

NOTICE OF MEETING

MIDLOTHIAN LOCAL LICENSING FORUM

Venue: Committee Room, Midlothian House

Date: Friday 15th May 2015

Time: 10:00 – 12:00

AGENDA

1	Welcome and Apologies	
2	Election of a convener	
3	Minutes of the previous meeting <ul style="list-style-type: none">• Forum meeting – 13th February 2015• Action plan	R R
4	Minutes of the licensing Board – latest approved minutes: None	
5	Licensing update reports: Licensing Standards Officer Police Licensing Officer Community Safety	R
6	Draft MELDAP local delivery plan	R
7	Licensing forum – future action plan	
7	Any Other Business	
8	Date of next meeting: 14 th August 2015 10:00-12:00	
(R) = report attached (V) = verbal update (TF) = to follow		

MINUTES of MEETING of the LOCAL LICENSING FORUM held in the Council Chambers, Midlothian House on 13th February 2015 at 10.00 am.

Present:-

Representatives of Residents within the Forum's Area: Jim Church (Chair); Derek Couper, Alistair Mackintosh

Representatives of holders of premises licences/ personal licences: Adam Bolton (The Laird & Dog), Gemma Shand (personal license holder), Logan Bryce (Sainsburys, Salters Rd), Patrick Kenny (The Mayflower), David Logan (The Ship Inn)

Representative of Police, Health, Education, Social Work, Midlothian Council: Chief Inspector Kenny Simpson, John Thayers, Jim Sherval (NHS Lothian), Mark Richardson (Licensing Standards Officer)

In Attendance: - Rosie Kendall (Community Safety Manager/ Clerk to the Forum), Magda Clark (Community Safety Development Officer), Kevin Anderson (Head of Housing and Customer Services), Councillor Bob Constable (Chair of the Licensing Board), John Ramsay, James Paton (Blacksmith's Forge), Ghulam Rasul (Nisa Mayfield)

Apologies: Jim Leslie, Alasdair Gow, Ross Craig.

1. Welcome and Apologies

Rosie Kendall welcomed Forum members and guests to the special meeting of the Forum which would be followed by a Licensing Event including presentations from the Scottish Fire and Rescue Service, Business Resilience Centre and Best Bar None.

2. Election of a convenor

As laid out in Schedule 2 of the Licensing (Scotland) Act 2005, Forum Members are required to elect a Convenor at their first meeting in each calendar year. As there were no nominations for a new convenor, it was agreed that this agenda item would be carried forward to the next meeting and all members would give consideration to taking on this role. Jim Church agreed to chair the meeting as a temporary measure.

Action: *New Convenor to be elected at May meeting - All to consider taking on the role of convenor*

3. Minutes of the previous meeting

The minute of the meeting held on 14th November 2014 were submitted and approved as a correct record by Pat Kenny and David Logan.

Action Plan:

RK noted that Jim Leslie had provided an e-mail update on the following action: JL to look into the potential of introducing an alcohol questionnaire for young people in custody. Jim's update outlined that every person who comes into the custody suite is subject to the same drink/drugs questionnaire regardless of age.

JC highlighted the actions undertaken on recruitment stating that a few pupils from Newbattle High School and from Lasswade High school were interested in taking part in the Forum however due to exams they are not able to commit time at present. JC appealed to all Forum members to use their personal relations, professional contacts, friends and family members to encourage young people to take part in the work of Forum.

The Forum noted the positive experience young people could gain from joining the Forum as well as the potential benefit of adding it to their CV. Young adults should be encouraged to take part to represent their generation in their own interest. RK updated that CLD colleagues and Community Councils have been approached.

4. Licensing Board minutes

The Forum noted the minutes. RK provided an update on the letter submitted to the Board regarding their approach to granting license extensions within the overprovided area. This was recently resubmitted with extra detail provided and is due to be discussed at the March Board meeting (due to take place at 10am on 17th March)

Action: *RK to arrange the annual joint meeting of the Board and Forum. BC requested that as much notice as possible be given to enable maximum attendance.*

5. Licensing update report

The Forum welcomed the first Licensing Officer update report from the new Licensing standards Officer, Mark Richardson. RK also circulated an update from Jim Leslie.

The Forum noted the positive step forward in NHS involvement with the recent objection to a licence change within the overprovided area submitted. Greater health representation is expected at future meetings of the Board and Forum.

6. CRESH Midlothian report – outlet density

Action: *RK to arrange for alcohol focus Scotland to attend the joint Forum and Board meeting to provide a presentation on the Midlothian findings arising from the CRESH research on the relationship between alcohol-related illnesses and deaths across Scotland and local availability of alcohol outlets*

7. Supply of alcohol to youngsters by "dealers" who buy from off sales shops and pass on to under age teenagers & younger.

The Forum discussed alcohol test purchasing. The Council Trading Standards team are responsible for tobacco test purchasing but not alcohol. Police Scotland are responsible for alcohol test purchasing.

The Forum discussed Dalkeith town centre issues, (Particularly on Friday and Saturday nights). These include antisocial behaviour and vandalism, these issues affect businesses as clients are shouted at and verbally abused and don't feel safe in the area.

KS explained that the Community Police Teams patrol the area as well as police in plain clothes. Police can take action, however they often require information from the public – when there is intelligence this will be acted upon. Police will take action not only to ensure action against antisocial behaviour and alcohol fuelled crime but to ensure the health and wellbeing of those young people who are not fully aware of the damage they doing to themselves.

JT introduced the SALSUS data for Midlothian. The SALSUS survey is undertaken every 4 years and presents a profile of alcohol and substance misuse amongst 13, 14 and 15 year olds.

The Forum discussed what action they could take to promote responsible alcohol consumption. RK asked Forum members if they would be willing to promote the leaflet 'you, your child and alcohol'

GS highlighted that Sainsbury's have had health promotion staff in their stores. A request to distribute leaflets would need to go through national channels but GS is happy to enquire about this.

PK suggested every licensed premise should make leaflets of this type available

JP agreed to distribute the leaflet using the Blacksmiths Forge Community Board

DL agreed to distribute the leaflets at Pubwatch

KA agreed that Libraries would be willing to display the leaflets.

JT explained that MELDAP have produced a similar leaflet

The Forum discussed what school input is provided. JT explained that this is included in the MELDAP local delivery plan

Action: *JT to provide a summary of what the school alcohol education programme includes*

Action: *MELDAP local delivery plan to be shared with the Forum (placed on the agenda for the next meeting)*

Action: *RK/MC to agree which resources (posters/ leaflets) should be used with MELDAP*

Action: *RK/MC to distribute agreed resources to Forum members*

Action: *Forum members to distribute leaflets/posters for responsible alcohol consumption*

Any other business

KS highlighted the importance of ensuring the licensing objectives are being delivered. The decision to enhance health representation at licensing meetings is a positive step forward.

Date of Next Meeting

The Forum noted that the next scheduled Forum meeting was due to take place on **Friday 15th May at 10.00am** in Midlothian House, Committee Room, Buccleuch Street, Dalkeith.

The meeting terminated at 11.00am.

Note: The Licensing Event included presentations from the Scottish Fire and Rescue Service, Business Resilience Centre and Best Bar None. The following premises were awarded Best Bar None accreditation:

The Black Bull - Silver

The Blacksmiths Forge - Gold

Esk Valley Table Table - Gold

The Leadburn Inn – Silver

MTG DATE	ACTION	LEAD	Due	STATUS	NOTE
13/02/15	New Convenor to be elected at May meeting - All to consider taking on the role of convenor	RK/All	15/05/15	In progress	Placed on May agenda
13/02/15	RK to arrange the annual joint meeting of the Board and Forum. BC requested that as much notice as possible be given to enable maximum attendance. RK to arrange for alcohol focus Scotland to attend the joint Forum and Board meeting to provide a presentation on the Midlothian findings arising from the CRESH research on the relationship between alcohol-related illnesses and deaths across Scotland and local availability of alcohol outlets	RK	in 2015	In progress	7/5/15: Ongoing. RK currently checking potential dates for joint meeting
13/02/15	JT to provide a summary of what the school alcohol education programme includes	JT	15/05/15	In Progress	7/5/15: Suggest a letter from the new Chair of the Forum to the Head of Schools asking about pupil entitlement to alcohol education across all sectors would be appropriate. As Health and Wellbeing is an outcome in the Curriculum for Excellence seems a reasonable thing to ask. Happy to draft a letter.
13/02/15	RK/MC to agree which resources (posters/leaflets) should be used with MELDAP RK/MC to distribute agreed resources to Forum members Forum members to distribute leaflets/posters for responsible alcohol consumption	RK/All	31/03/15	In Progress	8/5/15: RK and JT meeting to review available resources prior to next LF meeting on 15th May.
16/05/14	AB to attend licensing Board meetings with JC attending as required.	AB/JC	ongoing	In progress	RK will e-mail out in advance of each Licensing Board Issue with notice given re Licensing Board dates
15/08/14	Recruitment campaign: JC to speak to Colin Taylor regarding approaching senior pupil councils	JC	15/05/15	In progress	14/11/14: JC has spoken to Colin Taylor. To be looked at again following exam period (pre February meeting)
14/11/14	Action 3: RK to contact the chair of the Board to ask if a training session or briefing on overprovision legislation would be of interest to the Board.	RK	in 2015	In progress	20/1/15: RK has spoken to Bob Constable. Suggest this is covered at joint meeting of Board and Forum to be arranged.
14/11/14	Action 6: RK to work with JT to produce a report with more information regarding youth alcohol consumption and what preventative work the forum could do.	RK/ JT	15/05/15	In progress	9/2/15: Suggest this is discussed at the May meeting
13/02/15	MELDAP local delivery plan to be shared with the Forum (placed on the agenda for the next meeting)	JT	15/05/15	Completed	Placed on May agenda
15/08/14	Recruitment campaign: AB to ask his younger staff if any of them would be interested in joining the Forum	AB	15/05/15	Completed	14/11/14: AB has spoken to staff. To be looked at again following exam period (pre February meeting)
14/11/14	Action 5: RK to write to the Licensing Board to ask them to clarify their approach to approving license extensions in the overprovided area.	RK	15/05/15	Completed	Letter sent 20.1.15. On 12/5/15 Licensing Board agenda
14/11/14	Action 9: FL to contact Best Bar None to ask if they would consider making the process simpler.	FL	15/05/15	Completed	8/5/15: FL raised this with BBN at event on 13/2/15. It is not possible for them to simplify the process.
15/08/14	Recruitment campaign: JT to look into whether any MYPAS service users would be interested in participating	JT	15/05/15	Completed	JT has contacted Paul at MYPAS who have been unable to identify an interested young person. However they are willing to be consulted on an issue by issue basis.
14/11/14	Action 14: JT to approach MYPAS to ask if they would consider sending a representative from MYPAS who could raise the work of and issues arising from the Forum with groups of young people.	JT	15/05/15	Cancelled	Duplicate action

Midlothian Licensing Forum May 2015

Report of Licensing Standards Officer

This report has been produced in pursuance of Action Point 2 from the Meeting of the Midlothian Licensing Forum held on 14th. November 2014.

Since the last Meeting of the Forum the Licensing Board has met on only one occasion to conduct business including

Continuation of a Review Hearing of a Club Premises Licence arising from an incident including an assault where subsequently the person convicted had resigned as a Member and customer. The Board resolved to take no further action.

The Licensing Standards Officer has made observations and requested conditions in respect of all of the Occasional Licence, Extended Hours and Variation applications, typically including matters relating to the control of noise and irresponsible promotions.

In each and every case I am pleased to report the requested conditions/observations have thusfar been included as conditions on the Licences issued.

Licence Application type	Number
Occasional	51
Extended Hours	5
Premises	0
Personal	28
Variations	8

Complaints about Licensed Premises

Complaints received regarding the lack of the Mandatory Training by bar persons at a Club premise and advertising events ostensibly inviting members of the public to events at a Club without the benefit of an Occasional Licence are presently being investigated.

Police Update:

Since the last Forum meeting on 13th February 2015 there has been a review hearing on 14/04/15. The application for the review was submitted by Police Scotland. The grounds for review were not founded and ,as such, the review was dismissed.

There have 18 applications for variations. 1 police objection has been raised in relation to the over provision statement to be heard on Tuesday 12th May. There was also 2 representations made re outside drinking areas. There have been 40 occasional licence applications with 2 police representations made. 4 Extended hours applications have been received with 3 police reorientations and 1 objection.(all granted). There have been 31 Personal Licence applications and 1 police objection.(being heard on Tuesday 12th May).

There have been no major incidents in licensed premises however I have had intervention with a couple of premises in relation to some disturbances at premises.

Further calls were received in relation to alcohol related youth disorder in Newtongrange. Local off licences are to be visited to remind them of their responsibilities/ offer advice re agent purchase etc.

Regards

Jim

Community Safety Partnership update – Licensing Forum

Period 14th February – 5th May 2015

1. Summary of alcohol related crime and disorder

Information from the monthly Community Safety Delivery Group

Month	Alcohol Fuelled crime	Violent Crime
April	Of the 522 group 1-6 crimes recorded in Midlothian 58 were tagged with an alcohol or drugs aggravator (11.1%).	
March	There were 46 crimes recorded as being aggravated by alcohol during March, accounting for 7.9% of all recorded crime. This figure is comparable to February but lower than previous months (December and January both 12%). Alcohol fuelled crimes are predominantly common assault and threatening and abusive behaviour recorded in Dalkeith and Mayfield (note the majority of alcohol crimes in Mayfield were within private dwelling houses) late evening and early hours	Five violent crimes were reported to police during March – This included one alcohol fuelled unprovoked assault
February	There were 48 crimes recorded as being aggravated by alcohol during February, accounting for 8% of all recorded crime. This figure is lower than previous months (December and January both 12%), and February 2014 (11.8%). Alcohol fuelled crimes are predominantly common assault and threatening and abusive behaviour / breach of the peace recorded in Dalkeith and Bonnyrigg late evening Friday/Saturday and early hours.	There were six violent crimes recorded during February as a result of five incidents. This included one serious assault which occurred at a licensed premise in Bonnyrigg after a fight broke out outside the premise and a 21-year-old male suffered a laceration to his face.

Information from the Weekly TAC

Youth alcohol consumption mentioned at every weekly TAC meeting during the reporting period. Hotspots included:

April 2015

- Reports of ASB - bottles left in Newtongrange park MD20/20 also Star Football ground reports of drinking
- Mayfield (Bogwood Court) – reports of youths asking adults to buy alcohol for them
- Waterfall walk – youths consuming alcohol
- Clerk street Loanhead – disorder at pub closing time
- Bonnyrigg party disorder – very drunk

March 2015

- Waterfall walk – youths consuming alcohol
- Newtongrange Star football ground youths drinking.
- Woodburn – youths under influence of alcohol

- Bryans woods - youths consuming alcohol
- Drunk youths causing problems at TESCO

Information from Streetwork reports

- To be added for future Forum meetings

2. Licensing Board activity

There are currently no problem/ monitored premises in Midlothian

Licensing Board – activity update since 13th February 2015

1 meeting held 14th April – a continued review hearing for Dalkeith Miners Club. The original hearing had been continued, following the presentation of evidence by Police Scotland, to await the outcome of a criminal case against some of the committee members. The Board were advised that whilst two members had been found not guilty a third had pled guilty to assault. The agent for the club explained that the member in question had been dismissed from the committee, had subsequently not renewed his membership and had not been back to the club since. Board decided to take no further action against the club.

3. Best Bar None

Invites are due to be sent out to all licensed premises in Midlothian inviting them to be involved in this year's Best Bar None (anticipated end June). This year the scheme will also be open to hotels and clubs. Last year four licensed premises participated.

4. Air Weapons and Licensing Bill

23 April, the Scottish Parliament agreed the general principles of the Air Weapons and Licensing (Scotland) Bill by 60 votes to 0 with 12 abstentions. The Bill now moves to Stage 2, the main amendment stage

The Bill is now at Stage 2, the main amendments stage. Only MSPs can lodge amendments to a Bill and any MSP may now do so. Full guidance on how the progress of a Bill takes place is [available on the Parliament's website](#).

The Committee's stage 1 report made the following recommendations for alcohol licensing:

- Club licenses and occasional licenses should be included when Licensing Boards are considering overprovision statements.
- Given the overwhelming evidence received of harm and links to disorder from overconsumption, an additional licensing objective should be added to the 2005 Act relating to the reduction of consumption.

5. Proposed actions:

Proxy purchase

- Police to consider visiting licensed premises to provide advice regarding proxy purchase

- Licensing Forum to write to all licensed Off Sales to raise awareness of proxy purchase and provide list of things to look out for e.g. correct change, order list, buying specific drinks
- Police to consider pursuing bottle marking in specific areas

Underage drinking

- Challenge 25 – Police to consider undertaking challenge 25 test purchases. Any licensed premises failing test purchase to be reported to Board

Licensing Forum

- The Forum may wish to ask the Board to clarify their approach to an official of a licensed premise being found guilty of a crime – no action?

MIDLOTHIAN AND EAST LOTHIAN DRUGS AND ALCOHOL PARTNERSHIP

MELDAP Three Year Delivery Plan 2015-18

MELDAP Strategic Group

2015(V1)

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PERFORMANCE AGAINST CORE ADP OUTCOMES

FOREWORD

Since the last three year plan was submitted to the Scottish Government in 2012 the partnership have made good progress in developing a ROISC with the introduction of services such as the Recovery College, Alive and Kicking, two Recovery Cafes, paid Peer Support Workers and a programme of training for peer volunteers. Most of these developments were as a result of engaging with service users and their families and listening to what they said they needed. The planned development of the MELDAP Recovery Network over the next two years and its commitment to fund this is further evidence of the partnership's long term goal to have an effective and sustainable ROISC in place. Increasing service and carer involvement in a real and meaningful way, enhancing the role of people with lived experience to support people in the early stages of recovery will be MELDAP commitments that people in recovery and their families will have a genuine say in the development of services.

Services continue to deliver high levels of performance with 98% of clients being seen with the three weeks target, a level of performance that exceeds the 95% target set by MELDAP in 2012. Based on previous work with the National Quality Standards since 2010 all service are well placed to implement the national Quality Principles to improve the experience services users, families and young people using MELDAP services.

Closer links have been established through the co-location of the MELDAP Team with the newly established Public Protection Office; Adult Protection, Child Protection and Violence Against Women ensuring alcohol and drugs issues are prominent across these areas of service activity.

The introduction of the new Health and Social Care Partnerships will provide opportunities for more localised approaches, particularly in the area of recovery where there will be scope to develop closer working between mental health and substance misuse services through the creation of Recovery Hubs.

MELDAP also recognise the significant challenges ahead. The challenge of reducing Drug Related Deaths within an ageing drug using population often from the partnership's most deprived communities with deteriorating physical and mental health. From a low base there is need to achieve the national targets for Take Home Naloxone to ensure that as many people are trained in overdose prevention as possible and that more proactive interventions such as the development of a non fatal overdose protocol with the Scottish Ambulance Service are adopted.

The level of use and the impact on services of people using New Psychoactive Substances is at this stage difficult to predict as there is quite a localised feel to the different groups using NPS with the most at risk group being existing injecting opiate users in their mid thirties. Work will continue at a partnership and Lothian wide level to ensure that actions to deal with emerging data is planned for and co-ordinated.

The CAPSM Needs Assessment has made a number of recommendations for improvement which will be progressed over the next three years to ensure children are kept safe and continue to thrive. Children and family services will continue to develop and consider their role in promoting and supporting recovery within a ROISC.

Finally there is the need for the partnership to achieve a balanced, sustainable budget while continuing to ensure an increase in level of spend towards early intervention, preventative, recovery orientated activities.

Eibhilin McHugh (Chair)

Even when it appears people don't want help they really do. (MELDAP service user comment)

1. INTRODUCTION

1.1 MELDAP's primary aim is to co-ordinate the design and delivery of alcohol and drug services across East Lothian and Midlothian and to ensure that these services are needs led, recovery focused, based on evidence of what makes a difference and are delivered in an effective, efficient way. A key component in the achievement of this aim will be that services are designed around the needs of service users and their families who play an integral part in their design and evaluation. MELDAP also aims to:

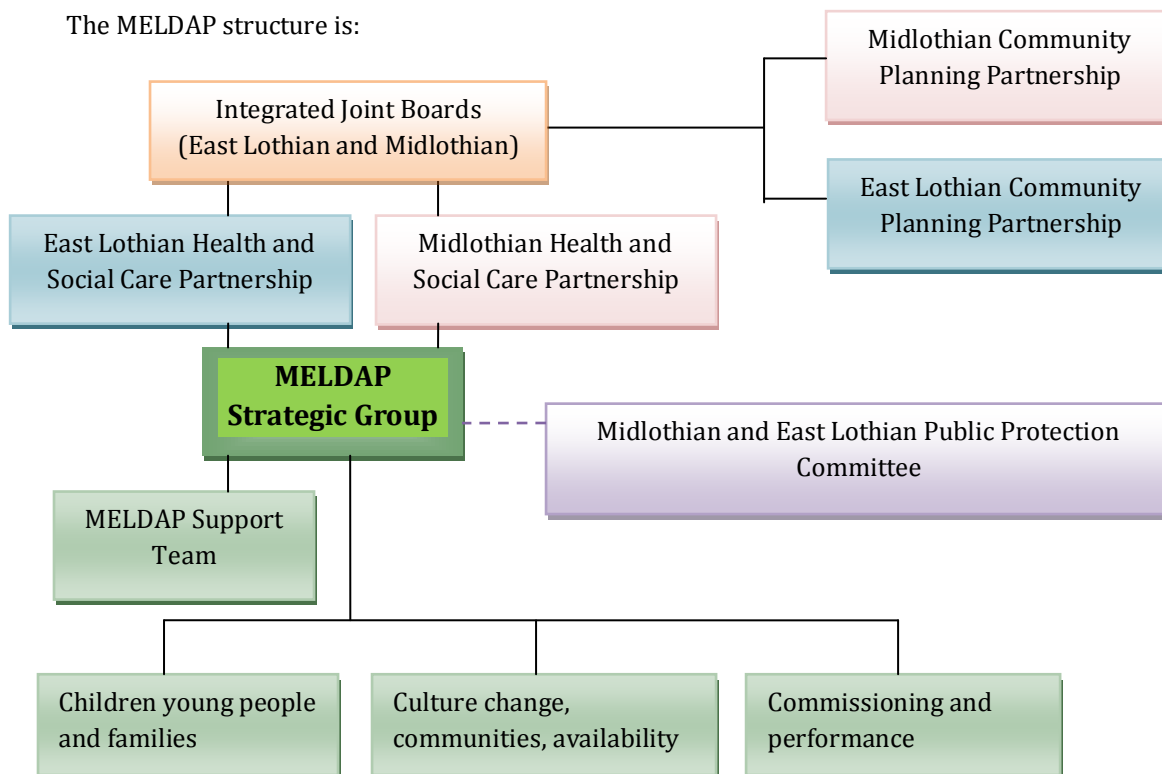
- reduce the harm to individuals and promote recovery from substance misuse
- protect children and young people from the affects of parental substance misuse
- develop early interventions to prevent the harmful use of alcohol and drugs
- develop high quality, cost effective integrated services.

1.2 The establishment of the Health and Social Care Partnerships (HSCP) has created opportunities to develop more localised approaches to the delivery of alcohol and drug services and structures have been developed to devolve resources, which are currently managed at a Lothian wide level. It is envisaged that the MELDAP will report in the first instance report to the Health and Social Care Partnerships as part of the new integration arrangements. The MELDAP Team manager is a member of the joint management teams of both HSCP.

2. MELDAP STRUCTURE

2.1 The MELDAP Strategic Group contains high level representation from East Lothian Council, Midlothian Council, NHS Lothian, Police Scotland and the third sector. Thematic issues are progressed through three MELDAP Groups. Key partners were involved in the development and approval of the Delivery Plan (2015-18). The draft plan was circulated to all members of the subgroups, key stakeholders and service users for comment.

The MELDAP structure is:



Member	Position	Member	Position
Eibhlin McHugh	Director, Midlothian Health and Social Care Partnership	David Small	Director, East Lothian Health and Social Care Partnership
Debbie Eccles	Service Manager Substance Misuse Directorate	John Hardman	GP, Bonnyrigg Practice
Mari Simpson	NHS Lothian Strategic Programme Manager (Substance Misuse)	Joan Tranent	Head of Children's services, Midlothian Council
Sharon Saunders	Head of Service, Children's Wellbeing, East Lothian Council	Alison White	Head of Adult Health and Social Care, Midlothian Council
Margaret Brewer	Service Manager, Criminal Justice, Midlothian Council	Fiona Duncan	Service Manager, Criminal Justice, East Lothian Council
PCI Andrew Clark	Police Scotland	Alasdair Mathers	Community Planning and Performance Manager, Midlothian Council
Anna O'Reilly	Assistant Director (East Region), Children 1st	Martin Bonnar	Team Manager, MELDAP
Eliot Stark	Director, STRiVE (East Lothian)	George Wilson	Manager, Midlothian Voluntary Action

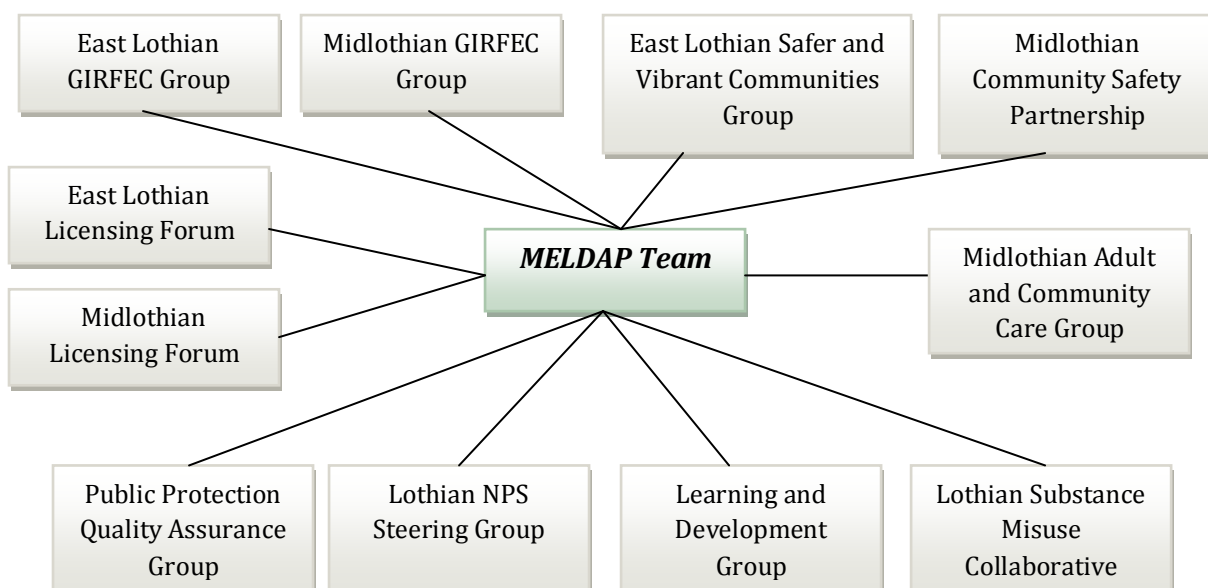
1.2 The Directors of both Health and Social Care Partnerships (HSCP) are members of the Strategic Group and the respective Community Planning Partnerships (CPP). As increased functions are delegated from NHS Lothian to the two HSCP there will be opportunities to develop more localized approaches to meet client needs. This may include the development of Recovery Hubs, which create opportunities for integrated approaches, including multi-disciplinary teams offering a more holistic range of support for people with substance misuse and mental health problems.

1.3 The current direct line of accountability is to the respective council's CPP. Certain high level MELDAP outcomes from the MELDAP 2012-15 Delivery Plan were included in both council's community plans and contributed towards their Strategic Outcomes. Progress against a range of performance measures agreed with the relevant community planning partnership groups are reported on a quarterly or annual basis. For East Lothian CPP, MELDAP reports to the Resilient People Partnership one of the Council's three Strategic Partnerships. For Midlothian MELDAP reports to the Safer Communities Board and Adult and Community Care Group. Background papers, for example NPS, sharing outcomes of SALSUS are submitted to CCP groups as requested. All Intermediate Outcomes from the SOAs are included in the 2015-18 Delivery Plan.

Core Outcomes for ADPs	<i>East Lothian Plan SOA 2013-23</i>	Midlothian 2020 Vision
1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use.	Outcome 6: People use less alcohol and drugs and they use them more responsibly. <i>* MELDAP reports to the Resilient People's Partnership on 5 intermediate outcomes with linked performance measures.</i>	
5. COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behavior.		Theme: Community Safety <ul style="list-style-type: none"> • the abuse of drugs is socially unacceptable; • there is a healthier attitude to the use of alcohol <i>* MELDAP reports on 5 intermediate outcomes in the Community Safety Plan and 4 intermediate outcomes in the Adult and Community Care Plan.</i>

1.5 The MELDAP's views are also represented through its Support Team's or its group member's participation on a number of high level thematic groups across both council areas and/or Lothian wide ensuring a relevant and accurate alcohol and drugs perspective is provided, for example, GIRFEC/CAPSM training, Community Safety Partnerships/NPS Steering Group, Licensing Fora/overprovision statements.

1.6 Promoting Recovery is not the sole responsibility of any single group and all groups and services, including those for children, young people and families, have to consider their commitment and contribution to ROISC. However, in order to promote and co-ordinate the development of ROISC more effectively across the whole partnership, work is underway to establish a Promoting Recovery in Midlothian and East Lothian (PRiME) group with membership predominately drawn from people with lived experience. This proposed group will take a lead role, which will include disseminating effective practice from local, national and international sources. The role of service users will also be strengthened through their increased membership of the Commissioning and Performance Group.



3. Planning to meet local needs and government priorities

2.1 The purpose of the Delivery Plan (2015-18) is to:

- align MELDAP's priorities to ensure they are based on evidence from local Needs Assessments and can clearly demonstrate links to Community Safety and Community Planning Partnerships plans
- describe to others how we intend to respond to a range of alcohol and drugs issues in East Lothian and Midlothian, in order to reduce harm and promote recovery
- describe how we will support people whose lives are affected by alcohol or drugs including carers, children and young people affected by parental substance misuse
- demonstrate how we will work with others to ensure MELDAP has well designed, high quality client orientated services
- demonstrate how we will deliver services in an open, transparent and cost effective manner
- describe how we will measure progress against the plan's priorities, outcomes and associated performance measures.

4. What we know

3.1 The MELDAP Strategic Group had previously commissioned external agencies to provide evidence to shape its strategic planning decisions. A Full Needs Assessment (Figure 8 Consultancy) was conducted in 2010 and Ipsos MORI undertook a, *Small area estimates for health related behaviours* (Smoking, alcohol consumption and drug misuse in East Lothian and Midlothian) with the report published in October 2011. These along with key national drivers, policies, core outcomes for ADPs and local priorities, including a MELDAP's contribution to both council's SOAs shaped the content of the Delivery Plan (2015-18).

FROM SERVICE USER AND CARERS

3.2 In 2013 MELDAP conducted an extensive round of consultations (Over the Horizon) with service users, service managers and staff on the future design of services. Evidence in the form of service user and carer's comments led to the publication in July 2013 of *The Experiences and Views of Users of Drug and Alcohol Services in East Lothian and Midlothian*. These consultation events allowed MELDAP to discuss with service users and carers:

- their journey through the treatment system from first point of contact to discharge
- their experiences and views on the service personnel they met during this time
- how they felt their needs and their family needs were met
- the impact the quality of their service experience had on their recovery
- their views about the lack of services including the challenges of accessing services because of the geography of East Lothian and Midlothian.

3.3 The report made a number of key recommendations with implications in terms of strategic planning, service delivery and workforce development. These included:

- the crucial importance of the quality relationship between staff and clients highlighting the need for motivated, inspirational staff. A recurring theme was that individual staff made a difference-for better or worse
- the need for better, more easily accessible information about services, particularly services for children affected by parental substance misuse, a view expressed by both staff and clients
- the need for more recovery focused services and recovery communities to allow clients to move on to from treatment

- the desire for locally based, holistic services to meet a wide range of client needs and that offered more flexibility around opening hours and appointment times
- greater use of people with lived experience to support those in the early stages of treatment and recovery including paid peer supporters and peer volunteers
- a greater sense of involvement in the development of recovery plans and increased opportunities to have more 'one to one' time with key workers
- the need to challenge stigma and discrimination service users, particularly drug users say they experienced.

HEALTH AND SOCIAL CARE STRATEGIC PLAN CONSULTATION

3.4 A series of consultations were undertaken in Midlothian in summer and autumn of 2014 as part of the development of the Health and Social Care Partnership's Strategic Plan. While ostensibly about health and social care the consultation identified a number of key issues which mirrored those identified by participants in the MELDAP consultation events. These were:

Person-centred care

- Different people asked for care that is more focussed on the person and tailored to meet their needs.

Better information

- We need information to be produced in an easy read format.
- Information needs to be given proactively, more than once and in different ways.
- We need better information for staff, for community workers and for the public

Peer support and self-management of long term conditions

- We need to build capacity amongst community members, especially amongst the most vulnerable people, to look after their own health.
- We need to improve support and follow up care for people who have been diagnosed with a long term conditions.
- More peer support is needed – both general and for people with specific conditions or experiences
- Peer support can help to *reduce isolation* and help people to *keep healthy*.
- We need to support the development of peer support by having *better links with the voluntary sector*, providing practical support such as accommodation and transport, and *working with communities*.

Recovery and rehabilitation

- We need to focus on recovery and rehabilitation for people who have had mental health problems and drug and alcohol problems.
- *Better links with the voluntary sector* are important to support recovery and rehabilitation.
- People said that financial support, volunteering and employment are very important parts of this process.
- *Peer support* is also important.

Holistic and joined-up care

- People would like to be treated as a whole rather than separated into different boxes for different care.
- People would like more care to be provided under the same roof so they don't have to go to lots of different places.
- People would like their care to be better coordinated and joined-up. They don't want to have to repeat their story lots of times to different people.
- We need to improve communication between staff and services.
- People asked for a single point of contact so they know who to contact for support or to find out information.

FROM CAPSM 2014 NEEDS ASSESSMENT

3.4 The Commissioning and Performance Group commissioned Create Consultancy to undertake a *Children Affected by Parental Substance Misuse (CAPSM) Needs Assessment*. The January 2014 report made thirteen strategic recommendations. These included the need:

- to improve the quality of data recording across all services, which is likely to require an element of culture change and staff support/training (Strategic Recommendation 1)
- to achieve greater clarity and a clear service pathway from universal, to targeted, to specialist support for parents, families and children affected by PSM to support appropriate referrals, monitor gaps, facilitate recovery and re-integration and inform service users of their options (Strategic Recommendation 2)
- for large statutory services (including General Practice) to audit and improve how they work with adults and young people to make them more accessible and responsive to the needs of substance misusing parents and those affected. From a prevention perspective, there is a need to consider how all universal and statutory services take an inequalities-sensitive approach to meeting people's needs. This will require strong leadership from senior staff and an openness to culture change (Strategic Recommendation 4)
- for commissioners from across the public sector and other funders to come together to jointly consider gaps in services and how best to fill gaps in services for example through the use of pooled budgets or joint commissioning. This is particularly important to address specific gaps in relation to supporting vulnerable (or Level 2) families. (Strategic Recommendation 5)
- for a pathway of support for young people affected by parental substance misuse to be developed and publicised widely as part of wider efforts to encourage young people to feel comfortable coming forward with this issue. This needs to include universal, targeted and specialist services and integrate
- that Treatment and Recovery Services should further explore and develop best practice guidance in how to engage parents in recognising the potential need for and in offering suitable support options to children and young people (Strategic Recommendation 9)
- for continued effort and planning to ensure that staff from across and within the full range of services that work with children and parents, including universal services such as early years, education and health, social work children and families teams, specialist CAPSM services, and adult treatment and support services, have more opportunities to work together and alongside one another similar to approaches such as 'Link Up' in Angus (Strategic Recommendation 12)
- for commissioners, funders and services across MEL should work towards a more consistent and co-ordinated approach to outcome-based monitoring and evaluation and clearer descriptions of models of working/practice in services and underpinning theory/evidence (Strategic recommendation 13)

FROM NPS ACTION GROUPS

3.5 While the scale of the problem of New Psychoactive Substances has still to be fully established emerging evidence from service providers indicates a potential significant challenge to existing services in terms of how they respond to and support clients misusing NPS. At present patterns of use and the profile of users has a localised feel. In East Lothian NPS users appear to be older heroin users who have switched to using NPS, Burst being the one identified by services as the most popular. In Midlothian the picture appears to be one of a small group of younger people using cannabinoids such as Spice. The SALSUS 2013 data indicated a very low level of use among young people. In both areas the number of outlets selling NPS is few but access to the 'headshops' in Edinburgh is relatively easy. The scale of internet sales is presently difficult to gauge. NPS Working Groups have been established at a partnership and pan Lothian level each with an associated work plan. The MELDAP NPS Action Plan was submitted to the Scottish Government as part of its Annual Report in September 2014.

Areas of commonality across the Lothian and MELDAP Action Plans have emerged. These include:

- agree single point of contact and credible core messages about NPS including information parents, young people and adults
- build capacity among staff and volunteers including opportunities for peer support
- identify appropriate prevention and harm reduction activity.

The pan Lothian NPS Group will take the lead on two broad areas of work. These are:

- improve intelligence/data on NPS including making the most effective use of existing data
- develop clinical guidance/ clinical responses.

3.6 The Lothian Drugs Related Deaths Group has identified the following characteristics of ten NPS-related deaths which occurred during 2012-13. These were:

- mostly males (8 deaths)
- all known drug users
- average age: 33 years (10 years younger than DRD average age)
- all were poly-drug users
- 6 were longer term users (more than 5 years)
- 3 were known intravenous users
- in all but one case, NPS was reported in cases on multi-toxicity (involving controlled drugs).

FROM EXTERNAL CONSULTANT

3.7 In 2013, MELDAP commissioned McMillan Rome Ltd to conduct a review of the current service provision and to produce a research-based report making recommendations on how MELDAP may best achieve system change to deliver its strategic priorities particularly around ROISC. In September 2014, the final report was submitted to the Strategic Group. The report entitled, *Building a Recovery Orientated System of Care to Support Recovery Communities in Midlothian and East Lothian* included two key recommendations. These were that MELDAP should instigate a process of change at two related levels:

1. A structure (Recovery Network) to support activities across the communities of Midlothian and East Lothian for individuals, their families and the wider community
2. A structure to support current service providers to achieve the changes required to promote, advocate and champion recovery for all those who use the services within an agreed timeframe.

3.8 The cost to the partnership of implementing the proposal would be £70,000 in the first year, which equates to a margin of redistribution of 2.8%. It is anticipated that the costs of the recovery network would reduce in years 2 and 3 as the network attracts external grant funding.

FROM NATIONAL REPORTS AND GOVERNMENT PRIORITIES

3.9 The *Independent Expert Review of Opioid Replacement Therapies in Scotland* (2013) report identified six themes and twelve linked recommendations. Two of the themes and four recommendations were of particular relevance to the work of ADPs. These were:

Theme 3: Progressing recovery in Scotland (Recommendations 6-7)

The review found considerable variation in local delivery of even the core elements of recovery orientated systems of care (ROSCs). Many areas stated their plans were at very early stages of development. There was little evidence presented by some ADPs regarding a real impetus towards recovery. Stakeholder reports supported this view.

Theme 4: Governance and accountability of the delivery system (Recommendations 8-9)

There are real concerns around the lack of progress we found in many ADP areas regarding the delivery of recovery orientated systems of care and quality assurance for services. The Scottish Government funds ADPs to facilitate local improvement. Despite this, in many areas, basic information seemed to be impossible to access. Clear strategic plans and objective reports of improvement were rare in the responses received by the review. Elements of recovery orientated services were often absent. There was not a strong sense of accountability.

3.10 Both these areas for improvement were noted in the MELDAP 2012-15 Delivery Plan to the Scottish Government and subsequent developments have begun to address these concerns. A MELDAP Action Plan was submitted to the Scottish Government in September 2014. The plan details the partnership's commitment to progress a range of actions to deal with the report's twelve recommendations.

3.11 The five priorities noted by the Scottish Government in its letter to ADPs are being progressed in both the short and longer term. Good progress has been made in developing ROISC, meeting and surpassing the HEAT A11 and the HEAT ABI standards. Limited progress has been made in achieving the 25% Naloxone target (currently at 53% of target figure) and activity has already been undertaken at service level to improve this aspect of performance.

THE NATIONAL QUALITY PRINCIPLES: STANDARD EXPECTATIONS OF CARE AND SUPPORT IN ALCOHOL AND DRUG SERVICES (2014)

3.12 MELDAP services are well placed to implement the *National Quality Principles* as from 2010 onwards the National Quality Standards for Substance Misuse Services were used as the basis of a series of quality improvement visits undertaken by the MELDAP Team with a clear emphasis on service self-evaluation supported by the ADPs role as a 'critical friend'. The new principles place priority on, "joined-up, person centred assessment, interventions and reviews; delivered by a skilled workforce with the right attitudes and values", the same priorities identified by service users and carers during to 2013 MELDAP consultation. The challenge for the partnership will be to translate the quality principles into a working tool to support service self-evaluation, to develop for all services an implementation plan, which describes expectations including timescale for full implementation and reporting arrangements. Planned actions have begun and the introduction of the Quality Principles will have implications for all services; treatment, recovery, young peoples, children and families.

FROM MELDAP QUALITY IMPROVEMENT PROCESSES

3.13 The programme of quarterly quality improvement visits to services is well established with all services irrespective of size or cost expected to participate. Service presentations to the Commissioning and Performance Group are now in their second year. Both these processes have provided valuable insight to group members on the role, function and performance of services against agreed service outcomes, targets and indicators. In 2013 service performance information allied to the outcomes of a Best Value Review enabled MELDAP to rate all its services using a RAG approach:

- **Red:** The service does not evidence strategic relevance, has weak evidence from external evaluation, lacks clear financial accountability and have failed to adapt to a strategic environment. (6 services)
- **Amber:** The Service demonstrates some strategic relevance but there is a general lack of information, illustrate limited integration and have poorly defined service outcomes. (6 services)
- **Green:** The Service demonstrates strategic relevance, clear and identifiable outcomes, good external evaluation, are recovery focused with effective Quality Assurance Processes. (5 services)

3.14 All MELDAP services are now rated Amber or Green with the majority of services achieving a Green rating. At least one service is at the latter stages of achieving PQASSO Level 3 award and another was awarded GSK Impact Award for service excellence. The Horizon's Recovery Café won the Midlothian Volunteer Team of the Year Award in 2014.

SALSUS 2013

3.15 *The Scottish Schools Adolescent Lifestyle Substance Use Survey (2013)* provided a positive picture of the smoking, alcohol and drug using behaviours of Scotland's 13 and 15 year olds. For the MELDAP area since 2010 good progress has been made in the following areas:

For alcohol, areas which were statistically significant ('more favourable' compared to 2010 data) were:

- 15 year olds that they had had an alcoholic drink (-11%)
- 15 year olds that had drunk alcohol in the week prior to the survey (-17%)
- 15 year olds who usually drink at least once a week (13%)
- 15 year olds who had been drunk more than 10 times (-9%)

For 15 year olds there were no areas, which were statistically significant ('less favourable' than the national comparator)

3.16 The data for 13 year olds 'who had had an alcoholic drink drinking' shows a similar decline, 8% down on the 2010 figure. However, the MELDAP figure is 5% above the national figure. Age would appear to be a key predictor of attitudes and behaviour. The proportions of young people who say it is 'ok' to try alcohol, and it is normal to drink, increases greatly with age. For example, the 13 year olds who 'thought it was 'ok' for someone their age to try drinking' (47%) was 5% down on the 2010 figure but 5% higher than the national figure. The figure for 15 year olds who thought it was 'ok' for someone of their age to try drinking was 78% the same as the national figure. This may have implications for the type of alcohol education provided to the different age groups with a peer approach such as *AlcoLOLS* piloted through Queen Margaret University more effective with the older age group.

3.17 The role of parental attitudes to drinking is important in delaying the age at which young people first consume alcohol and the belief in the 'continental approach' to the introduction of alcohol in a family setting at an earlier age needs to be challenged.

3.18 The Ipsos MORI 2013 report commissioned by Drinkaware entitled, *Research into drinking attitudes and behaviour* noted that, "There is also a clear link between young people's attitudes towards the acceptability of trying alcohol and the age at which their parents think it is appropriate for young people to drink. Young people whose parents think that the youngest acceptable age for a drink is 18 or over (36%) are much less likely to say it is okay to try alcohol to see what it is like than young people whose parents think the youngest age for an acceptable drink is 0-12 years (86%)".

3.19 The role of parents as a provider of alcohol has changed since the 2010 survey. There has been a marked increase in 'mother, father or carer' providing alcohol to 15 year olds, particularly girls at both a national and ADP level.

All pupils who had someone else purchase alcohol for them in the last 4 week. (%)

MELDAP	15 yr old boys	15 year old girls	Scotland	15 year old boys	15 year old girls
2010	7	21	2010	9	14
2013	22	26	2013	24	32

Since 2010 there had also been an increase in the percentage of 15 year old girls who reported that their parents sometimes let them drink at home, from 76% to 84% the second figure being 12% greater than the national comparator. The data would indicate that there is still a need to address parental attitudes to young people's drinking and the positive impact they can play in shaping future behaviour.

3.20 **For drugs**, while there were small reductions in a number of areas there were no statistically significant improvements. There were however areas, which were statistically significant ('less favourable than national comparator'). These were mostly around availability:

- 15 year olds usually taking drugs at least once a week (+2% from 2010)
- 15 year olds that had been offered cannabis at least one drug from the list provided (+4% higher than national figure)
- 15 year olds that had been offered cannabis (5% higher than national figure)

3.21 As noted earlier the reported level of NPS use is very low and in line with national levels. Since 2010 there has been a significant reduction in the percentage of 15 year olds who reported "they had been drinking the last time they used drugs" down from 45% to 21%. This a positive reduction given the higher risks attached to mixing substances.

3.22 Within the two partnership areas there are different drinking and drug using behaviour, which will require more localized solutions, for example, across both age groups, level of drug use is higher in East Lothian compared to Midlothian as is perceived ease of availability.

3.23 The tables below show how some categories of the SALSUS (2013) MELDAP profile compare to a group of 'similar' ADPs. The ADPs selected was the same group used for reporting purposes in September 2014 Annual Report.

Theme	MELDAP	Angus	Moray	Scottish Borders	Stirling
% of 15 year olds who said they had drank alcohol in the week prior to the survey*	16%	19%	25%	22%	22%
% of 15 year olds reporting they usually drink at least once a week	11%	15%	20%	19%	21%
% of 15 year olds who had tried to buy alcohol but were refused	1%	1%	2%	0%	2%
% of 15 year olds who had been drunk more than 10 times	14%	17%	18%	19%	22%

*Indicator linked to National ADP Core Outcome (Prevalence)

Theme	MELDAP	Angus	Moray	Scottish Borders	Stirling
15 year olds who had never tried any drugs	82%	88%	83%	83%	83%
% of 15 year olds who said they had used drugs in the last month*	10%	4%	8%	10%	10%
% of 15 year olds reported they had used drugs in the year prior to the survey*	16%	11%	15%	16%	16%
% of 15 year olds reported they had been offered cannabis	38%	26%	34%	29%	36%

■ ('more favourable' than comparator +/- 4%) ■ ('less favourable' than comparator +/- 4%)

ALCOHOL FOCUS SCOTLAND

3.24 The report for Alcohol Focus Scotland (2014) on the Relationship between alcohol outlet density and alcohol related harm undertaken by the Centre for Research on Environment, Society and Health (CRESH) noted that East Lothian had an alcohol availability outlet that was lower than Scotland as a whole but had pockets of high availability; one quarter of neighbourhoods had an outlet density greater than the Scottish average, largely accounted for by greater on-sales outlet density. A significant positive relationship was found between alcohol on-sales outlet density and alcohol related deaths. There was not such relationship for off-sales. In East Lothian as a whole there is:

- An annual average of 16 alcohol-related deaths (16 deaths/100,000 adults*). This is lower than the Scottish average of 25 deaths per 100,000.
- An average alcohol-related hospitalization rate ratio of 75*. This is lower than the Scottish average of 100.

3.25 The Midlothian report noted that it had an alcohol outlet availability lower than Scotland as a whole, but had pockets of high availability; one fifth of neighbourhoods in Midlothian had an outlet density greater than the Scottish average. In Midlothian as a whole there is:

- An annual average of 14 alcohol-related deaths (14 deaths per 100,000 adults*). Lower than the Scottish average of 25
- The average alcohol-related hospitalization rate ratio of 82. Lower than the Scottish average of 100.

* Death rate from 2002 to 2011 and hospitalization data from 2007-2010.

5. Current MELDAP Tiered 1-4 Service Provision Linked to Core Outcomes for ADPs

4.1 Since 2012 and in line with the recommendations made by the Scottish Ministerial Advisory Committee on Alcohol Problems in its report, Quality Alcohol Treatment and Support (2011) MELDAP adopted a tiered approach to commissioning services, *'Local services should be based on a 'stepped care' approach within the tiered model set out in the Alcohol Problems Support and Treatment Service Framework (2002)*. The Tiered approach to service provision based on evidence of need has been aligned to support the core outcomes for alcohol and drug partnerships.

4.2 The definitions for each Tier are from the National Treatment Agency 2006 report, "Models of care for the treatment of adult drug users."

Tier 1: Any service where the focus is not on substance misuse treatment. Open access basic alcohol and drug information and referrals to tier 2/3 services. Information, advice, prevention

Tier 2: Community alcohol and drug services designed to engage people in treatment, keeping drug free, needle exchange, outreach and ABI

Tier 3: Structured alcohol and drug services with care planning providing structured counselling, detoxification, prescribing

Tier 4: Residential services providing in-patient detoxification and rehabilitation

	Tier 1	Tier 2	Tier 3	Tier 4
Health	Friday Friends Cafe	MYPAS ↓	Substance Misuse Social Workers	
Prevalence	GP Practices GP Practices (NES) →	C&F Social Workers NEON Bus MELD →	SMS (Mid), SMS (East) Harm Reduction Team, ASUS Nurse, Prison Alcohol Service	
Recovery	Horizons and Starfish Recovery Cafés, Peer Supporters, Recovery Network	Recovery College →	ELCA Simpson House	LEAP, Ritson
Families	Olive Bank Children and Family Centre	Children 1 st , ELYCP, DASS, VOCAL		
Community Safety		Lifeline →		
Local Environment	Alive and Kicking, Pink Ladies	CLEAR →		
Services	MELDAP and service approaches to Quality Improvement, *DRD Coordinator			

4.3 Because of the way certain services were commissioned prior to the formation of MELDAP some cover only East Lothian or Midlothian. MELD and ELCA provide a MELDAP wide service while some services such as LEAP, the Harm Reduction Team, Prison Alcohol Service and Ritson are funded on a pan Lothian basis and provide a cost effective option for the three Lothian ADPs. All GP Practices in Midlothian offer the National Enhanced Service (NES) while x% of practices in East Lothian provide this service. Funding for the NES is...

Details on the services part or wholly funded by MELDAP are as follows:

Tier1

- **Friday Friends Café** is based in Haddington and provides an opportunity for anyone affected by drug or alcohol use, directly or indirectly, to meet informally. Advice, support and counseling are provided as well as information to access other related services. A youth café is also provided on a Saturday night.
- **Horizon's Recovery Café** is based in Dalkeith and provides a safe, clean, sober and recovery focused environment where all people of a similar mind are welcome. The cafe is run by people in recovery or affected by addiction. A SMART recovery group and CAB offer services from the café.
- **Starfish Recovery Café** is based in Musselburgh run by people in recovery and volunteers are a community resource to support individuals and families affected by substance use.

- **Peer Support Workers** two peer support workers provide a range of informal support and information to clients. This includes supporting individuals to access services, pre and post residential support and involvement in the delivery of CAPSM training.
- **Alive and Kicking** is based in Dalkeith and uses football, health and fitness to engage men who are in recovery or wish to reduce their alcohol or drug use. The project includes inputs from motivational speakers and professional football coaches.
- **Pink Ladies** are based in Dalkeith and provide support to women with mental health/substance misuse problems. At the core of the service is a 12 week self improvement programme.
- **Olive Bank** is a children and family centre based in Musselburgh. A high proportion of the children is on the CPR or are looked after and accommodated. The post holder provides support, advice and information to families both in the centre and through outreach as well as informal group activities, some aimed at working with dads. All staff will be trained in Motivational Interviewing.

Tier 2

- **Midlothian Young People's Advice Service (MYPAS)** is based in Dalkeith. The aim of its alcohol and drug service is service is, To reduce problematic substance use among young people (for 12 to 21 year olds) in Midlothian. Interventions provided with young people include:
 - One to one support for young people who are experiencing substance use related problems – behavioural, social, educational and practical support provided
 - Preventative group work with young people around the issue of substance use and related risk taking behaviours.
 - Drop-in work with young people
 - Educational inputs and information points within schools and other educational establishments.
- **Children and Families Substance Misuse Social Workers** are part of the East Lothian Social Work Team based at Randall House in Macmerry. The service aims to support children and young people who are struggling to deal with their own substance misuse or that of their parents or carers. The two workers provide support, advice, groupwork and education on substance misuse issues to a range of partners including schools.
- **Needle Exchange Outreach Network (NEON)** is a mobile specialized service delivered at locations across East Lothian and Midlothian. Services such as needle exchange harm reduction advice, information and support and sexual health information.
- **Mid and East Lothian Drugs (MELD)** aims to provide locally accessible, confidential and non-judgemental recovery from alcohol and drug use, based individual and group work services to reduce substance misuse related harm to individuals, families and the wider community across Mid and East Lothian. Services provided from its Dalkeith base include needle exchange, counseling support and alternative therapies such as ear acupuncture.
- **Children 1st** provide a range of services for children and families. In East Lothian they currently provide. In East Lothian families have support through Family Group Conferencing, family support workers with an emphasis on support to families with children between 0-8 years and a family support worker co-located in Olivebank Children and Family Centre in Musselburgh. In Midlothian there is the Young Carers Service which provides support and advice tailored to meet the needs of children and young people who care for a dependent relative at home, in partnership with Sure Start a family support service targeted at families experiencing difficulties with children between 0-8 years and DASS.

- **Direct Action and Support Service** (DASS/Children 1st) this project is currently part funded through the Lloyd's PDI. The seven day a week service is aimed to provide an intensive 12 week needs led intervention for families that are experiencing stress and difficulties, where parents have substance misuse issues but whose needs have not as yet required a Stage 3 intervention. Families involved also have 24 hour access to the Children 1st run Parent Line.
- **The Recovery College** operates from two locations across East Lothian and Midlothian. Delivered in partnership with Access to Industry (Transition) the college provides a mixture of 1:1 support, small group work, class based activities and the opportunity to learn new skills and gain qualifications including CSCS Card training, Driving Theory, First Aid and Food Hygiene
- **East Lothian Young Carer's Project** (ELYCP) The Young Carers Substance Misuse Project provides a holistic support service for young carers and their families. In addition to the practical and emotional support offered, the Project also provides young carers with regular respite from their caring role through attendance at a young carers club. The support provided to young carers and their families is offered for as long as they feel they require it.
- **Voices Across Lothian** (VOCAL) The service is based in Midlothian and aims to provide advice, information and counseling support to carers with family members who are misusing substances. A number of these carers are now people in their late 50s early 60's who may have health needs of their own.
- **Community Lived Experience for Alcohol & drugs Recovery** (CLEAR) is based at Bonnyrigg. CLEAR is a peer support project for people with drug and alcohol problems, working towards positive mental wellbeing. The services provided include volunteer peer support training, a 1:1 peer support service and several support groups such as The Lost Gardeners in different venues across Midlothian.

Tier 3

- **Substance Misuse Service Social Work** provides a range of services for East Lothian and for Midlothian adults. Substance Misuse Service Social Work provides packages of support for people (16+) with alcohol and drug problems. Carers of those with addictions can also be supported in their own right. Comprehensive, outcome focused assessments of need, risk assessments and care plans are undertaken in partnership with clients, and close links are maintained with colleagues in SMS Dalkeith/Musselburgh, health, housing, police and voluntary agencies.
- **Edinburgh and Lothian Council on Alcohol** (ELCA) provide advice, information and 1-1 counselling to anyone worried about their own or someone else's alcohol misuse at a number of venues across East Lothian and Midlothian. If more convenient MELDAP clients are also able to access the service at its Edinburgh base.
- **Simpson House** provides a structured counseling service for people affected by their own or another person's substance use. The services works with individuals, couples and families.
- **Substance Misuse Service** (SMS) The two SMS services area based at Musselburgh and Dalkeith. The two SMS are treatment service for people with alcohol and drugs dependence Problems. Staffed by medical/nursing/occupational therapist/psychologist and colleagues from MELD. Patients can be referred or attend a Gateway Clinic "drop in" which are staffed by nurses and Meld staff. They will then be directed to the appropriate service, within 21 days. The service offers pharmacological interventions and SMART Recovery Groups and Coping Skills Groups. Staff from SMS Midlothian were instrumental in establishing and supporting the Horizons Recovery Café.

- **Adolescent Substance Use Service (ASUS)** this specialist service based within the SMS East Lothian and provides specialist support to under 18s who are experiencing difficulties related to their substance use, primarily opiate use but increasingly for NPS.
- **Lifeline** The Edinburgh and Midlothian Offender Recovery Service (EMORS) has been jointly commissioned between City of Edinburgh Council, Midlothian Council and NHS Lothian. EMORS replaces the previous Arrear Referral Service, the drug and alcohol services provided within HMP Edinburgh and the voluntary through care services provided by the two local authorities involved in the commissioning. EMORS has brought together staff from separate prison and community teams into one integrated service. The aims of the new integrated service are to break the cycle of drug and alcohol use and offending and support service users in recovery and desistance from crime.

Tier 4

- **Lothian and Edinburgh Abstinence Programme (LEAP)** is a highly successful 12 week residential programme for alcohol and/or drug dependent people. The programme is based on abstinence from all substances. MELDAP purchases 10 places clients for East Lothian clients and 10 for Midlothian clients. LEAP graduates have contributed to the MELDAP Children Affected by Parental Substance Misuse (CAPSM) training.
- **Ritson Clinic** within the Royal Edinburgh Hospital works closely with LEAP to provide inpatient assessment and detoxification.

4.4 ***Drug Related Deaths Co-ordinator (DRD)** is a pan Lothian ADP funded post located within NHS Lothian. The tasks carried out by the coordinator include:

- Collating and compiling data from a variety of sources (police, NHS, local authorities, third sector) for multi-agency case review
- Organising multi-agency case review meetings; recording and reporting actions and outcomes
- Supporting individual practitioners and agencies with their own in-house case review and quality improvement processes (such as SMD)
- Providing an information service to ADP staff, partnership agencies and the practitioners/managers therein, including:
 - Producing and disseminating statistical data; inc. publication of a Lothian DRD annual report, data summaries for practitioner groups, website, and through presentations & events.
 - Sharing the learning derived from case review (at individual, organisational and partnership levels)
 - Disseminating the latest research evidence related to DRDs
- Data sharing with the National Records of Scotland to inform the production of the official statistics
- Coordinating the production of an annual Lothian DRD reduction action plan; monitoring and evaluating progress of said plan.

5. Anticipated income and expenditure for 2015-16

5.1 MELDAP is moving towards a three year cycle of commissioning and discussion with services, particularly third sector partners, has indicated they would welcome such a longer term commitment for a number of reasons, such as improved strategic planning and staff retention. Some services, based on the outcomes of the BVR and evidence from Quality Improvement visits have been informed that funding will be committed for three years with an annual review based on sustaining agreed levels of service performance as detailed in their respective SLAs.

INCOME

SOURCE	ALCOHOL	DRUGS	TOTAL
Earmarked funding from Scottish Government	£709,061	£665,839	£1,374,900
ADP Top Sliced funding from Scottish Government	£485,450	£440,251	£ 925,701
Funding from Local Authorities	£143,739	£143,740	£ 287,479
Additional NHS Lothian Funding	£	£	£
Funding from other sources	£67,381	£67,382	£ 134,763
TOTAL			£2,722,843

EXPENDITURE

5.2 There is a need to review current levels of planned expenditure during financial year 2015-16 in order to identify the savings required to achieve a longer term balanced budget, fund the proposed Recovery Network and redirect resources towards more preventative activities and recovery orientated services. Since 2012 MELDAP has reduced the spend on Tier 3 and Tier 4 services from 85% of budget to 79%.

5.3 Over the last three years additional funding has been directed towards the growth of post treatment recovery services such as the Recovery Cafés, Recovery College, Peer Support Workers and Alive and Kicking. These services were developed as an integral part of ROISC and as a result of outcomes from a series of consultation events with service users undertaken by MELDAP in 2013.

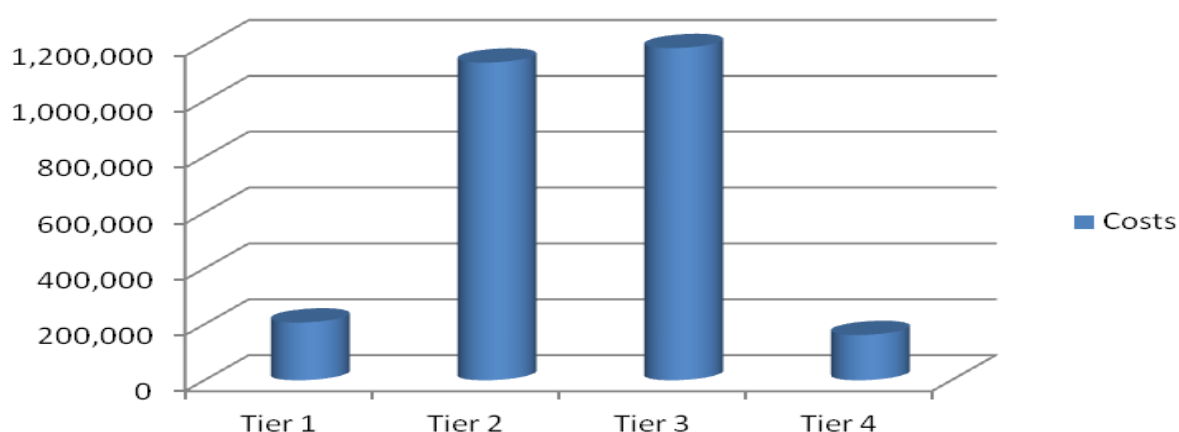
5.4 Additional funding of £70,000 has also been earmarked for 2015-16 to establish a Recovery Network a key recommendation of the Macmillan Rome Report (2014). The Recovery Network is designed to provide a structure to support:

- recovery activities across the communities of Midlothian and East Lothian for individuals, their families and the wider community
- current service providers to achieve the changes required to promote, advocate and champion recovery for all those who use the services within an agreed timeframe.

It is anticipated that the costs of the Recovery Network would reduce in Year 2 and Year 3 as it attracts external grant funding

5.5 The planned MELDAP expenditure by Tier is as follows:

Tier1-4 Expenditure



Tier 1: £207,028 Tier 2: £1,138,002 Tier 3: £1,189,892 Tier 4: £162,230

Tier	Service	2015-16	2016-17	2017-18
1	Friday Friends	£9,905	£9,905	£9,905
	Horizons Recovery Café	£19,882	£19,882	£19,882
	Starfish Recovery Café	£25,000	£25,000	£25,000
	Recovery Network	£35,000	£35,000	£30,000
	Pink Ladies	£31,680	£31,680	£31,680
	Alive and Kicking	£15,756	£ 15,756	£15,756
	Peer Support Workers	£18,328	£ 37,512	£46,676
	Olive Bank Children's Centre	£16,477	£16,477	£16,477
2	MYPAS	£181,357	£181,357	£181,357
	Children and Families Social Workers	£113,734	£113,734	£113,734
	Mid and East Lothian Drugs	£323,890	£323,890	£323,890
	Recovery College (Access to Industry)	£68,967	£68,967	£68,967
	Children 1 st	£68,617	£68,617	£68,617
	East Lothian Young Carer's Project	£71,112	£71,112	£71,112
	Direct Action Support Service (DASS)	£227,564	pending evaluation	-----
	Voices of Carers Across Lothian (VOCAL)	£5,432	£5,432	£5432
	Community Lived Experience for Alcohol and Drugs (CLEAR)	£53,929	£53,929	£53,929

3	Substance Misuse Social Work Service	£168,240	£168,240	£168,240
	Edinburgh and Lothian Council on Alcohol	£43,221	£43,221	£43,221
	Simpson House (Crossreach)	£28,000	pending evaluation	-----
	Substance Misuse Service (SMS)	£393,569	£393,569	£393,569
	Adolescent Substance Use Service (ASUS)	£16,855	£16,855	£16,855
	Lifeline	£10,000	£10,000	£10,000
	NHS Services and SMD Directorate & Primary Care	£590,147	£590,147	£590,147
4	LEAP	£108,000	£108,000	£108,000
	Ritson Clinic	£15,000	£15,000	£15,000
	Prison Alcohol Service	£29,800	pending evaluation	-----
	NHS Lothian Services	£9,430	£9,430	£9,430
2	Alcohol Brief Interventions (ABI)	£23,400	£23,400	£23,400
3	Harm Reduction Team	£6,600	£6,600	£6,600
	DRD Co-ordinator	£8,000	£8,000	£8,000
Total		£2,667,925	£2,401,745	£2,410,909

6. Priorities for 2015-18

6.1 As with previous MELDAP Plans the 2015-18 Delivery Plan's activities and outcomes have been structured around four key strands. These are:

1. Preventing future harm caused by the misuse of alcohol and drugs

2. Reducing harm and promoting recovery

3. Protecting and safeguarding children, young people and communities

4. Commissioning and assuring high quality, cost effective outcomes focused services

6.2 While the four strands are identified separately there are many clear links among them. For example, parents and carers engaged with treatment and recovery services will improve the life chances of children previously affected by their parent's substance misuse, which in turn will contribute to breaking the cycle of dependency found in many families. Reducing episodes of binge drinking for all ages

will reduce the risk of immediate harm and the disruption caused to communities as a result of the associated anti-social behaviour.

6.3 Because of the interconnectedness of these strands there is an expectation that services have to be able to make connections, form partnerships and alliances in order to offer a more holistic level of care and support for individuals and families. A ROISC requires all services to consider how they promote and contribute to recovery whether for individuals or families.

6.4 The relationship between the four strands of the Delivery Plan and the Core National Outcomes for ADPs is shown below.

1. Preventing future harm caused by the misuse of alcohol and drugs

Core Outcome 1. Health: People are healthier and experience fewer risks as a result of alcohol and drug use
Core Outcome 2. Prevalence: Fewer adults and children are drinking or using drugs at levels and patterns that are damaging to themselves and others

2. Reducing harm and promoting recovery

East Lothian Plan (2013-23) Outcome 6: Health is improving and the gaps in health inequalities are closing

Core Outcome 3. Recovery: Individuals are improving their health, well being and life chances by recovering from problematic drug and alcohol use.

3. Protecting and safeguarding children, young people and supporting families and communities

Single Midlothian Plan (2014-15) Community Safety: Fewer people are victims of crime, abuse or harm

Core Outcome 4. Families: Children and family members of people misusing alcohol and drugs are safe, well supported and have improved life chances.
Core Outcome 5. Community Safety: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour.
Core Outcome 6. Local Environment: People live in positive, health promoting local environments where alcohol and drugs are less readily available.

4. Commissioning and assuring high quality, cost effective outcomes focused services

Core Outcome 7. Services: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence based and responsive, ensuring people move through treatment into sustained recovery

6.5 The priorities for the next three years noted below include further developments linked to some of the priorities from the 2014-15 MELDAP Annual Report submitted to the Scottish Government in September 2014.

6.6 While action and improvements are planned in relation to the seven core outcomes there are four major priorities for the partnership for 2015-16. These are:

- to develop the Recovery Network as part of ROISC

- complete design of and begin implementation of Recovery Hubs (substance misuse and mental health services)
- implement the Quality Principles to enhance the quality of experience people and families receive from all MELDAP commissioned services
- implement key recommendations from CAPSM Needs Assessment
- to achieve the Naloxone targets for ADPs.

6.7 Priorities for the next three years are:

HEALTH

- Increase the range of settings in which ABIs are conducted and contribute to NHS Lothian HEAT ABI standard.
- Develop the use of ABI with young people.
- Improve through the primary care facilitator team links with GP practices.
- Develop in partnership with key partners an annual FASD campaign.

PREVALENCE

- Implement recommendations from Lothian and MELDAP New Psychoactive Substances (NPS) action plans.
- In partnership with CREW deliver a programme of NPS training to relevant staff.
- Improve service performance against national Naloxone targets.
- In collaboration with partners, take forward DRD reduction initiatives embedded in the DRD Reduction Plan (such as developing service responses to non-fatal overdose).
- In partnership with the Public Protection Unit develop an education programme for schools including working with Queen Margaret University to develop a peer support approach through the use of AlcoLOLS.

RECOVERY

- Implement key recommendations for ADPs from the 2013 report Independent Expert Review of Opioid Replacement Therapies in Scotland.
- Establish a Recovery Network as recommended in the 2014 report Building a Recovery Orientated System of Care to Support Recovery Communities in Midlothian and East Lothian.
- Increase number of paid Peer Support Workers and develop their role to improve links with Recovery Cafes, Recovery College, Peer Volunteers and GP Practices.
- In partnership with Health in Mind increase the number of peer volunteers through the delivery of an annual programme of Peer Support Training.
- Develop Integrated Recovery Hubs, one in each council area.
- Develop local housing model of support for people in the early stages of recovery.

FAMILIES

- Implement key recommendations from CAPSM Needs Assessment.
- Evaluate effectiveness of Direct Action Support Service (DASS) and implications for future models of intervention and family support.
- Improve support available for older carers.
- Adapt CAPSM training to ensure suitability for wider audience.
- Explore how children and family services promote and support recovery for adults

COMMUNITY SAFETY

- Work with two Licensing Forums to update Overprovision Statements and develop messages and campaigns on responsible drinking.
- Work with Community Safety Partnerships to develop activities to deal with anti-social behavior and its link to irresponsible patterns of alcohol use.
- Work with Community Safety Partnerships to address the perception of young people noted in SALSUS (2013) local reports re the availability of drugs (cannabis) within their communities.
- Work with Public Protection Team (Violence Against Women) to address the link between substance misuse and domestic abuse.

LOCAL ENVIRONMENT

- Work with Police Scotland to develop local initiatives, campaigns and interventions based on evidence of need.
- Work with Police Scotland and local Gala Committees to promote responsible drinking.

SERVICES

- Learning from Lanarkshire ADP Pilot, implement Quality Principles with all services.
- Ensure all services have SLA with relevant performance measures.
- Strengthen role of the MELDAP Commissioning and Performance Group including the role of service users and carers within the group.
- Ensure the relevant level of performance for HEAT Standards are met or exceeded.
- Make efficiency savings to deliver a long term sustainable budget while ensuring funding for preventative action and post treatment services is maintained.
- In partnership with STRADA and service providers complete workforce development strategy.

7. Local Performance Measures

The following improvement goals support are linked to relevant high level plans such as the respective councils SOAs and those of the Community Safety Partnerships.

Preventing future harm caused by the misuse of alcohol and drugs

Local Performance Measure	Baseline	2018 Target
1. Reduce the rate alcohol related hospital stays	488.6	470
2. Reduce the rate drug related hospital stays	112.1	100
8. Reduce the number of alcohol related deaths	14.2	13.9
9. Reduce the number of drugs related deaths	9.3	9.2
10.Hepatitis-C positives among PWID	20.6	19.6
11.Reduce the number of 15 year olds using drugs on weekly basis	4%	3%
12.Reduce the number of 15 year olds drinking on a weekly basis	11%	9%
13.Increase the number of 13 year olds who have never been drunk	53%	58%
14.Increase the percentage of adults receiving 1:1 support reporting reduced levels of alcohol use		
15.Increase the number of adults receiving 1:1 support reporting reduced levels of illicit drug use		
16. Increase the total number of Take Home Naloxone kits issued	231	600

LPM	Source	Rationale
1	ScotPHO (2010-13) EASR/100,00 population	CPP priority and need to address repeat stays
2	ScotPHO (2010-13) EASR/100,000 population	CPP priority and need to address repeat stays
3	ScotPHO (2013) EASR/100,000 population, single year	Impact of early intervention activities, including ABIs
4	ScotPHO (2013) EASR/ 100,000 population, single year	Challenge of supporting older using opiate population whose health is deteriorating
5	ScotPHO (2011-12) % of injecting drug clients testing positive for HVC antibody	Recent increase in number of clients previous clear who have tested positive, possibly linked to use of NPS
6,7,8	ISD Scottish Schools Adolescent Substance Use Survey (SALSUS 2013)	Early intervention to break pattern of regular (weekly) use of alcohol and cannabis

9,10	Outcome measuring tool	Reducing level of harm
11	NHS Lothian, (Harm Reduction Team), total number of THN kits issued up to march 2015	Significant improvement needed to achieve national target for MELDAP

Reducing harm and promoting recovery

Local Performance Measure	Baseline	2018 target
1. Establish Recovery Network	None	Established
2. Establish two Recovery Hubs	None	Established
3. Increase the number of adults successfully engaging in education, training, volunteering and employment opportunities through the Recovery College	20 annually	25 annually
4. Increase the number of people using the recovery cafes on a weekly basis	60 per week	70 per week
5. Increase the number of peer volunteers successfully completing 5-day training programme	12 annually	30 annually
6. Increase the number of women successfully completing 10 week self-management and improvement course	50 annually	60 annually
7. Increase the percentage of clients completing intensive 12 week residential recovery programme	60%	65%
8. Increase the number of people participating in peer volunteer training programmes	50	60

LPM	Source	Rationale
1	Report to MELDAP Strategic Group	The Recovery Network's structures and key functions, including fund raising are established.
2	Performance reporting to Commissioning and Performance Group	Feedback from service users and opportunity for closer integration of services through HSCP.
3	Access to Industry annual reports to Commissioning and Performance Group	Feedback from clients on the role of education, training and employment in sustaining recovery
4,5,6	Local 2014 performance data provided by CLEAR, Recovery Cafes and Pink Ladies	Improved levels self worth, confidence, reduced isolation and increased social capital to sustain recovery
7	Lothian and Edinburgh Abstinence Programme data	Indicator of future longer term success in terms of recovery and maintaining abstinence
8	Performance reporting to	Feedback from service users in terms of peer support, training for peer supporters and opportunities to

Commissioning and Performance Group	volunteer
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Protecting and safeguarding children, young people and communities

Local Performance Measure	Baseline	2018 target
1. Increase the percentage of young carers who report that they have better coping skills	65%	70%
2. Increase the percentage of young people receiving 1:1 support who reduce their alcohol use		
3. Increase the percentage of young people receiving 1:1 support who reduce their use of illicit drugs		
4. Increase the number of at risk children living in safer home environment		
5. Increase the number of bars participating in accredited award schemes		
6. Reduce the number and percentage of Group 6 ASB crimes tagged with the aggravator 'alcohol' or 'drugs' (Police Scotland)		

LPM	Source	Rationale
1	Performance reporting to Commissioning and Performance Group by Young Carers services	Improved levels of resilience
2	Performance reporting to Commissioning and Performance Group	Early intervention to change risky behaviours in under 18s.
3	Performance reporting to Commissioning and Performance Group	Early intervention to change risky behaviours in under 18s.
4	Performance reporting to Commissioning and Performance Group	CAPSM are safer
5	Licensing Boards	Improved standard of service for customers and links to Community Safety Partnerships
6	Police Scotland	Community Safety Partnership priority

Commissioning and assuring high quality, cost effective outcomes focused services

Local Performance Measure	Baseline	2018 target
1. All services have adopted and are using the Quality Principles	0%	100%
2. Two services have achieved first level PQUASSO quality mark	0	2
3. Complete and implement workforce development strategy	None	Established
4. HEAT A11 access standard improved	95%	98%
5. All services have a Service Level agreement with agreed outcomes and linked performance measures	75%	100%
6. Have service users involved as members of the MELDAP Strategic Group and its Commissioning and Performance Group	0	5
7. Increase the number of people with lived experience in role as paid Peer Support Worker as part of ROISC	2	5

LPM	Source	Rationale
1	MELDAP Team QI visits and Performance reporting to Commissioning and Performance group	Need to replace National Quality Standards with Quality principles as part of MELDAP programme of QI visits
2	Performance reporting to Commissioning and Performance group	Clear links with Quality Principles
3	Reports by MELDAP Team and partner agencies to Strategic Group	Consistent set of expectations needed for all services
4	ISD Scotland	National Standard
5	Commissioning and Performance Group	Need to develop consistent approach with all services
6	MELDAP Strategic Group and its Commissioning and Performance Group	Feedback from service users and willingness to have greater involvement in strategic decision making
7	MELDAP Team and feedback from Peer Support Workers pilot	Feedback from service users about role of peer support and from services on impact of workers on supporting recovery from pilot

8. Performance Against Core Indicators

Because the partnership operates across East Lothian and Midlothian some data is not available for MELDAP as a whole and is therefore shown at an appropriate level, by council or NHS Lothian level.

1. Health

The European Age-Standardised Rate (EASR)* for both partnership areas for alcohol related hospital discharges are considerably lower than the Scotland figure. The drug figures show an increase greater than the national figure. The rates for both alcohol and drug mortality are below the national figure and for alcohol significantly below the national figure. The profile of individuals who died in a drug related incidence is very close to the national data; most were white male, unemployed, nearly three fifths (57%) were intravenous drug users. The MELDAP Hep-C (%) is also significantly below the national figure.

1.1 Source: Alcohol-related hospital stays (ScotPHO)

	2011	2012	2013
MELDAP	557	527	529
Scotland	591	553	544

Definition: General acute inpatient and day case stays (EASR), rates are calculated using ESP 2013 and 2011 population estimates

1.2 Source: Drug-related hospital stays (ScotPHO)

	2011	2012	2013
MELDAP	535.5	498.5	488.6
Scotland	749.8	679.0	696.9

Definition: General acute inpatient and day case stays (EASR), rates are calculated using ESP 2013 and 2011 population estimates

1.3 Source: Alcohol-related mortality (ScotPHO)

	2008-11	2009-10	2010-13
MELDAP	15.4	14.4	14.2
Scotland	26.2	24.4	23.3

Definition: Three year rolling average EASR per 100,000 population

*In ISD 2012-13 Alcohol and Drug reports use a new European standard population (ESP2013), resulting in slightly higher rates than published in previous reports. Alcohol and drug related acute hospital discharge rates are not comparable to those published in previous reports.

1.4 Source: Drug related mortality (ScotPHO)

	2008-11	2009-10	2010-13
MELDAP	8.1	8.2	8.3
Scotland	10.3	10.3	10.2

Definition: Three year rolling EASR per 100,000 population

1.5 Source: Percentage of Hep-C positives among (PWID) People Who Inject Drugs (ScotPHO)

	2008-11	2009-10	2010-13
MELDAP	21.8%	22.4%	22.9%
Scotland	54.6%	54.2%	53.8%

Definition: Three year rolling average, percentage of injecting drug users testing positive for Hep-C antibody (% base on all injecting drug users tested)

2. Prevalence

The prevalence of problem drug users, for both males and females, has historically been lower than national figure. A closer look at the profile of users indicates that Midlothian has a disproportionate percentage in the 25-34 years group 7.14% compared to the national figure of 4.29%.

The percentage of women problem drinkers 10.9% is higher than the Scotland figure of 9.5% while the figure for male problem drinkers is the same as the national figure. At 13.9%

The SALSUS 2013 data on weekly alcohol use among 15 year olds has shown a significant decrease since 2010, down 16% while weekly drug use has remained unchanged and is the same as the national figure of 4%.

2.1 Source: Estimated prevalence (%) of problem drug use (15-64 years) ScotPHO

	2006			2009			2012		
	All	Males	Females	All	Males	Females	All	Males	Females
MELDAP	1.4%	2%	0.8%	1.2%	1.7%	0.8%	1.5%	2.2%	0.9%
Scotland	1.6%	2.3%	1.0%	1.7%	2.5%	1.0%	1.7%	2.4%	1.0%

Definition: Estimated prevalence of problem drug use (ages 15-64) 2006, 2009, 2012.

2.2 Drug use in the last month (pupils aged 15) (SALSUS 2010, 2013)

	2013	2010
MELDAP	9.9%	9.7%
Scotland	9.4%	11.4%

Definition: Percentage of pupils aged 15 who used illicit drugs in the last month

2.3 Drug use in the last year (pupils aged 15) (SALSUS 2010, 2013)

	201	2010
MELDAP	16%	16.2%
Scotland	15.5%	18.5%

Definition: Percentage of pupils aged 15 who used illicit drugs in the last year

2.4 Alcohol use in the last week (pupils aged 15) (SALSUS 2010, 2013)

	2013	2010
MELDAP	7.7%	19.3%
Scotland	11.6%	20.4%

Definition: Percentage of 15 year olds drinking on a weekly basis.

2.5 Alcohol and drug use (pupils aged 15) (SALSUS 2010,2013)

	2013	2010
MELDAP	24%	45%
Scotland	37%	45%

Definition: Whether pupils (15 year olds) had been drinking alcohol the last time they used drugs

2.6 Individual Problem Drinkers

	2008-11
NHS Lothian	12.4%
Scotland	11.7%

Definition: Proportion of individuals with potential problem drinking (4 year aggregate 2008-11)

3. Recovery

Meaningful national recovery data is not yet available. MELDAP has set local improvement targets and since 2012 and the number of post-treatment services have been increased, including the appointment of staff with lived experience. Post treatment services commissioned include, Horizons and Starfish Recovery Cafes, Recovery College designed to provide support for education, training and employment, volunteer training for people with lived experience and Alive and Kicking a men only service using football and physical activity as a way to involve previous and current substance users.

4. CAPSM/Families

The MELDAP rate for maternities recording drug use is significantly higher than the national rate. Care should be taken when comparing numbers over time as there has been an improvement in drug misuse recording over the last 5 years. There is a similar issue with

regards to the manner in which alcohol and/or drug use is recorded in child protection case conference. The MELDAP Children young people and families group will take the lead in progressing the key recommendations from the CAPSM Needs Assessment (2014). The percentage of MELDAP clients in treatment with dependent children or access to children has historically been at a much higher level than the national figure and comparator authorities.

4.1 Maternities with drug use (ScotPHO)

	2011-13	2008-10
MELDAP	64	43.7
Scotland	19.7	15.5

Definition: Aggregate 3-year rate (per 1000 maternities) of maternities recording drug use

4.2 Child Protection with alcohol misuse (ScotPHO)

	2012-13	2011-12
MELDAP	8.9	7.6
Scotland	5.0	5.1

Definition: Rate of Child Protection Case Conference where parental alcohol misuse (with or without drug misuse) has been identified for children on the register at 31st July per 10,000 population aged under 18 years.

4.3 Child Protection with alcohol or drug misuse (ScotPHO)

	2012-13	2011-12
MELDAP	22.4	15.3
Scotland	8.8	9.6

Definition: Rate of Child Protection Case Conference where parental drug and/or alcohol misuse has been identified for children on the register at 31st July per 10,000 population aged under 18 years.

5. Community Safety

Rates for serious assault, common assault, vandalism and breach of the peace linked to the misuse of alcohol have historically been below the national figure. The 2012-13 figures for vandalism and breach show a significant drop from those of the previous year. Resident's perceptions of the harm caused by the misuse of alcohol and drugs are always given very high priority within resident surveys conducted by the community safety partnerships.

5.1 Serious assaults (ScotPHO)

	2012-13	2011-12	2010-11	2009-10
MELDAP	4.8	4.8	4.8	4.6
Scotland	6.1	7.8	9.4	9.7

Definition: Number of serious assaults recorded by the police per 10,000 population

5.2 Common assaults (ScotPHO)

	2012-13	2011-12	2010-11	2009-10
MELDAP	77.7	76.8	79.8	86.9
Scotland	102.5	117.3	123.2	128.8

Definition: Number of common assaults recorded by the police per 10,000 population

5.3 Vandalism (ScotPHO)

	2012-13	2011-12	2010-11	2009-10
MELDAP	93.0	112.3	112.1	73.9
Scotland	100.3	127.2	135.8	150.8

Definition: Number of cases of vandalism (including malicious damage and malicious mischief) recorded by the police per 10,000 population.

5.4 Breach of the peace (ScotPHO)

	2012-13	2011-12
MELDAP	35.4	35.9
Scotland	46.8	62.9

Definition: Number of cases of breach of the peace recorded by the police per 10,000 population.

6. Local Environment

Citizen Panel Surveys of both council areas indicate a very high level of satisfaction with 99% of East Lothian residents and 90% Midlothian residents reporting that they think their council area is a fairly good or very good place to live. Dealing with alcohol and drugs misuse is given very high priority status in both councils Community Safety Partnership plans. SALSUS data and Scottish Household data indicate ease of availability of drugs (cannabis).

6.1 Fifteen year olds offered drugs (SALSUS 2010, 2013)

	2013	2010
MELDAP	41%*	41%
Scotland	37%	42%

Definition: Percentage of 15 year olds who had been offered a least one drug on the list provided.

*Cannabis was the most commonly offered drug

6.2 Rowdy behavior in neighbourhood (Scottish Household Survey 2013, 2012, 2011)

	2013	2012	2011
MELDAP	9.2%	14.1%	12.4%
Scotland	12.6%	14.5%	15.0%

Definition: Percentage of people perceiving rowdy behavior to be very common/fairly common in their neighbourhood

6.3 Drug misuse in neighbourhood (Scottish Household Survey)

	2013	2012	2011
MELDAP	13.3%	15.2%	11.0%
Scotland	11.9%	12.9%	11.6%

Definition: Percentage of people perceiving drug misuse or dealing to be very common/fairly common in their neighbourhood

7. Services

MELDAP has an annual programme Quality Improvement visits to all services. Each service gives a formal presentation to the MELDAP Commissioning and Performance Group with the emphasis on demonstrating evidence impact on client's lives. The performance of service in relation to the HEAT A11 standard has consistently been above the 95% target set by MELDAP and services have contributed to NHS Lothian Delivering a record number of ABIs. In partnership with services work has already commenced in developing an agreed approach to the use of the Quality Principles with **all** services.

7.1 Treatment Waiting Times (ScotPHO)

	2013-14	2012-13
MELDAP	98%	94%
Scotland	96%	94.6%

Definition: That 90% percent of clients will wait no longer than 3 weeks for treatment that supports their recovery

7.2 Alcohol brief interventions

	2013-14	2012-13	2011-12
NHS Lothian	167%	239%	184%
Scotland	141%	171%	155%

Definition: Percentage of HEAT target/standard achieved

