

**ABERDEEN CITY
JOINT ALCOHOL and DRUG ACTION TEAM**

CORPORATE ACTION PLAN 2007-8

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SECTION A:

Alcohol and Drug Action Team details and support funding

(See paragraphs 5 and 6 of the Scottish Executive guidance notes)

A. ADAT details and support funding

A.1 ADAT details

A.1.1 ADAT Members (please complete the table below)

Name	Designation	Organisation	Member of Workgroup/Subgroup
			See list at bottom of chart for name of workgroup/subgroup
David Sullivan	Director of Corporate Planning (JADAT Chair)	NHS Grampian	1
Alexander Kelman	JADAT Team Leader (From 13 November 2006)	NHS Grampian	1,2,3,5,6,8,9,13,15,17,20,22
Jennie Biggs	JADAT Alcohol/Drugs Development Officer	NHS Grampian	1,5,8,10,11, 24, 25
Simon Rayner	JADAT Development Manager	NHS Grampian	1,6,7,16
Fraser Hoggan	JADAT Health Improvement Officer	NHS Grampian	1,2,9,12,13,14,20,21
Nicola Young	JADAT Substance Misuse Development Officer	Barnardos	1,3,4,12, 23
Lynne Coull	JADAT Information Officer	Aberdeen City Council	1,2,3,4,9,12
Terry Ashton	Advisor, Guidance, Careers	Aberdeen City Council	1,3,12
Albert Donald	Chief Superintendent	Grampian Police	1,5,8,10,18
Ally Prockter	Inspector – Substance Misuse Co-ordinator	Grampian Police	1,2,5,15,17,18, 24
Heather Kelman	General Manager, Aberdeen CHP	NHS Grampian	1,6,7,16

Maria Rossi	Consultant Public Health Medicine	NHS Grampian	1,13,20
Neil Shand	Procurator Fiscal Depute	PF Office	1,5,8,10, 24
Aileen Malone	Councillor	Aberdeen City Council	1,2
Audrey Mooney	Prison Governor	HMP, Craiginches	1,5,18
Neil Whyte	Finance Manager	NHS Grampian	1,4
Paul Hannan	Director	Aberdeen Council of Voluntary Organisations	1
Sharon Duncan	Communications Manager	NHS Grampian	1
Fiona Mathers	Manager	Alcohol Support	1,3,4
Eric Anderson	Solicitor	Aberdeen City Council	1,10
Lesley Simpson	Team Manager, Criminal Justice Service	Aberdeen City Council	1,5,18, 24
Rhona Jarvis	Head of Planning & Policy for Services to children & Young People	Aberdeen City Council	1
Craig Stirrat	Head of Planning & Policy for Services to Adults	Aberdeen City Council	1
Harry Miller	Joint Chair	Aberdeen Drugs, Alcohol & BBV Forum	1,2,5,9
Senga McDonald	Joint Chair	Aberdeen Drugs, Alcohol & BBV Forum	1,2,3,4,5,9,20
Pat Greenhough	North Regional Manager	Scottish Drugs Forum	1

List of Workgroup/Subgroup

1. JADAT
2. JADAT Adult & Communities Sub Group
3. JADAT Children & Young People's Sub Group
4. JADAT Children & Young People's Funding Sub Group
5. JADAT Criminal Justice & Community Safety Sub Group
6. JADAT Integrated Treatment & Support Sub Group

7. Aberdeen City Community Health Partnership
8. Aberdeen Community Safety Partnership
9. Aberdeen Drugs, Alcohol & BBV Forum
10. Aberdeen Solutions
11. Binge Drinking & Harm Reduction Task Group
12. Grampian Police Education Liaison Sub Group
13. Grampian Bloodborne Virus Prevention Strategy Group
14. Health & Homelessness Sub Group
15. HMP Drug Related Death Review Group
16. Joint Futures Strategic Management Group
17. Local Drug Related Death Review Group
18. Mandatory Drug Testing Local Implementation Group (Working Group)
19. National Forum on Drug Related Deaths in Scotland
20. Needle Exchange Sub group
21. Pan Grampian Alcohol & Drug Health Improvement Group
22. SADAAT
23. Pan Grampian GOPR group
24. Alcohol & Crime research group
25. Aberdeen Domestic Abuse Partnership

A.1.2 Please list ADAT subgroups and working groups for 2006-7 in the space below:

JADAT Children & Young People's Sub Group
JADAT Adult & Communities Sub Group
JADAT Criminal Justice & Community Safety Sub Group
JADAT Integrated Treatment & Support Sub Group

A.1.3 Please list the ADAT's partners for 2006-7 in the space below:

- NHS Grampian
- Aberdeen City Council (including representation from Elected members; Strategic Planning; Education; Childrens Services; Legal services; Criminal Justice Social Work)
- Grampian Police
- Procurator Fiscal
- Scottish Prison Service
- Aberdeen City Voluntary Organisations (representing over 50 local voluntary organisations)
- Aberdeen City Drugs, Alcohol & BBV Forum (representing local alcohol and drugs service providers and service users)
- Scottish Drugs Forum

A.2 ADAT support funding

A.2.1 Total Support Allocation:

2006-7 allocation (£): 160182 _____

Carry forward (£): 0 _____

Total (£): 160182 _____

A.2.2 Breakdown of Support Allocation Spend

Category of Spend	Scottish Executive	Funding from other sources	Total (£)
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	Funding Expenditure (£)	(£)	
Salaries	89532		89532
Staff costs	6010		6010
Forum/meetings	321		321
Seminars/conferences/events	383		383
Training	0		0
Miscellaneous spending	6150		6150
Total	102396		102396

A.2.3 Other Ring-fenced funding

Funding stream	Allocation	Amount spent (£)
Communications Funding (alcohol and drugs)	5085 22900	5085 6000

Note - £16900 carried forward to 2007/08

SECTION B:

Allocation of resources and provision of services

(See paragraph 9 of the Scottish Executive guidance notes)

Allocation of resources and provision of services

B.1 Please list the ADAT's key priorities for 2006-07:

1. To reduce alcohol and drug related harm to individuals and to the community
2. To deliver effective alcohol and drug services
3. To promote positive life choices and opportunities for all members of the community, including children & young people in relation to alcohol and drugs

B.2 Please list the local strategies considered when allocating resources for 2006-07:

JADAT Strategy
Aberdeen Children's Services Strategy
Aberdeen City Joint Health Improvement Plan 2005-08
Aberdeen Community Safety Partnership Strategy
Aberdeen City Centre Urban Realm Strategy
Aberdeen Domestic Abuse Strategy
Aberdeen Futures – Community Plan
Aberdeen Health and Homelessness Strategy
A Joint Strategy for Mental Health and Wellbeing in Grampian 2004 -2010
Grampian Sexual Health Strategy
Grampian Police Strategy 2006-07
North of Scotland Community Justice Authority Strategy/plan
NHS Grampian Child Health Strategy
Health Promoting Schools

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B.3 Please list any needs analysis carried out which influenced the allocation of resources in 2006-07 and a summary of the key findings:

Needs Analysis	Key findings (please provide no more than 25 words of description for each key finding)
CJSW carried out an assessment prior to submission of their application for funding to the Scottish Executive.	Research carried out over two week period on alcohol and drug use by persons arrested. This helped with the application and in service planning.
Report produced by Dr John Love, RGU on Mapping of services for Children & Young People involved or affected by substance misuse in Aberdeen.	The report made a number of suggestions about increasing capacity; specialist drug and alcohol workers; improving advice and information services; longer opening hours.
A joint piece of research by Police / PF / JADAT / CJSW on alcohol and crime.	This helped improve data recording and communication amongst agencies. It also helped identify early intervention opportunities for 18-24 year old, particularly men.

B.4 Please list any other factors which influenced the allocation of resources in 2006-7 (optional):

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B.5 Please list any needs analysis research planned for 2007-8:

<ol style="list-style-type: none"> 1. Training needs analysis – partnership wide with a delivery plan. 2. Scoping of impact on alcohol on the acute sector at Aberdeen Royal Infirmary
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SECTION C:

Support and Treatment Tables

(See paragraphs 10-12 of the Scottish Executive guidance notes)

<p>Specific Group Codes:</p> <p>1= Drug and/or alcohol service dedicated solely to the specific group.</p> <p>2= Drug and/or alcohol service with specialist workers, dedicated clinics, or facilities for the specific group.</p> <p>3= Drug and/or alcohol service which has undertaken specific action to attract specific group.</p> <p>4= Drug and/or alcohol service which treats clients from the specific groups but has no specialist facilities.</p> <p>5= Drug and/or alcohol service which does not treat clients from the specific group.</p>	<p>Dedicated Drug and/ or Alcohol Service – A service with dedicated workers or facilities for supporting alcohol and/ or drug misusers, where the focus of the intervention is on alcohol and/ or drugs during 2006-07.</p> <p>Number of New Clients – Number of clients attending the service for (a) the first time ever or (b) it has been at least six months since their last attendance at the services during 2006-7.</p> <p>Number of Actively Managed Clients – Number of clients for whom treatment and /or dedicated support is being managed in accordance with a care plan at the service during 2006-7.</p> <p>Number of Planned Discharges – Number of clients from each service who completed a treatment or support intervention, or moved from one treatment and /or support provider to another in a planned way during 2006-7.</p>
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RESIDENTIAL SERVICES IN ACTION TEAM AREA:

SERVICE	REMIT	NUMBER OF BEDS	TOTAL ADMISSIONS			ADMISSIONS FROM ACTION TEAM AREA			DETAIL ANY TARGETED GROUPS
			Apr 2006 to Dec 2006	Jan- Mar 2007 Projected if actual not available	Projected Apr 07–Mar 08	Apr 2006 to Dec 2007	Jan- Mar 2007 Projected If actual not available	Projected Apr 07–Mar 08	
Albyn House Designated Place £650,000		4	424	118	600-700	400	101	550-650	
Albyn Hostel		14	59	13	80-90	52	15	70--80	

DEDICATED SERVICES USED OUTWITH ACTION TEAM AREA:

SERVICE	REMIT	LOCATION	NUMBER OF CLIENTS REFERRED			NUMBER OF CLIENTS ADMITTED			TOTAL ANNUAL SPEND
			Apr-Dec 2006	Jan-Mar 2007	Projected Apr 07 - Mar 08	Apr-Dec 2006	Projected Jan-Mar 07	Projected Apr 07 – Mar 08	
Millbank House	Alcohol		0	1			1		
Broadway Lodge	Alcohol		1	0		1			
Phoenix Futures	Drug Rehab	Glasgow	1 5	3		15	3		
Phoenix Futures	Drug Rehab	Tyne and Wear	7	1		7	1		
Broadway Lodge	Drug rehab		7	0		7	0		

SHARED CARE: (Drugs Only)

Number of GP Practices signed up to local shared care scheme	28 out of 29 practices
Number of pharmacists signed up to local shared care scheme	45 Pharmacies (not pharmacists)

Number of dispensings of methadone mixture	306,860 (Apr 06 – Feb 07)	334,756 (projected Apr 06 – Mar 07)
Number of supervised dispensings of methadone mixture	205,997 (Apr 06 – Jan 07)	247,196 (projected Apr 06 – Mar 07)

NEEDLE EXCHANGE: (Drugs Only)

SERVICE TYPE	NUMBER OF FACILITIES	NUMBER OF NEEDLES / SYRINGES DISTRIBUTED	NUMBER OF NEEDLES / SYRINGES RETURNED
Specialist (Drugs Action)	1	242095	222383
Outreach	7	112881	116266
Community Pharmacies	5	335760	127976

Grampian Police also provide NEx opportunity upon release from Police custody; although no figures are collected, the volume is thought to be low.

PREVENTION SERVICES: (Alcohol Only)

How many dedicated alcohol prevention services have been funded by the Action Team using existing monies:

	Actual 2007-8	Projected 2007-8
ADULT SERVICES	<ol style="list-style-type: none"> Alcohol –it’s your choice – 10 months of development work with a variety of communities, 2 senior schools, Aberdeen College, Robert Gordon’s University and partner organisations including Station House Media Unit, The Mall Aberdeen, NHS Grampian, Grampian Police, Peacock Visual Arts, Aberdeen College and Belmont Picturehouse which impacted on young adults from 16 to 24, those working with them, their families and friends plus members of the public in Aberdeen who took part in the public vote to choose the top rated very short film. TB4UD – opportunities for adults working with young people and parents to experience the highs and lows of alcohol when you are underage and exploring their own responsibilities – delivered in St Machar, Rosemount and Torry. Global Rock performance event by young people 	<ol style="list-style-type: none"> TB4UD – opportunities for adults working with young people and parents to experience the highs and lows of alcohol when you are underage and exploring their own responsibilities inline with the new guidance from the Scottish Child Law Centre. Alcohol – it’s your choice – developing a campaign using the very short films and website placement allowing downloading of films for individual use and group discussion. This will involve all the partner agencies already involved plus local companies, The Mall Aberdeen and Aberdeen Community Safety Partnership and hopefully the Licensing Board Alcohol – don’t push it building on the friends don’t make friends drink campaign from last year through work with employers, licensed premises and communities.

	<p>with a high level of parent representation in the audience all receiving goodie bags including Know the Score information, Alcohol – don't push it information and TB4UD wee cards including adult responsibility messages on supplying alcohol to young people. 500 packs delivered.</p>	
<p>CHILDREN'S SERVICES</p>	<ol style="list-style-type: none"> 1. Young Carers teachers' resource Packs – quality pack delivered to all primary and secondary schools in Aberdeen, all private schools, child care social work teams and many organisations in the voluntary sector. Product also available as pdf throughout Grampian. 2. TB4UD big game, whole year group immersion and customised application of game kit delivered by Health Improvement Assistant co-working with school staff, school nurses and police school liaison officers across Aberdeen secondary schools. 3. Torry Alcohol counsellor – working with under 16's who have issues with alcohol or are living with alcohol issues, co –working with street workers, local projects and police to raise awareness of risks and to encourage alternative outlets and parental responsibility. 	<ol style="list-style-type: none"> 4. TB4UD big game, whole year group immersion and customised application of game kit delivered by Health Improvement Assistant co-working with school staff, school nurses and police school liaison officers across Aberdeen secondary schools to ensure all have imbedded this in their curriculum.

SECTION D:

ADAT Progress

(See paragraphs 13-24 of the Scottish Executive guidance notes)

D.1 ADAT Progress – Culture Change and Communities

National Priority: Reduce binge drinking

Target: Reduce the incidence of adults exceeding weekly sensible drinking levels from:

- 33% to 31% for men between 1995 and 2005, and to 29% by 2010
- 13% to 12% for women between 1995 and 2005, and to 11% by 2010

D.1.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority and target
2. performance over the last 5 years (in statistical terms)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Consumed over safe daily limits – 6 units for female, 8 units for male	Scottish Health Survey 2003	Male – 22% Female – 15%				
Estimated usual weekly alcohol consumption level	Scottish Health Survey 2003	Males - > 21 units - 22% > 50 units - 5% Females				

		>14 units - 15% > 35 units – 1%				
Problem drinking	Scottish Health Survey 2003	Nil problem Male 74% Female 83% One problem Male 15% Female 12% 2+ problem Male 11% Female 5%				
Local survey commissioned by Adult & Communities sub group on percentage of people who - 1. drink every day 2. drink at weekends	Carried out by AACS		1. 45% 2. 57%			
Hospital alcohol related admissions for: 1. Acute intoxication 2. Harmful use	ISD SMR forms	1. 132 (female), 374 (male) 2. 76 (female), 171 (male)	1. 97 (female), 316 (male) 2. 96 (female), 336 (male)	1. 57 (female), 247 (male) 2. 102 (female), 301 (male)	313 total	
Alcohol related deaths Grampian and % of total deaths	ISD	57 Male 29 Female 2.2% Male deaths	65 Male 29 Female 2.6% Male deaths 1.0% Female	58 Male 34 Female 2.4% Male deaths 1.2% Female	96 Male 33 Female	

		1.1% Female deaths	deaths	deaths		
Use of designated Place(drunk and incapable)	Albyn House Designated Place	653	808	771	584	538 (515 referred by police) 20% female 41.8 average age 16 – 79 age spread Frequency of referral 240 x 1 31 x 2 17 x 3 15 x 4-8 6 x11
AACS drink drive (sentence mitigation) course – clients completed course			12	62	188	156
AACS diversion from prosecution service		6	7			

D.1.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Implement Best Bar None Award Scheme	√			This scheme is a quality standard for licensed premises. One gold, 4 silver and 5 bronze awards were achieved. Those gaining awards have subsequently used them in their advertisements to attract customers to 'quality approved' premises.	
Appoint Action Researcher and thereafter implement associated action research plan which has been developed through Aberdeen Community Safety Partnership/Aberdeen Solutions.	√			An action researcher was appointed. Their first phase of work will involve, alcohol promotions; health and safety; and customer management.	
Hold 6-8 meetings of Aberdeen Solutions which helps manage the night time economy on behalf of Aberdeen Community Safety Partnership.	√			Six meetings were held. These focused upon Licensee training; implementation of street marshalls; transport co-ordination; and street safety. These all contribute to a	

				safer night time economy.	
Hold accredited training sessions for the licensing trade.	√			Two induction events for managers attracted 61 managers and licensees; 49 at the On-Licence event and 12 at the Off-Licence event . 4 general training courses for managers and general staff were held. A total of 43 persons received ‘Servewise’ awards which are accredited by SQA.	
Hold a film making competition for 16 to 24 year olds which has a theme around responsible alcohol consumption.	√			Ten films were subsequently commissioned and completed. A vote by over 300 members of the public resulted in an overall winner being awarded at a ceremony held in April 2007. The project helped to heighten public awareness and informed them of young people’s views on alcohol use.	
Deliver awareness training courses on the SE Healthier Scotland ‘Get the full bodied facts’ to generic workers across the public and voluntary sectors.	√			Five training courses were held with a total of over 90 participants attending. 90% of participants expressed a high level of satisfaction with the course.	
Link with Men’s Health network on moderate drinking initiatives.		√			Due to shortage of staff earlier in the year, this was not seen as a priority. This action will however be considered for the coming year under the education/prevention strategy and resultant priorities.

D.1.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
Visit by SE articulated display vehicle to Aberdeen City centre location highlighting the 'Alcohol Don't push it' campaign and the Cocaine campaign	5 December 2006	Local press and media coverage was given. The truck was visited by passing pedestrians, shoppers and students. The Portman Wheel alcohol unit calculator was distributed to these persons.
Film material from the SE Xmas Alcohol campaign – 'Alcohol don't push it' was projected onto the prominent outside wall of an Aberdeen licensed premises. This was widely visible from the main thoroughfares in Aberdeen City centre.	Three week period in December 2006.	This eye-catching display was seen by numerous pedestrians. It also received additional press coverage and promoted discussion within premises promoting and showing the films.

D.1.4 Planned Action 2007-8

Briefly outline the key actions that you intend to take during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
To use the short films created in the competition during 2006/07 in order to develop moderate drinking initiatives.	Binge Drinking & Harm Reduction Task Group	March 2008
To carry out analysis on promotions run by licensees in the city centre to ascertain what impact they have on licensed premises and street management.	Aberdeen Community Safety Partnership	By October 2007

Implement result of work carried out by the Action Researcher to promote moderate drinking and a safer drinking environment.	Aberdeen Community Safety Partnership	Up to July 2008
Implement Best Bar None Award Scheme for a second year, aiming to double the participation from licensed premises.	Aberdeen Community Safety Partnerships	June to November 2007
Develop guidelines and action plan to coordinate all education & prevention initiatives and activities.	Adult & Communities sub group	September 2007
Implement second year of work on Women and Alcohol with the previously trained “Full Bodied Facts” cohort, Beauty and Alternative Therapy Students, Aberdeen Women’s Alliance and GINA, Gender Issues Network on Alcohol	Binge Drinking Harm Reduction Task Group/Aberdeen Women’s Alliance	May 2007 to February 2008
Ensure that JADAT are represented on the newly formed Aberdeen Licensing Forum so that key messages and influence can be brought to the Licensing Board.	JADAT	Throughout 2007/08 and beyond

D.2 ADAT Progress – Culture Change and Communities

National Priority: Reduce drug and alcohol related crime and reassure communities that effective action is being taken.

D.2.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Theft By Housebreaking (Domestic property)	Grampian Police.		1229	954	703	812
Car crime	Grampian Police.		3596	2653	2856	3008
Assault & Robbery / Assault with intent to Rob	Grampian Police.		194	155	189	189
'Action Packs' Generated in response to Drugs Intelligence (a small % relate to alcohol)	Grampian Police.		36	524	1432	803

Persons Stop / Searched by Police (Drugs & alcohol)	Grampian Police.		3,681 (Drugs Only)	4,623 (Drugs Only)	Drugs - 10,603 Alcohol - 802	Drugs - 7987 Alcohol - 711
Drug Search Warrants Executed (Forcewide)	Grampian Police.		339	180	398	393
Drink/Drug Driving Offences	Grampian Police.		612	599	437	424
Serious /Assault	Grampian Police.		138	131	173	209
Petty Assault			3114	4205	4559	4164
<i>NOTE: At present it is not possible to accurately quantify 'alcohol fuelled' violence within these figures.</i>						
Drinking Alcohol (illegally) in a Designated Place	Grampian Police.		108	220	265	314
Persons referred for mediation/diversion re alcohol related crime	Grampian Police.		35	33	31	Not available
Number of recorded offences associated with liquor licensing etc	Grampian Police.		64	165	151	141

D.2.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Grampian Police to improve and develop their existing computer based crime recording system (Crimefile) so as to enhance the relevance of statistics relating to 'alcohol fuelled' crime, and associated behaviours, in respect of perpetrators, victims and witnesses.			√	Gives a clearer picture of alcohol's impact on community safety, perceived fear of crime and actual crime and gives opportunities for diversion and intervention	
Target the incidence of assaults and Robberies, specifically those occurring in the city centre which may be associated with the Sex Industry.	√			'Serious and Violent Crime' is currently a Force Priority, with a specific 'Intelligence' & 'Enforcement' requirements relating to Assault & Robbery. Pro-active Policing Operations are being undertaken when & where the intelligence indicates this to be necessary.	

				Increases safety on the street and of vulnerable individuals	
Examine the feasibility of introducing an 'assertive approach to giving access to treatment' plan directed towards prolific offenders whose offences are directly related to their drug and/or alcohol use. Implement if practical.	√			Opportunity to implement limited by service capacity currently undergoing review in respect of arrest referral and mandatory drug testing both of which will assist and support services and pre treatment services are developed and implemented	
Review practical issues highlighted through initial use of Head-cams. Introduce and expand their use if appropriate.	√			Headcams will not be introduced in the near future. Evidence Gathering Teams (EGTs) using overt camera equipment will be used where appropriate to provide similar 'recording' coverage	
Action recommendations emanating from the JADAT sponsored report on 'Alcohol Related Crime in Aberdeen Division'.	√			Delivered to Community Safety Partnership quarterly meeting, discussed and to be used in assisting in design of forward planning.	
Undertake high profile multi-agency anti Drink/Drug Driving campaigns, and co-ordinate with associated educational and media inputs.	√			'Road Casualty Reduction' is a Force priority and Drink/Drug driving is one of the identified causal factors in road accidents. As well as the recent national ACPOS 'Summer Safety' campaign, the Force routinely targets Drink/Drug drivers across the Force area. Ongoing educational inputs are provided by School Liaison Officers and members of the Force Road Safety Team.	

D.2.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
Grampian Police - Operation OAK – an assertive and zero tolerance approach to anti social behaviour in the city centre.	Ongoing	This helps to improve the behaviour in the city centre at night when increased manpower is committed through an increased level of warnings and charges, and earlier intervention to prevent more serious offences.
Grampian Police - Operation Blaven This was a concerted effort to address controlled drug distribution to the North East of Scotland. A primary aspect of this work was directed at disrupting and prosecuting the organised crime syndicates (many based in the North of England) involved in trafficking 'Crack' Cocaine and Heroin to the Grampian area	2006/07	This work has seen a consistently high number of 'Crack' and Heroin seizures. It has also provided enforcement agencies with invaluable intelligence which forms the basis for further enforcement and preventative work.
Grampian Police increased Anti social behaviour / youth disorder police operations and introduced early warning letters by their ASB unit.	2006	Grampian Police 'STORM' computer figures for underage drinking within Aberdeen City showed that between 01.01.06 and 31.12.06 there had been 550 underage drinking incidents. This was a reduction from 2005 (601 incidents) and 2004 ((603 incidents).
Aberdeen City Council development of their Community Wardens into specific targeted communities.	2006/07	Key achievements – <ul style="list-style-type: none"> • 2% reduction in complaints to Neighbour Complaints Unit • 3.5% reduction in noisy music complaints • 16% reduction in neighbour dispute

		complaints to Grampian Police <ul style="list-style-type: none"> • 5% reduction in breach of the peace incidents • 15% reduction in anti social behaviour driving incidents at the Beach Boulevard
Visit by SE articulated display vehicle to Aberdeen City centre location headlining the 'Ditch a Dealer' campaign encouraging members of the public to contact Crimestoppers with information	12 January 2007	Local media coverage, including two radio interviews were given supporting the initiative. The truck was visited by passing pedestrians, shoppers and students.

D.2.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
Implement Arrest Referral for alcohol and drugs.	Grampian Police, Community Justice Authority	Within 2007
Commence Alcohol Test Purchase (ATP) scheme, and introduce within Aberdeen if operationally viable.	Aberdeen City Council, Grampian Police, PF	Within 2007
Use high visibility patrols in identified hotspot areas and problematic licensed premises in order to reduce instances of serious and violent crime.	Grampian Police	Ongoing
Continue to implement street marshals, door stewards and transport management within the city centre night time economy	Aberdeen City Council	Ongoing

Establish a recording and retrieval capability, and information sharing with the JADAT, re persons attending A&E through alcohol related incidents.	NHS Grampian and Grampian police	Within 2007
Evaluate the impact of the domestic abuse/alcohol service at A&E and implement the learning and recommendations.	NHS Grampian , Grampian Police, Alcohol Support	March 2008
Implement Mandatory Drug Testing	Grampian Police, Criminal Justice Social Work	From June 2007
Review provision of Needle Exchange, and associated training, within Grampian Police.	Needle Exchange sub group	March 2008
Target the activities of 'street' level drug dealers in order to make the Grampian area a hostile environment for drug suppliers	Grampian Police Also included in D.11.4	March 2008 - Ongoing

D.3 ADAT Progress – Prevention, Education and Young People

National Priority: Reduce hazardous or at risk drinking by children and young people because of the particular health and social risks.

Target: Reduce frequency and level of drinking from 20% of 12 – 15 year olds to 18% between 1995 and 2006, and to 16% by 2010.

D.3.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national target
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Drinking in previous week	SALSUS	13 years 23% 15years 53%				
Self reported drunkenness (of pupils who have ever drunk alcohol)	SALSUS	13 Years once 22% 2-3 times 14% 4-10 times 7% 10 times or more 6%				

		15 Years Once 12% 2-3 times 26% 4-10 times 20% 10 times or more 20%				
Excessive drinking (units/drinks) more than 5 drinks within 30 days	SALSUS	13 years 4 times 6% 3 times 5% Twice 9% Once 12% 15 years 4 times 18% 3 times 11% Twice 16% Once 17%				
Hospital admissions due to acute intoxication	NAIR (SMR01)		< 18 Years 20		< 18 Years 24	
Children's Reporter data - Referrals for alleged drug / alcohol misuse	See local profiles					Meantime unable to obtain data

D.3.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. ‘Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire’.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Deliver TB4UD Uncomfortable shoes and “Alcohol its your choice” city wide in schools, universities/colleges, workplaces and support projects for young people	√			Increased use of TB4UD and Alcohol-its your choice to meet the needs of individual classes and schools using a variety of methods 20 events. Regular and planned use of Alcohol – its your choice with all course groups on induction in Robert Gordon’s University and in Aberdeen College in the majority of course groups as part of wellbeing, responsibility and safety commitment by the institutions.	
Improve the range and method of delivering effective alcohol awareness programmes to target groups			√		Health promoting school accreditation launched. Lesson plans developed for two new resources involving six schools in piloting. Evaluation of two new resources planned. This action will be considered for the coming year under the education/prevention

					strategy and resultant priorities.
Explore changes in Police reporting of drug and alcohol issues that link to offending, not just offence types through the YJ System.			√		The police have developed a system that will allow them to record on crimefiles whether alcohol or drugs was a factor in the offence. However, at the current time the system is not active. This action will be reviewed in 07/08 under the action to establish a reporting framework.
Develop support for young people with alcohol problems and affected by siblings and other family members drinking			√		Initial children's service plan developed and agreed which was informed by mapping and needs assessment. Further work will be carried out in relation to this action in 07/08 under the action to review the current children service action plan.
Develop specific projects to provide early intervention with young drinkers for themselves and parents to reinforce parenting role in reducing harmful underage drinking			√		Torry project – pilot only been running since January 2007. Therefore the post has not yet been evaluated. Pilot to continue and learning from pilot will be used when designing wider service. Action to evaluate this service has been carried forward to 07/08.
Review alcohol protocols in relation to child protection			√		NESCPC have revised the child protection guidelines and developed a draft protocol for supporting children at risk of exploitation. These go in front of committee in June 2007. GOPR protocols are

					being developed. All of these have reference to alcohol in relation to child protection. This action is being moved to the section of children affected by parental substance use and will be reviewed in 07/08 under the actions relating to the GOPR protocol.
Increase the number of people from diverse backgrounds engaging in the neighbourhood planning process re alcohol			√		Diversity to be included within Community Engagement process (Draft Plan to be produced 2007/8)
Implement very, very short Film making competition for 16 to 24 year olds, with a specific emphasis on enabling young people in senior schools, the community further education and support projects to take part.	√			28 Expressions of interest in the film making. 12 story boards entered. 10 films commissioned, 8 films received awards, 3 secondary school entries, 2 college entries, 3 community entries. Public vote on two top films attracted huge interest with over 300 votes registered.	

D.3.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
The Community Safety Partnership sponsored six alcohol free events for young people.	January to March 2007.	This allowed young people in Aberdeen to have fun and positive experiences at alcohol free events. It also allowed the information to be shared about alcohol and safe drinking

		levels.
Global Rock	Yearly	3 Aberdeen secondary schools took part in the event. Evaluation of the event to be carried out in 07/08.
Substance Misuse Conference – substance use and domestic abuse	September 06	Multi-agency professionals in attendance. Raised the profile of domestic abuse agenda and new domestic abuse project working through Alcohol Support being run in conjunction with A&E.

D.3.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

SMART objective	Lead organisation	Timescale
Complete a review of the current children service plan for children involved in alcohol and drug use	C&YP sub group	September 2007
Evaluate the Torry alcohol early intervention pilot project for children and young people	C&YP sub group, Torry neighbourhood team	January 2008
Review the performance of the Youth Justice alcohol/drug post based in youth justice field work team	C&YP sub group	March 2008
Review the performance of the Youth Justice alcohol/drug post based in Barnardos	C&YP sub group	March 2008

Establish a reporting framework to gather information regarding children and young people with alcohol/drug issues accessing services	C&YP sub group	March 2008
Evaluation of Global Rock in conjunction with Aberdeenshire ADAT & RGU	Aberdeenshire ADAT & RGU	December 2007
Training for Drug Proof Your Kids made available to professionals on a multi-agency basis. Develop action plan for city wide roll out of programme for parents.	A&C sub group	March 2008
Develop guidelines and action plan to coordinate all education & prevention initiatives and activities.	A&C sub group	September 2007

D.4 ADAT Progress – Prevention, Education and Young People

National Priority: Reduce the proportion of young people reporting use of illegal drugs.

Target: Reduce proportion of under 25's reporting use of illegal drugs in the last month and previous year substantially, and heroin use by 25% by 2006.

D.4.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national target
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Numbers presenting to SDMD	SDMD			< 15 years None 15-19 years 21 20-24 years 141	< 15 years 4 15-19 years 30 20-24 years 100	
Age at onset of problem drug use	SDMD		15-19 years 78%	15-19 years 83%	< 15 years 15 % 15-19 years 71% 20-24 years 15%	

Age first used illicit drugs	SDMD		< 15 years 59% Other age groups comparable with Scottish Average	< 15 years 62% 15-19 years 40% 20-24 years 5%	< 15 years 59% 15-19 years 39% 20-24 years 2%	
Percentage of 13, 15 year olds who reported using drugs last year, last month, ever	SALSUS	13 years Last month 6% Last year 8% Ever 9% 15 years Last month 23% Last year 35% Ever 40%				
Age breakdown of young people's referral to services	local			112 (0-17) are known to be seen by substance misuse services 104 access services as a result of being affected by another's substance use		

the proportion of the population of Aberdeen that is between 15-25 years old.	GROS 2005				Female < 15 years 14,467 15-19 years 6,670 20-24 years 8,643 Male < 15 years 15,383 15-19 years 6,143 20-24 years 8,398	
Individuals under 25 years reporting heroin use in the last month	SDMD	< 15 years 0 15-19 years 8.9% 20-24 years 38.5	< 15 years - 15-19 years 6.6% 20-24 years 28.3%	< 15 years - 15-19 years 3.7% 20-24 years 26.1%	< 15 years 0 15-19 years 7% 20-24 years 23%	
13,15 year olds who reported using heroin in the last month, last year	SALSUS	13 years 1% 15 years 1%				

D.4.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
The involvement of young people in the consultation with the Youth Action Team and Dialogue Youth in ongoing development and delivery of alcohol and drug strategy	√			JADAT support team linked to Dialogue Youth Aberdeen Student Forum. Discussions ongoing to progress future consultations. To date this has resulted in joint working between JADAT, Dialogue Youth, Aberdeen Student Forum and Schools Education Guidance Network regarding drug and alcohol education in schools and use of appropriate resources. Consultation event for 14-25's 'What will we do about Violence and Alcohol in Aberdeen?' took place March 2007 organised through Youth Action Committee.	
Review drug treatment policy and ensure young people who			√		Two youth justice posts in place for young offenders under 17 to access support for drug and alcohol

are offending gain access to treatment to reduce their offending					problems. Posts are currently under review and remit of one post has been changed to increase access to the service for young offenders. This action will be continued in 07/08 when we evaluate the two youth justice posts.
Review pathways for young people to access mental health and substance misuse service to improve service uptake			√		There has been nursing time identified with the young people's department and the substance misuse department for children and young people. However, work still needs to be done. This will be continued in 07/08 within the action to review the current children service plan for children involved in alcohol and drug use.
Develop support for young people at risk or engaged in problematic alcohol and/or drug use			√		Initial children's service plan developed and agreed which was informed by mapping and needs assessment. Further work will be carried out in relation to this action in 07/08 under the action to review the current children service action plan.
Ensure that drug and alcohol related strategic priorities are set within the wider integrated children's services plan	√			Drug and alcohol strategic priorities are embedded within Aberdeen's integrated children's service plan. As a result the C&YP sub-group were granted a further £100,000 in 2007-08 for services for children	

				involved in or affected by substance use.	
Establish a reporting framework to ensure needs led service development through service planning data		√			Due to changes in membership of C&YP sub group and JADAT support team this action was not completed. Action for 07/08 to establish a reporting framework.
Improve outcomes for young people at high risk as a result of parental drug use			√		A protocol is being developed in relation to GOPR/Hidden Harm which will be disseminated to all agencies in Aberdeen City. The protocol highlights the issue of children affected by parental substance use and is based on good practice in the area of children affected by parental substance use. This action is more appropriate under the children affected by parental drug use section and will be cover in 07/08 under the GOPR protocol actions.

D.4.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity

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D.4.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

SMART objective	Lead organisation	Timescales
Complete a review of the current children service plan for children involved in alcohol and drug use	C&YP sub group	September 2007
Review the performance of the Youth Justice alcohol/drug post based in youth justice field work team	C&YP sub group	March 2008
Review the performance of the Youth Justice alcohol/drug post based in Barnardos	C&YP sub group	March 2008
Explore what information is currently gathered by agencies regarding children accessing services where drug/alcohol use has been identified.	C&YP sub group/ACC	March 2008
Evaluation of Global Rock in conjunction with Aberdeenshire ADAT & RGU	Aberdeenshire ADAT & RGU	December 2007
Training for Drug Proof Your Kids made available to professionals on a multi-agency basis. Develop action plan for city wide roll out of programme for parents.	A&C sub group	March 2008

Develop guidelines and action plan to coordinate all education & prevention initiatives and activities.	A&C sub group	September 2007
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D.5 ADAT Progress – Prevention, Education and Young People

National Priority: Reduce harm to children affected by substance misusing parents/carers through improved multi-agency support to parents and children.

D.5.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Living with dependent children	SDMD	Only with dependant children 6% Other arrangement 6%	Only with dependant children 6% Other arrangement 8%	Only with dependant children 6% Other arrangement 9%	Only with dependant children 7% Other arrangement 9%	
Percentage of new clients with a presenting issue of pregnancy	SDMD	26%	21%	14%	18%	

Maternity data: Number of maternities recording drug use	SMR02/SMR11/S Scottish Birth Record	44 or 21.3 per 1000 pregnancies	62 or 31.4 per 1000 pregnancies	29 or 14 per 1000 pregnancies		
Neonatal discharges		54 or 25.9 per 1000 live births	47 or 23.5 per 1000 live births	36 or 17.2 per 1000 live births		
Children's protection register	Local (social services)	150	149	161 68 drug issues 50 alcohol issues	96 85 drug issues 11 alcohol issues	
Referrals - % referrals to drugs services who are parents	local					
Information on shared care arrangements	local					
Numbers of children receiving young carers services due to parents alcohol or drug use	Local young carers organisation					15

D.5.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Review current provision and develop support for young people affected by other people's drug and alcohol use (eg siblings, parents, carers)			√		Review of current services is currently still ongoing. This action will be covered in 07/08 under the action to review services for children affected by parental substance use and implementation of maternity social work post
Improve resources to support young carers	√			15 young carers for parents with drug/alcohol issue are engaged with the specialist substance use worker within the young carers centre. 13 of the 15 children are new to the young carers service due to the development work of the substance use worker.	

Evaluate usefulness and impact on service demand of providing Young Carers Teachers Resource Pack		√			Evaluation of pack not undertaken partly due to changes in JADAT support team. Action to be carried forward to 07/08
Improve outcomes for children at high risk as a result of parental drug use			√		A protocol is being developed in relation to GOPR/Hidden Harm which will be disseminated to all agencies in Aberdeen City. The protocol highlights the issue of children affected by parental substance use and is based on good practice in the area of children affected by parental substance use. This action will be covered in 07/08 under the GOPR protocol actions plus the review of services to children affected by parental
Progress parent and children facility to re-establish parental responsibility where drink is the norm			√		This action is meantime on hold as Aberdeen City Council try to realign their budget for provision of residential alcohol issues.
Implementation of recommendations from alcohol and pregnancy research			√		Research and recommendations received. Children and young people sub group to develop plan to implement recommendations. Action to be carried forward to 07/08
Support parent peer led interactive community based initiatives providing information			√		Funding approved to roll-out Drug Proof Your Kids (DPYK) programme (2007-2009) as a parent-

on drug and alcohol issues – link to good practice					led community based initiative focusing on education and information on alcohol & drug issues. This action will be followed through to 07/08 under reducing children's alcohol/drug use.
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D.5.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity

D.5.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

SMART objective	Lead organisation	Timescales
GOPR/Hidden Harm protocol to be completed	Pan Grampian GOPR group	August 2007
Pregnancy protocol to be completed	C&YP sub group - maternity task group	August 2007
GOPR and pregnancy protocol to be distributed to relevant agencies across Aberdeen City	C&YP sub group	November 2007
Plan training sessions for GOPR protocol in Aberdeen City	C&YP sub group / Adult & Communities sub group	December 2007
Implement new early intervention social work post at maternity hospital	C&YP sub group	September 2007
Review current posts funded by C&YP sub-group working with children and families affected by parental substance use	C&YP sub group	March 2008
Evaluate use of Young Carers Teachers Resource Pack	Binge Drinking Task Group	September 2007
Develop a plan based on the outcomes and findings from Aberdeenshire ADAT's implementation of resources developed following the recommendations of alcohol and pregnancy research.	C&YP sub group	January 2008

D.6 ADAT Progress – Provision of Support and Treatment Services

National Priority: Reduce waiting times for drug treatment and rehabilitation services

D.6.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Number of people waiting*	SE Waiting Times Database			376	531	751
Number of people offered assessment	SE Waiting Times Database			731	683	515
Number of clients seen in under 21 days for assessment	SE Waiting Times Database			348	233	180
% of people who were assessed and seen within 21 days	SE Waiting Times Database			47%	34%	35%

% of people who's treatment started within 14 days of assessment	SE Waiting Times Database			95%	86%	84%
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*This figure includes people referred to the SMS by GPs some of whom will be receiving treatment or support. A recent audit of these people indicated that 40% (n434) would be receiving methadone and 36% would be receiving some other kind of support.

D.6.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Aim to have a 20% reduction in waiting times across services March 2007		✓			We still have an ongoing issue with capacity in relation to substitute prescribing and accommodation.
Improved Care Management of Waiting Clients Current Care managers "outsource" groupwork element of preparation for residential rehab to free up capacity to engage with clients who are waiting to link them into social support services and prepare and motivate clients towards prescribing and longer term Careplanning. Budget to support groupworker secondment and purchase of rooms/venues June 2006	✓			Phoenix Futures undertaking the groupwork preparation of clients. Current Care Managers integrated into the Integrated Care Planning and Stabilisation Service	

<p>Aim to have the Integrated Care Planning and Stabilisation Service running or the additional capacity deployed depending on negotiations regarding property.</p> <p>Implementation of the ICPSS will initiate Care Pathway planning with target groups such as those released from prison, homeless, ante /post natal, GPs etc</p>	✓			<p>New team in temporary accommodation and beginning to take up cases during a pilot implementation phase.</p>	
<p>We are launching a Commissioning Strategy to ensure Best Value and Performance Management of Outcomes. March 2007</p>			✓		<p>Ongoing work between ACC, NHS G and JADAT to establish Commissioning Strategy.</p>

D.6.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
<p>Audit of support of people referred by GPs to SMS.</p>	<p>Ongoing</p>	<p>Of 434 cases waiting</p> <ul style="list-style-type: none"> • 68 had registered with another practice • 14% were receiving some form of support from GP • 11% were receiving some form of prescription from GP • 39% were receiving methadone from GP

		whilst they were waiting <ul style="list-style-type: none"> This will help with targeting of clients
Workshop for clinical and nursing staff about improving the recording of statistical data	20 th March 2007	Improved recording and reporting of statistical data
An Action Plan for the tackling of Waiting Lists has been formulated	Ongoing	Short, Medium and Long Term Objectives for improving capacity in Aberdeen City
Planning Application for development of additional treatment and rehab accommodation for the City was progressed and lodged	Ongoing	Planning Application was turned down and is currently being appealed.

D.6.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
To have a 20% reduction in waiting times across services by March 2008	NHS Grampian	March 2008 / Ongoing
Progress Planning Application Appeal through the Scottish Executive	NHS Grampian	March 2008 / Ongoing
Further establish the work of the Integrated Care Planning and Stabilisation Service	NHS Grampian / Aberdeen City Council / Vol Org Partnership	March 2008 / Ongoing

D.7 ADAT Progress – Provision of Support and Treatment Services

National Priority: Increase the number of drug misusers in contact with treatment and care services.

Target: Increase the number of drug misusers in treatment and care services by 10% by 2008.

D.7.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national target
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Target based 2002/03 benchmark on 10% increase year on year		899	989	1087	1195	1314
Number of people on methadone	Local data based on prescriptions	899	1012	1184	1266	1361
Variance on targets	Variance on targets	nil	+11.17%	+16.47%	+14.14%	+12.2%

D.7.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Establishment of Integrated Care Planning and Stabilisation Service			✓		Lead in work on the development of temporary accommodation and recruitment. Team began operating from May 2007.
Review provision and long term strategies for community rehabilitation			✓		Strategic review to be undertaken by ACC in conjunction with NHS in 2007.
Establish a Community Alcohol Team			✓		Team begins work in August 2007
Review strategy and provision of services for psychostimulant users			✓		Work ongoing to develop psychostimulant strategy across the partnership
We are launching a Commissioning Strategy to ensure best Value and Performance Management of Outcomes.			✓	Commissioning strategy reviewed	Ongoing work in relation to service review

D.7.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
Audit of people waiting at primary care for referral to SMS		Outcome is that 40% of people waiting are being prescribed methadone whilst waiting

D.7.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
Develop a Waiting List Reduction Action Plan	JADAT / NHS Grampian	March 2008
Establish an Integrated Care Planning and Stabilisation Service	JADAT / NHS Grampian	May 2007
Review provision and long term strategies for community rehabilitation	JADAT / NHS Grampian	October 2007
Review strategy and provision of services for psychostimulant users	JADAT / NHS Grampian	March 2008

Launch a Commissioning Strategy to ensure best Value and Performance Management of Outcomes.	JADAT / NHS Grampian	October 2007
Establish a Community Alcohol Team	JADAT / NHS Grampian	August 2007

D.8 ADAT Progress – Provision of Support and Treatment Services

National Priority: Increase the number of drug misusers successfully completing treatment.

D.8.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Planned Discharges for all services	SE Waiting Times Database			116 or 16% of those who started treatment	241 or 35% of those who started treatment	193 or 37% of those who started treatment
Planned discharges for Substitute prescribing	SE Waiting Times Database			66	156	32
Unplanned discharges for Substitute prescribing	SE Waiting Times Database			130	117	67
Retained in treatment on substitute prescription	SE Waiting Times Database			891	922	1215

Integrated Community Rehabilitation Service Retention Rate				70%	70%	70%
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D.8.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Improved data collection and in particular clarification with SMS on whether clients moving back to GPs for long term prescribing are being recorded as Planned Discharges or as Referrals for 2 nd Treatment May 2006	✓			Improved quality of data	
Implement new SMR 25 Recording System as per ISD Timescales	✓			SMR 25 Implemented and imbedded in SSA Form	
We have recently established a Clinical Effectiveness and Reference Group which will review current policies and make recommendations on best practice on existing and new clinical best practice. To report 4	✓			Ongoing work in relation to reports on Psychostimulants and Alcohol Treatment	

times per year.					
We will establish a Quality and Audit Team that will review the 1500 cases currently supported through the NHS SMS Shared Care Scheme, Specialist Clinics and Social Work reporting on, quality, discharges and outcomes.			✓		Too disruptive to services with the SWIA Pilot inspection taking place at the same time. This will be done however in 2007/08.
We are launching a Commissioning Strategy to ensure best Value and Performance Management of Outcomes.			✓		This is ongoing as shown by action for 2007/08 shown earlier.
SMS have stated strategic aims to keep clients in treatment for as long as possible to gain maximum harm reduction, therefore there will be development of targeted low threshold prescribing.	✓			Reduction in the number of clients discharged	
RCGP Guidelines are to be implemented across the City as part of the Enhanced Service			✓		Ongoing Enhanced Service review in line with Commissioning strategy and Quality Audit of GP Services

D.8.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity	
Snapshot of client outcomes was undertaken with clients receiving methadone at the first three months of treatment	Ongoing	55% drop in problematic illegal drug use 50% reduction in problematic alcohol use 57% reduction in reason for drug use 75% reduction in prescription related problems 50% reduction in problems relating to other medication 71% reduction of problematic injecting practice 85% reduction of problematic injecting related issues 40% reduction in problematic immunisation issues 60% reduction in problematic BBV knowledge 40% reduction in health related problems 33% reduction in mental health related problems 57% reduction in problems relating to social history 40% reduction of accommodation problems 25% reduction in problematic situations for children 50% reduction of relationship problems 43% reduction in occupational problems 50% reduction of financial problems 66% reduction in offending related issues	
Snapshot of outcomes of clients receiving methadone and community based rehabilitation			
		AS A RESULT OF REHABILITATION	
		Have you gained more awareness of how to reduce the chance of overdose?	Yes 89.5%
		Have you gained more awareness of how drugs affect your physical health?	100%
		Have you gained more awareness of how drugs affect your mental health?	100%
		Have you gained more awareness of the impact of drugs on Family?	92% 84.5%

	Friends? Self?	97.5%
	If you were offending have you reduced the amount of offending?	58%
	Do you feel that your self confidence has improved?	79%
	Do you feel that your self esteem has improved?	79%
	Do you feel more in control or more able to do more for yourself?	87%
	Has your trust/confidence in those who support you increased?	89.5%
	Has your general living circumstances improved?	87%
	Has your housing situation improved?	66%
	Do you feel you have increased awareness of housing options?	58%
	Are you able to manage your finances better?	87%
	Do you feel you have options about how to structure your week?	87%
	Do you feel more able to access employability (see below) services?	68.5%
	Would you be more likely to consider further Training?	82%
	Education?	79%
	Employment?	84.5%
	Has your dependence on illegal drugs reduced?	97.5%
	Do you feel more part of things?	84.5%
	Do you understand your methadone treatment more?	92%
	Do you have more hope about your ability to reduce your reliance on drugs?	95%
	Are your relationships better with those who support you than before?	76%
	Nurses?	79%
	Doctors?	71%
	Link Services?	87%
	Social Worker?	66%
	Are your relationships better with those around you than before?	89.5%
	Family?	92%
	Partner?	60.5%
	Are you less likely to be involved with others who are taking drugs than before?	92%

		Are you more likely to use your time better in future?	97.5%
		Are you more likely to solve problems by yourself than before?	87%
		Are you more likely to be more honest with those who support you than before?	95%
		Are you more optimistic about your future than before?	84.5%
		Do you feel more part of your community?	39.5%
		Do you feel that you have more say about your treatment?	84.5%
		Do you feel that you are listened to more than before?	89.5%
		Are you more aware of what services are available to you?	89.5%
		Do you feel the level of information sharing between those who support you has assisted your support?	97.5%
		Do you think services working together more closely is a good thing for you?	100%
		Do you find combining some appointments with the ICDRS worker and the nurse a good idea?	100%
		Are they convenient?	89.5%
		Do they help?	100%
		Do you find having one joint care plan a helpful idea?	97.5%
		Do you feel that you are having to repeat the same information to different people who support you less (give examples assessments referrals etc)	71%
Undertook work to facilitate the SWIA Pilot Inspection which included the following: Phase 1 Background Information Self Evaluation Questionnaire Phase 2 Supplementary Information from Organisations File Reading Peer Research Action Team Self Evaluation Questionnaire		Inspection Report to be published in Autumn 2007 results of which will help inform future strategy and operational management policy.	

<p>Phase 3 w/b 6th and 13th Nov Fieldwork</p> <p>Individual Meeting with Sandra Power CSO Individual Meeting with Craig Stirrat Head Of Service Housing Individual Meeting with Rhona Jarvis Head of Service Education Individual Meeting with Abigail Tierney Individual Meeting Douglas Patterson CE ACC Individual Meeting Richard Carey CE NHS G Individual Meeting Maria Rossi and Director of Public Health Individual Meeting Grampian Police Individual Meeting SPS Craiginches Individual Meeting Clinical Lead for NHS G Individual Meeting GM of Mental Health Directorate Individual Meeting with Consultant Psychiatrist Individual Meeting Contract Officers Individual Meeting Job Centre Plus</p> <p>Grampian Wide Meeting of Action Team Chairs Grampian Wide Meeting of GMs of CHPs Grampian Wide Meeting of Action Team Staff Grampian Wide Meeting of Vol Sector Commissioned Services</p>			
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<p>Focus Group for Aberdeen City Admin Staff Focus Group for Aberdeen City Managers Focus Group for Aberdeen City Frontline Staff Focus Group for Aberdeen City Elected Members Focus Group for Aberdeen City Sub Group Chairs Focus Group for Aberdeen City GPs Focus Group for Service Users Focus Group for Significant Others</p> <p>Observed Practice / Site Visit with DTTO Observed Practice / Site Visit with CCAT Observed Practice / Site Visit with DA Observed Practice / Site Visit with ICDRS Observed Practice / Site Visit with SMS</p> <p>Site Visit Foyer Site Visit Community Pharmacy x 3 Site Visit x 4 GP Practices Site Visit Crown Street Site Visit AACS</p> <p>Waiting List Questionnaire</p>			
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D.8.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
Continue to develop outcomes based reporting system	NHS Grampian	March 2008
Continue to develop community based rehabilitation for those on substitute prescribing	ACC/ NHS Grampian	March 2008
Develop and implement action plan for undertaking recommendations from SWIA Inspection Report	JADAT	March 2008

D.9 ADAT Progress – Provision of Support and Treatment Services

National Priority: Increase the number of people recovering from drug and alcohol problems entering training, education and employment.

D.9.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
<i>Progress 2 Work (P2W)</i>	Service Referrals Service Outcomes (Employment, Education & Training)	Not Applicable	109 Referrals 32 Starts 5 Outcomes	265 Referrals 82 Starts 60 Outcomes	259 Referrals 72 Starts 69 Outcomes	335 Referrals 101 Starts 85 Outcomes
Integrated Community Drug Rehabilitation Service (ICDRS)	No of Clients engaged in Employability	Not Applicable	Not Applicable	60	60	60
Retention rate of ICDRS Referrals to P2W	Client Outcomes (%)			50%	85%	84%

D.9.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Prepare to Re-Tender for P2W (March 2007)			✓		Re-tender process delayed to 2008. Contract extended 2007/8
Preparation for 2 nd Generation New Deal Schemes (March 2007)			✓		Anticipated March 2008
Awaiting Implementation of SE Employability Framework and the establishment of Healthy Work Centre (time-scale unknown)			✓		Ongoing
Redesign P2W to improve referrals and outcomes – to be monitored through P2W contract. Aim to raise target of Programme starts from 70 to 100 (40%) by March 2007 (June	✓			Improved access to Programme and improved number of Clients achieving measurable outcomes	

2006)					
Continue to progress Employer engagement for P2W and Ready 4 Work – to be monitored through the range of employers reported as offering opportunities (March 2007)	✓			Programme continues to develop and expand number of opportunities. Anticipate further opportunities with potential change to Client referral criteria	
Examine other options for funding specialist support in managing the disclosure of Criminal Records and the Rehabilitation of Offenders Act rehabilitation worker for clients with offending background looking for work (Ongoing)	✓			Number of clients formally engaged with 1-2-1 and Group-work sessions increased	
Explore possibility of linking Learning House Resources in regeneration target zones to ICDRS (June 2006)	✓			Referral routes established, number of clients given opportunity to participate in community increased	
Establish Referral targets and protocols with Partner Agencies for P2W (May 2006)	✓			Partner Agency Staff Protocol produced. Clear Referral routes established within Partner agencies with increased number of appropriate referrals	

D.9.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
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“Get Into Life” Pilot (early stage employability intervention programme) delivered over 6 Programmes. Programme targeted 36 P2W Referrals assessed as requiring additional pre-P2W support	May 2006 to March 2007	Improved preparation of clients ensuring appropriate referral for formal employability provision (P2W). 27 Completions generated 10 P2W Employment (3), Education (5) and Training (2) Outcomes
Methadone Disclosure Protocol developed to assist clients with Employment Outcomes	Ongoing	Reduced stigma and barrier of Drug Treatment disclosure for Job-Seeking Clients. Educating a range of prospective Employers regarding role of Methadone treatment in Client Care and Rehabilitation
Education Outcomes target re-negotiated due to exceeding existing target in 2006/7	Ongoing	Further measurable outcomes (increased from 30 to 50) added to targets for 2007/8
Standardised arrangements and support for provision of Bank Accounts to all identified P2W Clients through Royal Bank of Scotland	Ongoing	Provision of practical support and solution to an identified major barrier for re-entry to employment
SVQ (Job-Skills) introduced to P2W as part of redesign of Service, forming Stage 2 of a 4 Stage employability process. 1 Assessment 2 SVQ Job-Skills 3 Job-Search/Job-Club 4 Support to Move On (Employment etc)	Ongoing Group Delivery	Provision of essential skills package for those Clients furthest removed from Job Market. Number of clients actively job-seeking increased.
Referral route established for P2W Clients to Jobcentre Plus “Pathways to Work” provision (employment support for clients identified as having additional health-related needs)	Ongoing	Number of clients (Incapacity Benefit recipients) with additional health-related needs receiving incentives and support into employment

D.9.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
Increase duration of support (beyond 13 week period) to those clients entering employment, education and training.	Treatment & Support sub , Progress 2 Work	March 2008
Build capacity within existing resources contained in current employability programmes to engage with those clients identified as requiring literacy and numeracy additional support.	Treatment & Support sub, Aberdeen Foyer	March 2008
Implement a contingency management scheme to improve health and rehabilitation outcomes for clients, including those participating in various employability related programmes.	Treatment & Support sub, ICDRS, CAT	March 2008
Assess and improve access to ‘Training for Work’ programmes (industry specific training packages) for P2W clients.	Treatment & Support sub, ICDRS, Aberdeen Foyer	March 2008
Increase the numbers of ICDRS clients entering ‘Get into Life’ early stage employability intervention and thereby maximise the flow of referrals to P2W.	Treatment & Support sub, Aberdeen Foyer, Phoenix House, Aberdeen College	June 2007
Engage with Scottish Business in the Community to increase the number of businesses who are willing to take ICDRS clients into the ‘Ready 4 Work’ Scheme.	Treatment & Support sub, ICDRS, Aberdeen Foyer, Scottish Business in the Community	Ongoing
Reconstitute the JADAT Employability Task Group, with a remit to co-ordinate and deliver an employability action plan.	Treatment & Support sub, JADAT Partners	December 2007

D.10 ADAT Progress – Provision of Support and Treatment Services

National Priority: Reduce the number of drug related deaths.

Target: Reverse the upward trend in drug-related deaths and reduce the total number, by at least 25% by 2006.

D.10.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Number of recorded drug related deaths within Aberdeen City	Grampian Police Figures Calendar Year	40	22	27	13	27
	(Fiscal Year)	(41)	(24)	(22)	(13)	(27)
Number of recorded drug related deaths within Aberdeen City	General Register Office for Scotland	34	21	27	11	N/A

D.10.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
<p>We have recently established a Clinical Effectiveness and Reference Group (CERGA) which will review current policies and make recommendations for a comprehensive strategy for tackling drug related deaths and the local implementation of the SACDM report in to preventing drug related deaths.</p> <p>This covers recommendations 4, 6, 8, 10 from the SACDM Report and recommendations from the Working Group on Drug Related Deaths</p>			✓		<p>CERGA has been established with a remit for ongoing work to review literature and practice. Although this is ongoing, further work will be carried out in relation to this in 07/08. The action will be to produce and implement a comprehensive plan for reducing drug related deaths.</p>

<p>We will establish by July 2006 a Preventing Drug Related Deaths Group to meet twice a year as a sub group of the CERGA. This group will act as a Critical Incidence Group and inform strategy and commissioning.</p> <p>This covers recommendation 13 from the SACDM Report and recommendations from the Working Group on Drug Related Deaths</p>			✓		<p>Agreement to establish a group has been established. This action is however being carried forward into 2007/08.</p>
<p>Quality and Audit Group we are establishing a Quality and Audit Group that will review the care provided to the current 1400 clients currently in treatment with primary and specialist health services and community care addictions services with the aim of ensuring that best clinical practice is being provided in line with SACDM Report, RCGP Guidelines etc.</p> <p>This covers recommendations 4, 6, 8, 10 from the SACDM Report and recommendations from the Working Group on Drug Related Deaths</p>			✓		<p>Due to the SWIA Pilot Inspection plans in relation to undertaking the Quality Audit to 2007/08 were put back. This is being done in 2007/08.</p>

<p>New GP Enhanced Service Contract specifically cites RCGP Guidelines in relation to prescribing. Guidelines will be issued and supported in GP Practices by August 2006.</p> <p>Same action for Community Pharmacy Contract.</p> <p>This covers recommendations 4 & 12 from the SACDM Report and recommendations from the Working Group on Drug Related Deaths</p>			✓		This will be continued in 2007/08.
<p>A new consultant has been appointed to Public Health Department of NHS Grampian and she has a specialist remit to provide leadership in relation to the drugs, alcohol and sexual health. In this role she is undertaking with the JADAT a review of work undertaken outwith the “treatment” agenda with the aim of establishing a JADAT wide and Grampian wide Harm Reduction Strategy. This strategy will encompass under one framework a range of</p>			✓		This ongoing work to establish a Harm Reduction Strategy is led by Public Health and is ongoing.

<p>education, prevention and harm reduction work undertaken locally against a backdrop of best practice. This will include the provision of needle exchanges, paraphernalia etc and how to target at risk groups.</p> <p>This covers recommendation 13 from the SACDM Report and recommendations from the Working Group on Drug Related Deaths</p>					
<p>The JADAT in partnership with the City Council and NHS Grampian has launched a new Commissioning Strategy. This strategy will move to establish pooled budgets and single point commissioning. As part of the contract reviews a comprehensive set of good practice initiatives for reducing drug related deaths will be incorporated into the contracts SLAs for all drug and alcohol services, which will subsequently be monitored by March 2007/08</p>	✓			<p>Issues which help in reducing drug related deaths are included in the service level agreements for all contracted drug and alcohol related services.</p>	

<p>This covers recommendations 7, 9, 10 from the SACDM Report and recommendations from the Working Group on Drug Related Deaths</p>					
<p>Integrated Community Rehabilitation Service will deliver programmes for clients undergoing stabilisation and Rehabilitation interventions structured around risks of stages of treatment</p> <ul style="list-style-type: none"> • Early Treatment • Settled In Treatment • Moving on & out of Treatment • After Treatment <p>Topics Include:</p> <ul style="list-style-type: none"> • Poly Drug use • Keeping self & others safe • Harm minimisation • First aid • Feelings around methadone & treatment • Coping with methadone reduction • Life after methadone • Prescribing options • Even healthier living 	<p>✓</p>			<p>66 clients have undertaken ICDRS activity against listed headings</p>	

<ul style="list-style-type: none"> • Building on social & support networks • My crisis plan • Buddy systems • Keeping safe • Avoiding temptation • Peer educators group • Overdose • Relapse management • Injecting <p>This covers recommendation 1 from the SACDM Report and recommendations from the Working Group on Drug Related Deaths</p>					
<p>We will establish a “Wellbeing Worker” as part of the Integrated Community Rehabilitation Service. This post will work with families, friends of drug users to involve them in the rehabilitation process.</p> <p>The post will be targeted at the 11 Postcode areas of deprivation in Aberdeen City where drug use is prevalent and drug related deaths are high.</p> <p>This covers recommendation 1</p>	✓			<p>Post established in Nov 2006 and begun working with drug users and involving significant others in the rehabilitation process.</p>	

from the SACDM Report and recommendations from the Working Group on Drug Related Deaths					
<p>We currently have in place a Single Shared Assessment for Drugs and Alcohol and Information Sharing Protocols. Since their implementation there have been consultation reviews to make sure that these tools are meeting the needs of clients and workers. We will review SSA and protocols by July 2006. These tools are being used by specialist drug and alcohol services but further work needs to be undertaken to ensure they are being utilised by services involved in working with target groups.</p> <p>This covers recommendation 9 from the SACDM Report and recommendations from the Working Group on Drug Related Deaths</p>	✓			SSA is specified in service contracts.	
A comprehensive set of Training and Guidance to accompany the SSA and Careplanning Tools	✓			Training and guidance developed and issued to services with specific guidance and resources for reducing	

<p>notes have been developed that specifically link to web based resources for reducing drug related deaths. This documentation will be issued by July 2006.</p> <p>This covers recommendations 9 & 12 from the SACDM Report and recommendations from the Working Group on Drug Related Deaths</p>				<p>drug related deaths.</p>	
<p>Drug and Alcohol Occupational Standards (DANOS) will be utilised in job descriptions and support and supervision to ensure consistency of practice for staff across services.</p> <p>This covers recommendation 9 & 12 from the SACDM Report and recommendations from the Working Group on Drug Related Deaths</p>	✓			<p>DANOS Standards being specified in Service Contracts</p>	
<p>Currently specialist drug and alcohol services and in particular prescribing services provide targeted outreach by providing sessions to high-risk groups such</p>			✓		<p>This is all ongoing work which will continue in 2007/08.</p>

<p>as:</p> <ul style="list-style-type: none"> • homeless, • criminal justice system, • those leaving prison <p>A review of policies and protocols for Sharing Information and utilisation of Single Shared Assessment will be undertaken.</p> <p>Support the development of joint working protocols as part of the Homeless Strategy.</p> <p>We will continue to explore opportunities for increasing the capacity of treatment services to respond to target groups through the establishment of an Integrated Careplanning and Stabilisation Service.</p> <p>Existing proposals for the establishment of Specialist GP, Nursing and Care management and Support Workers to work with and co-ordinate care for target groups will be progressed as resources become apparent and available.</p>					
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<p>Ongoing timescale</p> <p>This covers recommendations 7 & 9 from the SACDM Report and recommendations from the Working Group on Drug Related Deaths</p>					
<p>Specialist NHS Prescribing Services are developing clinical practice towards a targeted development of lower threshold prescribing for identified clients by March 2008.</p> <p>This covers recommendations 4, 6, 7, 8, 10 from the SACDM Report and recommendations from the Working Group on Drug Related Deaths</p>			✓		This is all ongoing work which will continue in 2007/08.
<p>We will work with the Unite Service User Group to consult on materials and explore opportunities for peer education messages in relation to overdose risks. Ongoing</p> <p>This covers recommendation 1 from the SACDM Report and recommendations from the Working Group on Drug Related</p>			✓		This is all ongoing work which will continue in 2007/08.

Deaths					
<p>We will consult with people who are currently waiting for services what supports and information they would find useful whilst they are waiting.</p> <p>This covers recommendation 1 from the SACDM Report and recommendations from the Working Group on Drug Related Deaths</p>			✓		This is all ongoing work which will continue in 2007/08.

D.10.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
University of Aberdeen Report – ‘Assessing and prioritising the needs and preferences of needle and syringe exchange service users in Grampian’ commissioned and published.	Report published in December 2006	This report has helped inform service delivery, in particular the commissioning of needle exchange services.

D.10.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
Develop a system for more accurately recording and analysing 'controlled drug' overdoses.	Police / Scottish Ambulance Service / NHS	March 2008
Establish a Drug Related Deaths Incidence Group. This group will critically review all incidences of drug related deaths.	NHS	November 2007
Produce an agreed Grampian wide multi-DAAT 'Position Statement' relating to DRDs, for distribution to the media.	Police / NHS / DAAT Chairs	June 2007
To provide ASIST training to alcohol and drug workers on suicide prevention.	Adult & Communities sub group	Ongoing

D.11 ADAT Progress – Protection, Controls and Availability

National Priority: Reduce the proportion of under 25's offered illegal drugs.

Targets:

- Reduce the proportion of under 25's who are offered illegal drugs significantly, and heroin by 25%, by 2006.
- Continuous improvement in the weight of Category A drug seized.
- Continuous improvement in the detection of offences for supply or intent to supply Category A drugs.

D.11.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Possession charges	Grampian Police	1470	1296	1390	1464	1333
Possession charges under 25's	Grampian Police	506	469	506	473	541
Supply / Intent to supply Charges	Grampian Police	635	409	463	483	520

Supply / Intent to supply Charges – Under 25s	Grampian Police	98	75	94	100	223
Seizures of Crack, Cocaine, heroin across Grampian	Grampian Police	17898 grams	8092 grams	10709 grams	4790 grams	20,603 grams

D.11.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Grampian police to retain "controlled drugs" as a Force priority, and along with the JADAT continue to seek to develop all available intelligence, enforcement and prevention opportunities	√			The impact is demonstrated in areas such as - Police operations and multi-agency initiatives undertaken; intelligence submissions received; drug search warrants and "Action packs" executed; drug related offences detected; quantities of drugs seized (see details above in table D.11.1 and table D.2.1)	

D.11.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
The activities of 'street' level drug dealers were targeted in an effort to make the Grampian area a hostile environment for drug suppliers	Ongoing	The impact is demonstrated in areas such as - Police operations and multi-agency initiatives undertaken; intelligence submissions received; drug search warrants and “Action packs” executed; drug related offences detected; quantities of drugs seized (see details above in table D.11.1 and table D.2.1)

D.11.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
The activities of 'street' level drug dealers will be targeted in an effort to make the Grampian area a hostile environment for drug suppliers	Grampian Police	Ongoing

SECTION E:

Drug and Alcohol Direct Spend By Partner Organisations

(See paragraphs 25-29 of the Scottish Executive guidance notes)

E.1 Drug Specific Spend

Tier 1-4	Category of Spend	Scottish Executive Allocation: Drugs 2006-7 (£)	Allocation from Partner Organisation 2006-7 (£)	Partner Organisation e.g. NHS Board/Local Authority etc.	Breakdown of actual spend in 2006-7 (£)	Underspend/overspend to 31 March 2007 (£)	Projected Spend 2007-8 (£)
3	Drug Treatment – SMS Teams		1399500	NHS Grampian	1387700	11800	1399500
3	Hospital Prescribing		261000	NHS Grampian	261000	0	261000
2	GP Prescribing		331700	NHS Grampian	331700	0	331700
2	GP Enhanced Service		358650	NHS Grampian	358650	0	358650
2	Pharmacists		853800	NHS Grampian	853800	0	853800
2	HIV Nurses		161000	NHS Grampian	165000	-4000	191000
1-2	Treatment and Prevention		340600	NHSG (Vol Org's)	340600	0	345900
3	Progress to Work		60000	NHSG (Vol Org's)	60000	0	0
3	Int. Comm. Drug Service		31000	NHSG (Vol Org's)	31000	0	68000
1-2	Drug Addictions		292760	Local Auth. (Vol Org's)	292760	0	300000
4	Drug Rehabilitation		110000	Local Auth. (Vol Org's)	110000	0	112750
3	Int. Comm. Drug Service		45000	Local Auth. (Vol Org's)	45000	0	45000
	Total:		4245010		4237210	7800	4332400

Service Tiers:

- 1 Services for the whole community
- 2 Local services that identify and respond to people with substance misuse problems
- 3 Services for people with more complex needs
- 4 Services for people with highly specialised needs

E.2 Alcohol Specific Spend

Tier 1-4	Category of Spend	Scottish Executive Allocation: Alcohol 2006-7 (£)	Allocation from Partner Organisation 2006-7 (£)	Partner Organisation e.g. NHS Board/Local Authority etc.	Breakdown of actual spend in 2006-7 (£)	Underspend/ overspend to 31 March 2007 (£)	Projected Spend 2007-8 (£)
3	Treatment – Alcohol Teams		199600	NHS Grampian	193100	6500	199600
2	Treatment & Counselling		322000	NHSG (Vol Org's)	322000	0	322000
2	Alcohol Addictions		311034	Local Auth. (Vol Org's)	311034	0	318800
3	Alcohol Dependency – Home & Residential		312400	Local Auth (Vol Org's)	510400	-198000	312400
3	Community Alcohol Teams		0	Local Auth.	26736	-26736	0
	Total:		1145034		1363270	-218236	1152800

Service Tiers:

- 2 Services for the whole community
- 2 Local services that identify and respond to people with substance misuse problems
- 3 Services for people with more complex needs
- 4 Services for people with highly specialised needs

E.3 Combined Drug and Alcohol Specific Spend

(Only for spend which cannot be readily or meaningfully split for either drugs or alcohol and has not been accounted for elsewhere in plan)

Tier 1-4	Category of Spend	Scottish Executive Allocation 2006-7 (£)	Allocation from Partner Organisation 2006-7 (£)	Partner Organisation e.g. NHS Board/Local Authority etc.	Breakdown of actual spend in 2006-7 (£)	Underspend/overspend to 31 March 2007 (£)	Projected Spend 2007-8 (£)
4	Residential Detox – Out of Area		173700	<i>NHS Grampian</i>	173700	0	174000 (Variable)
3	Homeless People		1163825	Local Auth. (Vol Org's)	1163825	0	1193000
	Total:		1337525		1337525	0	1367000

Service Tiers:

- 3 Services for the whole community
- 2 Local services that identify and respond to people with substance misuse problems
- 3 Services for people with more complex needs
- 4 Services for people with highly specialised needs

SECTION F:

ADAT certification of Corporate Action Plan

(See paragraph 30 of the Scottish Executive guidance notes)

This is to certify that the ADAT Chair and partners agree the contents of this Corporate Action Plan.

Sign below:

ADAT Chair _____

NHS Chief Executive _____

Director of Social Work _____