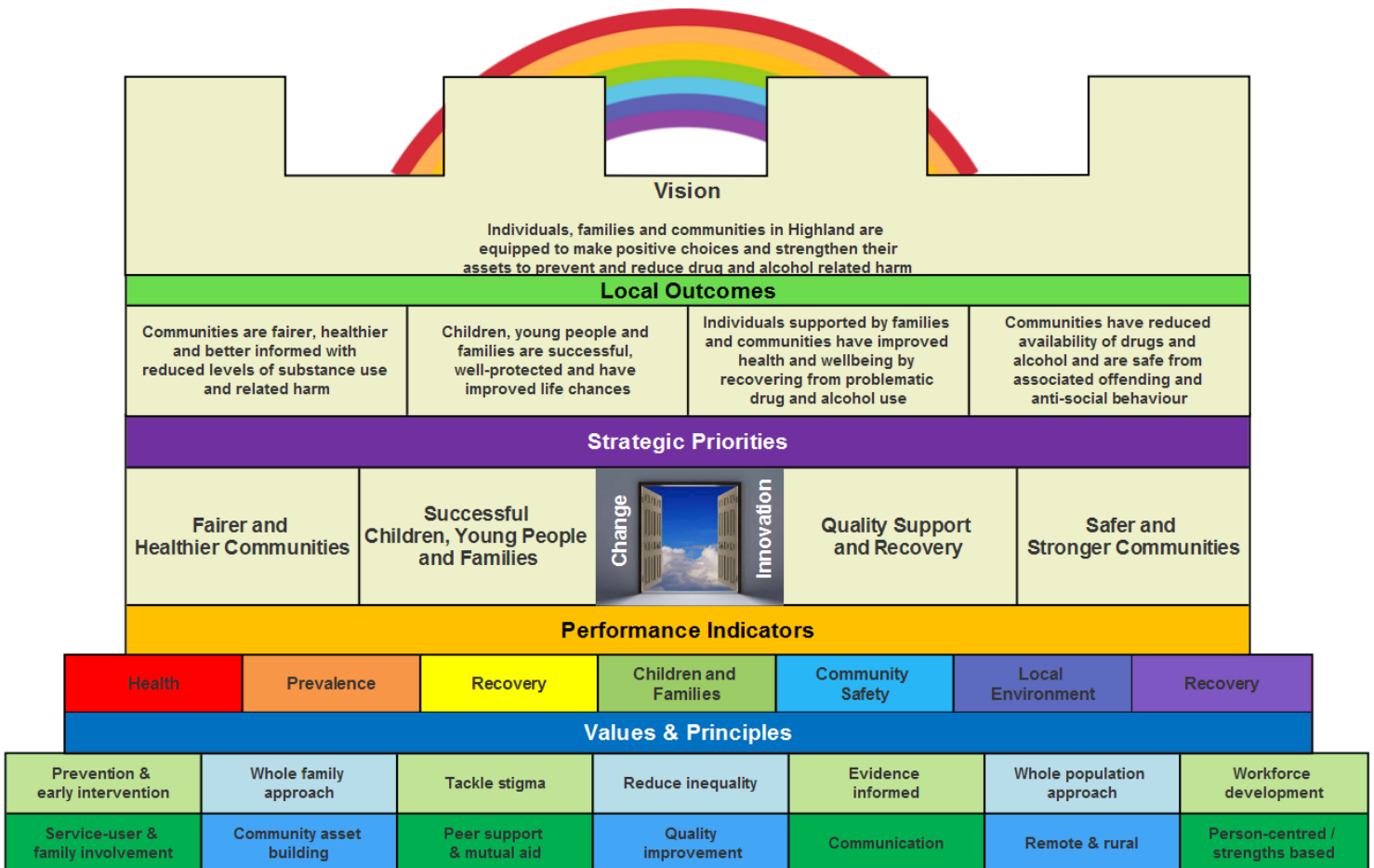




# Highland Alcohol and Drugs Strategy 2017 – 2020



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## 1. Background

### 1.1 Introduction

This document sets out the Highland Alcohol and Drugs Partnership (HADP) strategy for preventing and reducing alcohol and drug related harm from 2017 to 2020. It builds on the last strategy that covered the period from 2012 to 2016. The previous strategy made a significant contribution to increased understanding of a broad range of drug and alcohol issues, whilst it also facilitated a more structured and coordinated approach to activity across partner agencies. It resulted in an improving situation in Highland, which is evidenced across a number of measures and performance indicators. Going forward, the four original strategic priorities or pillars will be further strengthened and will continue to form the basis of ongoing work for the next three years.

This document sets out the background to the strategy before moving on to a brief commentary of the national and local policy drivers that influence the current direction of travel. Improvement methodology is then used to illustrate a summary of the refreshed strategy. Further detail is then provided on each pillar of the strategy that includes a short rationale, recognition of key achievements thus far, followed by a series of actions presented in an abbreviated logic model format. The alcohol and drug monies are then accounted for with links made to the strategic commissioning cycle, with acknowledgement of the need for further work to set out HADP's future commissioning intentions. The performance management framework for the strategy is then explained with a particular focus on outcomes reporting and service evaluation. Overall, this document aims to clarify the function of HADP and set out a structured plan for preventing and reducing drug and alcohol related harm.

### 1.2 Purpose

It is the purpose of HADP to achieve improved outcomes for individuals, families and communities by preventing and reducing drug and alcohol related harm. As a multi-agency partnership, HADP is responsible for setting the overarching alcohol and drugs strategy and action plan for Highland. The current membership includes Highland Council, NHS Highland, Police Scotland, Third Sector, Crown Office, Scottish Prison Service, Scottish Fire and Rescue Service and local drug and alcohol forums.

### Role

It is the role of HADP to:

- *Implement an alcohol and drugs strategy informed by local needs assessment*
- *Reduce inequality and harm via activity ranging from prevention through to recovery*
- *Deliver quality services that support recovery and involve service users and families*
- *Provide a commissioning framework and direct funding towards agreed priorities*
- *Regularly report on performance and measure progress against a set of indicators*
- *Respond to changing national and local priorities*

### 1.3 Governance and Accountability

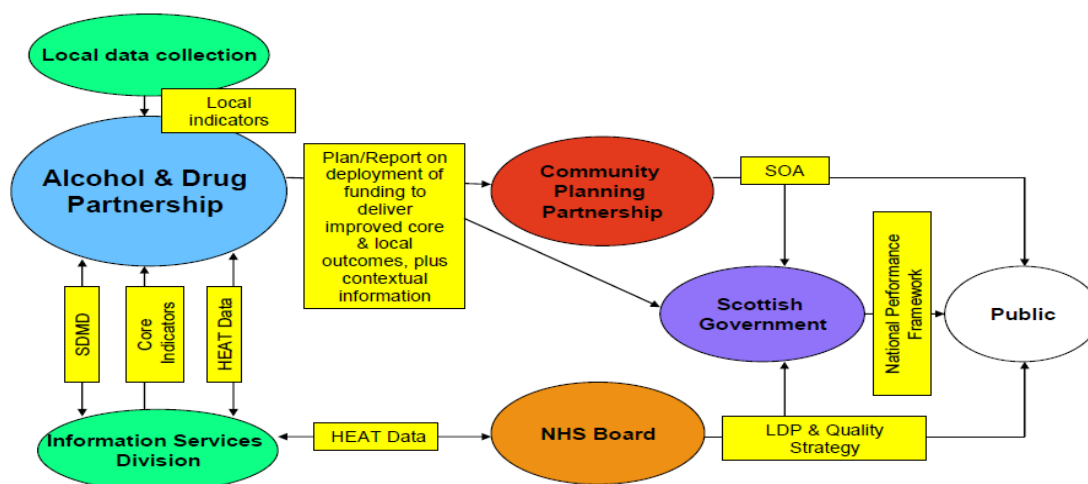
HADP is accountable nationally to the Scottish Government and locally to the 'Safer Highland' strand of the Community Planning Partnership (CPP). HADP produces a three year local delivery plan<sup>1</sup> that is monitored through an annual reporting process. This involves partner agencies submitting quarterly progress reports on relevant actions and outcomes in the strategy. These are then collated into an annual report that is submitted to Scottish Government and the CPP, who in turn provide feedback highlighting good practice as well as areas for improvement. The HADP annual report<sup>2</sup> is also submitted to the NHS Board and the Health and Social Care Committee for scrutiny. HADP holds responsibility for reporting on the drug and alcohol elements of the Single Outcome Agreement (SOA) and feeds in to the NHS Local Delivery Plan, on the Health Improvement, Efficiency, Access and Treatment (HEAT) standards for Alcohol Brief Intervention's (ABI's) and treatment waiting times.

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<sup>1</sup> <http://www.highland-adp.org.uk/hadp-publications>

<sup>2</sup> <http://www.highland-adp.org.uk/hadp-publications>

**Figure 1. Governance and Planning**



### 1.4 Strategic Needs Assessment

To inform development of the strategy, a strategic needs assessment was conducted.<sup>3</sup> Systematic procedures were applied to the collation of a broad range of quantitative data, much of which is already used to regularly monitor performance through local and national core indicators. In addition, a range of qualitative methods were employed to ensure the priorities of stakeholders, including communities are reflected in the content of the strategy. The consultation methods included:

- *Community consultation events*
- *Public survey*
- *Citizens' panel*
- *Stakeholder development event*

Work on the strategic needs assessment is ongoing, with the current version providing a series of recommendations on areas of priority need that are summarised as follows:

- *Quality assured resources and consistent approaches to prevention activity*
- *Evidence-informed and family inclusive prevention and education activity*
- *Increased support for children/young people affected by parental or personal substance use*
- *Community awareness and participation in whole population approaches (WPA's)*
- *Effective use of social media and positive communications*
- *Target ABI's to tackle health inequalities*
- *Improve data collection and understanding of inequalities and cross cutting issues*
- *Establish integrated and coordinated workforce development*
- *Tackle stigma and discriminatory attitudes and practices*
- *Develop new service models e.g. remote and rural, ageing population*
- *Increase Third Sector/independent provision e.g. mutual aid, peer support*
- *Fully embed and evidence a recovery ethos and practices across services*
- *Service user and family involvement in the development and evaluation of services*

The recommendations drawn from the needs assessment have been reflected and integrated into the structure and content of the strategy.

### 1.5 National Outcomes

The Scottish Government has set sixteen national outcomes that describe what they want to achieve and the type of society they aim to create for all citizens. HADP has a role to play in

<sup>3</sup> <http://www.highland-adp.org.uk/hadp-publications>

contributing towards making Scotland and Highland a better place to live. The national outcomes are as follows:<sup>4</sup>

<b>National Outcomes</b>	
<i>Attractive place to do business</i>	<i>Live in well-designed sustainable places</i>
<i>Realise our full economic potential</i>	<i>Live lives free from crime, disorder and danger</i>
<i>Renowned for research and innovation</i>	<i>Strong, resilient and supportive communities</i>
<i>Young people are successful learners</i>	<i>Enjoy the built and natural environment</i>
<i>Children have the best start in life</i>	<i>Fair and inclusive national identity</i>
<i>Population live longer, healthier lives</i>	<i>Reduced local and global environmental impact</i>
<i>Tackled significant inequalities</i>	<i>People maintain independence as they get older</i>
<i>Improved life chances for those at risk</i>	<i>High quality, continuously improving public services</i>

## 1.6 National Drug and Alcohol Outcomes

In order to refine the results the Scottish Government want to realise for society, a set of seven national drug and alcohol outcomes have been established and HADP is tasked with directly contributing towards their attainment. The national drug and alcohol outcomes are as follows:<sup>5</sup>

<b>National Drug and Alcohol Outcomes</b>	
<b>Health</b>	<i>People are healthier and experience fewer risks as a result of alcohol and drug use</i>
<b>Prevalence</b>	<i>Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others</i>
<b>Recovery</b>	<i>Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use</i>
<b>Children and Families</b>	<i>Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances</i>
<b>Community Safety</b>	<i>Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour</i>
<b>Local Environment</b>	<i>People live in positive, health-promoting local environments where alcohol and drugs are less readily available</i>
<b>Services</b>	<i>Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery</i>

## 2. Policy Drivers

### 2.1 Alcohol and Drugs Strategies

The *Road to Recovery* drugs strategy<sup>6</sup>, *Changing Scotland's Relationship with Alcohol: A Framework for Action*<sup>7</sup>, the *National Delivery Framework for Alcohol and Drug Delivery* and the *Quality Alcohol Treatment and Support (QATS)*<sup>8</sup> report continue to provide the national framework for delivering alcohol and drug prevention, treatment and support in Scotland.

The Scottish Government is currently refreshing the national alcohol strategy and a Partnership for Action on Drugs in Scotland (PADS) group has been set up to update the focus of the national drugs strategy. It is expected that in the future HADP will work with local partners to progress recommendations from the refreshed alcohol strategy and PADS group. Since 2012, HADP has been delivering the *Highland Alcohol and Drugs Strategy*<sup>9</sup>, a localised version of the national strategies which will be replaced by this document.

<sup>4</sup> <http://www.gov.scot/About/Performance/scotPerforms/outcome>

<sup>5</sup> <http://www.gov.scot/Resource/0039/00394539.pdf>

<sup>6</sup> <http://www.gov.scot/Resource/Doc/224480/0060586.pdf>

<sup>7</sup> <http://www.gov.scot/Resource/Doc/262905/0078610.pdf>

<sup>8</sup> <http://www.gov.scot/Resource/Doc/346631/0115327.pdf>

<sup>9</sup> <http://www.highland-adp.org.uk/hadp-publications>

## 2.2 Quality Improvement

The Quality Improvement Framework (QIF) is the focus of the next phase of delivery of the national alcohol and drugs strategies. Its purpose is to ensure quality is embedded and evidenced across all services in Scotland. That is quality in the provision of care, treatment and recovery services and quality in the data that will evidence the medium and long-term outcomes of people in recovery.

The QIF is made up of the following:

- *Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services*<sup>10</sup>
- *Revised planning and reporting arrangements for ADP's*
- *Workforce development programme*
- *Single integrated Drug and Alcohol Information System (DAISy) and the Recovery Outcomes (RO) Tool*

The framework is aligned to the Highland Quality Approach (HQA)<sup>11</sup>, which aims to improve care and achieve better outcomes for people. The HQA recognises the importance of improving the health of the population, and the need to focus on person-centred care and quality improvement to achieve better health, better care and better value. In response to national and local priorities, HADP is driving improvements to establish Recovery Oriented Systems of Care (ROSC) across Highland.

## 2.3 Ministerial Priorities

HADP is issued with ministerial priorities and is required to report on progress with implementing these, through the annual reporting process. Ministerial priorities over the past few years include:

- *Shift in emphasis to prevention*
- *Extend WPA's*
- *Embed ABI's (extend to harder to reach groups/deprived communities)*
- *Prevent New Psychoactive Substance (NPS) use*
- *Comply with data needs (treatment waiting times and DAISy)*
- *Implement the QIF*
- *Improve the delivery of Opiate Replacement Therapies (ORT)*
- *Extend reach of the naloxone programme*
- *Reduce harm and drug related deaths*
- *Improve responses to people in the justice system*
- *Improve throughcare processes*

## 2.4 NHS Standards

The NHS Local Delivery Plan (LDP) sets out the delivery agreement between the Scottish Government Health Department and NHS Highland, based on key Ministerial targets. There are two alcohol and drug HEAT standards:

- **H4** – *Deliver the agreed number of ABI's in priority and wider settings*
- **A11** – *90% of clients will wait no longer than three weeks from referral received for appropriate drug or alcohol treatment that supports their recovery*

The HEAT standards are embedded within the HADP planning and performance management framework. Whilst NHS Highland has consistently exceeded the H4 standard, sustaining the A11 standard is challenging, with more people presenting for help. In addition, staff capacity, remote geography and filling posts in rural areas are persistent hurdles that HADP is working to resolve. Overall, almost three quarters of people are able to access their first treatment within three weeks, but long waits for secondary treatment remain an ongoing challenge.

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<sup>10</sup> <http://www.gov.scot/Resource/0045/00458148.pdf>

<sup>11</sup> <http://www.nhshighland.scot.nhs.uk/AboutUs/HQA/Pages/Welcome.aspx>



## 2.5 Getting Our Priorities Right (GOPR)

The Highland GOPR<sup>12</sup> guidance provides a good practice framework for all child and adult service practitioners working with vulnerable children and families affected by problematic parental alcohol and/or drug use. It reflects the *Highland Practice Model*, the national *Getting It Right for Every Child* (GIRFEC)<sup>13</sup> approach as well as the recovery agenda, with a focus on ‘whole family’ recovery. GIRFEC is being threaded through all existing policy, practice, strategy and legislation affecting children, young people and their families. This approach underpins the *Children and Young People* (Scotland) Act 2014<sup>14</sup>, the *Early Years Framework*<sup>15</sup>, *Curriculum for Excellence*<sup>16</sup> and a range of programmes to support improvements in services.

## 2.6 New Psychoactive Substances (NPS)

The UK *Psychoactive Substances Act*<sup>17</sup> commenced in 2016 with HADP required to support the management of the legislation. The Act creates new civil and criminal offences to produce, supply, offer to supply, possess with intent to supply, possess within a custodial institution, and import and export psychoactive substances. However, legislation alone is not sufficient to respond to the challenges of NPS. HADP will therefore need to continue to improve approaches to prevention and ensure there are workforce development opportunities to enhance knowledge and skills for responding to NPS use.

## 2.7 Integration of Health and Social Care

The Public Bodies (Joint Working) (Scotland) Act 2014, *Integration of Health and Social Care*<sup>18</sup>, came into force in April 2016. It brings together NHS Highland and Highland Council care services under one partnership arrangement (lead agency model) that is governed by the Health and Social Care Committee. Integration combines and co-ordinates service provision to meet the needs of individuals, including those with drug and alcohol problems. HADP is working to link in to the local decision-making process and raise awareness of alcohol and drug issues to ensure appropriate outcomes are embedded within the new health and social care arrangements. The *Health and Social Care Delivery Plan* (2016)<sup>19</sup> sets out the national programme for development with a focus on prevention, early intervention and supported self-management. The plan brings together health and social care integration, the National Clinical Strategy, public health improvement and work on NHS board reform. It states that the Alcohol Framework will be refreshed and will build on the progress made so far across the key areas of reducing the harms of consumption, supporting families and communities, encouraging positive attitudes and choices, and supporting effective treatment.

## 2.8 Community Empowerment

The *Community Empowerment (Scotland) Act 2015*<sup>20</sup> places duties on public services to work in partnership with local communities. The law requires that local public sector bodies like Highland Council, NHS Highland and Police Scotland secure the participation of communities through working together in community planning. The aim is to ensure services are shaped to meet local needs and that community planning contributes effectively to improving outcomes and reducing inequality. HADP is located within the Safer Highland strand of the overarching Highland Community Planning Partnership. At community level, nine local community planning partnerships have been established across the Highland area and HADP is working to create links in order to progress the drug and alcohol agenda.

## 2.9 A Fairer Scotland

The *Fairer Scotland Action Plan*<sup>21</sup> published in 2016 sets out the Scottish Government’s commitment to create ‘inclusive growth’, as a priority for fairness. It underpins the ambition to tackle

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<sup>12</sup> <http://www.forhighlandschildren.org/>

<sup>13</sup> <http://www.forhighlandschildren.org/>

<sup>14</sup> <http://www.gov.scot/Resource/0049/00490013.pdf>

<sup>15</sup> <http://www.gov.scot/resource/doc/257007/0076309.pdf>

<sup>16</sup> <http://www.gov.scot/resource/doc/226155/0061245.pdf>

<sup>17</sup> <http://www.legislation.gov.uk/ukpga/2016/2/contents/enacted>

<sup>18</sup> [http://www.legislation.gov.uk/asp/2014/9/pdfs/asp\\_20140009\\_en.pdf](http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf)

<sup>19</sup> <http://www.gov.scot/Resource/0051/00511950.pdf>

<sup>20</sup> <http://www.legislation.gov.uk/asp/2015/6/contents/enacted>

<sup>21</sup> <http://www.gov.scot/Resource/0050/00506841.pdf>

inequality and boost competitiveness and provides a vision of an economy where everyone can contribute and where the benefits of growth are shared by all. The national action plan is built on five high-level ambitions that will guide the work of HADP partners in tackling poverty and inequality:

- *A fairer Scotland for all*
- *Ending child poverty*
- *A strong start for all young people*
- *Fairer working lives*
- *A thriving third age*

## 2.10 Community Justice

The *Community Justice (Scotland) Act 2016*<sup>22</sup> established the Highland Community Justice Partnership (CJP), which is tasked with implementing strategic planning for the delivery and commissioning of community justice services. Accountable to the CPP, the CJP includes partners from across the public and Third Sector, who all share collective responsibility for improving community justice outcomes such as preventing offending and reducing reoffending. The role of the CJP includes implementing a performance and improvement framework and devising a local outcomes improvement plan (LOIP) that improves community understanding, ensures equal access to services and delivers effective evidence-based interventions so fewer people go or return to prison. The work of the CJP is driven by the *National Strategy for Community Justice*<sup>23</sup> which acknowledges the need to address complex needs including drug and alcohol use and increase the availability and quality of community disposals such as community payback orders (CPO's) and drug treatment and testing orders (DTTO's). The Highland CJP has produced an action plan for 2017/18 and it is expected that HADP will collaborate to improve outcomes related to drug and alcohol use in community justice settings. There will be shared representation on each other's structures to ensure strategies and plans are aligned and complimentary.

## 2.11 Welfare Reform

The UK Government's Welfare Reform programme is occurring at the same time as public sector agencies are experiencing ongoing financial pressures. The changes are predicted to have negative impacts on many vulnerable people due to loss of income and are likely to result in increasing levels of poverty and disadvantage. It is predicted that levels of problem drug and alcohol use will increase, thereby adding to the pressure on treatment services. The national *Welfare Reform Outcome Focussed Plan*<sup>24</sup> identifies the actions and measures that can be taken by public services such as the NHS to mitigate the worst effects of welfare reform. Drug and Alcohol Recovery Services in Highland are currently working in partnership with Job Centre Plus to encourage welfare provision to play a supportive role in the treatment and recovery process, as far as possible.

## 2.12 Stigma and Discrimination

HADP is committed to reducing stigma and challenging discriminatory attitudes and practices. Encouraging the public and professionals to view drug and alcohol problems as akin to other health issues will in the longer-term help to address prejudice as well as build greater equality. Stigmatising people can result in difficult situations becoming worse, and make it much harder to access help. Stereotyping people with drug and alcohol problems as *evil, thieving, dirty, dangerous, violent or infected* attaches a negative label that can be life-long and act as a barrier to recovery. Reducing stigma is also a priority as it hampers policy initiatives that aim to achieve improvements in public health, tackle inequality and increase inclusion.<sup>25</sup>

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<sup>22</sup> <http://www.legislation.gov.uk/asp/2016/10/section/35>

<sup>23</sup> <http://www.gov.scot/Resource/0051/00510489.pdf>

<sup>24</sup> <http://www.gov.scot/Resource/0044/00448578.pdf>

<sup>25</sup> <http://www.dldocs.stir.ac.uk/documents/scotstigma.pdf>



### 3. Strategic Vision

#### 3.1 Strategic Vision

The overarching strategic vision for HADP is that:

Vision
<i>Individuals, families and communities in Highland are equipped to make positive choices and strengthen local assets to prevent and reduce drug and alcohol related harm.</i>

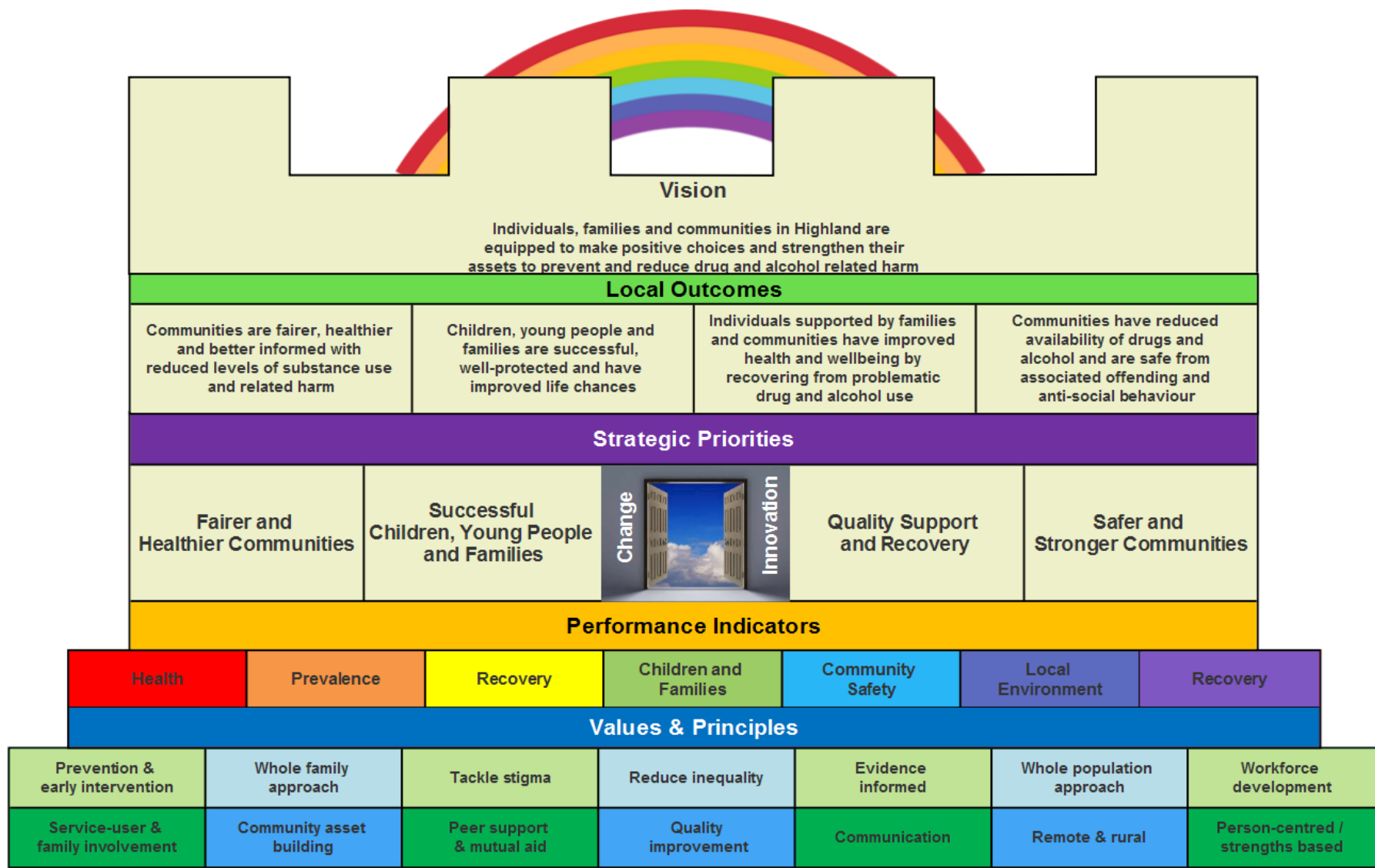
Building on the previous strategy, a continuous improvement approach has been applied to refreshing the local outcomes and main areas of delivery, required to support progress toward achieving the HADP vision. It has been agreed that going forward the four original strategic priorities or pillars will continue to form the basis of activity over the next three years. The four pillars are:

- ***Fairer and Healthier Communities***
- ***Successful Children Young People and Families***
- ***Quality Support and Recovery***
- ***Safer and Stronger Communities***

#### 3.2 Production House

The HADP Production House in Figure 2 utilises improvement methodology to provide a concise visual guide to the strategy. The building blocks of the house represent the shared values and principles that will underpin all activity. The roof symbolises the HADP vision that will be achieved by delivering the local outcomes. The four pillars signify a structured approach to prioritising and organising activity. Underlying the pillars are the performance indicators that HADP continually monitors to assess the effectiveness of the strategy or ensure the structural integrity of the house. The door at the front represents change and innovation which are linked to all pillars.

Figure 2. Production House



[www.highland-adp.org.uk](http://www.highland-adp.org.uk)

### 3.3 Values and Principles

HADP's values and principles provide the foundations for partnership working: they describe the beliefs, ideals and priorities that all partners are committed to. They are the foundations that HADP builds on to achieve its vision for Highland communities and provides the basis for guiding all activity. The values and principles are not set out in any particular order, but illustrate what partners have in common with each other with particular applications or combinations being weighted more toward the remit of certain agencies.

<b>Values and Principles</b>	
<b>Prevention and Early Intervention</b>	<i>Shifting emphasis toward prevention and early intervention will improve the longer term health and wellbeing for all of society.</i>
<b>Whole Family Approach</b>	<i>Where appropriate, families/networks should be included in an individual's care as a resource for strengthening social and recovery capital. A whole family approach underpins effective integrated practice between adult and children's services and delivers improved outcomes for children and their families.</i>
<b>Tackle Stigma</b>	<i>Viewing problem drug and alcohol use as akin to other health issues will help to address prejudice and marginalization. Challenging discriminatory attitudes and practices is essential for building equality and tackling inequality.</i>
<b>Reduce Inequality</b>	<i>Tackling poverty and inequality through improving economic, environmental and social circumstances will support people to make positive choices, improve health and reduce the risks and harms associated with drug and alcohol use.</i>
<b>Evidence-informed</b>	<i>Better outcomes for people and communities can be achieved by applying evidence of what works. It identifies the potential benefits, harms and costs of interventions, whilst acknowledging that what works in one context may not be appropriate in another.</i>
<b>Whole Population Approach</b>	<i>Reducing overall alcohol consumption across the population will reduce associated health and social problems. Alcohol control measures (price and availability), drink-driving laws and brief interventions for harmful and hazardous drinkers are the most effective alcohol policies.</i>
<b>Workforce Development</b>	<i>Improving drug and alcohol outcomes for individuals, families and communities requires the delivery of quality workforce development opportunities.</i>
<b>Service-user and Family Involvement</b>	<i>Service users and their families should be actively involved in planning, delivering and evaluating service provision. It strengthens accountability, ensures genuine responsiveness to needs and fosters a sense of ownership and trust.</i>
<b>Community Asset Building</b>	<i>Positive health and social outcomes occur when people and communities have opportunities to control their own futures. Asset based approaches facilitate community action that can achieve positive social change by utilising local knowledge, skills and lived experience.</i>
<b>Peer Support and Mutual Aid</b>	<i>Sustained recovery and positive outcomes are associated with mutual aid and peer support. Mutual aid can make a significant contribution to aftercare, particularly in remote and rural areas where service provision may be limited.</i>
<b>Quality Improvement</b>	<i>All workers are responsible for ensuring drug and alcohol services continue to improve by applying formal approaches to the analysis of performance and by making systematic efforts to improve it. The delivery of services must always be safe, effective, person-centred, timely, efficient and equitable.</i>
<b>Communication</b>	<i>Positive images and stories of recovery provide hope and inspiration to others, whilst challenging stereotypes, stigma and discriminatory attitudes towards people with problem drug and alcohol use.</i>
<b>Remote and Rural</b>	<i>Equal access to high quality drug and alcohol services should be achieved regardless of geographic location. This requires development of new service models and a significant shift in skill mix across the remote and rural health and social care workforce.</i>
<b>Strengths-based</b>	<i>A strengths-based approach values the capacity, skills, knowledge, connections and potential in individuals and communities. It involves people being co-producers in their support and can improve retention in treatment services for those with problem drug and alcohol use.</i>
<b>Recovery</b>	<i>Genuinely believing that people can and do recover to become active and contributing members of society is fundamental to drug and alcohol service and policy development.</i>

## 4. Delivering the Strategic Vision

### 4.1 Fairer and Healthier Communities

<b>Local Outcome</b>
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<b><i>Communities are fairer, healthier and better informed with reduced levels of substance use and associated harm</i></b>
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#### **Prevention and Education**

A shared priority across current public sector policy is a commitment to shifting emphasis toward prevention.<sup>26</sup> This would not only improve the health and wellbeing of the population in the longer-term but also reduce the need to focus the majority of resources on support, where drug and alcohol problems are well established. Historically, prevention and education have been viewed as applicable primarily to children and young people but are increasingly considered as necessary across the life course. It is also recognised that education and prevention in schools, albeit essential, constitutes only one component of a much broader approach. Unfortunately, knowledge of *'what works'*<sup>27</sup> is currently limited with the evidence base requiring investment and development. Added to this, it is not straightforward to evaluate preventative activity, as measuring something that has not happened yet, alongside identifying the interventions most likely to have impacted positively in the longer-term, is complicated.<sup>28</sup>

Nevertheless, adolescent substance use appears to be decreasing<sup>29</sup> which infers that current activities aimed at promoting healthier choices are having a positive impact. This is reflected in the available research, which indicates that improved outcomes can be achieved by embedding prevention in more holistic strategies that promote healthy development and wellbeing.<sup>30</sup> Other effective approaches include family-inclusive educational programmes, individual and family involvement in positive activities, as well as schools-based prevention programmes that strengthen psychosocial, personal, resilience and resistance skills and are linked to more comprehensive strategies. Targeting young people most at risk of harm, or already using substances, can also be effective. All these methods are currently applied in Highland by partners in Education, Youth Action Service, Health Improvement and Action for Children among others. Going forward, it is a priority for HADP to establish consistent delivery of evidence-informed, integrated and quality assured programmes and approaches as they are the most likely to achieve better results for individuals and communities.

#### **Whole Population Approach (WPA)**

Among adults, reviews have shown that WPA's can reduce alcohol consumption and in turn lead to decreased levels of harm. Alcohol policies that place controls on affordability such as minimum unit pricing and restrict availability and the overprovision of alcohol through licensing practices, are a priority for reducing problems in the longer-term.<sup>31</sup> HADP proactively promotes WPA's and has consistently exceeded the standard set for the delivery of ABI's, but recognises that further development is required to target deprived communities and harder to reach groups. The public health agenda has been assertively driven through an innovative overprovision policy that has been upheld by the licensing board and resulted in a leading supermarket chain being refused application to extend the alcohol sales area in five of its stores. Nevertheless, HADP acknowledges that the overprovision policy would benefit from being refreshed during the period of this strategy. Both the ABI delivery and overprovision work in Highland, which are led by the Public Health Directorate, have been highlighted as examples of best practice at a national level.

<sup>26</sup> <http://www.gov.scot/resource/doc/352649/0118638.pdf>

<sup>27</sup> <http://www.gov.scot/Publications/2016/12/4388>

<sup>28</sup> <http://www.evaluationsupportscotland.org.uk/evaluation/evaluating-prevention/>

<sup>29</sup> [http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2014-11-25/SALSUS\\_2013\\_Highland\\_LA.pdf](http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2014-11-25/SALSUS_2013_Highland_LA.pdf)

<sup>30</sup> <http://www.gov.scot/Publications/2016/12/4388>

<sup>31</sup> [http://www.who.int/choice/publications/p\\_2009\\_CE\\_Alcohol\\_Lancet.pdf](http://www.who.int/choice/publications/p_2009_CE_Alcohol_Lancet.pdf)

## Community Empowerment

Building community capacity to take action on priority health and wellbeing issues is essential for creating sustainable social change that builds equality and tackles inequalities. Involving local communities in the promotion of WPA's and other drug and alcohol related issues, is a priority for HADP. Collaboration with local drug and alcohol forums that are active in some parts of Highland will provide opportunities to apply co-production methods and strengthen the knowledge and skills of communities to make healthier choices. Collaboration with partners in Public Health will enable HADP to link with LCPP's and help facilitate roll out of the strategy at a local level. Communities can also be associated with employment and by extending the reach of workplace drug and alcohol policies, HADP will be able to influence more Highland residents to make healthier choices or if required, access support services.

## Health Inequalities

Alcohol related ill health and mortality is higher among people in poverty and those living in deprived communities, albeit this differs in rural areas where deprivation can be more scattered. It is therefore essential to improve our understanding of the pathways that connect poverty and problem drug and alcohol use so the workforce in Highland is better equipped to tackle inequalities. HADP will therefore produce an inequalities report and action plan to improve strategies and interventions. In addition, all future activity will be subject to a health inequalities impact assessment to ensure opportunities are being maximised to create a Highland that is fairer and more equal. Maximising income and securing a well-paid job can provide a route out of poverty for many people, particularly for those in recovery who may struggle to secure work due to discriminatory practices or lack of employment history. HADP will therefore collaborate with relevant partners to increase volunteering, training and employment opportunities for people at risk of drug or alcohol problems and those in recovery.

## Communication

Drug and alcohol campaigns can raise the public's awareness of developments such as the recent changes to the alcohol guidelines, however there is limited evidence to support that they have any significant impact on changing behaviour if they are delivered in isolation.<sup>32</sup> Communication is therefore one, albeit important element of HADP's overall strategy. A broad range of public awareness campaigns have been delivered over the past few years ranging from a social marketing to tackle underage drinking through to harm reduction messages aimed at festival goers. HADP views public awareness of drug and alcohol issues as key to improving health and wellbeing as all interventions aimed at changing behaviour stem from communication. In practice, the most robust data analysis or comprehensive policy is useless if it cannot be effectively communicated to the public.<sup>33</sup> Going forward, HADP will review its communication strategy and joint protocol with a focus on raising public awareness of drug and alcohol issues across the life course, whilst at the same time tackle stigma through promotion of positive stories and images. Work is underway to improve the HADP website with the longer-term aim of ensuring it becomes a key on-line resource for public and professional drug and alcohol related information in Highland. In addition, HADP will increase its use of social media in order to communicate with a much wider and more diverse audience.

## Key Achievements – 2012 to 2016

- *Established the Substance Misuse Framework for schools linking activities to outcomes in the Curriculum for Excellence*
- *Developed the online Substance Awareness Toolkit as a preventative resource for teachers/professionals, parents and young people*
- *Encouraged more consistent approaches to prevention and education in schools*
- *Exceeded delivery of the ABI standard in priority settings*
- *Developed an ABI eLearning module and extended training to the Police and Fire Service*
- *Developed the Discussing Drugs and Alcohol with Young People training course*
- *Increased the participation of young people in positive activities such as Rock Challenge*
- *Delivered Meet the MacPherson's family-focused campaign to tackle underage drinking*
- *Targeted support to young people at highest risk or already using substances*
- *Rolled out NPS and ABI workforce development opportunities*
- *Produced a festivals welfare document and attained sign up from organisers*
- *Delivered numerous awareness raising campaigns to encourage the public to make informed choices*

<sup>32</sup> <http://www.alcoholpolicy.net/2016/02/alcohol-guidelines-reflections-on-reaction-and-policy-implications.html>

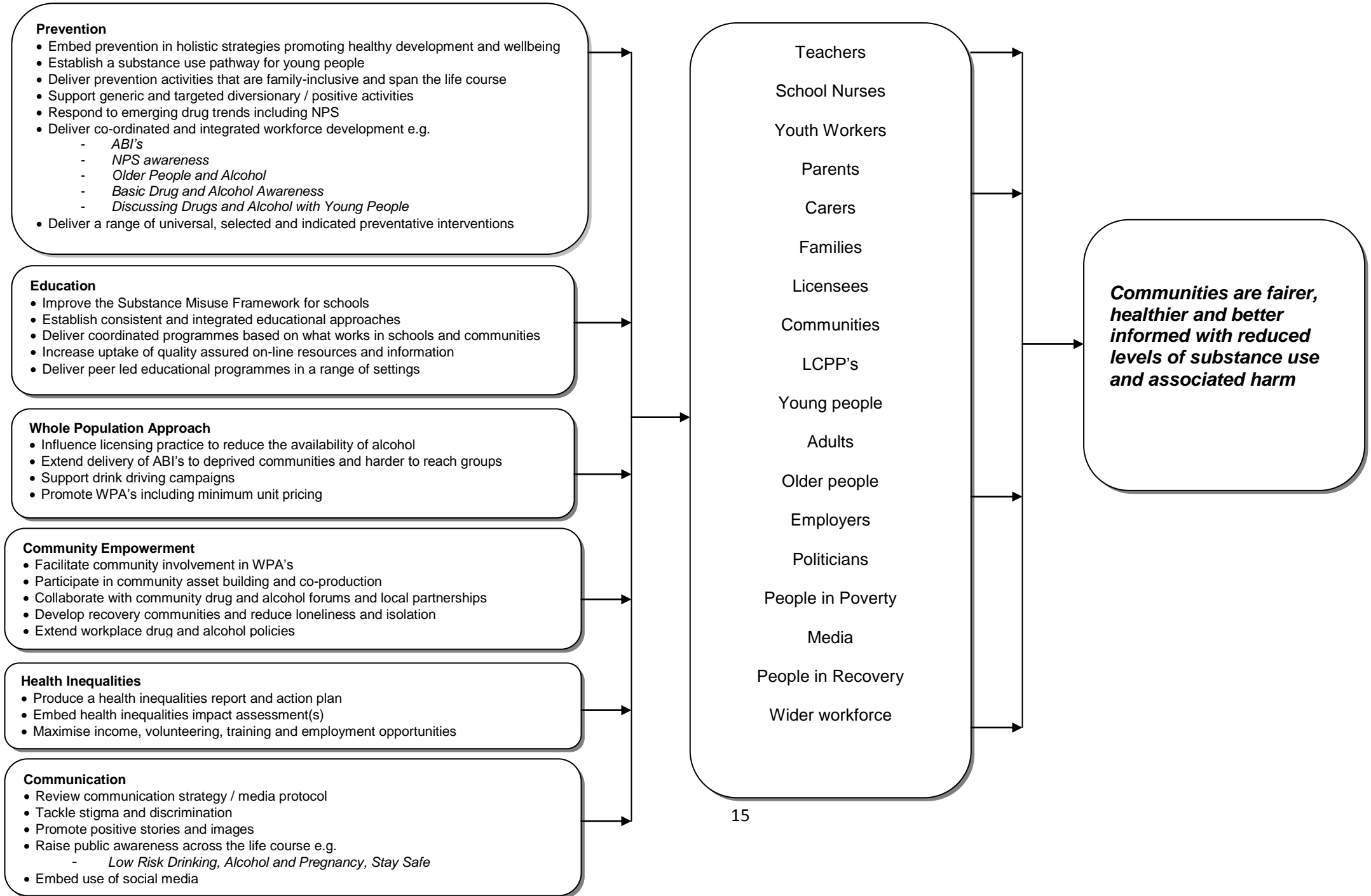
<sup>33</sup> <http://www.who.int/bulletin/volumes/87/4/08-056713/en/>

**Key Priority Areas – 2017 to 2020**

- *Prevention*
- *Education*
- *Whole Population Approaches*
- *Community Empowerment*
- *Health inequalities*
- *Communication*



**Figure 3. Fairer and Healthier Communities  
Priority Areas and Actions**



## 4.2 Successful Children Young People and Families

### Local Outcome

***Children, young people and families are successful, well-protected and have improved life chances***

#### **Pregnancy**

The Highland *Women, Pregnancy and Substance Misuse: Good Practice Guidelines (2015)*<sup>34</sup> recognises that women who use drugs and alcohol during pregnancy and their infants have better outcomes if they take up antenatal care early and use services consistently throughout pregnancy. Some women may be motivated during at this time to access support for substance use issues, whilst others may feel inhibited due to stigma and feelings of guilt or fear that their children may be removed. Services therefore need to be accessible, welcoming and empowering for women affected by substance use. Health inequalities and social exclusion can also have a negative impact on health and wellbeing and it is essential that effective integrated support is provided to all women based on individual need.<sup>35</sup> Pregnant women with problem drug or alcohol use should be managed according to best practice as set out in *Highland Getting Our Priorities Right (GOPR)*.<sup>36</sup>

#### **Early Years**

The HADP approach is informed by the work of the Early Years Collaborative (EYC) and the Family Nurse Partnership (FNP) on intervening early and strengthening resilience to improve outcomes and the life chances of children. HADP supports the implementation of the universal health visitor pathway as it prioritises prevention, early identification and intervention with a focus on recognising parental problem drug and alcohol use and reducing inequalities in the early years of a child's life.<sup>37</sup> Support to vulnerable families with young children can be further strengthened through delivery of workforce development opportunities to early year's workers.

#### **Children Affected by Parental Substance Misuse (CAPSM)**

Parental problem drug and alcohol use can have a serious and detrimental effect on children and young people. It can lead to poor educational attainment, emotional difficulties, neglect, abuse and taking on inappropriate caring responsibilities. Parental substance problems can also be linked with family disharmony and violence. Estimating the numbers of vulnerable children is widely recognised as complex. There are clear challenges in collecting data about the children, largely because of stigma and secrecy surrounding drug and alcohol use and the fear of repercussions. This means that parents may not present to services seeking treatment resulting in dependent children remaining hidden.<sup>38</sup> Work undertaken on the strategic needs assessment estimates that up to 4,400 children in Highland are likely to be living with parents with problematic drug and alcohol use.

The national and Highland GOPR guidance provides a good practice framework that is linked to *Getting It Right for Every Child (GIRFEC)*, *For Highland's Children 4: Children's Plan*,<sup>39</sup> *Child Protection Inter-agency Guidelines*<sup>40</sup> and the recovery agendas. GOPR promotes a 'whole family' approach to assessing need and providing support when aiming to achieve overall recovery. Effective and ongoing co-ordination and communication between children and family and drug and alcohol services is a priority for all those working with vulnerable children and adults. The guidance clearly states that the key to making effective decisions in determining the degree of risk to the child is good inter-agency communication and collaboration at all stages i.e. in assessment, planning and intervention. In practice this means sharing of information about progress as well as regression. Practitioners are also reminded to make every effort to effectively engage with men, as fathers and partners, in order to improve outcomes and wider recovery for the family. There is also recognition that services should continue to collaborate where a child is removed. This is because the removal of a child can sometimes be a precursor for relapse by parents and has been identified as a potential significant event prior to some incidents of drug related death.

<sup>34</sup> [http://www.forhighlandschildren.org/4-icspublication/index\\_141\\_2387752878.pdf](http://www.forhighlandschildren.org/4-icspublication/index_141_2387752878.pdf)

<sup>35</sup> <http://www.gov.scot/Resource/Doc/337678/0110857.pdf>

<sup>36</sup> <http://www.forhighlandschildren.org/5-practiceguidance/>

<sup>37</sup> <http://www.gov.scot/Resource/0048/00487884.pdf>

<sup>38</sup> <http://www.gov.scot/Resource/0042/00420685.pdf>

<sup>39</sup> <http://forhighlandschildren.org/1-childrensplan/>

<sup>40</sup> <http://forhighlandschildren.org/2-childprotection/>

## Whole Family Recovery

Whilst family-inclusive practice is recognised as a key element of ROSC, there should be a similar understanding that recovery often occurs in a family context. Although recovery is a policy priority, the tendency has been to focus on individual, adult journeys with very little understanding of the recovery needs of children and young people and the types of support they would find helpful. As more adults and consequently more parents, enter recovery, there is an increasing need for us to find better ways of understanding children and young people's experiences and ensure they have a voice that is heard in relation to recovery.<sup>41</sup> Highland GOPR clearly states that a whole family approach is the most effective model for providing support to children, young people and their families. It also promotes that a whole family approach, alongside understanding the implications of recovery on children and young people, is central to good practice. So, whether agencies work mainly with children or adults, they all work with families and should therefore adopt a whole family approach to recovery.

## Young People

Very few young people develop dependency. Those who use drugs or alcohol problematically are likely to be vulnerable and experiencing a range of problems, of which substance use is one. This means that the delivery of support and specialist interventions if required, should take place within wider children and young people's services.<sup>42</sup> The Youth Action Service and Third Sector partners including Action for Children provide a range of support to young people in Highland, which rather than address substance use in isolation, takes a holistic approach to intervening in order to prevent problematic use becoming entrenched. Establishing a substance use pathway for young people in Highland will help to clarify what is currently available from prevention through to specialist support and highlight the gaps in provision that need to be met. In addition, aligning the substance use pathway with other situations that can result in young people becoming vulnerable, such as mental health issues, leaving care or transitions to adulthood, will improve integrated practice and result in better outcomes.

## Key Achievements 2012 - 2016

- *Women, Pregnancy and Substance Misuse: Good Practice Guidelines* updated
- Awareness raising of foetal alcohol spectrum disorder (FASD)
- Highland Practice Model/GIRFEC embedded across services
- *Children and Young Peoples Drug and Alcohol Profile* produced
- *Highland* GOPR guidance produced in collaboration with CPC
- HADP and the CPC have shared representation on appropriate structures
- Multi-agency CAPSM group leading on implementation of Highland GOPR
- Highland GOPR training, eLearning and briefing sessions delivered by the CPC
- Stakeholder event to promote integrated practice for whole family recovery
- Rory and Oh Lila training sessions delivered to support early intervention
- Catalyst Project to facilitate children/young people's voices in progressing recovery
- Children accorded higher priority in non-fatal overdose and drug related death situations
- Targeted support delivered to young people at risk or already using substances

## Key Priority Areas – 2017 to 2020

- *Pregnancy*
- *Early Intervention*
- *Children and Young People*
- *Whole Family Recovery*

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<sup>41</sup> <https://www.ltsbfoundationforscotland.org.uk/wp-content/uploads/2015/10/Everyone-Has-a-Story-Overview-Report.pdf>

<sup>42</sup> <http://www.gov.scot/Resource/0048/00484688.pdf>

**Figure 4. Successful Children Young People and Families**

**Priority Areas and Actions**

**Pregnancy**

- Review *Women, Pregnancy & Substance Misuse* guidelines
- Embed ABI delivery across maternity services
- Develop foetal alcohol spectrum disorder (FASD) pathway

**Early Years**

- Improve identification and access to support services
- Support generic and targeted parenting support programmes
- Support implementation of the universal health visiting pathway
- Utilise on-line resources and training e.g.
  - *Children Harmed by Alcohol Toolkit (CHAT)*
  - *Another's Drinking Affects Me (ADAM)*
  - *Oh Lila and Rory practitioners training*

**Children and Young People**

- Improve data collection on CAPSM (quantitative and qualitative)
- Embed Highland Practice Model / GIRFEC
- Develop the CAPSM group
- Review Highland GPR
- Deliver integrated and co-ordinated workforce development
- Develop joint resources and tools for practitioners (*children and adult services*)
- Facilitate CAPSM / family involvement in service development and evaluation
- Establish a substance use pathway for young people
- Improve integrated practice to support vulnerable young people e.g.
  - *Substance use, mental health, leaving care / home, transitions to adulthood*
- Establish a memorandum of understanding with the CPC

**Whole Family Recovery**

- Explore recovery pathways in CAPSM / family context
- Extend peer support / mutual aid/ advocacy for children and families
- Support innovative CAPSM and young people's initiatives

**Reach**

Pregnant Women /  
Contemplating Pregnancy

Children affected by parental  
substance misuse (CAPSM)

Children / young people  
affected by personal  
substance use

Families/carers

Maternity Services

Early Years Workers

Health Visitors

Drug and Alcohol Recovery  
Services

Children & Families Services

Youth Action Service

Substance Misuse Workers

Clinical Nurse Specialists

Youth Workers

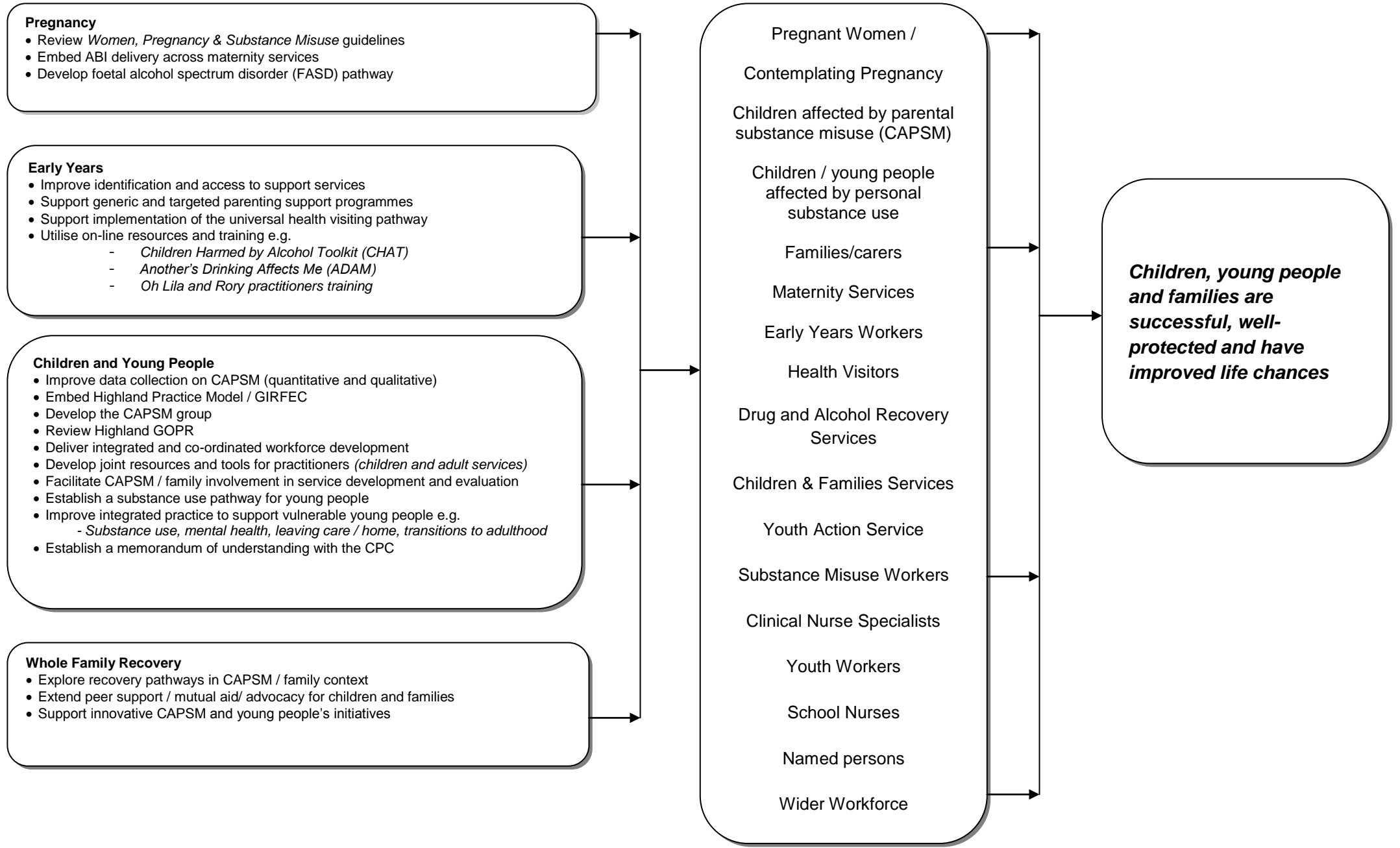
School Nurses

Named persons

Wider Workforce

**Local Outcome**

***Children, young people  
and families are  
successful, well-  
protected and have  
improved life chances***



## 4.3 Quality Support and Recovery

### Local Outcomes

***Individuals supported by families and communities have improved health, wellbeing and life chances by recovering from problematic drug and alcohol use***

### Recovery

Recovery from problem drug and alcohol use has been a national policy priority since 2008 and a key outcome of the HADP strategy since 2012. It is defined as:

***“a process through which a person addresses their problem drug and/or alcohol use to become an active and contributing member of society”.***<sup>43</sup>

From a strategic perspective, recovery describes a suite of public policy initiatives that aim to re-orientate and improve existing care systems, whilst also tackling stigma. Evidence suggests that recovery-oriented interventions not only enhance treatment and reduce substance use but they also improve health outcomes.<sup>44</sup> Furthermore, reviews emphasise that positive outcomes are often associated with involvement in mutual aid and peer support.<sup>45</sup> A concerted drive is underway by HADP to strengthen mutual aid and peer support with recovery communities growing, particularly in Caithness where the first recovery cafe event was pioneered. There has also been a significant increase in the numbers of peers and those with lived experience involved in facilitating mutual aid groups. Going forward, this work requires to be strengthened by extending reach across Highland and to families affected by problem drug and alcohol use.

### Quality Improvement

In practice, people are more likely to be empowered to recover when supported by a ROSC that takes an integrated approach to treatment, review, aftercare and recovery. With no single pathway to recovery, a ROSC supports people to progress at their own pace, on a journey that usually begins by engaging with specialist services before progressing on to accessing universal services and becoming involved in the community.<sup>46</sup> Currently in Highland ROSC is in development, although progressing swiftly towards becoming established and improving further. Recovery has and will always be a priority outcome for service providers in NHS Highland, who have recently reaffirmed their commitment to convey this more explicitly. They have renamed themselves as the Drug and Alcohol Recovery Service and have a programme of improvement work underway that is led by the Service Improvement Group (SIG). The work programme includes implementation of the Quality Principles, preparation for DAISy and roll out of the RO Tool which will enable recovery outcomes to be evidenced in future.

Access to quality services when and where they are needed is an important foundation for recovery. Although over three quarters of those seeking support in Highland are able to engage in first treatment within three weeks from referral, extending this to ninety percent is challenging for the reasons outlined earlier. Locally, plans have been put in place to apply intensive improvement methods to achieving and sustaining the waiting times standard. Whilst nationally, a review of all targets and indicators for health and social care is underway and will therefore influence future developments. Ensuring equal as well as rapid access to services, especially in remote and rural areas is uniquely demanding for HADP. Nonetheless, it will require partnership working to develop new and innovative service models. HADP is keen to collaborate with Third Sector partners as they are well placed to extend recovery provision and co-produce initiatives alongside people with lived experience that; strengthen recovery capital, improve employability, create social enterprise and build community assets.

### Complex Needs

For some people, problem drug or alcohol use can be one of a range of difficulties they experience that are often inter-linked and multifaceted. For example, it is not unusual for some people with alcohol or drug problems to have suffered traumatic life experiences or to have mental health issues or perhaps be victims of

<sup>43</sup> <http://www.gov.scot/Publications/2014/08/1726/1>

<sup>44</sup> <http://www.scottishrecoveryconsortium.org/assets/files/HumphreysandLembkeonrecoveryinUSAandUK.pdf>

<sup>45</sup> <http://www.gov.scot/resource/doc/321958/0103435.pdf>

<sup>46</sup> <http://www.gov.scot/Publications/2014/08/1726/4>

domestic violence, particularly if they are female. The support needs of individuals can therefore be complex and to provide holistic support requires recovery pathways that are effectively integrated across a wide range of services. Delivery of supportive health, housing, recreation and employability policies that are joined up and responsive to the needs of people with problem drug and alcohol use will contribute significantly to supporting recovery in Highland.

### **Harm Reduction**

Harm reduction can be an effective approach for encouraging people with problem drug and alcohol use to engage with services and may be the first step in the recovery journey for some people. However, it is also a valid aim for interventions to reduce the relative risks associated with different types of use including poly-drug and NPS use.<sup>47</sup> Harm reduction interventions are integrated into the delivery of all treatment services in Highland and include measures to reduce drug related deaths. Problem drug and alcohol users, like the rest of society, are becoming older and thereby suffering more health problems and as a result they are becoming more vulnerable to death. HADP is committed to tackling drug related deaths and will collaborate with relevant partners to devise a local prevention strategy. In Highland, a multi-agency group reviews each death for the purposes of learning lessons. HADP has also worked in partnership with the Scottish Ambulance Service to establish a non-fatal overdose alert system for intervening early in order to reduce the risk of death. The system is currently being improved by Drug and Alcohol Recovery Services with delivery models and interventions to engage those hard to reach being explored. The NHS Highland Harm Reduction Service, who previously led development of the national naloxone programme, has pioneered the option of intranasal administration which has been adopted by partners including Police Scotland. Although the proportion of naloxone kits that are distributed in Highland is well above the national average work will be ongoing to extend reach even further in to community, custodial and health care settings. It is expected that in the future HADP will work with local partners to progress recommendations from the national PADS group.

### **Key Achievements 2012 – 2016**

- *Integrated recovery care pathway developed and being strengthened*
- *Robust links with sexual health and MARAC, MAPPa and ASP embedded*
- *Development of recovery orientated systems of care (ROSC)*
- *Standardised recovery focused assessment documentation piloted*
- *Renaming of service to become the Drug and Alcohol Recovery Service*
- *Increased profile of services with greater numbers presenting for help*
- *Recovery focused service level agreements in place with Third Sector*
- *Delivery of a recovery focused workforce development programme*
- *Proportionate responses to NPS and poly-drug use*
- *Improved access to community and residential rehabilitation service*
- *Mutual aid and peer support opportunities strengthened and extended*
- *Local development of recovery communities e.g. Caithness*
- *Innovative Highland naloxone model being cascaded to other areas*
- *Harm reduction interventions embedded as routine practice across services*
- *Quality improvement process under development that will include service user feedback*

### **Key Priority Areas – 2017 to 2020**

- *Recovery*
- *Harm reduction*
- *Quality improvement*
- *Performance management*
- *Commissioning*

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<sup>47</sup> [http://www.nta.nhs.uk/uploads/harm\\_reduction\\_strategy\\_final\\_2009\\_10.pdf](http://www.nta.nhs.uk/uploads/harm_reduction_strategy_final_2009_10.pdf)



**Figure 5. Quality Support and Recovery**

**Priority Areas and Actions**

**Recovery**

- Establish and further develop ROSC
- Strengthen integration of the recovery care pathway *i.e. link complex needs, trauma, domestic violence and other cross cutting issues*
- Develop new community based models of care inclusive of remote and rural needs
- Promote equal access, equality and diversity
- Tackle stigma and promote a positive recovery ethos
- Establish service user / family involvement in service development and evaluation
- Deliver peer led initiatives in a range of settings *i.e. social enterprise*
- Extend provision of Third Sector and independent recovery services
- Establish a network of recovery communities and mutual aid support groups
- Maximise income, community involvement and employment opportunities
- Deliver supportive health, housing, recreation and employability policies

**Harm Reduction**

- Devise a drug death prevention strategy
- Support the drug death review and monitoring group
- Further extend the reach of naloxone *i.e. community, custodial and health settings*
- Cascade the Highland naloxone model to other areas
- Deliver responses to reduce drug related deaths *e.g. overdose awareness*
- Deliver responses to reduce alcohol related deaths
- Respond to emerging drug trends and reduce harm from NPS and poly-drug use
- Extend harm reduction service models and interventions
- Progress recommendations to improve opiate replacement therapy (ORT)
- Progress recommendations from the Partnership Action on Drugs (PADS) group

**Quality Improvement**

- Implement the Quality Principles and systematic quality improvement procedures
- Support the Service Improvement Group (SIG) to drive improvements
- Deliver co-ordinated workforce development and planning

**Performance Management**

- Achieve and sustain the drug and alcohol treatment waiting times standard
- Improve data quality and accuracy in line with national reporting systems
- Implement RO Tool and DAISy
- Establish systematic procedures for routine outcomes reporting

**Commissioning**

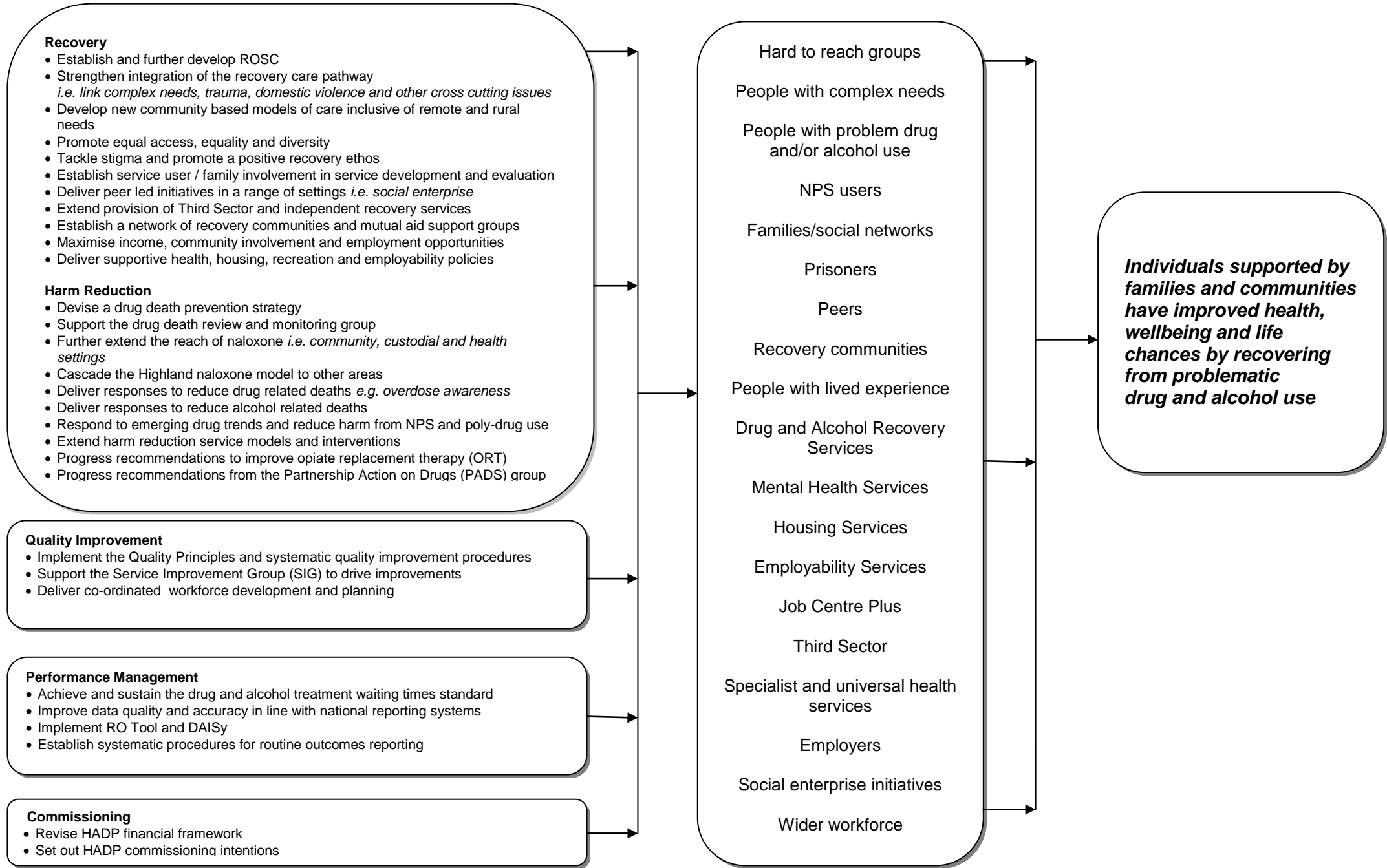
- Revise HADP financial framework
- Set out HADP commissioning intentions

**Reach**

- Hard to reach groups
- People with complex needs
- People with problem drug and/or alcohol use
- NPS users
- Families/social networks
- Prisoners
- Peers
- Recovery communities
- People with lived experience
- Drug and Alcohol Recovery Services
- Mental Health Services
- Housing Services
- Employability Services
- Job Centre Plus
- Third Sector
- Specialist and universal health services
- Employers
- Social enterprise initiatives
- Wider workforce

**Local Outcome**

***Individuals supported by families and communities have improved health, wellbeing and life chances by recovering from problematic drug and alcohol use***



## 4.4 Safer and Stronger Communities

### Local Outcomes

***Communities have reduced availability of drugs and alcohol and are safe from associated offending and anti-social behaviour***

#### **Custody**

HADP has a role to play in contributing to delivering improved health and wellbeing outcomes for offenders as part of the effort to reduce re-offending and create safer and stronger communities. The prevalence of those in prison with drug, and to a larger extent, alcohol problems is high. The prison setting therefore provides an opportunity to engage people who are 'hard to reach'. Effective treatment and recovery has the potential, combined with other behavioural and purposeful activity support, to reduce the likelihood of further reoffending as well as contribute to reducing health inequalities.<sup>48</sup> Prison health services in HMP Inverness are continuously improving with work underway to develop a health improvement strategy. Throughcare that enables access to a range of services, from healthcare through to employability and recovery, also helps to reduce the possibility of re-offending following liberation.<sup>49</sup> Innovative work is currently being delivered in HMP Inverness to establish mutual aid groups that help to build social networks for sustaining recovery not only whilst in custody, but continue in to the community on release. Aligning substance use service provision in the prison with national standards such as the Quality Principles will help to facilitate improvements in the continuity of care, whilst at the same time encourage service user involvement and development of peer led initiatives within custody settings.

#### **Criminal Justice**

HADP and the CJP have a common purpose in improving outcomes related to drug and alcohol use in community justice settings. It is thus essential to have shared representation on each other's structures and ensure strategies and action plans are aligned and complimentary. Both partnerships therefore have a mutual interest in supporting recovery as it can also help individuals to desist from offending. It is widely recognised that people who become involved in the criminal justice system tend to have below average engagement with universal and also specialist services, including mental health and drug and alcohol recovery services. A planned approach is therefore required to respond to their needs by enhancing information sharing and joint pathways across relevant service provision. Moreover, is the necessity to ensure equal access to support for recovery, particularly for people residing in rural areas. Community Payback Order's (CPO) and Drug Treatment and Testing Orders (DTTO), provide scope for courts to deal with offenders in a way which also addresses the areas of their lives which would benefit from change.<sup>50</sup> HADP is keen to promote greater uptake of these orders in Highland as evidence suggests that DTTO's in particular, can lead to reduced drug use and associated offending, especially among those who complete an order or intervention.

Equal access to support for recovery, particularly in remote and rural areas is a priority that is challenging to institute. It will require the development of new service models, not only to improve the consistency of available support, but also to improve responses to people with complex needs. Highland Criminal Justice Services (CJS's) are currently piloting a Persistent Offenders Project (POP) that delivers intensive multi-agency support, with early reports suggesting that the new service model is contributing to improved outcomes for some individuals. The Highland CJS are proactive in promoting recovery and mutual aid and have put plans in place to implement the RO Tool. This will enable service users to clearly map their individual journey, as well as improve how recovery outcomes are evidenced for performance management purposes. Criminal Justice workers are vital to addressing problem drug and alcohol use. As such, the future development of shared tools, resources and language will not only improve integrated practice, but also contribute to strengthening competency across the drug and alcohol workforce in Highland.

Work is currently underway to train a range of workers in criminal justice and other community safety settings such as custody suites, the police, and fire and rescue service to deliver ABI's. Delivery of brief interventions in response to experimental and recreational substance use among young people is a priority for HADP. As

<sup>48</sup> <http://www.nphn.scot.nhs.uk/published-reports/>

<sup>49</sup> <http://www.nphn.scot.nhs.uk/published-reports/>

<sup>50</sup> <http://www.gov.scot/Resource/0039/00391790.pdf>

well as supporting generic and targeted diversionary initiatives that promote positive choices and involvement in community or leisure activities.

### **Community Safety**

It is recognised that being vulnerable to or experiencing problem drug and alcohol use can often co-exist with other issues, for example child protection, adult support and protection, and domestic abuse. HADP therefore recognises the need to provide bespoke support to particularly vulnerable and often hard to reach groups. This includes women with drug and alcohol problems that are experiencing domestic violence. As one of the most powerless groups in society that are often subject to immense stigma and discrimination, it is essential that specialist support is available to women in this situation. HADP is keen to improve understanding of cross cutting issues by contributing to better data collection and analysis to inform improved interventions and integrated practice. Collaborating with other strategic partnerships such as the Violence Against Women Partnership (VAWP) and the Child and Adult Protection Committee is thus essential for progressing shared agendas on a range of public protection issues. Linking strategic partnership working to issues of concern in Highland communities is essential to the success of HADP; thereby strengthening links with the newly formed LCPP's is a key action to be progressed.

### **Enforcement**

The Highland Local Policing Plan (2014 – 2017) states that:

***“Highland is a safe place in which to live, visit, work and bring up a family”.***<sup>51</sup>

Tackling drug and alcohol use and is a priority within the plan, reflecting public concerns that were raised through consultation events in local communities. The plan reports significant decreases in the offences that are often linked with excessive alcohol consumption, especially in and around licensed premises. This has been achieved, in part, by a more focussed targeting of resources and working in partnership with licensees to reduce the risks. Police Scotland are committed to ongoing collaboration with licensees through Operation Respect and Pubwatch and will maintain the current level of licensed premises checks and test purchasing operations to tackle underage drinking. Drink driving campaigns will be ongoing to raise awareness of the lower 50mg limit and the management of drunk and incapable people will be aligned to the national memorandum of understanding. Byelaws will continue to be enforced in areas prohibiting drinking in public, whilst links will be strengthened with Drug and Alcohol Recovery Services to respond to common issues of concern.

An anti-social behaviour strategy will be implemented with a rights and responsibilities ethos, which will focus on prevention, integration, engagement and communication. Operation Notebook, which has been successful and involves interagency mediation to resolving reports of anti-social behaviour, will be developed further. Enforcement activity will remain focused on disrupting the supply of illegal drugs into Highland, which now includes NPS. This involves using both divisional and wider Police Scotland capabilities and resources, with the community encouraged to play a significant role in reporting any suspicious activities which may be linked to illegal drugs. Police Scotland are committed to prevention and early intervention and will continue to identify those at higher risk of offending and problem drug and alcohol use in order to provide appropriate support through multi-agency responses.

### **Key Achievements 2012 to 2016**

- *Recovery from the Inside Out event delivered*
- *Joint SMART Recovery training for prisoners and peers delivered*
- *Prison officers trained in naloxone administration*
- *Throughcare provision in the prison setting increased*
- *POP pilot underway to assess service model impact on reducing offending*
- *Plans in development for CJS to implement the RO Tool*
- *Bespoke support to victims of domestic violence with problem drug or alcohol use*
- *Public protection training events on cross cutting issues delivered*
- *Successful NPS operations in partnership with Trading Standards e.g. Operation Redwall*
- *Promotion of public health to the licensing board via the overprovision policy*

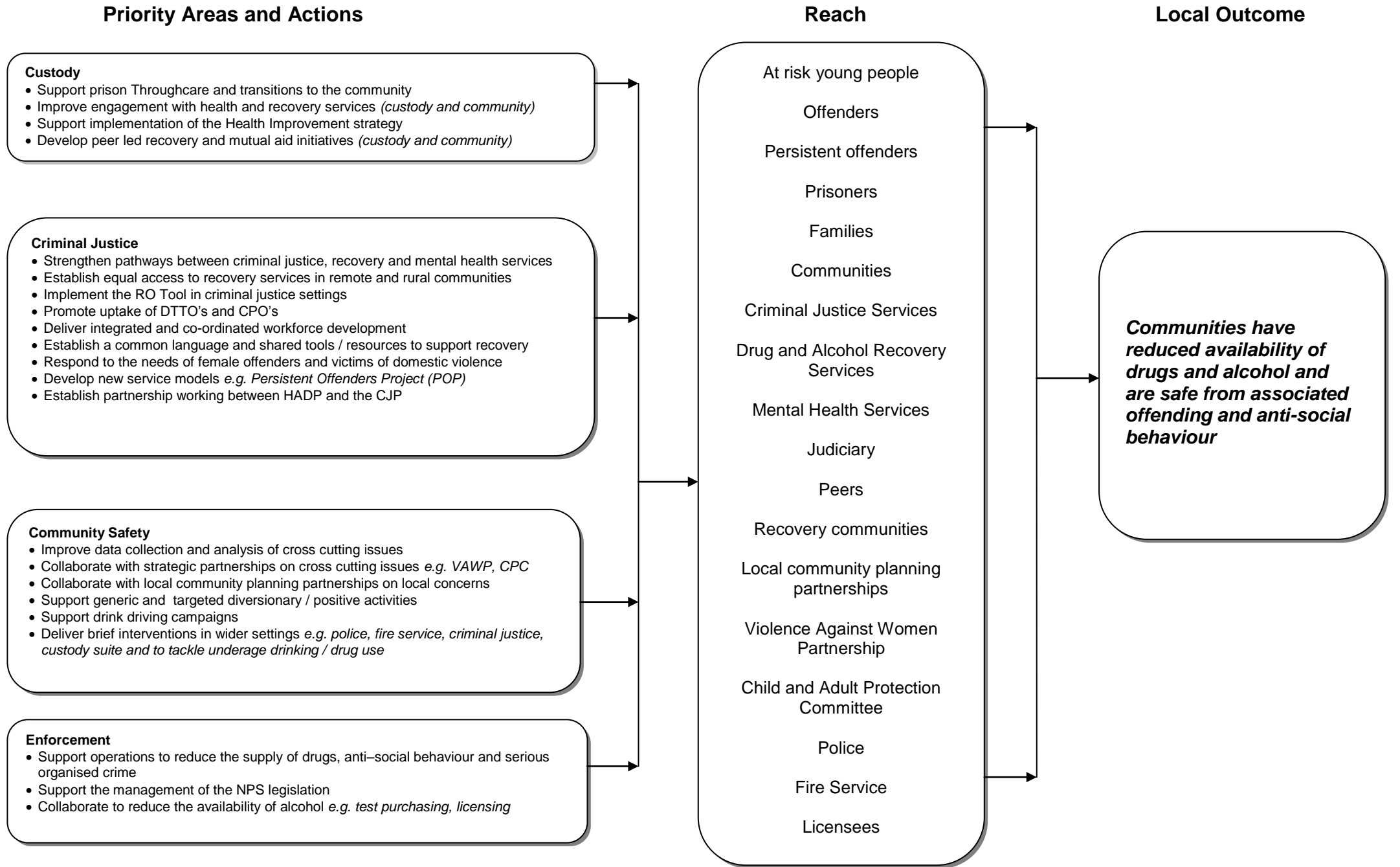
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<sup>51</sup> <http://www.scotland.police.uk/assets/pdf/142349/highlandislands/216159/239183/highland-local-policing-plan-2014?view=Standard>

## **Key Priority Areas – 2017 to 2020**

- *Custody*
- *Criminal justice*
- *Community safety*
- *Enforcement*

**Figure 6. Safer and Stronger Communities**



## 5. Strategic Commissioning

Strategic commissioning describes the activities involved in:

*“Assessing and forecasting needs, linking investment to all agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place”.*<sup>52</sup>

### 5.1 Commissioning Cycle

To deliver improved outcomes for individuals, communities and families, HADP employs the Commissioning Cycle that is an ongoing process defined by four stages: analyse, plan, deliver and review.

Figure 7. Commissioning Cycle



#### Analyse

To inform development of the strategy, a strategic needs assessment was conducted to consult with local stakeholders, establish priorities, identify gaps, service development needs and guide future intentions for commissioning.

#### Plan

The Scottish Government drug and alcohol monies have been invested primarily in NHS Highland services since 2009, with some spend directed to the Third Sector and Youth Action Service. With no uplift in the monies combined with increasing demand on services, the flex available to commission new services is limited. The approach is therefore to continue collaborating with existing partners in order to continuously improve services and ensure they are aligned to the HADP strategy and deliver the agreed outcomes.

#### Deliver

Despite limited flex in existing resources, a number of small pieces of work have been commissioned or funded by HADP. Some examples are:

<sup>52</sup> [www.gov.scot/resource/0045/00453383.docx](http://www.gov.scot/resource/0045/00453383.docx)



- *SMART Recovery U.K. development of mutual aid groups*
- *Highland Substance Awareness Toolkit for teachers, professionals, parents and young people*
- *Meet the MacPhersons family focused media campaign to tackle underage drinking*
- *Action for Children Catalyst Project to support CAPSM and family recovery processes*
- *Crew 2000, Alcohol Focus delivery of workforce development programmes*
- *Scottish Recovery Consortium development of recovery communities*
- *Rock Challenge diversionary initiative for young people*
- *Inverness Women's Aid to support domestic violence victims with alcohol/drug problems*
- *APEX delivery of employability support to people in recovery*
- *Highland Senior Citizens Network older people and alcohol peer education initiative*
- *Community based drug and alcohol forums to support local initiatives*

## Review

HADP is committed to a process of continuous improvement through self-evaluation and annual reporting against the national ADP and local strategic outcomes. The annual report is submitted to Scottish Government, the CPP, NHS Highland board and the Health and Social Care Committee for scrutiny with feedback highlighting good practice as well as areas for improvement. In 2016, the Scottish Government in partnership with the Care Inspectorate conducted a validated self-evaluation of Drug and Alcohol Recovery Services. The purpose was to determine the extent to which the *Quality Principles* have been embedded in practice. Participation in the process has helped to strengthen knowledge, skills and capacity for self-evaluation in local areas that will be further utilised for the purposes of quality improvement.

Feedback from the Care Inspectorate for the Highland area was positive and identified good practice as well as areas for future development that are being taken forward. To progress strategic commissioning, HADP will produce a commissioning intentions document aligned to the needs assessment and strategy. It will set out priorities, actions and a clear timescale for what realistically can be commissioned from the resources currently available.

## 5.2 Financial Framework

The HADP financial framework was previously agreed among partner agencies. A summary of the framework is as follows:

- *Accountability for the use of funding rests with the Chief Executive of NHS Highland*
- *HADP Chairperson will deploy funding to reflect national and local strategic outcomes*
- *Changes to funding must be ratified by the strategy group and agreed by the Chairperson*
- *Slippage for more than one year may be redeployed, as agreed by Senior Managers*
- *HADP members are not permitted to make cash releasing savings from the funding*
- *Accumulating under spends in any financial year should be avoided*
- *Quarterly summary reports will be submitted by HADP's NHS aligned Finance Manager*
- *Annual accounts will be produced in a form that HADP directs*
- *Auditors of NHS Highland have the right of access to the accounting records*

An action for the refreshed strategy is for HADP to revise the framework and improve its application to ensure it reflects the commissioning cycle and achieves improved outcomes.

## 5.3 Budget

The Scottish Government allocates funding to HADP to support the delivery of the national and local outcomes for alcohol and drugs. The funding is routed through NHS Highland for administrative purposes and allocated to HADP based on an agreed funding formula. The allocated budget combined with NHS Highland core budget is as follows:<sup>53</sup>

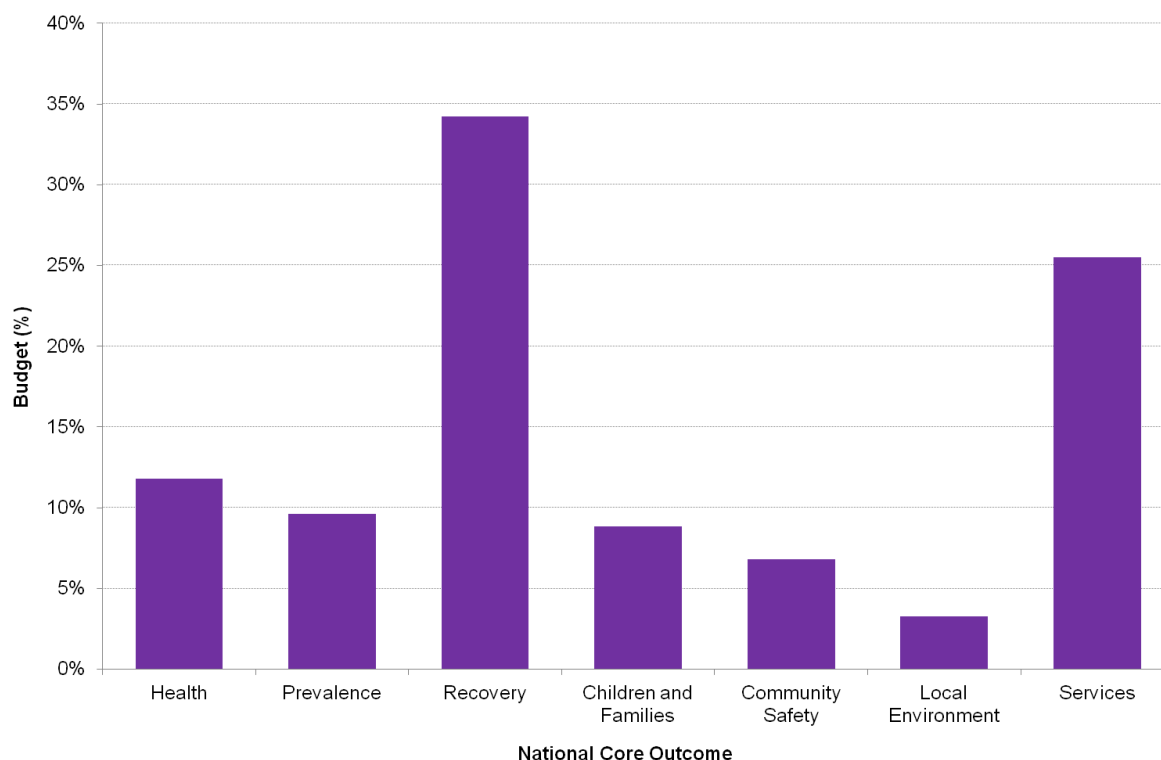
Financial Year 2016/17	Amount
Alcohol misuse allocation	1,624,331
Drug misuse allocation	541,647

<sup>53</sup> <http://www.highland-adp.org.uk/hadp-publications>

<b>Total Scottish Government allocation</b>	<b>2,365,961</b>
NHS Highland core budget	2,040,500
<b>Total drug and alcohol budget</b>	<b>4,406,461</b>

In 2016, the allocated monies were subject to a reduction due to changes in the national health and justice budgets. NHS Highland provided a commitment to maintain the overall spending level with the monies allocated to HADP now being included in the NHS Highland baseline budget. Guidance clearly states that the Scottish Government allocation is a partnership resource that must be directed to HADP level for decision-making, which is informed by robust needs assessment and reflects the recognised evidence base. It is also expected that HADP partners will contribute additional resources. Work is therefore underway to include the drug and alcohol spend of Highland Council and other partners in order to gain a clearer picture of the overall resource available for reducing drug and alcohol related harm in Highland.

**Figure 8. Spending relative to national core outcomes**



No	National Core Outcome	2015/2016 - %	2015/2016 - £'s
1	Health	12	519,784
2	Prevalence	10	423,970
3	Recovery	34	1,507,611
4	Children and Families	9	388,594
5	Community Safety	7	299,847
6	Local Environment	3	143,740
7	Services	25	1,122,915
<b>Total (for £'s)</b>			<b>4,406,461</b>

HADP is committed to working in partnership with the Third Sector to attract additional resources to Highland to support delivery of the strategy.

## 6. Performance Management Framework

HADP is developing a performance management framework to support delivery of the actions and improvements required to achieve the national and local outcomes. It is imperative that the public, services users and their families, politicians and all other stakeholders have confidence that HADP is making progress in implementing the strategy, delivering improvements and reducing drug and alcohol related harm across Highland.

## 6.1 Performance Indicators

HADP produces a three year Local Delivery Plan (LDP) with progress accounted for via annual reports. The annual reporting process is a self-assessment exercise where HADP evaluates the performance in Highland against national core outcome indicators which are benchmarked against the Scottish average. Trends are reported as worsening or improving where robust data is available, and targets from which to measure performance have been set that are SMART i.e. specific, measureable, achievable, realistic and time bound (Appendix 1).

Introduction of DAISy in Spring 2018, and the Recovery Outcomes (RO) Tool in Spring 2017 will enable improved understanding and recording of service user outcomes. Once embedded in local service delivery, indicators will be generated that will allow HADP to report on the recovery outcomes being achieved by service users engaged with local services. As many of the national core outcome indicators are high level and as such may only demonstrate improvements over longer periods of time, it is important that HADP reviews and improves the reporting of local outcome indicators so that services and partners can clearly demonstrate their progress and impact. Introduction of the RO Tool and DAISy will make a major contribution to developing robust local data for measuring performance. However, it is essential that all partners and commissioned organisations contribute in a meaningful and constructive way to development of the performance management framework. HADP therefore intends to build an inclusive dashboard of key performance indicators that draws on relevant data sources from across all partner and commissioned agencies. This will enable HADP to develop more transparent and effective performance management systems, where challenges can be responded to and achievements recognised at an earlier stage.

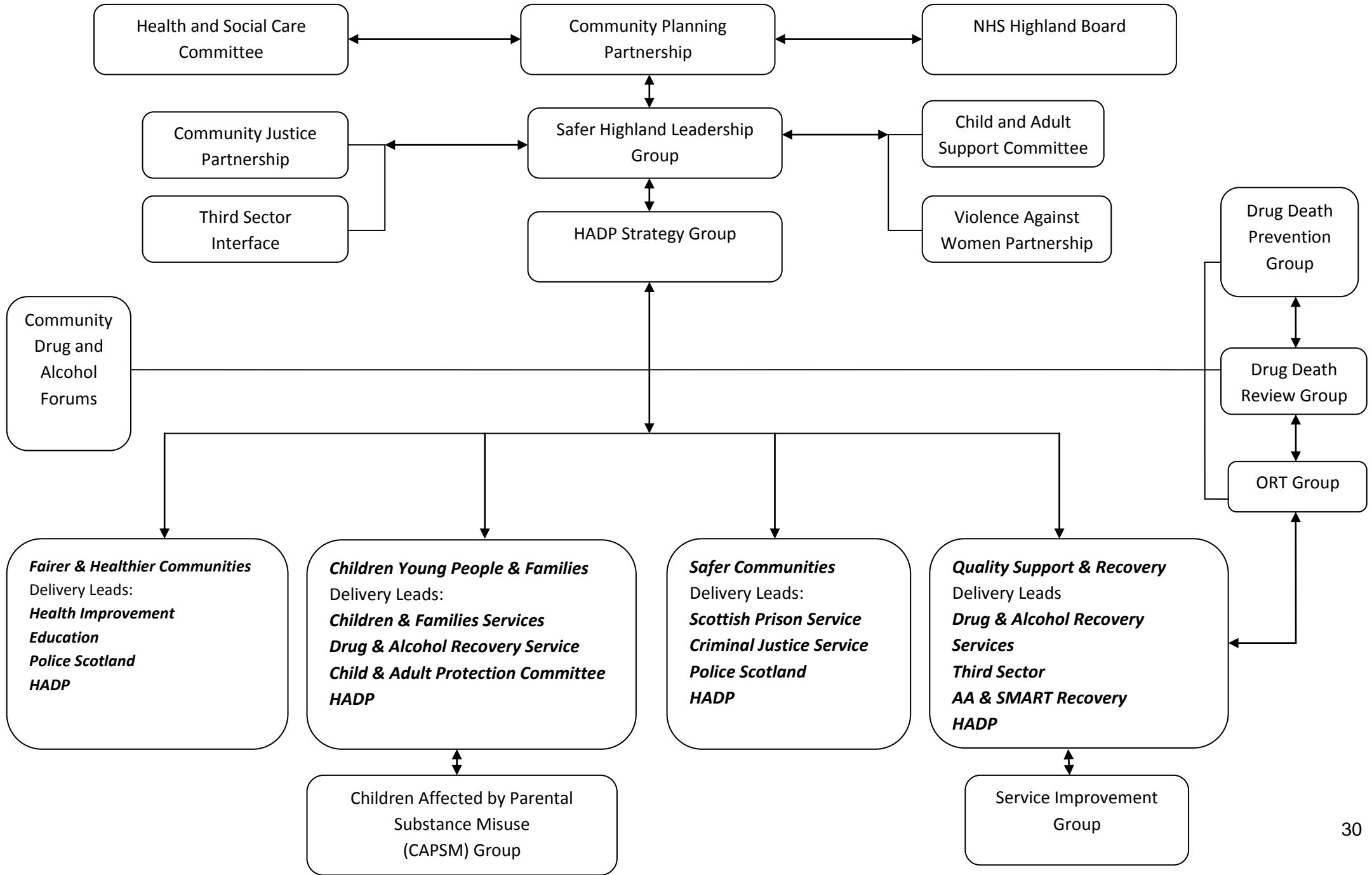
## 6.2 Service Evaluation

In order to develop a more systematic approach to quality improvement, HADP will continue with an amended version of the Care Inspectorate validated self-evaluation process for implementation of the Quality Principles that was initiated in 2016. Participation in the process has helped to strengthen knowledge, skills and capacity for self-evaluation in local areas that can be further utilised for the purposes of quality improvement as well as performance management.

Self-evaluation is central to continuous improvement. It is a reflective process that leads to change and innovation, where services and partnerships get to know how well they are doing and identify the best way to make improvements. Importantly, self-evaluation is not a one-off activity but a dynamic process that evolves overtime. It establishes a baseline from which to plan how to achieve better results for people accessing services and promotes a collective commitment to setting priorities for development. Self-evaluation is also helpful for enabling managers and team leaders to monitor progress, gauge impact and identify good practice. Key elements of the process to be implemented in Highland will include:

- *Service self-evaluation*
- *Service user survey*
- *Service worker survey*
- *Case file reading*
- *Service user focus group*
- *Service worker focus group*
- *Strategy group focus group*
- *Best practice presentations*
- *Progress report*

**6.3 HADP Structure**  
**Figure 9. HADP Structure**



## Appendix 1. HADP Performance Indicators

Health	Prevalence	Recovery	CAPSM
National Alcohol and Drug Outcomes			
Community Safety	Environment	Services	

CORE AND LOCAL INDICATORS	Reduce <b>drug related hospital admissions</b>	Reduce <b>drug related deaths</b>	CORE AND LOCAL INDICATORS
	Reduce <b>alcohol related hospital admissions</b>	Reduce <b>alcohol related deaths</b>	
	Reduce the proportion of <b>injecting drug users with hepatitis C</b>	Increase the use of the <b>Highland Substance Awareness Toolkit</b>	
	Increase the number of schools and young people involved in <b>Rock Challenge</b>	Improve <b>Rock Challenge</b> post-event evaluations	
	Reduce the number of individuals with <b>problem drug use</b>	Reduce the proportion of individuals exceeding <b>weekly drinking guidelines</b>	
	Reduce the proportion of individuals <b>binge drinking</b>	Reduce the proportion of individuals <b>alcohol dependent</b>	
	Reduce the proportion of 15 year olds using <b>illicit drugs in the last year</b>	Reduce the proportion of 15 year olds using <b>illicit drugs in the last month</b>	
	Reduce the proportion of <b>15 year olds drinking</b> on a weekly basis	Reduce the proportion of <b>pupils using NPS</b> in the last month	
	Improve drug and alcohol treatment <b>recovery outcomes</b>	Increase the number of <b>SMART Recovery</b> mutual aid groups	
	Improve <b>recovery from problematic alcohol and drug use</b>	Improve <b>mental health and emotional wellbeing</b> in recovery	
	Improve <b>employability or education outcomes</b> in recovery	Reduce <b>drug use during pregnancy</b>	
	Reduce the proportion of women <b>drinking alcohol during pregnancy</b>	Improve delivery of <b>Alcohol Brief Interventions in ante-natal settings</b>	
	Reduce the proportion of <b>pupils allowed to drink alcohol at home</b>	Reduce child protection cases with <b>parental drug or alcohol use</b> concerns	
	Improve uptake of <b>Drug Treatment and Testing Orders</b>	Improve use of <b>Community Payback Orders</b>	
	Reduce <b>attempted murder and serious assault</b> crime rates	Reduce <b>common assault</b> crime rates	
	Reduce <b>vandalism</b> rates	Reduce <b>breach of the peace</b> rates	
	Reduce <b>offenders under the influence of alcohol or drugs</b> at the time of their crime	Reduce <b>drink driving offences</b>	
	Reduce the proportion of individuals <b>using illegal drugs while in prison</b>	Reduce the proportion of individuals <b>drunk at the time of their offence</b>	
	Increase the proportion of individuals receiving <b>help for drug use in prison</b>	Increase the proportion of individuals receiving <b>help for alcohol use in prison</b>	
	Reduce <b>concerns about drug use</b> on release from prison	Reduce <b>concerns about alcohol use</b> on release from prison	
	Reduce the proportion of <b>pupils offered drugs</b>	Improve people's <b>perceptions of drug use</b> in their neighbourhood	
	Improve people's perceptions of <b>rowdy behaviour</b> in their neighbourhood	Reduce <b>Premise licences in force</b>	
	Increase <b>Premise licenses refused</b> on grounds of overprovision	Improve <b>ADP representation at Highland Licensing Forum</b> meetings	
	Reduce people's <b>concerns about alcohol abuse</b> in their local area	Reduce people's <b>concerns about drug abuse</b> in their local area	
	Reduce people's <b>concerns about serious organised crime</b> in their local area	Reduce people's <b>concerns about road safety</b> in their local area	
	Reduce <b>alcohol related fires</b>	Increase the number of organisations with a <b>workplace alcohol policy</b>	
	Increase <b>alcohol use screenings</b>	Improve delivery of <b>Alcohol Brief Interventions</b>	
	Improve drug and alcohol <b>treatment waiting times</b>	Increase the proportion of individuals with problem drug use issued <b>naloxone</b>	

See <http://www.highland-adp.org.uk/hadp-publications> for latest position

## Appendix 2. Evaluation Framework

HADP EVALUATION FRAMEWORK 2017-2020						
<b>LOCAL OUTCOMES*</b>						<b>PROJECTS/SPECIAL</b>
Fairer and Healthier Communities Priority area and actions (RAG)	↔	CORE INDICATORS	N A T I O N A L  O U T C O M E S	S T R A T E G I C G O A L S	↔	Balanced Score Card to measure the progress of the steering group
Successful Children, Young People and Families Priority area and actions (RAG)	↔				↔	Recovery Outcomes tool – service user progress
Quality Support and Recovery Priority area and actions (RAG)	↔				↔	Service – based on the good practice of the Care Inspectorate
Safer and Stronger Communities Priority area and actions (RAG)	↔				↔	Other, for example, Rock Challenge; discussing drugs and young people; training
*See website for RAG detail						

## Appendix 3. Glossary of Terms

A full glossary of terms and abbreviations used in this strategy is available on the Highland ADP website on the following link: <http://www.highland-adp.org.uk/glossary>