

**EDINBURGH ALCOHOL AND DRUGS
PARTNERSHIP STRATEGIC PLAN
2021 to 2024**

DRAFT

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Introduction: Purpose and Scope of Document

This document outlines Edinburgh Alcohol and Drugs Partnerships approach to reducing alcohol and drug related harm for the next three years. It is written in response to the Scottish Governments strategy, Rights, Respect and Recovery, and follows the same structure, noting local need, issues and plans to achieve the nationally defined goals. In all cases, the EADP accepts the outcomes and themes described in RR&R and is not proposing alternative “vision statements” or high level outcomes.



Note that, in line with the national strategy, the local alcohol strategy (which responds to the national alcohol framework) is not integrated with this document.

Currently the document has not been consulted on and is based purely on EADP officers’ understanding. Next stages for the development of the strategy are consultation with key stakeholders (above all those with lived and living experience of alcohol and drug related harm) and ratification by the Partnership and by key partner organisations. Following this, a more detailed delivery plan will describe the expected implementation and the roles and responsibilities of key stakeholders.

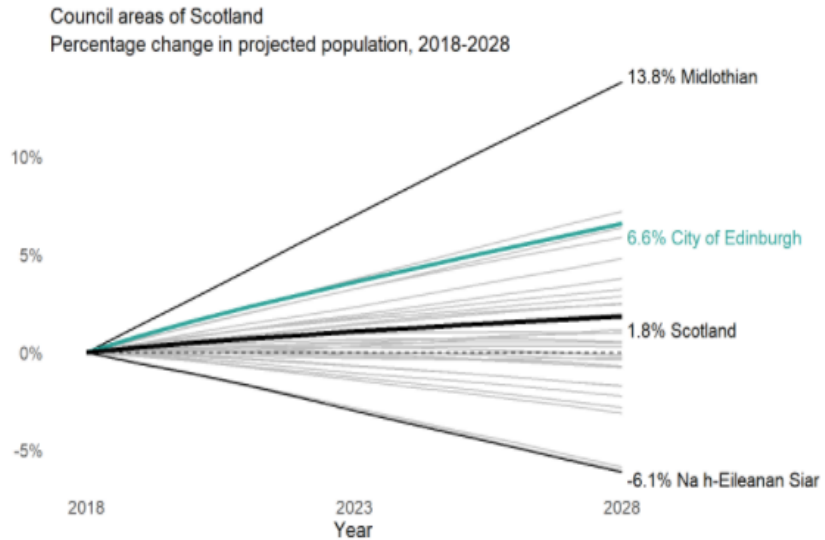
Alcohol and Drug harm in Edinburgh

Underlying population trends (for reference):

Edinburgh's population is growing and ageing.

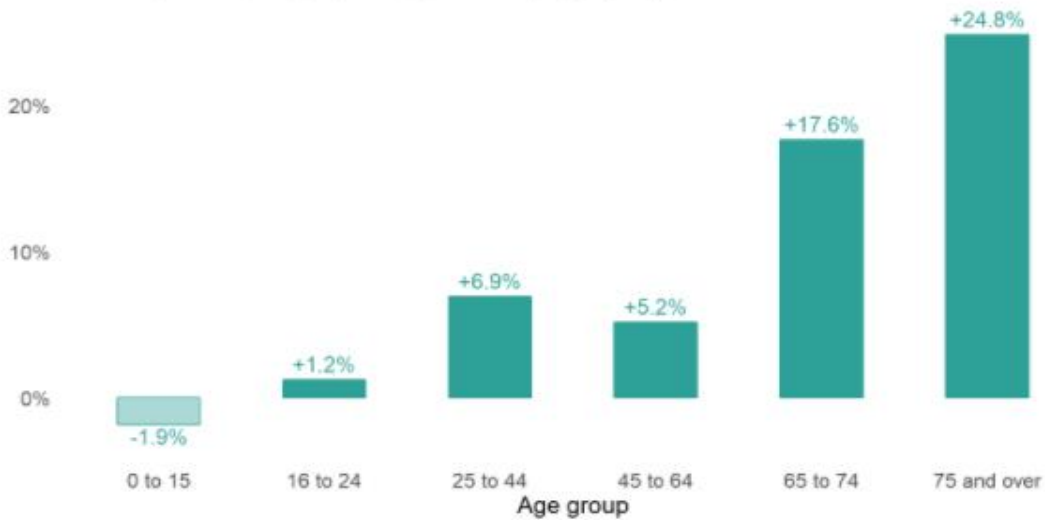
City of Edinburgh is projected to have the 3rd highest percentage change in population size out of the 32 council areas in Scotland.

[View Source Table](#)

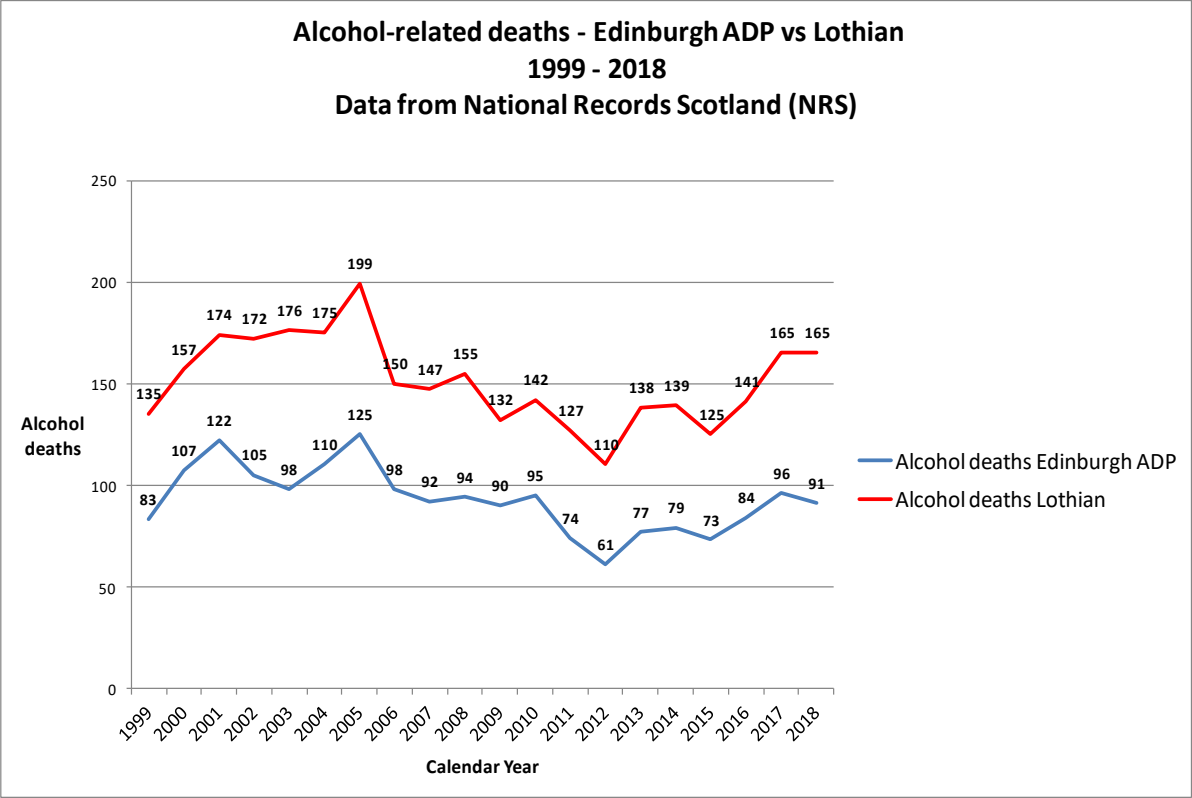


Source: <https://www.nrscotland.gov.uk/files//statistics/council-area-data-sheets/city-of-edinburgh-council-profile.html>

City of Edinburgh
Percentage change in projected population by age group, 2018 and 2028

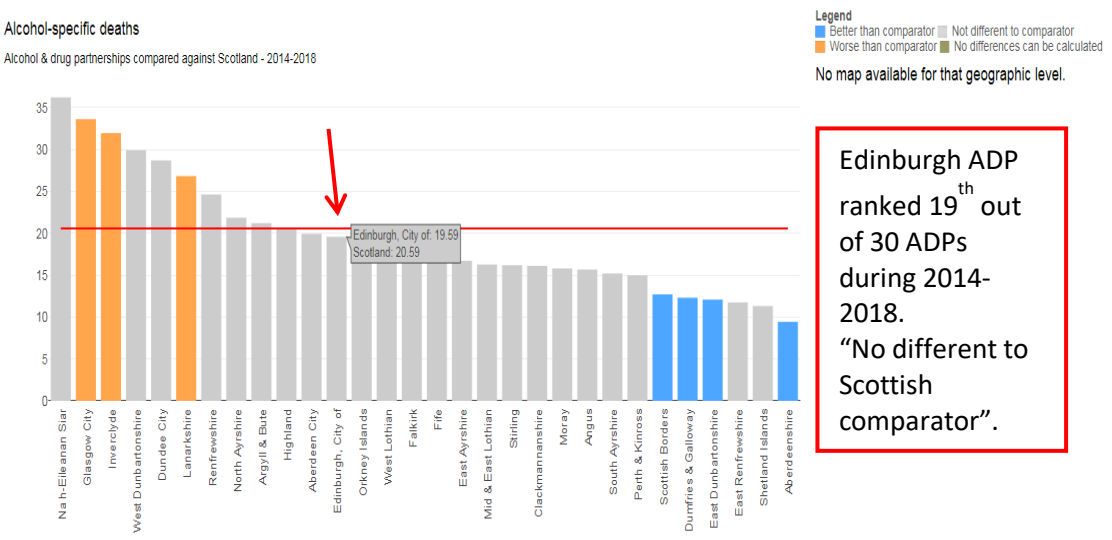


Alcohol Related Deaths: Alcohol related deaths represent a small proportion of all deaths attributable to alcohol (only those where specific medical conditions directly resulted in death).



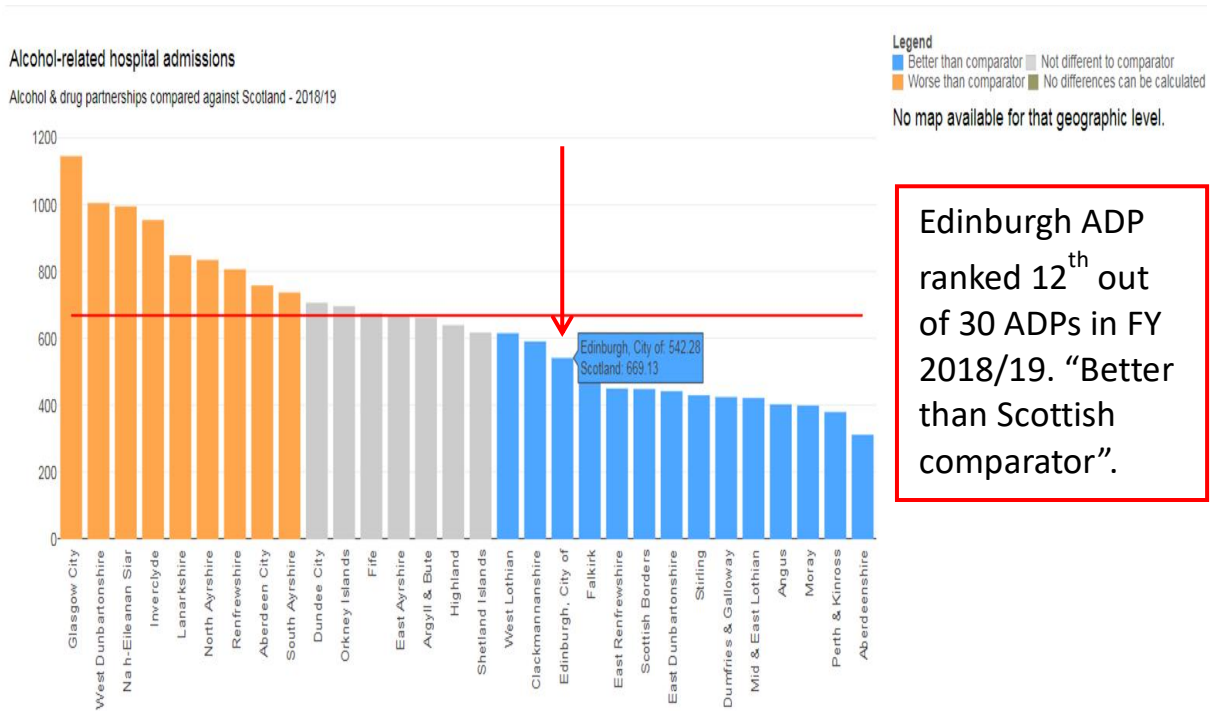
Source: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-deaths> 'New Definition' Tables 4,5

Edinburgh’s alcohol related deaths have risen in recent years, in line with Lothian and Scotland wide trends. Per head of population, rates of death in Edinburgh are similar to Scotland’s (internationally high) rates.



Alcohol Related Hospital Admissions

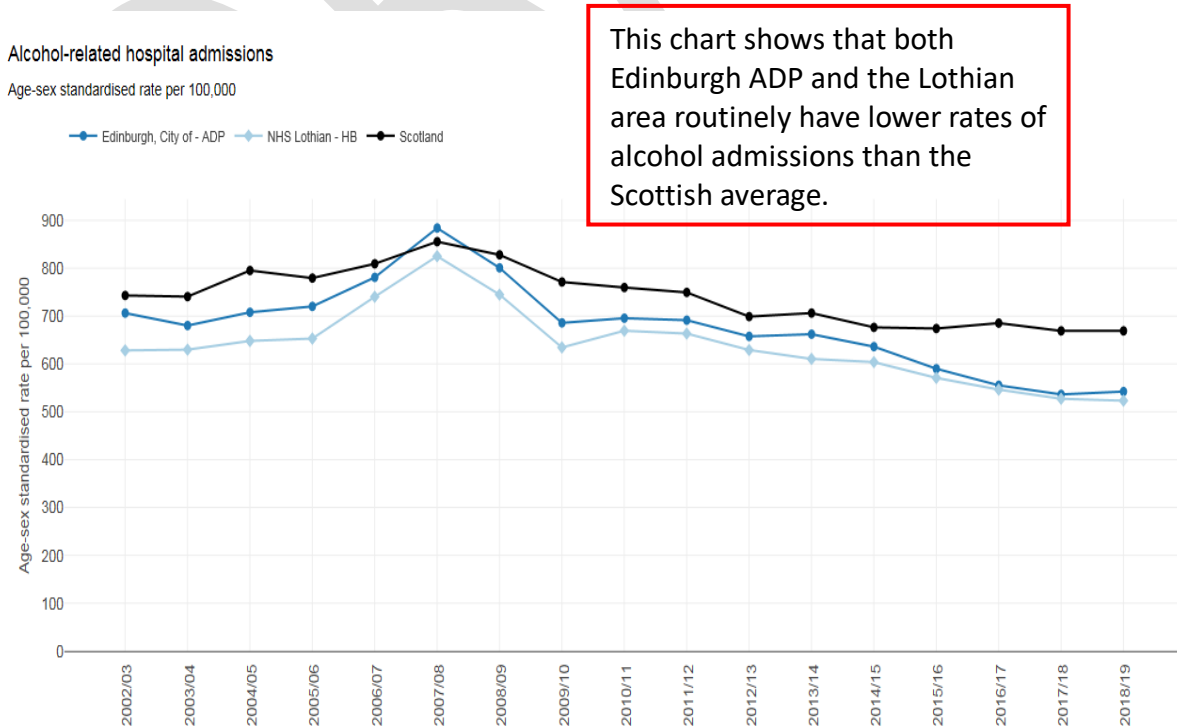
Edinburgh's rate of admissions for alcohol related conditions are lower than Scotland's (internationally high) rate.



Edinburgh ADP ranked 12th out of 30 ADPs in FY 2018/19. "Better than Scottish comparator".

Alcohol - related hospital admissions, FY 2018/19 By ADP (from ScotPHO profiles)

Alcohol - related hospital admissions Trend 2002/3 - 2018/19 (from ScotPHO profiles)

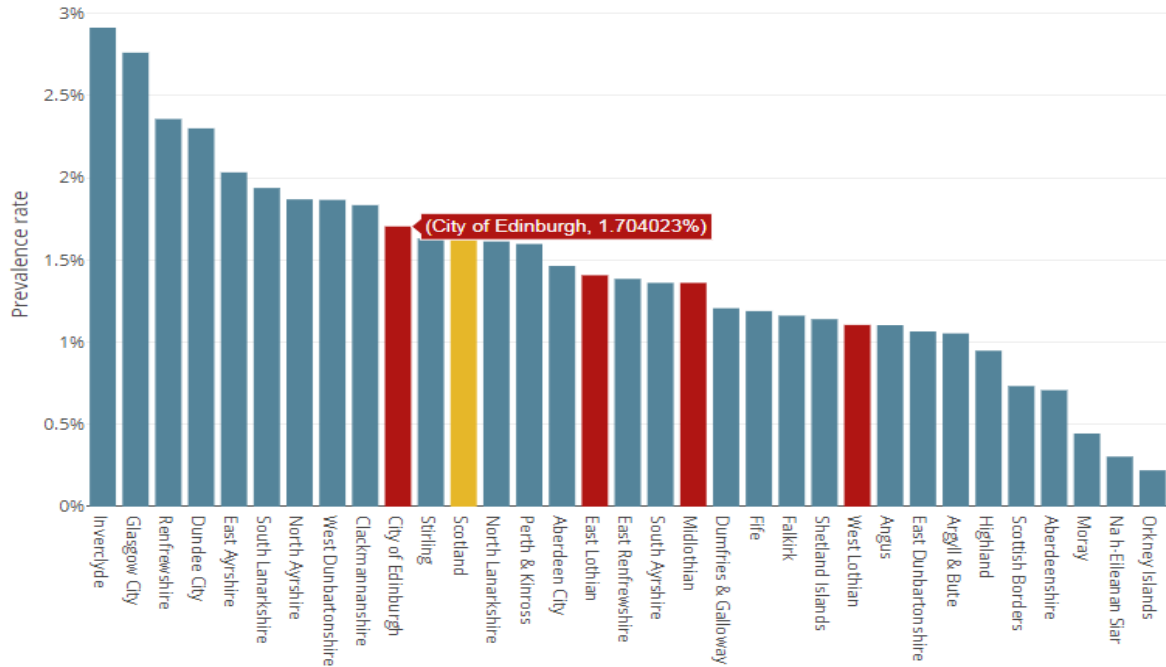


This chart shows that both Edinburgh ADP and the Lothian area routinely have lower rates of alcohol admissions than the Scottish average.

Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Prevalence of Problem Drug use in Edinburgh

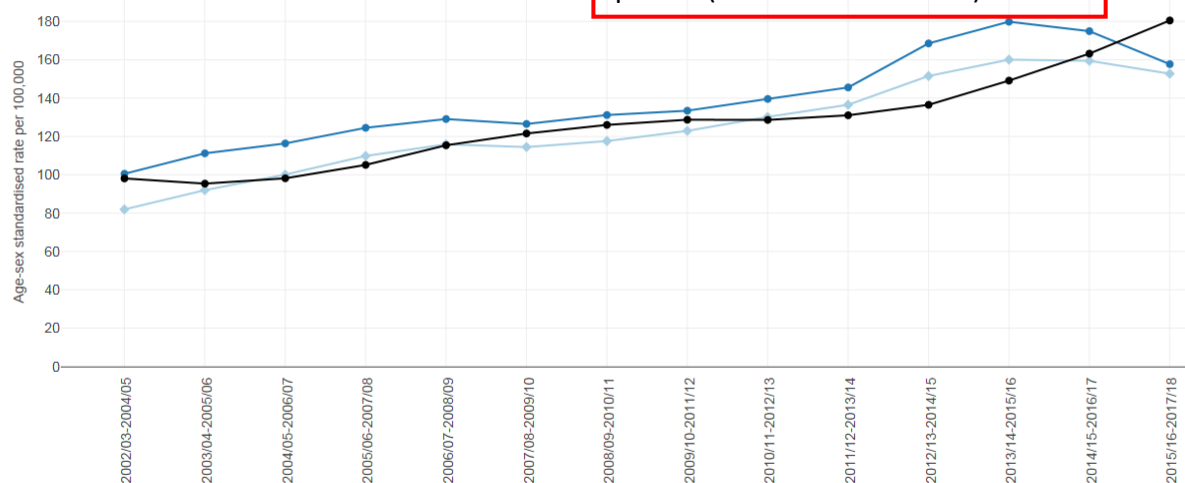
In 2015/16, An estimated 6,600 people in Edinburgh had problem drug use (defined as the non medical use of opiates or benzodiazepines). This is 1.7% of the total population



Drug Related Hospital Admissions:

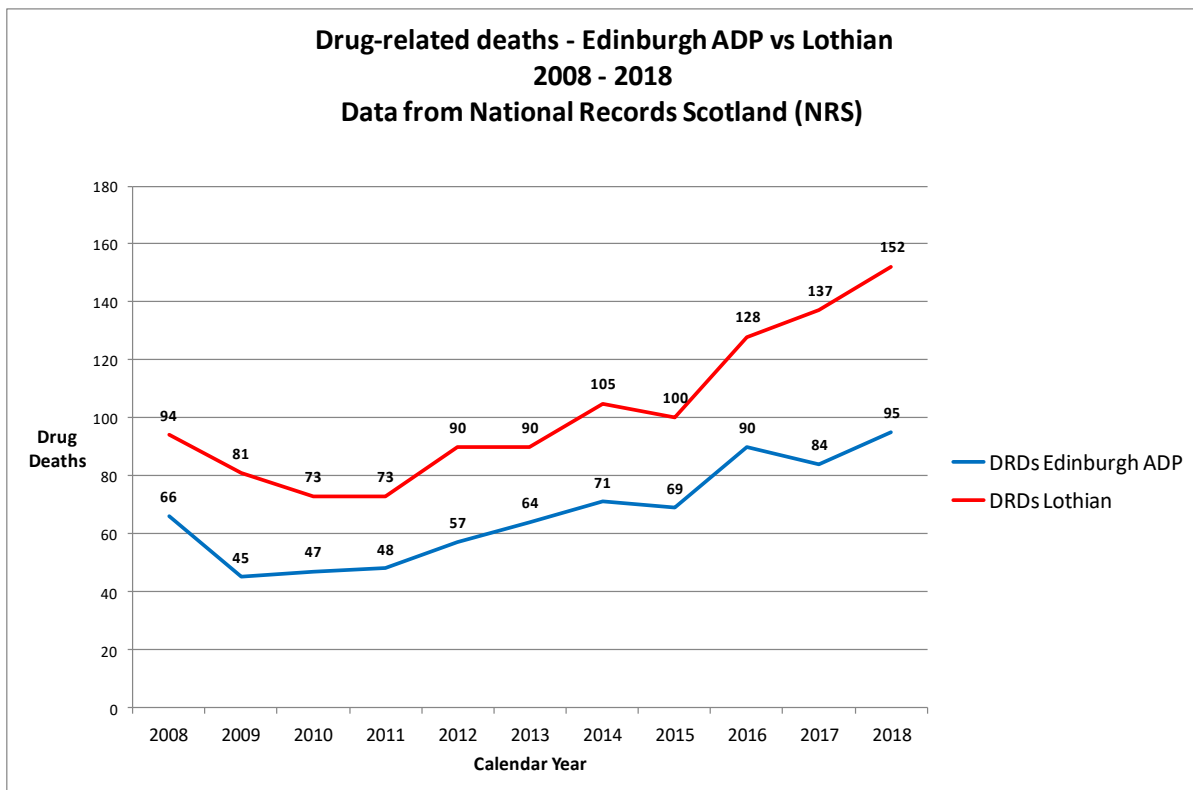
Drug-related hospital admissions
Age-sex standardised rate per 100,000

— Edinburgh, City of - ADP — NHS Lothian - HB — Scotland

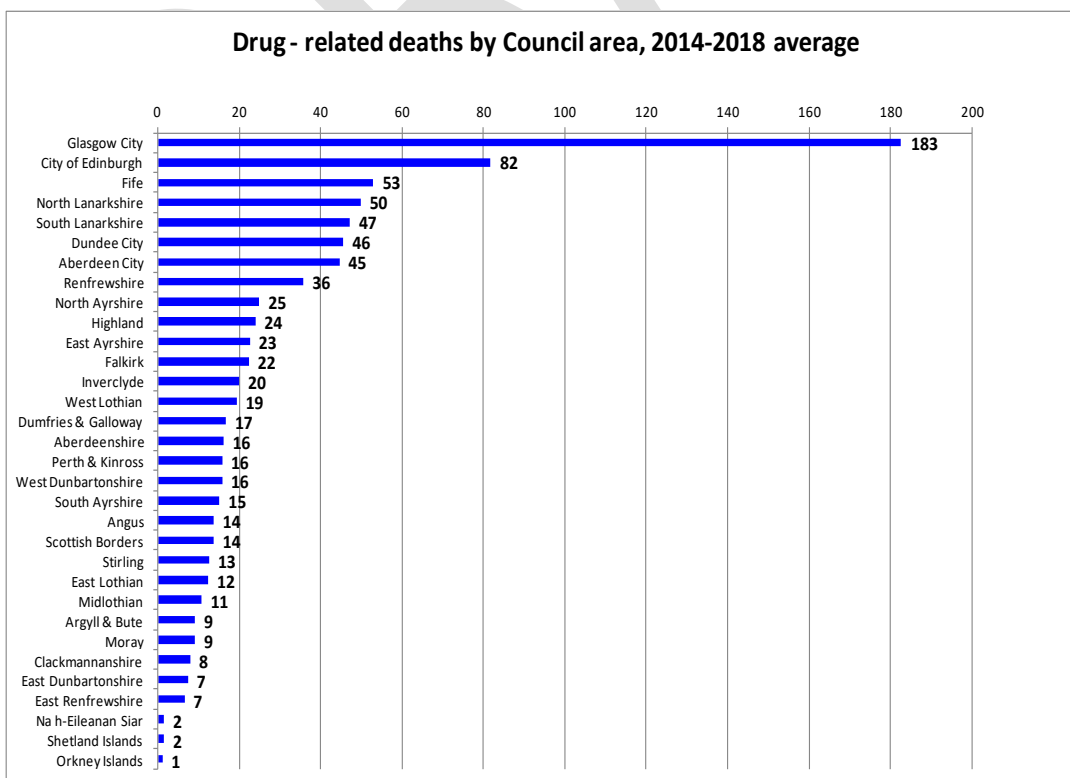


This chart shows that Edinburgh ADP normally has a higher rate of drug admissions than the Scottish average, except for the most recent period (2015-16 to 2017-18).

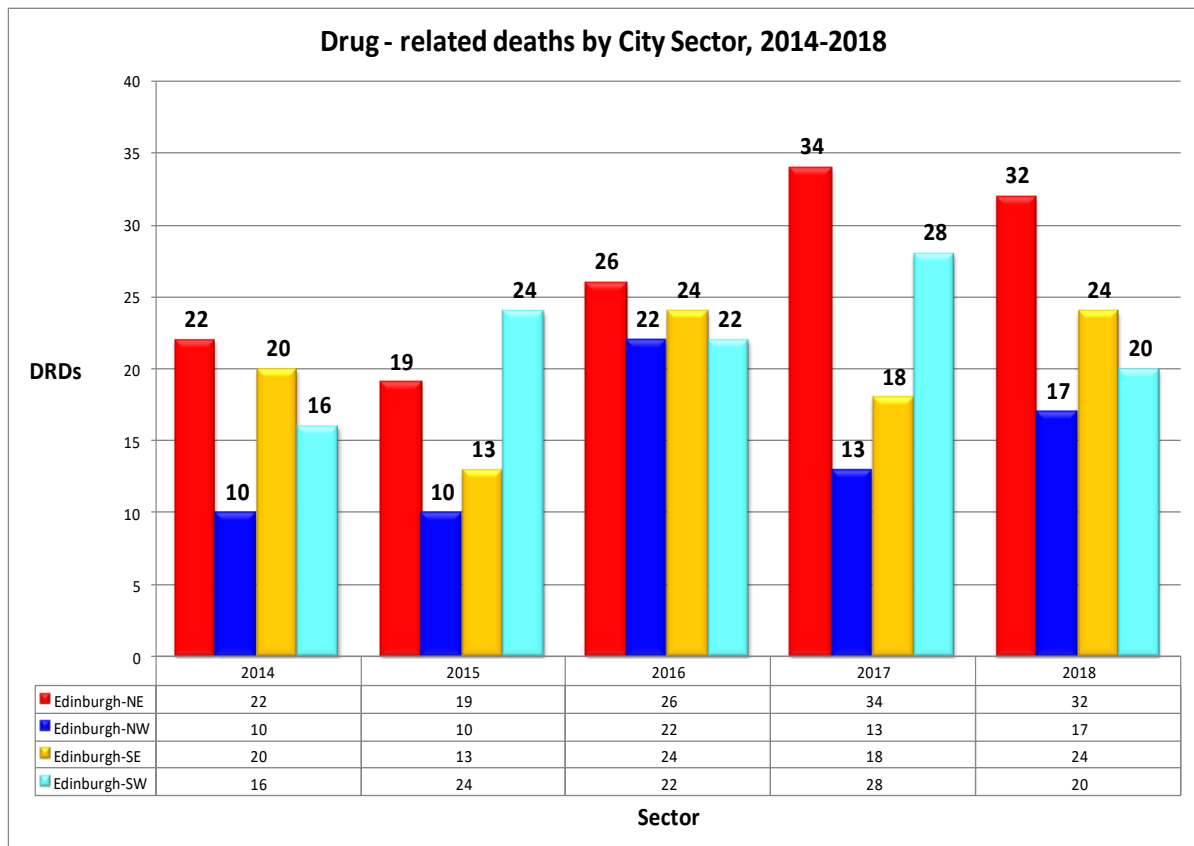
Drug related deaths



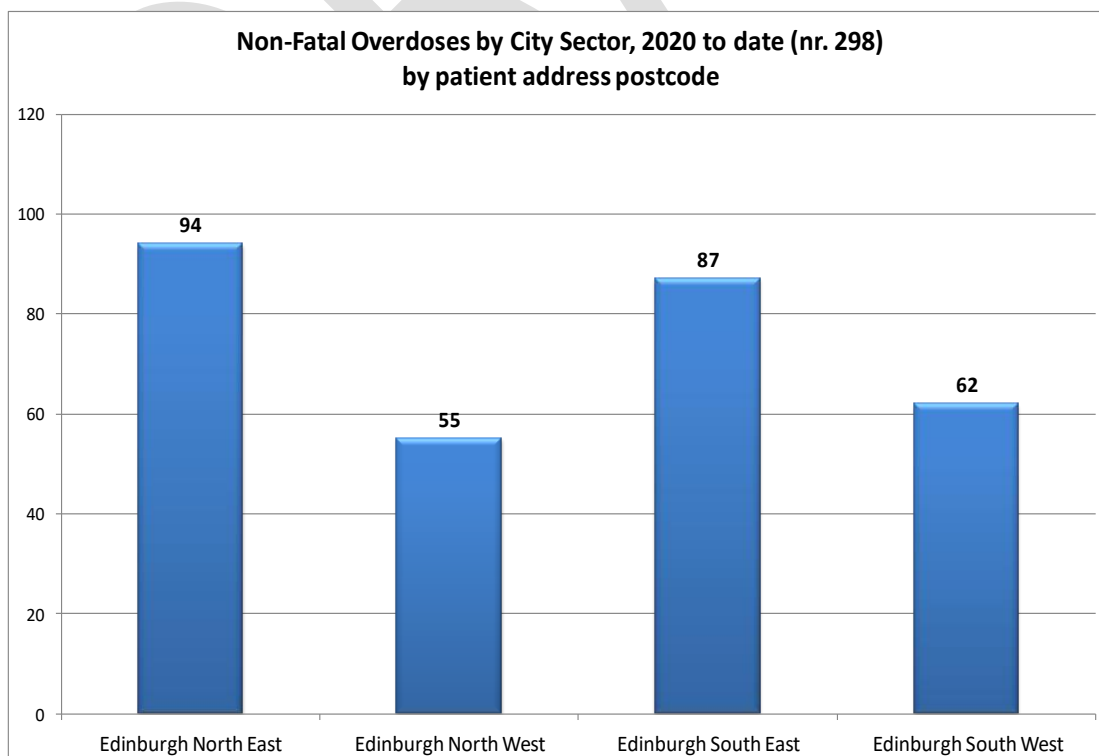
In 2018, there were 95 drug related deaths (overdoses) in Edinburgh. Numbers of DRD have risen significantly since 2015. Note that 2019 figures are not yet available but are expected to show a further rise. This upward trend matches the Scottish picture, and Edinburgh has the second greatest number of Drug related deaths of any council area in Scotland.



Drug related deaths are not evenly distributed across the city. they are concentrated in the NE of the city particularly:



This distribution is similar to that of non-fatal overdoses (situations where someone has an overdose and is treated by ambulance or hospital staff)



EDINBURGH ALCOHOL AND DRUGS PARTNERSHIP STRATEGIC PLAN 2021 to 2024

Introduction

The plan is presented along with an executive summary which uses a similar format identifying actions corresponding to the outcome areas in Scottish Governments Rights, Respect and Recovery¹ (RR&R) strategy (2019). **The text for each outcome area in the Executive summary provides a link (ctrl and click) to the relevant section in the main strategy to help readers access more detail on the areas of work.**

Overall Actions

EADP will conduct improvement initiatives covering all areas of service, as below;

1. Review the ROSC outcomes framework covering all services linked to care and treatment of people with drug and/or alcohol problems and update the framework based on recommendations.
2. EADP will develop a process to ensure continuous improvement of services in line with local and national priorities. Including review of data from DAISy and elsewhere, service self-evaluation, cross-sectoral case file audits; as well as service user, carer and practitioner engagement.

Structure of plan

The plan relates to each of the four high level outcome areas in Rights, Respect and Recovery² (RR&R). Associated local actions relating to the Alcohol Framework³ are included within the four outcome areas. **It should be noted that the Action Plan presents priority or new actions and does not include all ADP activity.**

The four high level outcome areas are:

Outcome 1 Prevention and early intervention

Outcome 2 Developing Recovery Orientated Systems of Care

Outcome 3 Getting it right for children, young people and families

¹ <https://www.gov.scot/publications/rights-respect-recovery/>

² <https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>

² <https://www.gov.scot/publications/rights-respect-recovery/>

² <https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>

EXECUTIVE SUMMARY

Outcome Area 1: Prevention and early intervention		
<p>1.1 Fewer people develop problem alcohol and drug use</p> <p>1.2 increased knowledge and awareness of drugs and alcohol issues including harmful effects</p> <p>1.3 Increased skills to make positive choices around healthy lifestyles</p> <p>1.4 Prevent and reduce the harm caused in pregnancy</p>		
Outcome Areas	Action	Lead
1.2 Primary prevention interventions (pre-emptive interventions with all YP or with those at particular risk of substance use)	1.2.1 Update ADP and CEC C&F guidance for schools on effective and ineffective approaches to interventions in schools based on upcoming guidance from Scottish Government (SG).	EADP, C and F, Education.
1.3 Secondary prevention interventions (intervention with YP who are using substances, potentially problematically)	1.3.1 Review the commissioning arrangements for YPSUS: YPSUS funding is from a range of sources, some of them insecure; while much operational work has been done to coordinate the network of organisations and ensure coverage and common outcomes, it is not commissioned in a strategic or robust way.	EADP, HSCP Planning and Commissioning
Outcome area 2 Developing Recovery Oriented Systems of Care		
<p>2.1 People access treatment and support – particularly those at most risk</p> <p>2.2 People engage in effective high quality treatment and recovery services</p> <p>2.3 People with lived and living experience are involved in service design, development and delivery</p> <p>2.4 People access interventions to reduce harm</p> <p>2.5 A person-centred approach is developed</p> <p>2.6 The recovery community achieves its potential</p> <p>2.7 A trauma-informed approach is developed</p> <p>2.8 An intelligence-led approach future-proofs delivery</p>		

Outcome Areas	Action	Lead
<p>2.1 People access treatment and support – particularly those at most risk 2.5 A person-centred approach is developed</p>	<p>2.1.1 Increase total numbers in protective treatment 2.1.2 Ensure rapid access, same day, or near same day, initiation for existing and new patients in Hubs, EAP and LTMP 2.1.3 Increase access to Buvidal 2.1.4 Improve links between Hubs and locality GP prescribers 2.1.5 Offer NMP prescribing in secondary care 2.1.6 Continue to promote primary care ORT and encourage preventative primary care for co-morbidities 2.1.7 Develop screening and treatment pathways for co-morbidities from the Hubs (HCSWs)</p>	<p>NHS, 3rd Sector, Hubs, Pharmacy</p>
<p>2.2 People engage in effective high quality treatment and recovery services</p>	<p>2.2.1 Continue Hep C case finding plan 2.2.2 Ensure access to Hep C Treatment in primary and secondary care 2.2.3 Promote testing and treatment, including to those in recovery 2.2.4 Further develop Anticipatory Care and Assertive Outreach in line with best practice 2.2.5 Continue to offer access to Residential Rehabilitation 2.2.6 Assess and develop respite care model in place at Milestone House 2.2.7 Improve quality of care through Primary Care Facilitation Team (PCFT), locality meetings and joint working arrangements 2.2.8 Conduct Equality Rights Impact Assessment (ERIA) of the strategy 2.2.9 Continue to require ERIA of individual projects and services 2.2.10 Review 3rd sector roles to inform future tendering process 2.2.11 Develop an improvement plan for treatment services for those who are homeless and dependant on drugs and// or alcohol. 2.2.12 Develop a harm reduction approach to the needs of homeless dependant drinkers 2.2.13 Continue to explore the possibility of developing a managed alcohol programme for homeless drinkers.</p>	<p>NHS, 3rd Sector, Hubs, EADP</p>
<p>2.3 People with lived and living experience(PWLE) are involved in service design, development and delivery</p>	<p>2.3.1 Continue current support of PWLE in services (at all levels) 2.3.2 Review guidance on enabling PWLE, especially peer supporters, in services. 2.3.3 Review development of SMART meetings 2.3.4 Ensure facilitating access to mutual aid is a standard in all services</p>	<p>PWLE EADP</p>

Outcome Areas	Action	Lead
2.5 A person-centred approach is developed	2.3.5 Ensure people using services are in control of their own treatment and support 2.3.6 Ensure the involvement of lived experience in the co-production and delivery of services and quality improvement processes	
2.4 People access interventions to reduce harm	2.4.1 Maintain current routes of naloxone distribution and funding 2.4.2 Expand naloxone distribution through Primary Care, Community Pharmacy and non clinical outlets (homeless services etc.) 2.4.3 Develop carer access to THN. 2.4.4 Continue current IEP delivery and monitoring 2.4.5 Develop access to harm reduction through outreach, home and street delivery	EADP, NHS, 3 rd Sector, Hubs
2.5 A person-centred approach is developed	2.5.1 Continue roll out of SDF anti stigma training, offering it in particular for professional groups whom PWLE identify as sometimes displaying stigmatising attitudes. 2.5.2 Continue to fund and support regular training updates with community pharmacy staff 2.5.3 Undertake a benchmarking exercise to identify effective local actions to address stigma, on the basis of national guidance: https://drugdeathstaskforce.scot/news-information/publications/policy-and-strategy/stigma-policy-and-strategy/	EADP SDF
2.6 The recovery community achieves its potential	2.6.1 Commission a recovery community development centre (ERA+) 2.6.2 Continue to fund employability service (Encompass) 2.6.3 Review recovery community support in each hub (as part of contract review) 2.6.4 Continue to provide EADP Community development innovation fund (small grants, focussed on reducing isolation for those who are not in active recovery)	ERA EADP
2.7 Improve access to Trauma informed care and Psychological Therapies (PT)	2.7.1 Fund and support a psychologist-led project to develop trauma informed care in Hubs, LEAP, Ritson, VOCAL, Circle and Counselling. 2.7.2 Develop Clinical psychology led project to review and improve current delivery of PT 2.7.3 Review of PT in counselling services (as part of contract review)	NHS Psychology
2.8 An intelligence-led approach future-proofs delivery	2.8.1 Continue CHIN, share information and intelligence with partners 2.8.2 Implement DAISy (the Drug and Alcohol Information System; a national outcomes recording system from SG) to improve understanding of our system of care 2.8.3 Continue needs Assessment, Quality Improvement and Assessment	EADP, SG, All partners

Outcome Areas	Action	Lead
Alcohol Framework (2018) Edinburgh Alcohol Strategy 2017-2022 Outcome 3: Individuals' health and wellbeing are improved through access to effective early interventions and recovery-focused treatment and care services for those who need them	Conduct a service review of alcohol treatment services The aims of this work are: <ul style="list-style-type: none"> To develop a clear pathway for facilitating alcohol detox in community and in-patient settings To reduce barriers to service users accessing detox from alcohol Enhance the relapse prevention support – post detox Define a process to measure outcomes of detox process Define a process for service users who relapse deliver Disulfiram (Antabuse) via community pharmacy 	EADP NHS 3 rd Sector Service Users

Outcome Area 3; Getting it Right for Children, Young People and Families		
A specific workstream led by the EADP and supported by partners in Children and Families, Health, 3 rd sector and others as required will develop the whole family approach in relation to Scottish Government direction and local priorities and initiatives. This will be completed within the next year and will inform future commissioning plans.		
Outcome Areas	Actions	Lead
3.1 Ensure family members will have access to support in their own right and, where appropriate, will be included in their loved one's treatment and support.	3.1.1 Continue to fund a dedicated service for adult carers of D&A users 3.1.2 Support treatment services and others to identify those needing support 3.1.3 Involve adult carers as key stakeholders in consultation and coproduction 3.1.4 Review the charter of carers' rights	EADP VOCAL
3.2 Ensure families will have access to services (both statutory and third sector) provided through a whole family approach (WFA), in line with the values, principles and core competencies of GIRFEC	3.2.1 Review CAPSU service (Circle and Sunflower Garden) jointly funded by Children and Families and EADP 3.2.2 Develop a WFA as part of joint development work with Children's Partnership	EADP CIRCLE Sunflower Garden Children's Partnership
3.3 Involve children, parents and other family members in the planning, development and delivery of services at local, regional and national level.	3.3.1 Involve adult carers as key stakeholders in consultation and co-production 3.3.2 Consult YP and CAPSU as part of joint work with the Children's partnership	EADP YPSUS ASUS

Outcome Area 4; Public Health Approach in Justice		
Outcome Areas	Actions	Lead
<p>4.1 Ensure that people who come into contact with justice agencies are provided with the right support from appropriate services.</p>	<p>4.1.1 Continue DTTO support and ensure that its work is well integrated to the wider system of care.</p> <p>4.1.2 EADP to fund additional capacity for peer interventions for those in the DTTO's care (until >April 2021)</p> <p>4.1.3 Support diversion from prison and court liaison and ensure that pathways to needed treatment and support are developed.</p> <p>4.1.4 Each locality will continue to develop regular joint working meetings to address the needs of those who are most vulnerable, which include FAST teams and local Police officers</p> <p>4.1.5 Continue to fund operation threshold (until >April 2022).</p> <p>4.1.6 Continue to contribute to the funding and the work of EMORS. EMORS is being recommissioned in 2021.</p> <p>4.1.6 Prison needs assessment priorities: Implement recommendations of 2019 needs assessment including funding >2years of</p> <ul style="list-style-type: none"> • Project 1: remand treatment team • Project 2: A throughcare nurse for drug-dependant prisoners <p>The operation and impact of these pilots will be evaluated in 2021.</p>	<p>DTTO Criminal Justice HMP Edinburgh</p>

Overall Actions

1. ROSC Outcomes Framework:

EADP has a framework of outcomes and milestones which define what we hope to enable those who use our services to achieve; a local definition of recovery. This was developed in 2014 with consultation of those with lived experience of addiction and professionals. It underpins service specifications and, in some cases, monitoring of interventions.

The ROSC outcomes framework remains central to the EADP approach to reducing harm from drug and alcohol use, supporting people to improve their health and lifestyle and promote recovery.

The ADP is committed to reviewing the framework of outcomes in 2021 in light of changing understandings and priorities, nationally and locally.

2. Assuring the quality of services

Approaches to quality assurance vary across sectors of treatment, with very different levels of monitoring and improvements in primary care, secondary health care; council; and contracted voluntary sector services. EADP notes that there is work going on nationally to develop a quality assurance framework related to the Rights, respect and Recovery strategy and will liaise with Scottish Government to understand and respond to national developments.

EADP will develop a cycle of Quality Assurance activities undertaken in partnership across sectors and services. This will include review of data from DAISy and elsewhere, self evaluation of services, undertaking cross sectoral case file audits on a regular basis as well as service user, carer and practitioner engagement.

Outcome 1: Fewer people develop problem drug use

Causes and conditions of problem substance use are many and complex, including adverse childhood events, complex trauma, social and economic deprivation and exposure to substance use. All of these and more are acknowledged by the ADP and its partners and many, many streams of strategic work are expected to have an influence on this outcome. The table below, however, describes only the work with the most direct bearing on the specific work of the partnership.

Prevention and Early Intervention

Outcome Areas	'Rights, Respect and Recovery' Scottish Gov commitment(s)	What is currently being delivered in Edinburgh? What services are available	EADP commitments
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Outcome Areas	'Rights, Respect and Recovery' Scottish Gov commitment(s)	What is currently being delivered in Edinburgh? What services are available	EADP commitments
<p>1.2 Primary prevention interventions (pre-emptive interventions with all YP or with those at particular risk of substance use)</p>	<p>Revise and improve the programme of alcohol and drug use education in schools to ensure it is good quality, impactful and in line with best practice.</p> <p>AND</p> <p>Develop education-based, person-centred approaches that are delivered in line with evidence-based practice to aim to reach all of our children and young people including those not present in traditional settings, such as Youth Groups, Community Learning and Development, looked after and accommodated children, excluded children and those in touch with services.</p>	<ul style="list-style-type: none"> • The ADP and CEC C&F have provided guidance to schools on effective and ineffective approaches to interventions in schools. • Young people's substance use services (YPSUS) in each area of the city reach into schools to offer educational interventions and interventions to those are at increased risk of problematic substance use • Many aspects of the work of services for Children and young people, and particularly those in or leaving care, in contact with the criminal justice system or whose lives are affected by parental substance use, include interventions which address substance use, directly or indirectly. 	<p>1.2.1 Respond to forthcoming SG guidance on educational interventions and review the guidance provided to schools in light of it.</p>

Outcome Areas	'Rights, Respect and Recovery' Scottish Gov commitment(s)	What is currently being delivered in Edinburgh? What services are available	EADP commitments
<p>1.3 Secondary prevention interventions (intervention with YP who are using substances, potentially problematically)</p>	<p>Develop a comprehensive approach to early intervention amongst those who are at risk of developing problem drug use alongside those services who are already working with this group. (RR&R)</p>	<p>Young people's Substance use services (YPSUS) in each area of the city reach into schools to offer educational interventions and interventions to those are at increased risk of problematic substance use F&C fund grants for the purpose of "Improving the quality of drugs and alcohol prevention work and substance misuse services for young people" Many teams working with YP address substance use or issues which may drive substance use (Throughcare and aftercare, CAMHS, Multisystemic Therapies team, Educational Psychology, youth services)</p>	<p>1.3.1 Review the commissioning arrangements for YPSUS: YPSUS funding is from a range of sources, some of them insecure; while much operational work has been done to coordinate the network of organisations and ensure coverage and common outcomes, it is not commissioned in a strategic or robust way.</p>

Developing A Recovery–Orientated System Of Care

Outcome: people access and benefit from effective, integrated, person-centred support to achieve their recovery.

Strategic Context:

There is a plethora of statements, locally and nationally, defining the current priorities for the drug and alcohol treatment systems. These include:

- The 8 Point plan in Rights, Respect and Recovery
- The Drug Deaths Task Force’s priorities
 - DDTF 6 evidence based strategies
 - DDTF Medication Assisted Treatment Standards
- Staying Alive in Scotland
- Quality Principles for Drug and Alcohol Services

For reference, the key points and recommendations of each are listed in appendix 1

Local need assessment in this area includes:

- Staying Alive in Scotland (Edinburgh response) 2018
- Health Needs Assessment for injecting drug users (2017)
- Stepped care report (2016)
- The EADP Locality Improvement Fund plan (formerly “seek, keep and treat funding plan). (2019)

Again, these are summarised in appendix 1.

The Scale of Drug and Alcohol treatment in Edinburgh:

Estimated problem drug user prevalence, Opiate and Benzodiazepines only (2015/16) = **6,600**

Total number on NHS caseloads (drug & alcohol) (June 2020) = **1,399**

Patients in the GP drug misuse NES scheme (March 2020) = **2,435**

Estimated patients on ORT - GP practices (June 2020) = **1,875**

Estimated patients on ORT - Specialist Services (June 2020) = **832**

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
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Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
<p>2.1 People access treatment and support – particularly those at most risk</p> <p>2.5 A person-centred approach is developed</p>	<p>Opiate replacement therapy: Engagement with specialist treatment services reduces the risk of death in people with a drug problem (PDP) significantly.</p> <p>Reach: Approximately 52% of those who would benefit from Opiate replacement therapy receive it at any given time. Of these c80% are in primary care. In 2018, The majority of DRDs (71%) were not engaged with specialist services at the date of death, many had been up until around a year before then. Only around 50% had no engagement with services within the previous year and that includes a group of people who had no history of drug use i.e. not classified as having a drug problem.</p> <p>Speed and accessibility: Same day/ next day prescribing is formally offered only at the Access Practice and at the Harm reduction team, with longer processes in all other services. These longer processes have been analysed in two evaluations and reducing them is an identified priority under our Local Improvement (Seek, keep and treat) Plan; Before COVID a new protocol which, subject to assessment, enabled prescribing at second contact was being implemented in all four hubs, i.e. regularly being able to offer prescribing at first planned appointment after drop in. However, COVID appears to have accelerated this process, with homeless services taking on >40 mostly homeless patients onto MAT on same day or next day starts, and with all services prioritising rapid access to MAT titration to those presenting and at high risk. This was in exceptional circumstances and ensuring that it is sustainable is a key aim of local strategy and investment.</p>	<p>2.1.1 Increase the reach of ORT to a higher proportion of the population in need by maximising access, engagement and retention.</p> <p>2.1.2 Rapid access to prescribing: Provide prescribing on the same day or as close to it as possible in all settings, with a focus on safety and engagement with protective treatment. It is expected that the four locality hubs, the Access Practice and the Harm Reduction Team will offer at minimum:</p> <ul style="list-style-type: none"> • 5 day a week drop in/ phone contact/ outreach for initial engagement • 5 day a week nursing assessment appointments • At least 2 weekly prescribing clinics for new patients <p>These appointments will be offered in settings which suit the individual (including home and other community locations) for those for whom coming to building would be a barrier. This will enable a patient to present on any weekday by phone or in person, be offered an initial appointment and, subject to the outcome of the assessment, attend an appointment for treatment initiation within 3 working days at most, and in many cases this will be quicker. These standards are expected to be in place in this form when COVID restrictions allow – currently treatment is being offered on an equivalent basis (albeit with substantially reduced numbers in some areas).</p>

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
<p>2.1 People access treatment and support – particularly those at most risk</p> <p>2.5 A person-centred approach is developed</p>	<p>Choice: Choice of medication is offered in secondary care and in some primary care settings. Retention and reach are relatively high in Edinburgh by national standards (c55%) owing to high-volume primary care prescribing, though increasing reach would clearly be beneficial. There is no time limited treatment – all patients are offered open-ended MAT. However, while secondary care offers access to HR interventions, psychosocial support and housing, welfare and income and advocacy services at the point of MAT delivery, access to all of these is more limited in most primary care settings; not all GP’s offer MAT and secondary care cannot in reach to all practices.</p> <p>Capacity and care matching: An established difficulty in the system of care is the separation of Primary and secondary care provision and the resultant challenge of matching care offered to need. Large caseloads are held in the locality nursing teams because MAT is not available in their GP practice. Conversely, patients with complex needs who are prescribed in primary care are sometimes unable to move to secondary care because of the pressure there.</p>	<p>2.1.3 Respond to the potential of Buvidal (a new, injectable medication which delivers effective treatment with weekly or monthly injections, as opposed to daily oral doses) by monitoring its use and impact and ensuring that its prescribing is as widely adopted as is possible.</p> <p>2.1.4 Provide a stepped care approach locally by locality by improving connections between primary and secondary care.</p> <p>2.1.5 Expand capacity in secondary care by increasing access to non-medical prescribers offering “NES” levels of care, supported by voluntary sector case management and psychosocial support.</p>
<p>2.2 People engage in effective high quality treatment and recovery services</p>	<p>People who are not engaged with services (or are disengaging), and are in drug related crisis are at immediate risk of serious harm. They need to have responsive, active, timely access to interventions that are known to be effective at reducing harm including OST and other medications; practical support; Take Home Naloxone and harm reduction advice; Injecting equipment; and screening tests and medical treatment. Services currently offer all of these, but largely from static bases.</p>	<p>2.2.1 Implement the refreshed “case finding and access to treatment plan”</p> <p>2.2.2 Ensure pathways are in place for Hep C treatment in all settings (primary and secondary care drug services)</p> <p>2.2.3 Continue to promote treatment and testing to current and former drug users who may have been infected.</p> <p>MCN target is to initiate Hep C treatment for a minimum of 430 people per year from 2021.</p>

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
<p>2.2 People engage in effective high quality treatment and recovery services</p>	<p>Anticipatory Care and Assertive Outreach</p> <p>For approximately 6 years, EADP has had a programme of outreaching to those who have had a NFO but this has been limited in its impact, both because of challenges identifying all those in need (historically the only data source was SAS) and because of limited resources to outreach and treat them.</p> <p>Following a review of the impact (which indicated low levels of engagement using the pre-existing system), key required improvements are:</p> <ul style="list-style-type: none"> • Widening the offer of anticipatory care to other high risk individuals identified through: Health care contact (hospital discharge), MAT disengagement, NFOs identified via police, SAS and A&E, criminal justice and some housing services • An enhanced engagement process (to make a more proactive and persistent attempts to offer care) • An enhanced pathway into treatment (especially MAT) • Improved joint working within treatment and with other partner services (including police, housing and other community support services) <p>EADP have invested in developing Anticipatory Care and Assertive Outreach by funding dedicated staffing in each hub and (on a shorter term basis) in Police Scotland and the NHSL Harm Reduction Team. Other existing elements of this work include partnership with alcohol and drug liaison teams in the hospitals and close work with police Scotland. The commitment to developing it is to incorporate and fund this work within the renewed hubs contracts. And to continue to progress toward the agreed standard:</p>	<p>2.2.4 Further develop Anticipatory Care and Assertive Outreach in line with best practice</p>

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
2.2 People engage in effective high quality treatment and recovery services	<ol style="list-style-type: none"> 1) Daily sharing of information on high risk individuals from all of the key information sources 2) Dedicated outreach support workers and peers in each locality, working alongside social work and the additional clinical staff – these teams will operate an engagement protocol of proactively offering support, harm reduction and access to treatment (including outreach, joint working other professionals working with the individual and liaison with treatment providers). Patients will continue to be offered anticipatory care until they have engaged, explicitly declined or a multi-partner review has established that there is no benefit in continued outreach. 3) Weekly management/ partnership meetings in each locality of the city to review those being offered anticipatory care and link to other, formal processes around vulnerable persons. 4) Weekly online city-wide meeting to review complex cases and ensure none are missed <p>The effect of this, from the perspective of an individual in crisis (such as an NFO), should be that a skilled worker should make every effort to contact them within days, offer help and be able to deliver it. It is a key workstream within the EADP/ Corra “Implementing change” project.</p> <p>Access to Residential Rehabilitation Following funding reductions, Edinburgh offers a narrower range of options for those who need the immersive, transformative impact of residential rehabilitation. Never the less, the offer of residential rehab is available through both LEAP and (where this is not appropriate) out of area placements. The teams delivering both have successfully</p>	2.2.5 Continue to promote access to Residential Rehabilitation as an option for those who would benefit. Respond to the findings of national improvement programme for access to residential rehab (2021)

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
<p>2.2 People engage in effective high quality treatment and recovery services</p>	<p>integrated to provide a single pathway of assessment, preparation, treatment and aftercare. LEAP is a highly evidenced programme which, in addition to providing life changing care has also hugely enriched the local recovery community and the personnel and culture of the treatment system as a whole.</p> <p>Developing improved understanding of primary care drug and alcohol treatment</p> <p>The majority of treatment for drug and alcohol use in Edinburgh occurs in primary care; approximately 80% of clinical treatment for opiate dependency is provided by GP practices and it is the starting point for most people seeking help for their own or others' alcohol use.</p> <p>EADP requires its services and partners to systematically consider the needs of all groups with protected characteristics, including deprivation as well as:</p> <ul style="list-style-type: none"> • age • disability • gender reassignment • marriage and civil partnership • pregnancy and maternity • race • religion or belief • sex (including those experiencing gender based violence) 	<p>2.2.6 Assess and develop respite care model in place at Milestone House</p> <p>2.2.7 Continue to support the primary care facilitation team to develop practice in primary care. Support and encourage joint working in each locality to improve seamless service and efficient use of resources. Include primary care in the enquiries and development of the alcohol pathways improvement project. Ensure ongoing representation on the EADP collaborative and the Executive by primary care practitioners and strategic representatives. Ensure that both practitioners and patients in primary care are included in consultation.</p> <p>2.2.8 Undertake an Equality Rights Impact Assessment (ERIA) of this Strategy</p> <p>2.2.9 Continue to require equalities impact assessment and to consider the key implications for those with protected characteristics as well as the diverse groups in need of support (including users of drugs and/ or alcohol, those at all stages of recovery, those who have achieved recovery through different routes, those who are continuing to use/ drink)</p>

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
<p>2.2 People engage in effective high quality treatment and recovery services</p>	<ul style="list-style-type: none"> sexual orientation <p>when making significant changes in delivery or policy. It also requires a number of specific quality assurance activities focussed on ensuring equity of access and intervention for all groups.</p> <p>Access to treatment: pharmacological treatment (dependant drinkers) Alcohol Detoxification: in line with best practice, Edinburgh provides detoxification in the community (via the hubs) and in patient (the Ritson ward of the REH).</p> <p>Currently, our services attract a far larger proportion of those in need of treatment for drug- than for alcohol-dependence. We also understand morbidity and mortality relating to alcohol far less well than that relating to drugs. Edinburgh has, for instance undertaken a Health needs assessment for people who inject but has no comparable body of information for people who abuse alcohol. In the context of the new national strategy, emerging public health information and recent epidemiological evidence on alcohol-related deaths (e.g. SHAAP, 2018), this imbalance causes concern that we may be underserving alcohol-dependant individuals in need.</p> <p>The current pathway for alcohol detoxification is split organisationally and clinically between community and in-patient services. With recent spending reductions and service reconfigurations, the co-ordination and continuity of this care and treatment has become strained. We</p>	<p>EADP are currently leading on an improvement project using Corra Foundation’s “getting ready for change” funding for 1 year project (to report in August 2021)</p> <p>Deliverables: A service review of the current alcohol treatment services in Edinburgh and how they link to other services within the system AND to develop a clear, streamlined pathway for alcohol detoxification in community and in-patient settings, including a concrete action plan for quality improvement by all services.</p> <p>The aims of this work are:</p> <ul style="list-style-type: none"> To develop a clear pathway for facilitating alcohol detox To reduce barriers to service users accessing detox from alcohol Enhance the relapse prevention support – post detox Defined process to measure outcomes of detox process Defined process for service users who relapse

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
<p>2.2 People engage in effective high quality treatment and recovery services</p>	<p>believe that the pathway as currently implemented results in long waits for admission, poor use of resource and the potential for disjointed care. These in turn may result in poor outcomes for people including avoidable relapse and other harms.</p> <p>Ensuring a joined up approach to those who are homeless and have problematic drug and alcohol use</p> <p>Through the Access Practice and the Harm Reduction Team, Edinburgh has some very well developed services for substance use treatment for homeless people. However significant unmet need remains as highlighted in the 2017 Health Needs Assessment, by the Shelter Scotland report on street begging in Edinburgh and by the pressures created by COVID. These include particularly high levels of alcohol dependency and poly substance use.</p> <p>The response to these is developing: Corra are providing funding for an outreach nurse (including MAT) based at the Access Practice and a direct access clinic (offering same day prescribing) has been established in a homeless drop in service and is expected to be continued.</p> <p>Systemic challenges (as well as complexity of need) increase the risks for homeless SM patients: while the initial crisis response is often quicker and often more</p>	<p>An additional area of development is the delivery of disulfiram (Antabuse) via community pharmacy where this is more accessible for patients on this medication.</p> <p>2.2.11 EADP, Inclusive Edinburgh, NHS Lothian and other partners will develop an improvement plan for treatment services for those who are homeless and dependant on drugs and// or alcohol. Its focus will be both access to services and pathways from specialist services</p> <p>2.2.12 Develop a harm reduction approach to alcohol and responding to the needs of homeless dependant drinkers; The current population have high physical and mental health challenges and needs, as well as high alcohol use and related harms.</p> <p>2.2.13 Continue to explore the possibility of developing a managed alcohol programme for homeless drinkers. Managed alcohol programmes are a harm-reduction approach specifically for people who are homeless with alcohol dependence. MAPs provide alcohol in measured, regular doses throughout the day, as well as a range of other supports including health and housing. They are used internationally in residential and non-residential</p>

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
	<p>intensive for those in homeless services, the pathway from those services into mainstream treatment and recovery interventions, even when the individual relocates to more stable accommodation, is not as supportive. This reduces opportunities for them and also prevents throughput (and thus reduces available capacity) in the lower threshold treatment services.</p>	<p>settings. They have demonstrable benefits in terms of the health and social stability of participants. approaches for this group are lacking.</p>

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Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
<p>2.3 People with lived and living experience(PWLE) are involved in service design, development and delivery</p> <p>2.5 A person-centred approach is developed</p>	<p>PWLE as practitioners in treatment and recovery services: The EADP and partners have developed guidance on involving people with lived experience of recovery in the delivery of services.</p> <p>In most secondary care settings, there are staff who have lived experience of recovery and, where appropriate to their roles, share this with others. This evolution, supported by the influence of LEAP and the deliberate policy of partners, has substantially changed the nature of the workforce in treatment services over the last decade.</p> <p>There is a pathway from user of services to peer worker to other professional roles and all positions within services are recruited in ways which minimise stigma and maximise opportunities for suitable candidates with lived experience to be employed.</p> <p>Engaging with mutual aid: There is a thriving network of fellowship (AA,NA,CA) meetings across the city. There is a smaller group of SMART meetings provided principally through treatment services.</p> <p>Systematic promotion of mutual aid is a requirement of all ADP funded services; in many settings, there are staff with lived experience of using mutual aid, and it is expected that all services will provide encouragement, informed guidance and practical support to access mutual aid. All staff are required to visit mutual aid meetings as part of their development. All voluntary sector services are required to report on the proportion of those who leave their services who are in contact with the recovery community as part of their recovery.</p>	<p>2.3.1 EADP will continue to require all services to draw on the strength, experience and hope of those with lived experience of recovery.</p> <p>2.3.2 EADP and partners to review guidance on involving those with lived experience in delivery of services, and consider whether there could be greater involvement, formal or informal, of those with living experience (i.e. user networks) and those in medication assisted recovery.</p> <p>2.3.3 EADP will review the development of the SMART meetings across the city (2022)</p> <p>2.3.4 Supported access to mutual aid is a quality requirement for substance use services and the ADP officers and EADP collaborative will monitor its delivery in the system of care.</p> <p>2.3.5 Ensure people using services are in control of their own treatment and support</p> <p>2.3.6 Involvement of lived experience in the co-production and delivery of services and quality improvement processes</p> <p>For more detail on involving people with lived experience see Appendix 1</p>

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
<p>2.3 People with lived and living experience(PWLE) are involved in service design, development and delivery</p> <p>2.5 A person-centred approach is developed</p>	<p>Involving those with lived and living experience in service design</p> <p>This is an area of acknowledged weakness at strategic level; although many pieces of individual development achieve a genuinely effective level of co-production, much decision making excludes those most affected and most expert.</p>	
<p>2.4 People access interventions to reduce harm</p>	<p>Targeted Distribution of Naloxone</p> <p>Naloxone is a medication which reverses opiate overdose and which can be administered by non-medical individuals. Take home Naloxone (THN) is the provision of naloxone directly to drug users and others who may be in a position to use it to save lives. It is provided along with training in how to recognise and respond to an overdose.</p> <p>Edinburgh has a well-established and expanding network of THN delivery through specialist and non-specialist services. this work is led by the NHS Lothian Harm reduction team. In 2019/20, 803 kits were distributed (excl. HMP Edinburgh), of which 152 were replacements having been used for OD reversal. GP prescribing stands at approximately 200 kits PA. The Drug Liaison Nursing service has continued to supply naloxone in acute hospitals</p> <p>Owing to the success in distributing THN, in 2019/20 the initial budget of for kits distributed via services, excluding</p>	<p>EADP will continue existing availability of naloxone and expand availability in other areas:</p> <p>2.4.1 Maintain the current routes of distribution and continue to fund the cost in all settings</p> <p>2.4.2 Expand distribution through Primary Care, working with GPs to ensure systematic prescribing to those in need. Begin delivery in community pharmacy, particularly those which dispense ORT or IEP. Continue to support peer to peer provision. Begin distribution through non clinical outlets (homeless services etc)</p> <p>2.4.3 Focus on the needs of carers to have access to THN.</p> <p>ISD monitoring report October to December 2019 suggests Lothian has a “reach” of 50%, just above the national</p>

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
2.4 People access interventions to reduce harm	<p>pharmacy, prisons and primary care) was spent by early October and a further 13K was required to meet demand. Current spending is approximately £32k pa, all funded by the EADP.</p> <p>The THN lead has delivered training to approximately 30 pharmacists and staff in February 2020, in preparation for community pharmacy dispensing, which is expected to begin in 20-21.</p> <p>In addition to the above changes, due to the Lord Advocate’s guidance, we can now train up non drug treatment agencies to supply naloxone. The Salvation Army has begun distribution to homeless people and other novel outlets (food banks, homeless services etc) being followed up.</p> <p>THN is available to carers and this is promoted by VOCAL’s Family Support (Addictions) service. It is hoped that provision in primary care and community pharmacy will raise awareness among carers.</p>	<p>average, this is 1st supplied to the estimated population at risk.</p> <p>Targets:</p> <ul style="list-style-type: none"> • By 31 March 2021, 1000 Naloxone kits will have been distributed from community settings • By 31 March 2021 150 Naloxone (including intranasal) kits will have been distributed from prison settings. <p>For 20/21, the priority/ challenge is to support localised training, and use online learning, backed up with Webinar training. The Framework for naloxone supply is being updated to include intranasal naloxone, being piloted in HMP Edinburgh. As this product appears in the community, there may be demand, in particular from workers who would not usually administer intramuscular injections. If the ADP see a need for Intranasal naloxone in the community, a quick and easy training programme can be rolled out.</p>
2.4 People access interventions to reduce harm	<p>Responding to risks arising from injecting drug use</p> <p>INJECTING EQUIPMENT PROVISION: Current provision is via a well-established network of pharmacy and specialist IEP outlets (locality hubs and the Harm reduction Team). To differing degrees these outlets also provide other HR interventions (drug treatment access, BBV testing, risk reduction counselling, injecting advice, wound-care, other health interventions).</p> <p>A key finding of the HNA for injectors (2017) and</p>	<p>2.4.4 Maintain the current network of IEP provision. Monitor routine local data and National Needle Exchange Surveillance Initiative findings to ensure that the services are having an impact.</p> <p>2.4.5 Offer increased access to harm reduction interventions in people’s own homes, via street outreach to homeless people in the city centre and in injecting settings; this is one of the four workstreams of the EADP/</p>

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
	<p>subsequent tests of change was that this network is effective, but that it should be supplemented with interventions offered in injecting settings and people's own homes to expand reach and improve impact. This is being delivered by HRT in conjunction with the hubs outreach teams.</p>	<p>Corra improvement project, supported by investments in the EADP and HRT teams and will be included in the renewed hubs contracts.</p>

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Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
<p>2.5 A person-centred approach is developed</p>	<p>Challenging Stigma The ADP does not have a systematic approach to addressing stigma, though many local initiatives (formal and informal) contribute to challenging and raising awareness:</p> <p>The ADP, alongside SDF and NHSL health promotion have organised a series of locality based training events in the North East of the city on “Understanding Stigma – Promoting Inclusive Attitudes and Practice”. These have been very well evaluated and reached a wide range of professionals (including staff from DWP, police staff, housing and substance use services).</p> <p>EADP funds training of pharmacy staff who have regular contact with PWUDA, especially those involved in IEP and MAT dispensing.</p> <p>The inclusion of PWLE in the delivery of services and the visibility of the recovery community are major drivers of change in people’s attitudes and the progress with both in recent years is felt to have brought changes in approach from a range of organisations</p>	<p>2.5.1 Continue roll out of SDF antistigma training, offering it in particular for professional groups whom PWLE identify as sometimes displaying stigmatising attitudes.</p> <p>2.5.2 Continue to fund and support regular training updates with community pharmacy staff</p> <p>2.5.3 Undertake a benchmarking exercise to identify effective local actions to address stigma, on the basis of national guidance: https://drugdeathstaskforce.scot/news-information/publications/policy-and-strategy/stigma-policy-and-strategy/</p>

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
2.5 The recovery community achieves its potential	<p>Access to meaningful activity; reducing isolation, and offering opportunities for development of personal and employability skills.</p> <p>For those in active recovery: Since the demise of Serenity Café in 2018, an interim project (Edinburgh Recovery Activities) has been in operation to provide a non building based recovery community This project is meeting two complementary aims:</p> <ul style="list-style-type: none"> • To support the EADP’s co-production and procurement of recovery community centre from 2020-21: the needs assessment undertaken in 2018 was unambiguous in recommending the model of a focal, premises-based community centre as the best support for the recovery community. • To provide an interim community development intervention to meet the same outcomes <p>Key activities:</p> <ul style="list-style-type: none"> • Support the development of a series of social events with a focus on personal development, opportunities for mutual support, learning and fun • Create, through joint working with other organisations, a programme of leisure and educational opportunities which have a value in year and which, potentially, could be added to the future project. • <i>Explore other sources of funding/ resources/ support / assets to supplement core funding from EADP.</i> • Facilitate the co-production process and keep the recovery community involved throughout. 	<p>2.6.1 By July 2021: commission a recovery community centre, rooted in the work of ERA and offering:</p> <ol style="list-style-type: none"> 1. a safe space for mutual support 2. A programme of activities (leisure, learning, social and political) 3. Meaningful activity and employability development 4. A strong identity which people can proudly identify with, owned by the community 5. Whole Family support – helping parents, helping children, helping carers; 6. Advice and practical help to sustain recovery: 7. Online and app; the centre will coordinate the content of the ARC Edinburgh app and make sure that anyone seeking recovery community activities is able to find them.

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
<p>2.6 The recovery community achieves its potential</p>	<p>Specialist Employability support: Encompass is a service providing highly specialised employability support for those with multiple and complex needs, especially drug and alcohol use. It is jointly commissioned by EADP, CEC criminal justice and Capital City Partnership because mainstream employability struggles to effectively meet the needs of many in recovery.</p> <p>Recovery community activity supported by hubs teams in each area. Voluntary sector workers in hub support local recovery community groups</p> <p>Opportunities for those who are continuing to use/drink. Historically, many opportunities to be active and to join communities have not attracted people until they are in or near abstinence and able to identify with those in abstinent recovery. However, isolation among those who are continuing to drink dependently or to use drugs is a well-established risk factor and a source of much distress. The EADP has developed an innovation fund supporting projects with the purpose of:</p> <p><i>Reducing isolation by providing access to meaningful activity and social engagement, especially for those in medication assisted recovery and those who are not seeking abstinence.</i></p>	<p>2.6.2 Continue to contribute to the funding and development of Specialist Employability services Participate in the review and re-commissioning of the current Encompass contract. (completes 2021)</p> <p>2.6.3 Review the role of the hubs in supporting recovery community groups as part of the review of hubs contracts (2021)</p> <p>2.6.4 Continue to support projects through EADP Community development innovation fund (small grants, focussed on reducing isolation for those who are not in active recovery)</p> <p>The individual projects supported by the fund will report in September 2021 and conclude in September 2022. The fund as a whole will be reviewed before a further round of funding from October 2022.</p>

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
2.6 The recovery community achieves its potential	Grants have been allocated to a number of projects for this purpose (from October 2020)	
2.7 Improve access to Trauma informed care and Psychological Therapies (PT)	<p>Access to evidence based psychological therapies</p> <p>Planning and strategic: EADP has adopted a model of psychological interventions closely aligned to the LPASS model. It is reflected in the contracts of voluntary sector services and the planning of statutory sector services.</p> <p>In the Hubs/ Harm reduction team and other clinical services: While psychological interventions are currently offered as part of the treatment and care people receive through the Hubs, there are some significant gaps in delivery, and several areas where this could be developed and improved. Furthermore, with EADP commitments focussing on engaging more people in treatment and retaining them for longer, it will be necessary to increase the capacity we have to deliver psychological interventions in response to the increased demand this will generate</p> <p>At present, the majority of formal psychological interventions delivered in the Hubs are delivered by the clinical psychologists. However, there is a clear role for others to become more involved in this work. There is already a high level of psychological knowledge and skill among other professional groups working in the Hubs (e.g. MH nursing), and both historically and currently there are many examples of where psychological knowledge and skills have been used by staff to enhance their routine</p>	<p>2.7.1 Fund and support a psychologist-led project to develop trauma informed care in Hubs, LEAP, Ritson, VOCAL, Circle and Counselling.</p> <p>2.7.2 Develop Clinical psychology led project to review and improve current delivery of PT</p>

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
2.7 Improve access to Trauma informed care and Psychological Therapies (PT)	<p>clinical practice. However, while this is clearly very valuable work, we would, on the whole, tend to define this as psychologically informed practice and/or the delivery of structured psychosocial interventions (see LPASS report for description of these activities at tier 1 & tier 2), rather than the delivery of formal, structured, psychological therapies (as defined by HEAT A12 for example). There is clearly recognition among other professional groups of the important role that psychological therapies play in substance misuse treatment, as well as a strong desire among staff to have a role in delivering these interventions. However, there have been (and continue to be) significant issues with ensuring that staff are given the protected time to attend PT training, to engage in the required clinical supervision, and to deliver these interventions in a consistent way and as part of their core job plans.</p> <p>Ensuring that services are informed by an understanding of trauma</p> <p>While there are many examples of effective trauma informed care being delivered within the Hubs, there are many areas where this can be improved, including:</p> <ul style="list-style-type: none"> • Ensuring patients receive trauma-informed care from their first point of contact with the Hub, and throughout their entire treatment journey to the point of discharge • Ensuring staff have the appropriate levels of training and supervision they need to engage people with trauma difficulties, and to work with trauma safely and 	

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
2.7 Improve access to Trauma informed care and Psychological Therapies (PT)	<p>effectively at all levels of a matched care model (as outlined in NES Trauma Framework/LPASS Report)</p> <p>Increasing the availability of evidence-based trauma interventions for people at all levels of a matched care model (as outlined in LPASS report). This includes both phase one and phase two trauma interventions, delivered both individually and in groups.</p> <p>Direct access (counselling and psychological therapies): Registered Counselling services (ELCA, Simpson house, Crew) are a substantial and successful part of the local system of care, offering access to psychological therapies (LPASS level 2) at all stages of recovery; they provide a route for those who identify their needs as primarily for a therapeutic intervention to access this directly and offer in depth therapy (addressing the causes and conditions underlying substance use) for those who have begun their recovery through other routes. Delivery of the specific evidence based psychological interventions detailed in the LPASS report is a key requirement of the work of these services.</p>	2.7.3 As part of the review of counselling services, progress in implementing the LPASS recommendations will be considered and future plans to strengthen this work included in the future contract for them.
2.8 An intelligence-led approach future-proofs delivery	<p>Edinburgh participates in the Lothian wide public health surveillance system. This team:</p> <ul style="list-style-type: none"> provides a detailed interactive Quarterly Harm Reduction Indicators Report and briefer weekly version. Through this report, practitioners and decision makers are made aware on weekly or monthly basis of trends in, for instance: Drugs in circulation (via service reporting, the aggregated results of testing from treatment services, police reports on seizures); Non- 	<p>2.8.1 Continue to support the work of this team, to share information and intelligence with partners</p> <p>2.8.2 Implement DAISy (the Drug and Alcohol Information System; a national outcomes recording system) and use it to improve our understanding of the system of care</p> <p>2.8.3 Continue to undertake needs assessment, quality improvement and quality assurance exercises examining the treatment system and share the findings transparently.</p>

Outcome Areas	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
<p>2.8 An intelligence-led approach future-proofs delivery</p>	<p>fatal overdose rates; IEP activity; BBV testing; and other similar information</p> <ul style="list-style-type: none"> • provides continuous surveillance of suspected drug related deaths to identify any emergent trends and potential practice improvements • supports the work of identifying those in need of Anticipatory Care • has also supported the needs assessment work undertaken with injecting drug users and substance users in HMP Edinburgh. <p>Since the creation of this dedicated team, the local services and strategies are substantially more evidence-led. The work plan for the team and the partnership include improving identification of those in need of Anticipatory Care and implementing the actions of the alcohol pathways project.</p>	

Getting it Right for Children, Young People and Families

Outcome 3: Children and families affected by alcohol and drug use will be safe, healthy, included and supported.

Children and young people:

National Strategic context

GIRFEC is central to all Scottish Government policies which support children, young people and their families, including those affected by parental alcohol and drug use and is delivered through services and people who work with families. The GIRFEC approach:

- is child-focused;
- is based on an understanding of the wellbeing of the child in their current situation
- is based on tackling needs early
- requires joined up working

Edinburgh and the Lothians strategic context

Inter-agency Child Protection Procedures set out how children and their parents or carers will be consulted, receive help and support in a timely manner, and be treated and kept informed of decisions concerning them. It provides the procedures and processes to be followed by all services in dealing with child protection concerns. The procedures reflect a collective commitment to inter-agency collaboration and joint responsibility in this vitally important Outcome Areas. They are mandatory for all staff from all agencies.

A specific workstream led by the EADP and supported by partners in Children and Families, Health, 3rd sector and others as required will develop the whole family approach in relation to Scottish Government direction and local priorities and initiatives. This will be completed within the next year and will inform future commissioning plans.

Outcome Areas	'Rights, Respect and Recovery' Scottish Gov commitment(s)	What is currently being delivered in Edinburgh? What services are available	EADP commitments
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Outcome Areas	'Rights, Respect and Recovery' Scottish Gov commitment(s)	What is currently being delivered in Edinburgh? What services are available	EADP commitments
<p>3.1 Ensure family members will have access to support in their own right and, where appropriate, will be included in their loved one's treatment and support.</p>		<p>Interventions for Children Affected by Parental Substance Use – reducing harm to children and YP caused by adult substance use.</p> <ul style="list-style-type: none"> • Arrangements are in place for child protection with established understanding roles and responsibilities • Specialist service provision in this area is delivered under a contract jointly funded by F&C and EADP (and delivered by Circle and Simpson House, Sunflower garden) It is rooted in links to adult treatment services and to specialist Children's services and is positively evaluated. 	<p>3.1.1 Continue to fund a dedicated service for adult carers of D&A users 3.1.2 Support treatment services and others to identify those needing support 3.1.3 Involve adult carers as key stakeholders in consultation and co-production 3.1.4 Review the charter of carers' rights</p>
<p>3.2 Ensure all families will have access to services (both statutory and third sector) provided through a whole family approach, in line with the values, principles and core components of GIRFEC.</p>		<p>Whole-family approach to interventions where YP are involved in their own and/or others' substance use</p> <p>Development of a whole family approach to interventions for those using drugs and alcohol is a shared goal of the ADP and the Children's partnership.</p> <p>There are areas of known good practice in this work in Edinburgh (the CAPSU service; LEAP Multisystemic therapy teams, for instance) but no system wide approach.</p>	<p>3.2.1 Current specialist CAPSU interventions contract is to be reviewed in 2021, with a strategic assessment of needs in this area, models to be implemented, followed by re-procurement.</p> <p>3.2.2 As a workstream of the EADP/ Children's partnership joint working group, group, EADP will begin work on defining what a whole family approach will entail and seek to align this with the guidelines produced by SG.</p>

Outcome Areas	'Rights, Respect and Recovery' Scottish Gov commitment(s)	What is currently being delivered in Edinburgh? What services are available	EADP commitments
<p>3.2 Ensure family members will have access to support in their own right and, where appropriate, will be included in their loved one's treatment and support.</p>		<p>Support for adult carers and involvement of adult carers in treatment</p> <p>EADP has a charter of rights for the friends and family of those using drugs and alcohol (see appendix 4)</p> <p>EADP funds dedicated services working with those affected by a loved one's drug or alcohol use:</p> <ul style="list-style-type: none"> • Family support (addictions) service (currently delivered by VOCAL) is commissioned as part of carers' provision across the city and has very close links to treatment services • Counselling services (currently delivered by ELCA, Simpson House and Crew) are commissioned to work with those affected by other's substance use and offer emotional support and counselling • LEAP's integrated family support service 	<p>EADP will continue to support dedicated services and ensure that they are of high quality.</p> <p>EADP will continue to support treatment services and others to identify carers who would benefit from them.</p> <p>The views of those with lived experience of other's drug and alcohol use will continue to be included in all co-production exercises and consultations (see below)</p> <p>In 2021, EADP will review the implementation of the Charter in all services, report on its effectiveness in ensuring carers' rights are respected and make recommendations for policy and practice in this area. This will include the dedicated services, but focus on the treatment services commitments to identify, involve and support carers of their service users.</p>

Outcome Areas	'Rights, Respect and Recovery' Scottish Gov commitment(s)	What is currently being delivered in Edinburgh? What services are available	EADP commitments
3.3 Involve children, parents and other family members in the planning, development and delivery of services at local, regional and national level.		Processes for consultation with adult carers are established, but not systematic (ad hoc consultation is undertaken via VOCAL and LEAP family support groups)	<p>3.3.1 EADP will develop processes to ensure adult carers are part of consultation and co production work in all areas of the treatment system</p> <p>3.3.2 Developing a system of consultation for YP and children is part of the joint work planned with the Children's partnership.</p>

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A Public Health Approach to Justice

Outcome: Vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported.

Edinburgh makes considerable use of opportunities to engage those who are involved in the criminal justice system into treatment and support. E division of Police Scotland, HMP Edinburgh and CEC criminal Justice services are all active and innovative partners in maximising the use of therapeutic and effective interventions for those in need of them.

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Outcome Areas	'Rights, Respect and Recovery' Scottish Gov commitment(s)	What is currently being delivered in Edinburgh? What services are available?	EADP commitments
4.1 Ensure that people who come into contact with justice agencies are provided with the right support from appropriate services		<p>Treatment as an alternative to other sentences: Edinburgh has a large and effective DTTO programme.</p> <p>Diversion from prison: Court Liaison COPFS and NHS Lothian are working in partnership to develop a framework which will permit pre-conviction diversion of those with drug use issues involved in low level offending into alternative pathways to prosecution. Work is ongoing to develop selection criteria and a menu of diversionary options focused around treatment and support.</p>	<p>4.1.1 Continue DTTO support and ensure that its work is well integrated to the wider system of care.</p> <p>4.1.2 EADP to fund additional capacity for peer interventions for those in the DTTO's care.</p> <p>4.1.3 Support diversion from prison and court liaison and ensure that pathways to needed treatment and support are developed.</p>
4.1 Ensure that people who come into contact with justice agencies are provided with the right support from appropriate services		<p>Offer treatment and support to those whom Police Scotland identify need them</p> <p>Police contact, whether through their responses to incidents or people being taken into custody are used to engaging vulnerable people with support and treatment in several ways. As well as arrest referral, Police involvement in anticipatory care, vulnerable adult referral and escalating concerns procedures is crucial. Police are key partners in the delivery of anticipatory care for the most vulnerable drug and alcohol users (see "anticipatory care" in section 2, ROSC development)</p>	<p>4.1.4 Each locality to continue to develop regular joint working meetings to look at the needs of those who are most vulnerable (see ACP), which include FAST teams and local police officers</p> <p>4.1.5 Continue to fund operation threshold.</p>

<p>4.1 Ensure that people who come into contact with justice agencies are provided with the right support from appropriate services</p>		<p>Interventions for those in or being released from Prison or police custody</p> <p>People in prison in Edinburgh; those returning to Edinburgh on release from prison; and those who are referred following arrest in Edinburgh are supported by The Edinburgh and Midlothian Recovery Service (EMORS). EMORS is commissioned by the City of Edinburgh Council, Midlothian Council, and NHS Lothian and works primarily with people over the age of 18, from Edinburgh and Midlothian, who are in the justice system, and meet the criteria for support. Support is tailored to the individual and includes psychosocial support for addictions in prison, and voluntary throughcare holistic support to assist with successful reintegration into the community.</p> <p>The EMRS provide complete continuity of care from arrest and custody, to inside prison and back into the community:</p> <ul style="list-style-type: none"> • Arrest referral (St Leonards Police Station) • Prison treatment and support • Prison throughcare and support in the community <p>A review of substance use services in HMP Edinburgh (HMPE) was completed in 2018-19. The focus of improvement was access to dedicated provision for Remand prisoners, safer discharge into the community for quick/ unplanned release and equitable provision of mental health and addictions services equivalent to the community.</p>	<p>4.1.6 Continue to contribute to the funding and the work of EMORS. EMORS is being recommissioned in 2021 in a process led by CEC, with full participation from the EADP.</p> <p>4.1.7 In addition to ongoing work implementing the recommendations of the Needs assessment, EADP is funding two key pilot interventions:</p> <ul style="list-style-type: none"> • Project 1: remand treatment team. Develop a small interdisciplinary team to extend treatment and support services to remand prisoners in HMPE • Project 2: A throughcare nurse for drug-dependant prisoners The nurse will be the liaison post between the prison and the community substance use services or primary care. <p>The operation and impact of these pilots will be evaluated in 2021.</p>
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Appendix 1 Key developmental tasks and co-production with People with Lived Experience (PWLE)

The table below summarises the key developmental work currently planned over the period of the strategy, including reviews of systems and practice, quality assurance processes.

Also noted in the table are the commitments to coproduction with people with lived and living experience of alcohol and drugs (their own and/ or a loved one's) hereafter, PWLE. Wherever possible, this will be done through a combination of

- People who currently use primary care
- People who use secondary care
- Adult carers
- Men and women
- People who have achieved recovery through multiple pathways

Mechanisms will include

- Online consultation
- Focus groups
- Semi structured interviews
- Surveys
- Collective advocacy (delivered by Advocard)
- Representation on key groups (managed through advocard)
- Service user involvement groups (required to be run in all services)

Where appropriate, those who are contributing their experience will be compensated.

Development programme/ process	Summary of work	Duration	Involvement of PWLE
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Development programme/ process	Summary of work	Duration	Involvement of PWLE
Further development of this strategy	As noted in the introduction, this plan is currently only a draft. Consultation will include gathering the views of partner organisations, practitioners and, centrally, those with lived or living experience of drugs and alcohol. Approval will be sought from the EADP executive and the EIJB.	To conclude 2022	EADP to lead consultation with recovery community networks, carers' groups, current users of services.
EADP/ Corra "Getting Ready for Change": alcohol pathway development work	<p>This project is funded through Corra. Its aim is twofold:</p> <ol style="list-style-type: none"> 1) ensure that our treatment system responds to the needs of dependant drinkers as effectively as it does to those of drug-users. 2) to develop a well-integrated pathway for clinical detoxification from alcohol. <p>The project is being delivered by a team of managers from within services who have dedicated time to work on it (supported by other officers).</p>	To conclude in 2022	Carer and service user experience information and consultation on proposed plans are key feature of the project.
EADP/ Corra "Implementing Change" project	<p>This project is funded by Corra and focuses on the development of four individual workstreams which are expected to contribute to a transformative change:</p> <p>Intervention 1: Anticipatory care. Intervention 2: Rapid access prescribing. Intervention 3: Improved care for co-morbidities. Intervention 4: Harm reduction outreach.</p> <p>The project is led by a dedicated EADP officer employed to complete the project.</p>	To conclude in 2021	Carer and service user experience data and consultation on proposed plans are key feature of the project.
EADP/ Edinburgh Children's Partnership joint working group:	This is an area of acknowledged weakness in terms of strategic development and strengthening our coordinated response to these needs is a key aspect of this plan; while there are some very effective interventions delivered, they are not currently guided by a shared description of strategy.	2020 to 2022	Participation of YP to be sought via CP resources.

Development programme/ process	Summary of work	Duration	Involvement of PWLE
	<p>The programme of improvement in this area is to be led by a newly appointed ADP officer (Neil Stewart) whose work will be guided by a steering group of practitioners, managers and those in need of and using services. The scope of this work encompasses five workstreams:</p> <div style="border: 1px solid black; padding: 5px;"> <ol style="list-style-type: none"> 1) Interventions for Children Affected by Parental Substance Use – reducing harm to children and YP caused by adult substance use. 2) Primary prevention interventions (pre-emptive interventions with all YP or with those at particular risk of substance use) 3) Secondary prevention interventions (intervention with YP who are using substances, potentially problematically) 4) Substance use and pregnancy 5) Developing a whole family approach to interventions where YP are involved in their own and/or others' substance use </div> <p>Products of this group will include:</p> <ul style="list-style-type: none"> • A needs assessment in each of the workstreams • A set of developmental priorities • Contributions to overall EADP and CP strategies (in agreement with the appropriate governance structures) • Longer term clarity about joint funding arrangements in each Outcome Areas 		

Development programme/ process	Summary of work	Duration	Involvement of PWLE
	<ul style="list-style-type: none"> • Governance and oversight arrangements and oversight for each Outcome Areas, incorporating the roles of EADP, IJB and CP. <p>Membership and governance: The group will report to the EADP and to the children's partnership, making recommendations to both. Membership will include representatives of</p> <ul style="list-style-type: none"> • EADP • Educational psychology • Service providers in YP substance use services • Throughcare and aftercare and MST team • Schools and lifelong learning • A CAPSU/ CP: practice team leader • YP with lived experience of the issues in each workstream. • Police scotland 		

Development programme/ process	Summary of work	Duration	Involvement of PWLE
Review of voluntary sector hubs provision (and retendering)	A 360° review of the role of the vol sector organisations in the hubs and the functioning of the hubs as a whole; an assessment of needs in each area of delivery; development of the future specification for the work of the vol sector organisations in the hubs; tendering. Note this process is a review of the service specification, not the detail of individual services' delivery; it looks at demand, outcomes and the overall model that is needed, and this forms the basis of the future tendering.	2021	Patient and carer experience of using hubs, contribution to the needs assessment and developing spec. User and carer panel as part of the evaluation of bids.
Review of vol sec counselling and psychological therapies contracts (and retendering)	A 360° review of the role of the vol sector counselling and psychological therapies organisations; an assessment of needs in this area of delivery; development of the future specification for the work of these services; tendering. Note this process is a review of the service specification, not the detail of individual services' delivery; it looks at demand, outcomes and the overall model that is needed, and this forms the basis of the future tendering.	2021	Patient and carer experience of using hubs, contribution to the needs assessment and developing spec. User and carer panel as part of the evaluation of bids.
Implementation of the Prison HNA and pilot of new services	The Lead for the implementation of the prison HNA is a group within the prison Two additional services to be piloted are currently funded for two years and are to be evaluated during this period.	2021	Review of services to include consultation with users of prison drug and alcohol services.
Development of Trauma informed Services and Psychological therapies delivery	Clinical Psychology will lead on both of these workstreams	2021	
Improving working in services for homeless drug and alcohol users	Despite the significant overlap of needs there are gaps operationally and strategically between homeless services and mainstream substance use treatment and support services.	2020	Ongoing involvement of those who use and need these services, principally through the City Centre Engagement Group; an EADP funded project promoting collective

Development programme/ process	Summary of work	Duration	Involvement of PWLE
	<p>EADP will set up and chair a joint working group between the EADP and Inclusive Edinburgh partnerships. Its aim will be to ensure that the full range of needed services are fully available to homeless drug and alcohol users.</p> <p>The main aim is to have an improvement plan for the pathway into treatment for homeless people and the pathway from specialist homeless treatment services (EAP and HRT) into mainstream provision (community GPs and or hubs).</p>		<p>advocacy and incentivised engagement in service user involvement.</p>
<p>EADP governance review</p>	<p>Following an EADP Governance Event in December 2019, the purpose of which was ‘to consider EADP’s governance structures, strategic and financial responsibilities and make recommendations for future arrangements’ there is ongoing work to agree the structures for future decision making.</p> <p>Priorities in this work are:</p> <ul style="list-style-type: none"> Focusing on the delivery of the strands of Rights Respect and Responsibility and the Alcohol Framework. Moving quickly on revised governance arrangements so that this does not distract from the delivery of services. Avoiding duplication and streamlining structures to make best use of limited resources. Being clear about the purpose and function of the EADP / other partnerships and how they work together. Function will determine the form of governance structures. Reviewing EADP membership to ensure appropriate involvement and seniority. Ensuring transparency of decision-making and an increased focus on performance management. 		<p>Clearer arrangements for including the voices of PWLE for A&D are a key need to be addressed through this process. It is hoped that the collective advocacy service being delivered by Advocard will be central to this.</p>

Development programme/ process	Summary of work	Duration	Involvement of PWLE
Review of Advocacy provision	Review of the development of the Advocard service to be conducted by an external consultant. The results will be used to target the service in future based on the success of different approaches to engagement and advocacy.	2022	The experience of users of the service will be the central data for the evaluation.
Development of the Recovery Community Centre	Tendering of the contract to support for the Recovery Community Centre.	2021	The evaluation of potential providers will be jointly run by officers and the steering group of the ERA project. Community led development will be a central requirement of the service; one of the key criteria for assessing providers will be the autonomy that they will offer the community
IJB/ EADP Community Development Innovation fund	Review of each project supported through the fund (October 2021) Review of the impact of the fund as a whole (October 2022) Further round of grants, incorporating the learning from the first two years (October 2022)	2022	Participation in the evaluation of current service delivery AND in the development of the renewed prospectus and evaluation of the bids
Evaluation, Development and retendering of employability service	A review of the operation of the contract (currently "Encompass", delivered by Access to Industry) and development of the specification for the future service. Retendering. This work is part funded by the EADP and jointly commissioned under an arrangement led by Capital City Partnership.	2021	Participation in the review of the current service and development of the future specification.
EADP Quality Assurance framework	Develop a cycle of QA activities undertaken in partnership across sectors and services. This will include review of data from DAISy and elsewhere, self evaluation of services, undertaking cross sectoral case file audits on a regular basis as well as service user, carer and practitioner engagement.	2021	Consultation both on the criteria for the evaluation of services and the method of evaluating them. Participation in the QA process

Development programme/ process	Summary of work	Duration	Involvement of PWLE
<p>Workforce development framework</p>	<p>Rights Respect and Recovery recognises that a variety of services need to work together to provide holistic care for people experiencing drug and alcohol problems and promote recovery.</p> <p>Currently, each service and organisation undertakes its own analysis of training and development needs. Some very effective training is conducted in specialist services, including those delivering harm reduction interventions, psychological therapies and treatment in primary care. Less clear is the training provided to non specialist services, including ensuring that they have a good understanding of recovery and of anti-stigmatising practice.</p> <p>The EADP and partners will develop A Workforce Development Framework to describe knowledge and skills required for all areas of the workforce and ensure that people have the right values, knowledge and experience as well as access to training to provide holistic, care, treatment and support to help people experiencing substance use problems.</p>	<p>2022</p>	<p>PWLE will have direct involvement in training and also be consulted on the key attitudes, skills and values that are important in each professional group.</p>

Appendix 2: existing national and local commitments arising from strategy and from needs assessment in relation to outcome 3, developing a ROSC

National:

Rights, Respect and Recovery 8–point plan for ROSC development

- R1 Invest in advocacy services through the National Development Fund to support a human rights-based approach.
- R2 Ensure people in need have good access to treatment and recovery services, particularly those at most risk.
- R3 Ensure people who experience problem alcohol and drug use receive effective services and interventions which support them to reduce harm and achieve their recovery.
- R4 Listen to the voices of lived and living experience are central to our work to develop, design and deliver treatment and recovery services, interventions and approaches.
- R5 Improve access to key interventions which will reduce harm, specifically focusing on those who inject drugs.
- R6 Develop person-centred approaches across treatment, recovery services and health and social care services which work with people with alcohol and drug problems.
- R7 Support the growth and expansion of Scotland’s recovery communities into wider community settings.
- R8 Develop trauma-informed approaches in alcohol and drug treatment and recovery services.

Drug deaths task force: “Our Emergency Response” letter: six key actions

- 1) Targeted Naloxone Distribution
- 2) Improving Immediate response to Non-fatal overdose
- 3) Optimise the use of Medication Assisted Treatment
- 4) Target the people most at risk
- 5 – Optimise Public Health Surveillance
- 6) Ensure Equivalence of Support for People in the Criminal Justice System

<https://www.gov.scot/publications/drug-deaths-taskforce-emergency-response-january-2020/>

DDTF Medication assisted treatment Standards (Draft at August 2020):

- 1. People have the option to start MAT from the same day of presentation.
- 2. People are supported to make an informed choice on what medication to use for MAT and the most appropriate therapeutic dose.
- 3. People (in or out of drug treatment) at high risk of drug-related harm are identified, prioritised, contacted and offered support to commence or continue MAT or other treatment.
- 4. People can access evidence-based harm reduction at the point of MAT delivery.
- 5. People receive support to remain in treatment for as long as requested.
- 6. The system that provides MAT is both psychologically & trauma informed (tier 1); routinely delivers evidence-based low intensity (tier 2) psychosocial interventions to support engagement, change, and recovery management; and supports the development of positive and supportive social networks.
- 7. People have the option of MAT shared with Primary Care.
- 8. People have access to advocacy and support for housing, welfare and income needs from presentation to services.

9. People with a dual diagnosis can receive mental health care at the point of MAT delivery.
10. People receive trauma informed care.

Lead Psychologists in Addiction Services Scotland (LPASS):

<https://www.gov.scot/publications/delivery-psychological-interventions-substance-misuse-services-scotland-report/pages/4/>

Older People with Drug Problems in Scotland (2017)

The paper highlights that the challenges of responding to needs of older people (35+) with a drug problem (OPDP), are significant and will increase considerably over the coming years. With people of this age or older becoming the main client group in specialist services for the foreseeable future. This needs to be considered in in the planning and development of all health, social care and related services.

<http://www.sdf.org.uk/wp-content/uploads/2017/06/Working-group-report-OPDPs-in-2017.pdf>

Local Health and Social Care strategy:

Edinburgh Integrated Joint Board Strategic Plan (2019-22) has four key elements:

- The Edinburgh (health and social care) Offer
- The Three Conversations Approach
- Home First
- Transformation

Local Drug and alcohol treatment Needs assessment documents:

ORT review (2016) <http://www.edinburghadp.co.uk/wp-content/uploads/2016/10/Stepped-Care-Report-LC-24-08-16.pdf>

In 2016 the ADP commissioned a consultant psychiatrist to review the pathways to Opiate Substitution Therapy (OST) in Edinburgh. This report demonstrated the barriers, pressures and blockages in the system. Recommendations included access to more rapid prescribing and an emphasis on evidence based clinical interventions in the context of holistic care delivered by a multi-agency team:

- 1 Change to a Single system- reconfigure services around panels of caregivers aligned with new GP clusters.
- 2 Referral for ORT is expedited at triage assessment
- 3 Move towards Integrated training and strategic development for a single system of care
- 4 Prescribing carried out at a prescriber/patient appointment (includes options around non medical prescribing)
- 5 Implementing a stepped model embedding phasing and layering of interventions.
- 6 Clarify social work staff contribution to the ORT pathway
- 7 Refocus the current LTMP service towards intensive treatment for high tariff patients as part of the integrated pathway.

Health Needs assessment for injectors (2017):

<https://services.nhslotian.scot/harmreductionteam/Pages/Health-Needs-Assessment----2017->

[.aspx](#)

In 2017, a multi-agency team completed an assessment of the health and harm reduction needs of injecting drug users in Edinburgh. It recommended the following priorities

Key messages

- 1 Improve access and retention for opioid substitution therapy
- 2 Provide harm reduction as part of all service contacts
- 3 Reduce missed opportunities for hepatitis C testing, care and treatment
- 4 Improve support for general health and wellbeing
- 5 Strengthen services for vulnerable groups
- 6 Ensure quality improvement across all services

Actions are being implemented through a Lothian-wide DRD and Harm Reduction Oversight group supported by a pooled intelligence resource, staff training in QI and a fund to support Small Tests of Change. The tests of change pertain to the four key areas of the “implementing change” project.

Health needs assessment for HMP Edinburgh addictions care (2019):

- Develop a service specification and business case for remand prisoners’ addictions care.
- Improve equitable access to addiction and recovery services for all prisoners, including women and remand prisoners
- Establish a safe discharge policy for all prisoners including remand.
- Workforce Development – Establish a rolling programme of training for all agencies to be trained up and updated about each other’s services, stigma and trauma informed care.
- Communication – Establish effective methods of communication between all agencies and with service users.
- Resources - Establish a programme of work to strengthen data collection and quality improvement activities for addiction services

Current (2018) Drug Related Deaths report for Lothian:

<https://services.nhsllothian.scot/harmreductionteam/Pages/Drug-Related-Death-2018-Report.aspx>

Edinburgh ADP Locality Improvement fund plan (developmental spending plan developed 2-3 years ago)

In 2018, the Edinburgh ADP Treatment and Recovery Collaborative co-produced a strategic investment plan, in anticipation of the increase in ADP funding. The process was: agreeing key priorities; inviting and reviewing proposals (>40) for new ways to meet them; agree the final combination of actions to achieve the aims. The result of these inclusive processes is an investment plan for £1.4m and a development plan with great commitment at all levels to delivering the change needed. The priorities it defines are:

Priority population groups in need

- 1) Currently/ recently dependant, adult, high risk opiate/ benzo / poly drug users in the community. These people are: In treatment in secondary care (c10%); In treatment in primary care (c40%); out of treatment (c 50%)
- 2) Drinkers at high risk of/ experiencing Alcohol related death, Alcoholic liver disease, Alcohol related brain disorder, or other severe alcohol-related physical and mental illness.

Priority unmet/ undermet need

- 1) Speed of **initiation of OST** and titration in for those presenting at the hubs not on a script.

- 2) Reaching **hard to reach and vulnerable groups**: Assertive outreach and accelerated treatment access for those at highest risk. Including:
 - Improved use of and follow up from hospital contact by those in the priority population in need
 - Active engagement and follow up of those referred or who have attended drop in and whom we consider high risk.
 - Improved use of and follow up from police custody and prison
 - More active offer of support to those using pharmacy IEP
 - Those at risk of discharge from or disengaging from prescribing
- 3) More clearly evidence-based care in the **prison** and continuity/ transition of care at release
- 4) **Reduced isolation**, more access to meaningful activity and social engagement, especially for those in medication assisted recovery and those who are not seeking abstinence.
- 5) Improving the offer of psychosocial interventions for the **primary care OST** patients (regular review of treatment goals, in-reach by hubs)
- 6) Matching care and need for all patients, particularly those on ORT (i.e. stepped care model for hub and primary care in localities) including:
 - offer of low intensity care even if the GP does not participate in the NES.
 - seamless transition for those needing transfer between primary and secondary care or consultation.
 - consistent prescribing and practice across settings
- 7) Making more use of the contact in **pharmacies** (both for those using IEP and medication collection) – improving the offering of psychosocial support, harm reduction intervention, general medical interventions, communication with prescribers and key workers.
- 8) Improving **general medical care** for those in substance use treatment via the hubs, primary care and pharmacy contacts. Identification and treatment of physical and mental co-morbidities, learning disabilities, polypharmacy and addiction to prescription drugs.
- 9) Developing psychologically informed environments, improving our response to trauma in the target groups and availability of high quality psychological therapies to people in all settings.
- 10) Access to effective alcohol treatment and ARBD interventions in line with SHAAP guidelines

IJB report describing the local process and decisions (item 7)



<https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=473&Ver=4>

Shelter Scotland Street begging Research (Edinburgh) 2019

In 2017, the Edinburgh Community Improvement Partnership commissioned Shelter Scotland to carry out a research project into begging in Edinburgh to help improve understanding of this complex issue. The research examined a range of data sources provided by Edinburgh's major homelessness service providers, about people who we know to have begged in the city between November 2016 and October 2018. The [report](#) was published in January 2019.

Appendix 3: EADP Recovery Outcomes Matrix

This framework gives a description of outcomes and milestones which define what EADP hope to enable those who use our services to achieve; a local definition of recovery. This was developed in 2014 with consultation of those with lived experience of addiction and professionals. It underpins service specifications and, in some cases, monitoring of interventions. It will be reviewed with input from carers, users of services and practitioners in 2021.

OUTCOMES	Crisis	 Stability	 Thriving		
1) Abstinence from drug and alcohol use	Chaotic daily use Use is total focus of existence Consequences of use do not affect use	Able to plan other activities around use and to pre-arrange periods of functioning	Continued use but low level of immediate harmful consequences Minimal inebriation and impairment	No substance use (though vulnerable to relapse) 1-6 months abstinent	Sustained abstinence (1 year plus) Minimal cravings Able to foresee and manage threats to abstinence
2) Control of drug and alcohol use	No control of use No ability to plan use Little or no expectation of change	Able to set and keep goals about use Able to include some safer practices to reduce harm	Able to confine use to pre-planned/ prescribed use Able to undertake sobriety sampling	Sobriety/ abstinence , but not yet secure recovery (eg using medication to avoid relapse) Able to test self management of relapse through exposure , increasing awareness of triggers	Happy with, and confident of long term control. Secure, non-using identity
3) Reduction in criminal activity including re-offending	Frequent criminal activity linked to substance use Unable to meet probation/ court requirements High risk, reckless	Contemplative phase re offending behaviour - increased awareness of link between addiction and offending.	Reporting no offences for 4 weeks Stable enough to meet legal requirements. Reduced contact with illicit drug networks	No further offending behaviour Compliant with any legal requirements No outstanding charges Taking action to address any	Underlying drivers of offending behaviour resolved. Has clear plan about disclosure of convictions for future

	behaviour and poor ability/ motivation to reduce consequences			outstanding legal issues Reporting lower risk of re-offending,	
4) Improved mental health and wellbeing	<ul style="list-style-type: none"> • Severe, acute risk of harm to self or others • Overwhelming levels of distress or anger. • Pathological levels of distrust • Extremely vulnerable to abuse by others • severe cognitive impairment • Very poor impulse control 	<ul style="list-style-type: none"> • Able to trust and to take advice • Some insight into own mental health condition • Has basic coping mechanisms for managing own behaviour and emotions safely • Cognitive functioning adequate for independent day to day living 	<ul style="list-style-type: none"> • Able to develop realistic goals and work towards them • Some trusting relationships • Not frequently overwhelmed by and having an action plan for dealing with negative emotions effectively 	<ul style="list-style-type: none"> • The individual is "Consciously competent" in managing challenges - use of deliberate coping strategies, • some overwhelming breakthrough symptoms • Increased self efficacy and ability to reframe situations • Resilience to unexpected emotional events 	<ul style="list-style-type: none"> • Self actualising • The individual is emotionally resilient & happy • Is able to try and fail without its being catastrophic • Accepting of reality and responsible for own choices • Insightful into history and origins of own distress
5) Improved physical health and wellbeing	Acute, life threatening risks to health	Ongoing poor physical health which impairs daily functioning and/or medium term threats to health	no immediate threats to health and wellbeing	Effective management of medical conditions - compliance with medical advice No health behaviours which pose long term risks	Long term Self care - enhancing own health and wellbeing (diet, exercise etc)
6 a) Reduction in risk taking behaviour related to overdose	<ul style="list-style-type: none"> • Non –fatal OD • High risk behaviour and • vulnerable (low 	<ul style="list-style-type: none"> • Continued high risk behaviour but with some safety planning 	<ul style="list-style-type: none"> • Controlled use with strong safety planning and risk minimisation 	<ul style="list-style-type: none"> • The individual has no current risk exposure but remains highly 	<ul style="list-style-type: none"> • The individual has no risk exposure (securely not using)

	tolerance/ unable to judge / unaware of/ indifference to risks)			vulnerable (due to low tolerance and high risk of relapse)	
6 B) Reduction in risk taking behaviour related to BBV	<ul style="list-style-type: none"> the individual has high risk behaviour 	<ul style="list-style-type: none"> The individual has low risk behaviour 	<ul style="list-style-type: none"> The individual has no risk exposure 	<ul style="list-style-type: none"> The individual has no risk exposure and has been tested since last risk exposure 	The individual has no risk exposure, has been tested since last risk exposure, and is accessing treatment if needed
7) People are engaged in meaningful and purposeful activity	<ul style="list-style-type: none"> All activity is focussed on substance use (acquisition, preparation, consumption) 	<ul style="list-style-type: none"> Sampling leisure activities while still using/ drinking Time filling guided by someone else Activity rigidly structured to fill time (e.g. 90 meetings in 90 days, programme of planned events) 	<ul style="list-style-type: none"> Increasing sense of enjoyment and purpose Dependence on routines to sustain recovery and fill time and difficulty coping with changes in routine 	<ul style="list-style-type: none"> Comfortable level of daily structure More exploration of own enjoyment reduced dependence on ritual and routine and able to cope with variation well developed hopes, goals and aspirations for the future 	<ul style="list-style-type: none"> Self aware choices about own use of time and able to give activity meaning Able to contentedly be active or at leisure Confidently able to engage in pursuits in non-recovery settings
8) Sustained employment activity including training/ volunteering	All activity is focussed on substance use (acquisition, preparation, consumption)	<ul style="list-style-type: none"> The individual is able to routinely engage in structured activity 	<ul style="list-style-type: none"> Client engaged in structured activity and motivated to work towards employment/ training 	<ul style="list-style-type: none"> Client is actively improving readiness (developing personal and job skills, acquiring qualifications etc) 	<ul style="list-style-type: none"> Individual engaged in full time work, education or stage 3 employability service

<p>9) Improved ability to access and sustain appropriate settled accommodation</p>	<ul style="list-style-type: none"> • Individual is rough sleeping, NFA, a • unable to occupy usual accommodation, Eviction pending 	<ul style="list-style-type: none"> • Individual in Temporary unsuitable accommodation, sofa surfing, unsupported accommodation, notice to quit proceedings commenced. • Significant rent arrears 	<ul style="list-style-type: none"> • Individual in transitional accommodation/ safe but not suitable, Acknowledging risk to current accommodation, end of planned stay 	<ul style="list-style-type: none"> • Individual in accommodation appropriate to needs Successfully addressing risk to current accommodation BUT needing routine support to sustain • Accommodation does create pressure to use (through either association or as a source of frustration) 	<ul style="list-style-type: none"> • Individual in appropriate safe accommodation which meets needs, safely, independently and securely occupied
<p>10) People maintain a broader social network with those in recovery.</p>	<ul style="list-style-type: none"> • Individual has no significant contact with people in recovery 	<ul style="list-style-type: none"> • Individual has ad hoc contact with people in recovery • Has at least one friend in recovery 	<ul style="list-style-type: none"> • Individual has regular, ongoing contact with others in recovery but in a professionally led setting 	<ul style="list-style-type: none"> • Individual is engaged with formal or informal peer led activities, and/ or has a network of friends who are in recovery 	<ul style="list-style-type: none"> • The individual is role modelling recovery to others - engaged in “giving back” activities • Has authentic, developed relationships with others in recovery
<p>11) Improved relationships with family members, partners and friends</p>	<ul style="list-style-type: none"> • Abusive relationships 	<ul style="list-style-type: none"> • No relationships/ relationships focussed heavily on drugs and alcohol • Relationships create pressure to use or excuse use 	<ul style="list-style-type: none"> • No relationships which create pressure to use or excuse use 	<ul style="list-style-type: none"> • Individual has a network of relationships which are mutually supportive • relationships within effective boundaries 	<p>Family recovery and a supportive network of friends Issues arising from addiction or to which may have been contributed to it resolved safely</p>

a. The capacity to be a caring and effective parent	Child(ren) living / at risk of neglect or significant harm or unable to return home from care	There is regular contact between child and parent.		Planning for child to return home	stable relationship with parent - child living at home and parent meeting physical and emotional needs (good enough parenting)
b. Carers lead satisfying lives	<ul style="list-style-type: none"> • Carer unable to cope. No consideration of own needs. • Focused on needs of cared for. • Isolated. • Strong sense of stigma and shame 	Carer considering own needs for the first time.	<ul style="list-style-type: none"> • Clear recognition of own needs • Making steps to look after self and meet others. • understanding of areas in which it is may be possible to influence cared for's behaviour and well being 	<ul style="list-style-type: none"> • Some boundaries in place and maintained. • Acceptance that they are not responsible for cared for's behaviour etc 	<ul style="list-style-type: none"> • Self-efficacy – • able to address own needs. • Sense of self distinct from cared for • able to maintain own wellbeing

Appendix 4: Alcohol and Drugs Charter For Family And Friends

This document has been adopted by the EADP as an expression of the rights of those affected by others' use. Adhering to it is a key indicator of service quality.

I HAVE THE RIGHT TO:

Expect my views to be valued

- I have the right to be treated equally irrespective of my ethnic background, gender, disability, age, religion or sexual orientation.
- I will be recognised as a key partner in the provision of care (in line with the NHS Carer Information Strategy).

Receive appropriate support

- I will be offered sources of support for myself as a carer, including a carer's assessment, when I require help.
- I will receive relevant information concerning alcohol dependency and any related conditions, including possible treatments.

Inform practitioners of the ongoing situation

- I have the right to ask for a separate appointment to inform practitioners about the situation of the person I care for.
- I have the right to inform practitioners how the situation impacts on the life of family members/carers knowing I will not have the right to confidential information.

Inform the development of policy and services

- I have the right to feed back my individual experiences to service providers.

I have the right to be involved in consultation on relevant policy and strategies and through representation on appropriate bodies.

* By family and friends we mean carers in all relationship settings be they defined by kinship, partnership, friendship, affection or obligation.