into meaningful activities e.g. integrating into the community, training, volunteering and employment. In addition to funding for treatment and recovery services coming from the ADP, Local Authority and NHS, we recently received match funding from DWP to aid this increase in capacity and to support improved outcomes and recording of moving on and out activities. Aberdeenshire ADP have also submitted a request for some ESF money (through Aberdeenshire Councils employability group) to part fund an

Addiction Workers Training Programme in Aberdeenshire which would offer jobs for people well into recovery, as well as increase capacity and awareness in communities.

The National Waiting Times target of 90% of people being seen within three weeks of referral and 100% within 6 has been a real challenge in Aberdeenshire over the last 18 months. However, through delivering training and development of a more customer focussed and collaborative approach, we have achieved the 90% target in March and April 2015.

**Integrating to wider partnerships** - The ADP are being represented at a wider range of partnerships that would be relevant to this customer group and will aid a more customer focussed service this includes Tackling Poverty and Inequalities, Employability and Welfare Reform, Community Safety and Health Inequalities. Joint working in these areas is not only improving the customer service but educating our services and allowing the most appropriate use of resources.

We continue to meet with Homeless Manager in Aberdeenshire and are looking at how we can further work closer together. We have also encouraged all services in the North to attend the recent training on Universal Credit and are working with DWP to determine how to ensure tailored conditionality is used for appropriate people locally.

Work is ongoing with services to help train on additional support and to publicise the new Single Points of access to allow referrals and signposting through the widest range of partners with a simple common referral form devised by services.

**PLACE – To what extent is the partnership focussing on place? This will include reference to any issues raised by Local Community Planning Groups**

Aberdeenshire ADP have three Community Forums – 1 each for South, Central and North areas. The membership of these groups is increasing and as a result we have invested in three part time members of staff to support and develop forum activities. A key strategic priority for the ADP is to mobilise local communities to counter the normalisation of inappropriate alcohol and drug consumption; take ownership and get involved in ADP decision making and use of resources; and contribute to service delivery through co-production. The Forums use a form of participatory budgeting with a budget of £70k/pa designed to enable meaningful conversations that lead to wiser local action and involve communities in local decision making. We've got a good

track record on this with aspirations to grow. Historically, people with or affected by substance use problems have often felt stigmatised, marginalised and reluctant to publically engage. Forums have helped to dramatically turn this around and have facilitated a range of community engagement 'Big Blether' events over the past year with turnouts of 140, 160 and 60 people witnessed.

The introduction of Service User Involvement Co-ordinators and Forum support workers has provided the capacity to facilitate these community events. Results from these will help inform direction of local community activities as well as help inform the new ADP strategy this year and can be shared with appropriate partners.

Feedback from such events have driven the work of the ADP. For example, Service Users indicated that access to transport and the costs of transport were barriers to participating proactively in recovery treatment and other activities. Aberdeenshire ADP secured agreement with Transport Scotland to pilot a 4 month project providing people in recovery with bus passes through the concessionary travel scheme. The pilot demonstrated improved engagement and a dramatic 3 fold reduction in 'Did Not Attend' rates. Scottish Government are currently reflecting on a potential change to the scheme nationwide. In conjunction with the Forums, the ADP actively promotes and supports service user involvement, mutual aid and peer support as part of our co-production agenda. Despite an ebb and flow, as folk come and go, we have a vibrant set of recovery and family peer support groups.

Total Place – Total Place provides a methodology for partner organisations including Aberdeenshire ADP, Aberdeenshire Council, Fire and Rescue Scotland, NHS Grampian and Police Scotland to commit to joint resourcing in order to shift towards preventative spend in geographical delivery of services matched to areas of high demand resulting in a disproportionately high proportion of partners resources invested in that area. The ADP has signed off the Total Place information sharing protocol and is a willing partner in progressing a pilot in Fraserburgh.

We have delivered training to our services to increase accuracy in recording on ISD databases and this includes input of full postcode. This will hopefully allow Aberdeenshire ADP to have a better understanding of geographical information as well as indicate any issues in rural parts in accessing services

**PERFORMANCE – How is the partnership performing in delivering the outcomes set out in the Single Outcome Agreement?**

- Long term.
  - o Alcohol. There are signs of improvement in younger people but emergent trends regards drinking in older people, over 55. As a partnership we are currently mapping services geographically and by age through our customer journey which will identify any gaps in support. Continue to have a whole population approach with campaigns to support this as well as establishing more options for Alcohol Dettox.
  - o Drugs. Again there is an older age group accessing support with the greatest increase showing in those aged 36-44. Many of the people are in support for substantially longer than other addiction services and have often deep-seated and complex issues to overcome
- Medium term.
  - o Alcohol. Rate of those drinking above recommended limits stubbornly staying at 43%. We are working in partnership to identify new routes into services and campaigns to raise awareness of services as well as the sensible drinking messages. The availability of alcohol in some areas, minimum unit pricing and control in the growth of supermarket off-sales are key. We currently provide a number of statistics to the licensing boards as well as having representation but to date this does not seem to have had any impact on licensing decisions.
  - o Drugs. Changes in the pattern of use. Heroin declining. Increase in NPS use.
- Short term.
  - o Alcohol. Consistently lower than City or Scotland but still historically high compared to 20 years ago and compared to European standards. Aberdeenshire has about 10 deaths per 100,000 per year compared to Scotland's 21 – one of the 'best performers in Scotland'. However other European countries have averages of 8 per 100,000 eg Sweden and parts of our community have averages on par with the worst areas of Scotland. Indirect deaths are many times higher. Scotland has seen a drop in alcohol related deaths from 33 per 100000 in 2003 to 21 (36% drop); shire for same period dropped 13.56 to 9, a 33% drop. We see a large variation in these figures by ward with many being well below the National figures while a couple are well above this average.
  - o Drugs. DRD rate. Saw an increase in last year but after analysis of data this figure is with normal realms. 2013 was a bad/ atypical year, 2014 was a relatively good year (less than our 3 year rolling average), 2015 so far looks promising with only 4 recorded so far.

Commissioning – We are currently reviewing our commissioning strategy to ensure we are undertaking this process in line with requirements and to help identify need and allocated resources accordingly. This will be in place for 16/17

Successful reporting as a first this year for ABIs from wider settings and plans with a wide range of partners to expand this and allow 20% of ABI HEAT target to be counted from partners in 15/16.

**PERFORMANCE – How is the partnership performing in delivering the action plan set out in the Single Outcome Agreement?**

Alcohol related hospital stays have increased slightly in 2013 however we are statistically significantly better than the Scottish average, and the number of deaths related to alcohol has decreased slightly in 2013 (23). We are however seeing an increased number of people accessing the services for support with alcohol addiction and we currently assess that about 10% of those requiring support are accessing services. We are hopeful that the creation of single points of access and the promotion of these will allow more people to enter substance misuse services and take us nearer the target of 50%. There are increased percentage of people in recovery from Drug abuse and we estimate this to be about 42%.

We are mindful that many of our statistics are better than the national average but this does not allow us to understand the areas that may have high levels of need and we are working at getting better able to identify these needs in addition to advertising our services and making them easily accessible.

Whilst our statistics over most measures is significantly better than the Scottish average the percentage of 15 year old pupils who have taken drugs in the last year is very close to the national average. The number of 15 year olds using alcohol weekly is the same as the national average which bucks the trend for our statistics in general. The Forum have commissioned a piece of work to gather additional information to help inform what needs to be done to tackle this issue which the Families, Children and Young People group will also support. Families, Children & Young People is a task group of the Shire Alcohol and Drug Partnership and the group remit is to look at the actions in the delivery plan around the affected families, children and young people and the group report directly to A/Shire ADP around those actions.

The group is also linked to Aberdeenshire Child & Family Protection Committee

An area highlighted as increased numbers is child protection with parental drug misuse. In Aberdeenshire this rose from 4.1 in 2013 to 5.1 in 2014 whilst the national average also increased this was only by 0.3 to 6.7. The numbers of Child Protection with parental drug or alcohol misuse also increase by 0.9 in Aberdeenshire but the national average increase by 1.3 to 10.9.

The numbers of people accessing services within three weeks is increasing for both drug and alcohol services and reached the 90% target in March and April 2015. We continue to monitor this closely and work with partners to ensure we have consistent and accurate recording whilst seeing people as quickly as possible.