



## **Meeting of Aberdeenshire ADP Strategic Committee**

**11<sup>th</sup> September 2025 12.30pm - 3pm**

Your attendance is requested at a meeting of the Aberdeenshire ADP Strategic Committee to be held in Committee Room 2 at Woodhill House, Westburn Road, Aberdeen, AB16 5GB (with virtual attendance) on Thursday, 11<sup>th</sup> September 2025

Kathryn Flavell, Chair of Aberdeenshire ADP

To: Aberdeenshire ADP Partners

Contact Person	Claire Johnstone, ADP Project Manager Email: <a href="mailto:claire.johnstone@aberdeenshire.gov.uk">claire.johnstone@aberdeenshire.gov.uk</a>
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## Aberdeenshire ADP Strategic Committee Meeting

**Thursday, 11<sup>th</sup> of September 2025, 12.30-3pm,  
Committee Room 2, Woodhill House, Aberdeen**

### A G E N D A

- 1. Welcome, apologies and introductions (Kathryn Flavell Chair)**
- 2. Previous Minute (K. Flavell, Chair) – (Pages: 3 - 9)**
- 3. ADP Membership (K. Flavell, Chair) – (Pages: 10 – 11)**
- 4. ADP Partnership Agreement and Structure (All) – (Pages: 12 – 27)**
- 5. Spotlight on BBV (P. Dundas) – (Page: 28)**
- 6. Scottish Recovery Consortium Engagement (D. Watt) – (Page: 29)**
- 7. ADP Strategy (All) - (Page: 30)**
- 8. Partner Updates – (Page: 31)**
- 9. Unallocated Spend Proposals (C. Johnstone) – (Page: 32 – 45)**
- 10. Resources & Governance Group/Finance (E. Black / R. Meiklejohn)  
(Pages: 46 – 50)**
- 11. Strategic Outcomes and Performance/Impact report (G. Robertson /  
C. Johnstone) – (Pages: 51 – 80)**
- 12. Lived and Living Experience Update (A.Bruce) – (Pages: 81 – 82)**
- 13. Experiential Update (A. Stephen) – (Pages: 83 – 89)**
- 14. AOB – (Page: 90)**



## Item 2 Minutes of the previous meeting

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### Minutes of Aberdeenshire ADP Strategic Committee Meeting

held on Thursday 19 June 2025 at 12:30pm - 3pm

in Aberdeen, Woodhill House, Committee Room 5

**Present:** Kathryn Flavell (Chair), Amanda Stephen (Vice Chair), Claire Johnstone (ADP Project Manager) Gillian Robertson (H&SCP Drug and Alcohol Service Manager and SOAP Chair), Angela Keith (Aberdeenshire Council), Carron Douglas (Principal Education Psychologist, Aberdeenshire Council, GIRFEC Lead), Susan Webb (Director of Public Health, NHS), Rebecca Meiklejohn (R&G Chair and Council Finance), Ewan Black (NHSG Finance), Jacqueline Duffin (Child Protection), Paul Smith (Scottish Prison Service), George Nixon (Police Scotland), Christine Roberston (Housing), Kevin Campbell (North South representative), Ashley Milne (Central Forum Representative), Avril Bruce (LLE Chair), Renata Giszczak (ADP Admin Officer)

**Apologies:** Shantini Paranjothy (Deputy Director of Public Health), Keith Anderson (AVA Third Sector Interface), Richard Findlay (Scottish Fire & Rescue), Jeff Shaw (H&SCP Partnership Manager North)

#### 1. Welcome and Apologies

Kathryn Flavell, ADP Chair, welcomed everyone to the meeting. She introduced all participants and announced that Alison Hannan would present item 5 on the agenda (Charter of Rights).

#### 2. Declaration of interest

Chair noted that ADP Committee meetings are public meetings, and she was happy for members of the public to attend and observe. She also summarised the rules and expectations of the meeting by providing an opportunity for ADP

members to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

The Committee members were also asked to determine whether any items of business needed to be discussed without members of the public present.

### **3. Minutes of the previous meeting**

The minutes of the ADP Strategic Committee meeting held on 28<sup>th</sup> March 2025 were **proposed and accepted** by the Committee as a true record of the discussions that took place. There were not matters arising not already included in this meeting's agenda.

### **4. Charter of Rights**

Alison Hannan (Public Health Directorate, NHS) introduced the Charter of Rights noting that it was launched in December last year by the Scottish Government. She explained that the national collaborative worked with the Scottish Government and other colleagues to produce the key Charter of Rights for People Affected by Substance Use. The Rights were also extended to the children and families affected by a family member's substance use. AH detailed the engagement effort in Grampian involving people of lived experience and service users. She discussed the reporting tool and shared lessons learned from the pilot in Moray. It was noted that some actions and aspirations were beyond the ADP remit and the need for a holistic approach involving various stakeholders was highlighted. The pilot also exposed real challenges and limitations within the ADP, informing policymakers and budget holders. AH mentioned plans to continue working with the national team and Public Health Scotland to embed the Charter of Rights in day-to-day practice.

Members were informed that the Northeast Scotland Population Health Alliance funded resources that support people accessing services and service providers in understanding the rights. The resources were available at the ADP meeting for members to take away and share with their services.

The discussion then centred around the implementation of the Charter of Rights, the importance of raising awareness and the need for a rights-based approach. They also considered the challenges and limitations in applying the Charter and the importance of involving lived experience in the process.

#### **ADP Committee agreed:**

**to revisit the Charter's implementation in six months to assess progress and gather feedback. More guidance from the Scottish Government would be available by then.**

## **5. Review of Partnership Agreement, Terms of Reference and Standing Orders.**

Chair informed the meeting that it was agreed at the ADP Committee meeting in March that there would be a review of the Partnership Agreement and Terms of Reference for the ADP. The Chairs of the Resources and Governance, Strategic Outcomes and Performance and Lived and Living Experience Subgroups of the ADP consulted with the Subgroup members on any proposed amendments to the Terms of Reference. The ADP Project Manager received feedback from all three Subgroups. The ADP Chair met with the Vice Chair of the ADP, the ADP Project Manager and the Chairs of the three subgroups to have a further consultation on the Terms of Reference and to review the Partnership and Subgroup Membership. The review of the Partnership Agreement also involves reviewing the membership of the Committee.

Committee Members raised that there had been several versions of the TOR document circulated, and not all members had the version with the changes.

The ADP Chair led the discussion on the new Terms of Reference (ToR) and Standing Orders proposals. She explained the changes made to the ToR and Standing Orders, including the introduction of a declaration of interest paragraph, tweaks to the Code of Conduct and clearer information about subgroup composition and chair roles.

Ashley Milne (Central Forum representative) raised several questions from the ToR about attendance of the public at meetings, business confidentiality, and the role of the ADP lead.

Chair clarified that ADP Committee meetings would be open to the public to observe but not participate and sensitive information would be protected. AM asked about the position of the ADP Lead post and KF advised this will be shared when it becomes available.

KF presented the proposed changes to the ADP Partnership membership highlighting the need for better representation and engagement. Participants discussed the inclusion of various organisations such as Housing, Child Protection Committee, Community Planning Partnership and Violence Against Women Partnership, Tackling Poverty and Inequalities as well as the potential benefits of having a political representative, e.g. councillors. JD will now represent Child Protection instead of Susan McLaren. KF also proposed having a bank of attendees who would not have voting rights but would join the meetings when the agenda requires it, CJ informed that Pharmacy and Community Pharmacy had expressed an interest in being on the Committee. GR advised that Pharmacy can also be heard through the SOAP group.

KF proposed that the community Forums would no longer be Partners but feedback to the ADP Strategic Committee through the Lived and Living Experience subgroup. KF pointed out the community voice is represented through the ADP Experiential Officer who is also the Vice-Chair of the ADP.

KC expressed his disagreement to the above proposal and statement that there was an overrepresentation of the community in the ADP Strategic Committee and that community forums should be included on the subgroup level rather than on partnership level. KC emphasized that there would only be 1 participant in the decision-making ADP Committee who have lived experience.

AB the LLE Chair, informed ADP Committee that the LLE subgroup would invite as many Aberdeenshire community members as possible. It was noted that the LLE Chair's role is a voluntary role and not paid through the Council.

**The committee agreed:**

- (1) to approve the new 2025 ADP Standing Orders and Terms of Reference in principle with the final version of Terms of Reference to be circulated for review and feedback.**
- (2) Remove the 2 weeks' notice for community members attending committee meetings**
- (3) Clarify in the document what is considered as sensitive information.**
- (4) any further comments or concerns could be addressed before final approval.**
- (5) to note the recommended changes to the ADP membership and provide feedback with comments and suggestions by the 15th of August.**
- (6) KF to invite new Partners to the Committee**

## **6. ADP Annual Survey 2024/25**

CJ provided an overview of the ADP Annual Survey explaining that it was a multiple-choice questionnaire designed to create a benchmark and gather evidence for the ADP's work. The survey had already been approved by the IJB and the ADP executive group as it had to be submitted before the date of the Committee. CJ noted that the Survey highlighted gaps in provision around children under the age of 16 and this would be used as another source of learning for the SOAP group.

**The ADP Committee agreed:**

- (1) to approve the survey in retrospect acknowledging the need for continuous improvement and feedback.**

Participants suggested circulating the survey questions in advance for future surveys to gather more comprehensive input.

## **7. ADP Experiential Action Plan**

AS presented a summary of the findings from the MAT Experiential Interviews detailing the progress made in recruiting interviewers, increasing the number of interviews and establishing an experiential steering group.

She explained the interview process, which involved speaking to people accessing treatment, service providers and family members. She highlighted a strong engagement with the drug and alcohol team and the need to gather more feedback from family members, from pharmacies and mental health services. AS discussed, the challenges faced during the interview process such as lengthy and triggering questionnaires were mentioned. AS updated that with the Experiential Steering group and LLE group there will be a review of questions and exploring alternative methods for gathering experiential evidence.

AS informed the meeting that thematic analysis of the MAT interviews identified four overarching themes (Access, Options & Choice, Stigma, Environment and Barriers to Engagement). These will be treated as priorities to support successful implementation of MAT Standards and the continued improvements across all drug and alcohol services in Aberdeenshire.

It was recommended that Aberdeenshire ADP consider and approve an Experiential Action Plan which was developed with the involvement of people and families with lived experience. The plan was consulted with the Experiential Steering Group as well as with Lived and Living Experience Subgroup of the ADP. There is an acknowledgement that the plan will evolve in an ever-changing landscape and as partnership strengthen.

**The ADP Committee agreed:**

**(1) to approve the Experiential Action Plan recognising it as a living document that will evolve over time.**

AS added that plans are to continue working with the experiential steering group to monitor progress and update the action plan regularly.

KC acknowledged AS's great work around the MAT experiential interviews.

## **8. Subgroups Update**

The subgroup updates were provided in written reports and were circulated prior to the meeting with no additional presentations.

ADP members were encouraged to review the updates and provide any feedback or questions.

Avril Bruce, a new Chair of the Lived and Living Experience Subgroup informed the meeting that the group met in May and it was a positive meeting. She asked for the document (*You Said, We Did*) that the group produced be circulated.

**Action: ‘*You Said We Did*’ document to be circulated to Committee.**

## **9. Finance Report**

The finance report was presented.

After the discussions about ADP financial position and proposed allocations for 2025/26, the **ADP Committee agreed**:

- (1) to note the financial position 2024/25 as set out in the spreadsheet providing supporting details to this report.**
- (2) to approve the proposed allocations of funding to projects in 2025/26 with the caveats mentioned.**

## **ADP Strategic Plan**

Claire presented the ADP strategic plan, emphasising the need for a clear, concise and evidence-based document.

The committee agreed to approve the plan recognising it as a valuable tool for tracking progress and identifying gaps. CJ advised the SOAP group will monitor the plan and progress reports will be submitted to the quarterly committee. KC commented on the accessibility of the document and asked for abbreviations to be replaced.

**Committee Agreed:**

- 1) ADP Committee approved the Action Plan acknowledging that it is a working document.**
- 2) Check the document for accessibility and send it out to committee with any feedback included.**

## **10. Partner Updates**

No updates discussed.

## **11. Drug and Alcohol Workforce Knowledge and Skills Framework**

ADP members were informed that the Scottish Government developed Drugs and Alcohol Workforce Knowledge and Skills Framework to support consistent

delivery of high-quality services across the country. It is accompanied by a learning directory and guidance was received from Scottish Government to circulate across all workforces who are involved in the care of someone who uses drugs or alcohol. The Framework serves as a guide for practitioners, commissioners, managers and service providers to understand the knowledge and skills required by the drugs and alcohol workforce, in addition to any professional or clinical standards. It has been asked that all statutory services are made aware of this. Links to both are accessible through the agenda pack.

## **12. Training Opportunities**

CJ drew members' attention to training opportunities including family inclusive practice training and advocacy training, which will be hosted in Aberdeenshire. Participants were encouraged to review the information on the agenda pack and consider attending the courses.

**Action: Committee members were asked to send name and email addresses of their workforce who would like to attend the Reach Advocacy training with dates in September and November.**

## **13. AOB**

Chair informed the meeting that she spoke with Maree Todd, the newly appointed Minister for Drugs & Alcohol Policy and Sport in Scotland, who expressed interest in visiting and engaging with the ADP's across Grampian.

Chair thanked all for attendance and participation at the ADP Committee meeting.

## **DONM**

The next ADP Committee meeting will meet on Thursday 11<sup>th</sup> September 2025 at 12:30pm-3pm.

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## **Item 3 ADP Membership (K. Flavell)**

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### **REPORT TO ABERDEENSHIRE ALCOHOL AND DRUG PARTNERSHIP**

**- 11th September 2025**

### **ABERDEENSHIRE ALCOHOL AND DRUG PARTNERSHIP COMMITTEE**

#### **1. Recommendations**

**The Alcohol and Drug Partnership (ADP) is recommended to:**

##### **1.1 Approve the changes to the ADP Committee Membership**

#### **2. Background**

At the Committee in March 2025, it was agreed that there would be a review of the ADP Partnership Agreement. The rationale behind this was because there had been significant changes agreed by the Partnership on processes, functions and representation. As part of the review process the ADP Chair identified that the Membership needed to be discussed at the June ADP Committee to improve and strengthen the Partnership. It was identified that there were partners that had not attended in a long time, partners that were overrepresented, and gaps in representation. At the June meeting members were given the opportunity to propose and discuss new Partners that any possible amendments. The changes discussed were

- Removal of Martin Morley DWP benefit support and could be asked to attend one off meetings to support the agenda
- Phil Mackie Consultant in Public Heath to replace Susan Webb/Shantini Parajothy
- Jacqueline Duffin Child Protection Lead Officer to be invited as a Partner
- Removal of Susan McLaren Chair of the Adult Protection Committee who will feed in through CPC Lead Officer
- Tackling Poverty and Inequalities Lead Annette Johnston to be invited as a Partner
- Violence Against Women Partnership Lead Midge McKay to be invited as a Partner
- Dawn Leslie Community Justice to be asked to come back to the Partnership.
- North South and Central Forum reps' proposal was that Lived Experience is represented through the Lived Experience Vice Chair and the LLE

Subgroup Chair. Forum reps have been asked to join the LLE Subgroup so their voices are heard. It was proposed that Forums would not be Partners but LLE Subgroup members.

- There were discussions on gaining representation from the NHS and an Aberdeenshire Councillor.

The ADP Chair asked the Partners if they had any further feedback or proposals regarding membership to contact her before the 18<sup>th</sup> of August. The Chair advised that changes would then be agreed at the September Committee. By the 18<sup>th</sup> of August there had been no further feedback received.

### **3 Recommendations**

**3.1 It is recommended that the ADP Committee agree to the changes to the ADP Membership that were proposed in June 2025 (2) during Committee discussions.**

**Kathryn Flavell**

**Chair of Aberdeenshire ADP**



## **Item 4 ADP Partnership Agreement and Structure (All)**

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### **REPORT TO ABERDEENSHIRE ALCOHOL AND DRUG PARTNERSHIP – 11th September 2025**

### **ABERDEENSHIRE ADP PARTNERSHIP AGREEMENT**

#### **Recommendations**

**It is recommended that the Aberdeenshire ADP:**

- Agree to the new ADP Partnership Agreement
- Give Feedback on the Partnership Agreement before the 26<sup>th</sup> of September

#### **Background**

At the March ADP Committee, it was agreed that the existing Partnership Agreement required revision as much of the content was no longer relevant or accurate. Membership also required review to ensure the partnership remained fully effective and appropriately supported.

During the revision process, it became clear that a full new Partnership Agreement was required to align with current arrangements. The ADP Chair consulted with the Chairs of the Subgroups to inform the development of a new agreement. The ADP Project Manager has taken forward this feedback and produced a new Partnership Agreement, which is included in the agenda pack for consideration.

The Committee is asked to:

- Agree the new Partnership Agreement.
- Provide feedback by 26 September.
- Note that, following approval, the Agreement will be sent to Legal Services for ratification.

The aim is to bring the fully ratified Partnership Agreement to the next ADP Committee meeting.

**Report prepared by Claire Johnstone  
ADP Project Manager  
September 2025**



# Aberdeenshire Alcohol and Drug Partnership

## Partnership Agreement 2025



Aberdeenshire  
Health & Social Care  
Partnership



## **1. Purpose and Intent**

This agreement sets out how the Aberdeenshire Alcohol & Drug Partnership (ADP) works together to reduce the harm caused by alcohol and drugs, promote recovery, and improve health and wellbeing across our communities.

It is a shared commitment between all partners to work collaboratively, transparently, and in a way that puts lived and living experience (LLE) at the heart of all we do.

## **2. Our Values and Principles**

We work to a set of shared values, based on good practice and our own local priorities:

- **Lived & Living Experience at the Heart**  
People with lived and living experience shape our priorities, decisions, and services through active participation, feedback, and leadership roles.
- **Person-Centred & Strengths-Based**  
We focus on people's strengths and aspirations, not just their needs or challenges.
- **Equity, Equality, and Human Rights**  
We promote fairness, dignity, and respect, and actively work to reduce stigma and discrimination.
- **Collaboration and Partnership**  
We work openly across sectors, with shared responsibility for outcomes.
- **Evidence-Informed and Accountable**  
We use data, community insight, and evaluation to inform decisions, and we are open about what we achieve and where we need to improve.

## **3. Who We Are**

Our ADP is a multi-agency partnership bringing together:

Core Members:

- Aberdeenshire Health & Social Care Partnership (HSCP)
- Aberdeenshire Council
- Tackling Poverty & Inequalities
- Education Services
- Child Protection Committee
- Violence Against Women Partnership
- Police Scotland (local division)

- Scottish Fire & Rescue Service (local division)
- Scottish Prison Service
- NHS Public Health
- Third Sector Interface
- Scottish Ambulance Service
- Housing Services
- Community Justice

**Governance Subgroup Chairs:**

- Lived & Living Experience Subgroup Chair
- Resources & Governance Subgroup Chair
- Strategic Outcomes & Performance Subgroup Chair

**Committee Leadership:**

- ADP Chair
- ADP Vice Chair

**Non-Voting Members:**

- ADP Support Team
- NHS Finance Representative

**5. What We Do**

The Aberdeenshire Alcohol & Drug Partnership (ADP) is a multi-agency group that works to prevent and reduce the harms caused by alcohol and drugs, support recovery, and save lives. We bring together health, social care, local authority, justice, emergency services, housing, education, third sector, and community representatives – including people with lived and living experience – to plan, coordinate, and oversee local services. Guided by national priorities, we focus on prevention, early intervention, treatment, recovery support, harm reduction, tackling stigma, and improving outcomes for individuals, families, and communities across Aberdeenshire.

**6. Working Arrangements with Other Partnerships**

ADPs cannot work in isolation. Alcohol and drug harm intersects with poverty, housing, mental health, justice, education, and community safety. Strong, defined working arrangements with other partnerships:

Avoid duplication of work.

Ensure shared priorities are tackled jointly.

Provide clear lines of accountability.

Make better use of resources and evidence.



### **ADP and Health & Social Care Partnership (HSCP)**

- Why: The HSCP delivers most local treatment and recovery services.
- Arrangement:
  - HSCP Partnership Manager and Drug and Alcohol Service Manager are Committee Members.
  - Shared governance reporting to Integration Joint Board (IJB).
  - Joint workforce planning to ensure capacity in specialist and community services.
  - Integrated data dashboards for treatment access and outcomes.

### **ADP and Community Planning Partnership (CPP)**

- Why: The CPP oversees the Local Outcome Improvement Plan (LOIP), which often includes health inequalities and community safety goals that overlap with ADP objectives.
- Arrangement:
  - ADP Chair sits on the CPP Board.
  - Annual joint workshop to align ADP delivery plan with LOIP priorities.
  - CPP shares community engagement findings with ADP to inform planning.

### **ADP and Child Protection Committee (CPC)**

- Why: Parental alcohol and drug use is a key factor in many child protection cases.
- Arrangement:
  - CPC member sits on ADP Committee and vice versa.
  - Quarterly information sharing on trends, referrals, and training needs.
  - Joint policy development on early intervention for families affected by substance use.

### **ADP and Violence Against Women Partnership (VAWP)**

- Why: Substance use can be both a cause and consequence of gender-based violence.
- Arrangement:
  - Joint training programmes.
  - Shared action plan section on supporting survivors with substance use needs.
  - VAWP member sits on ADP Committee and vice versa.

### **ADP and Community Justice Partnership (CJP)**

- Why: Many people in the justice system have alcohol or drug-related needs.
- Arrangement:
  - Shared case pathways for prison leavers with treatment needs.
  - Co-funded recovery and rehabilitation programmes targeted at people leaving custody.
  - Cross-representation at partnership meetings.

### **ADP and Tackling Poverty & Inequalities Group**

- Why: Poverty and deprivation are major risk factors for harmful alcohol and drug use.
- Arrangement:
  - Joint identification of “at risk” communities for targeted prevention work.
  - Shared funding bids to Scottish Government for community wellbeing initiatives.
  - Inclusion of LLE representatives in both groups to ensure voices are heard across agendas.

## **7. Strategic Planning and Responsibilities**

In July 2019 the Scottish Government and Cosla issued a letter to ADPs on the Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs. The Partnership Delivery Framework sets out a shared ambition across Local Government and Scottish Government that local areas have the following in place:

A strategy and clear plans to achieve local outcomes to reduce the use of and harms from alcohol and drugs.

Transparent financial arrangements

Clear arrangements for quality assurance and quality improvement

Effective governance and oversight of delivery

- In line with the 2019 PDF Aberdeenshire ADP developed a local 5-year strategy that responds to the needs of Aberdeenshire's communities and aligns with Scottish Government policy and priorities.
- Aberdeenshire ADP's Strategy ends in 2025; Scottish Government are due to provide a new Partnership Delivery Framework in early 2026. The National Mission on Drugs and Alcohol ends in 2026. A new Strategy will be developed in 2026 when Scottish Government announce Post National Mission guidance.
- All partners contribute to the planning process, providing data, expertise, and community insight.
- Annual delivery plans set out clear actions, responsibilities, and timescales.
- Each partner is responsible for delivering on agreed actions within their own organisation's remit and resources.

The Role of the Strategic Outcomes & Performance Subgroup:

### **Evidence Gathering**

Data from Drug and Alcohol Services, ADP Partners, Experiential Evidence, Needs Assessments.

Gather qualitative insights from reports from the Operational Reporting group, the Drug and Alcohol Harms group, Lived and Living Experience Subgroup and Alcohol and Drug Expert Panel.

### **Strategic Outcomes**

Clear priorities aligned to national and local aims.

### **Delivery Plan**

actions, partner responsibilities.

### **Monitoring**

Quarterly data collection & analysis to support the Red, Amber, Green (RAG) monitoring of the Delivery Plan

### **Reporting & Review**

Reports to ADP Committee quarterly.

## **8. Partner Commitments**

Account for the use of ADP resources or potential slippage of planned expenditure including the achievement of agreed outcomes.

To provide performance data to an agreed schedule.

Provide commitment and contribute to the collective purpose of the ADP and achievement of its outcomes.

Ensure that sufficiently senior members of staff with the authority to take strategic and financial decisions on behalf of their organisation participate in the operation of the ADP or its sub-committees and identify and fully brief deputies to attend in case of their absence.

To ensure member representatives on the ADP are responsible for informing their organisation and all associated groups of the work of and engagement with the ADP.

All partners agree to abide by the terms of the Code of Conduct as set out in the Terms of Reference and by demonstrating behaviours consistent with the values and principles of Aberdeenshire ADP.

Formally incorporate relevant parts of the Alcohol and Drug Strategy and appropriate parts of the ADP Delivery Plan into the plans and strategies of the host organisation.

Provide the ADP Committee, at quarterly meetings, with relevant information, strategies and/or updates for discussion and action as required.

## **9. Governance and Accountability**

- The ADP is accountable to:
  - Scottish Government – through required reports, funding returns, and demonstrating alignment with national priorities.
  - Aberdeenshire Integration Joint Board (IJB) – for work related to health and social care functions.
  - Community Planning Partnership (CPP) – for contributing to wider community outcomes.
  - Local Communities – through open communication, public reports, and active involvement of LLE.
- We hold quarterly partnership meetings with published agendas and minutes.
- Decisions are made collectively, with transparency and inclusion as core principles.
- The ADP Committee is the only decision-making body within the ADP.

## **10. Finance and Authority**

The ADP receive an annual Funding letter from Scottish Government. The total funding is transferred via NHS Boards for onward delegation to Integrated Authorities to be invested in their entirety, through ADPs, and should not be subject to any wider savings targets.

Where does funding for the ADP come from?

**ADP BASELINE FUNDING** A recurring amount provided by the Scottish Government to the ADP. This money is held and managed on behalf of the ADP by NHSG however the ADP directs its use.

**ADP NON-RECURRING FUNDING** Non-recurring amounts provided by the Scottish Government to the ADP, normally targeted to be spent on specific priorities (such as those within the National Mission) This money is held and managed on behalf of the ADP by NHSG however the ADP directs its use.

**OTHER FUNDING SOURCES (OUTWITH THE ADP)** Individual partners or collaborations between partners may receive or apply for funds that support the delivery and development of drugs and alcohol services. A range of partners might apply for additional funds from charitable trusts or national funding programmes run on a bidding basis, for example drug and alcohol funding available from CORRA. The ADP may be asked to endorse these applications

### **Who provides authority over ADP Finance?**

The financial authority over alcohol and drug partnerships generally lies with Integration Authorities (IAs), which are responsible for health and social care services in local areas. The financial oversight and allocation of funding for ADP's are directed by local Health and Social Care Partnerships (HSCPs) - These are the entities responsible for the planning, delivery, and financial management of health and social care services, including substance use.

The ADP Committee are the only decision-making body in the ADP and will agree on any financial allocation. The ADP monitors all funding it directly controls through the Resources and Governance Subgroup. Reporting on spend and impact at the quarterly Committee meetings.

### **11. Lived & Living Experience (LLE) Involvement**

Aberdeenshire ADP recognises that individuals with lived or living experience of substance use offer unmatched insight into local needs, service gaps, and effective recovery pathways. Embedding their voices enhances service design, ensures cultural and local relevance, and boosts trust and uptake in supports. By co-producing policy, planning, and evaluation with those who've lived it, the ADP can deliver more responsive, impactful interventions—grounded, not assumptions. The Scottish Government mandates that people affected by substance use—alongside their families—must be meaningfully involved at both national and local levels, allowing them influence over decisions that impact their lives. This principle is central to the National Mission on Drugs and is supported by a dedicated LLE inclusion fund for ADPs, including Aberdeenshire.

Aberdeenshire ADP:

- Have a dedicated Experiential Officer as part of the ADP Support Team.
- Have a Lived Experience Vice Chair of the ADP Committee.

- Have a Lived and Living Experience Subgroup Chair who is an ADP voting member of the Committee
- Have a Lived and Living Experience Subgroup as part of the ADP Governance Structure
- Have an Expert Panel facilitated by Tackling Poverty and Inequalities.
- We provide the support and resources people need to participate meaningfully, including training and accessibility barriers.
- We have an ADP Lived Experience Framework
- The LLE budget reports will form part of the quarterly ADP Experiential update to the ADP Committee

The Charter of Rights for People Affected by Substance Use—co-designed through the National Collaborative—reinforces the human dignity and rights of individuals affected by substance use. By embedding LLE in ADP governance and delivery, Aberdeenshire ADP not only complies with these rights but models a human rights-based approach to service design and delivery.

## **12. Monitoring, Review and Continuous Improvement**

We measure progress using performance data, service feedback, and Experiential Evidence. Data and Progress monitoring will be done on behalf of the ADP by the Strategic Outcomes and Performance Subgroup. Quarterly reports are submitted to the ADP Committee. We review our strategy and delivery plans annually, updating priorities where needed. We share successes and challenges openly, learning from both local experience and national good practice.

## **13. Signatories**

This agreement is signed by representatives of each partner organisation, committing to work in the spirit and values set out above.

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## **REPORT TO ABERDEENSHIRE ALCOHOL AND DRUG PARTNERSHIP – 11th September 2025**

### **DRUG AND ALCOHOL HARM REDUCTION GROUP**

#### **1. Recommendations**

**It is recommended that the Aberdeenshire ADP:**

- Agree to a new Drug and Alcohol Harms Group within the Aberdeenshire ADP structure.
- Agree that the group will be chaired by Police Scotland for a period of 2 years.
- Agree that the Drug and Alcohol Harms Group will formally report into the Strategic Outcomes and Performance (SOAP) Subgroup.
- Request Committee feedback on the draft Terms of Reference for the Group.
- Invite Committee members to nominate relevant staff and partners for group membership.

#### **2. Background**

Reducing the harms associated with alcohol and drugs is a core priority for Aberdeenshire ADP and is embedded in both national and local strategies. While existing ADP structures focus on treatment, recovery, prevention, and community engagement, there is a recognised need for a dedicated forum to:

Monitor and address harms (e.g. drug-related deaths, non-fatal overdoses, blood-borne viruses, alcohol-related harms, and public health risks).

Strengthen partnership working between statutory and third sector partners to enhance community safety

Support evidence-led interventions and ensure local delivery aligns with national strategy.

#### **3. Policy and Strategic Alignment**

The establishment of an ADP Harms Group is consistent with:

The Charter of Rights for people affected by drugs and alcohol: Emphasises the right to health, dignity, and harm reduction, and requires services to adopt approaches that minimise stigma and prevent avoidable harms.

National Mission on Drugs (2021): Aims to reduce drug deaths and harms by expanding harm reduction, treatment, and recovery interventions.

Rights, Respect and Recovery Strategy (2018): Commits to a human rights-based, public health approach, placing prevention and harm reduction at the centre of service delivery.

Community Empowerment (Scotland) Act 2015: Promotes partnership working and local accountability in tackling inequalities.

ADP Action Plan: Identifies harm reduction and partnership responses to risk as key priorities.

Creating a dedicated Harms Group provides the ADP with a mechanism to ensure systematic, coordinated, and transparent oversight of harms workstreams.

#### **4. Governance and Reporting**

The Harms Group will form part of the formal ADP structure.

It will be chaired by Police Scotland, reflecting the strong cross-over between public health and community safety.

The group will report directly into SOAP, ensuring data, outcomes, and insights contribute to performance management and strategic delivery.

Draft Terms of Reference (to be circulated separately) set out the group's remit, responsibilities, and membership.

#### **5. Benefits and Good Practice**

Improved coordination: Brings together agencies with responsibility for health, justice, social care, and community safety to respond to harms collectively.

Data-driven action: Ensures robust use of evidence and intelligence to inform ADP planning and performance.

Rights-based approach: Embeds the Charter of Rights by ensuring that interventions to reduce harm are person-centred, proportionate, and stigma-free.

National good practice: Other ADPs across Scotland have established specialist subgroups to focus on harm reduction, which has strengthened their ability to respond quickly to emerging risks and fulfil national reporting requirements.

#### **6. Recommendations**

**The ADP Committee is asked to:**

**Approve the establishment of an ADP Harms Group, chaired by Police Scotland.**

**Approve the inclusion of the Harms Group as part of the ADP governance structure, reporting into SOAP.**

**Provide feedback on the draft Terms of Reference for the group.**

**Identify and nominate relevant staff/partner representatives for membership.**

**Report prepared by Claire Johnstone**

**ADP Project Manager**

**September 2025**

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# Drug and Alcohol Harm Reduction Group

## Terms of Reference 2025

## **1. PURPOSE**

The Drug and Alcohol Harms Reduction Group (DAHRG) is a strategic and operational subgroup of the Aberdeenshire ADP. Its purpose is to:

- Reduce the harms associated with drug use in Aberdeenshire.
- Improve health and wellbeing outcomes for people who use drugs.
- Coordinate and oversee harm reduction initiatives in line with local and national policy.
- Provide recommendations to the ADP on priorities, service developments, and responses to emerging trends.

## **2. OBJECTIVES**

- Support delivery of the Aberdeenshire ADP Delivery Plan, in alignment with local and national policy.
- Monitor drug-related harm trends, including non-fatal overdoses, drug-related deaths, and public health risks.
- Promote evidence-based harm reduction strategies (e.g. naloxone distribution, safer injecting guidance, drug checking initiatives).
- Facilitate information sharing across partners to identify high-risk individuals and communities.
- Promote the voice of lived/living experience in shaping harm reduction responses.
- Ensure services are trauma-informed, person-centred and reduce stigma.
- Engage with national initiatives and share learning.

## **3. MEMBERSHIP**

The Group should include multi-agency representation to ensure a holistic approach to harm reduction. Core membership will include:

- Police Scotland Local Division (Chair)
- ADP Project Manager (Co-Ordinator- Co-Chair)

- Alcohol and Drug Services (Aries, Mental Health, ADA, Substance Use Specialists from across Shire)
- Public Health
- Scottish Ambulance Service
- Third Sector Services (e.g. Foyer)
- Scottish Fire and Rescue Service
- Housing and Homelessness Services (Housing First)
- Scottish Prison Service
- Lived/Living Experience Representative.
- Family Support Organisations
- Youth Services/Young People's Representatives
- Community Safety Partnership
- Community Pharmacy

Additional members may be co-opted as required based on agenda topics (e.g. Education, Employment services,).

Members are expected to contribute actively and bring relevant data, insights, and feedback from their sector.

#### **4. GOVERNANCE AND REPORTING**

- The DAHRG will report to the Aberdeenshire ADP Strategic Outcomes and Performance Subgroup quarterly.
- Action notes will be shared with members within one week of the meeting and a minute will be recorded and shared with members along with the next agenda.
- The Group will produce an annual report summarising activity, outcomes, and recommendations.
- All members are expected to feedback to their organisations and ensure implementation of agreed actions.

#### **5. Frequency of Meetings**

- The Group will meet bi-monthly, with additional meetings convened as needed.

- Meeting dates will be set annually and reviewed regularly.

## **6. Review of Terms of Reference**

- These Terms of Reference will be reviewed annually or sooner if required by significant changes in practice or policy.

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### **Item 5 Spotlight on BBV (Pauline Dundas, Hepatology Specialist Nurse)**

Power Point slides and BBV Targets Information attached.

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## **Item 6 Scottish Recovery Consortium Engagement (Derek Watt)**

A PDF of SRC Engagement Plan attached.

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## **Item 7 ADP Strategy (All)**

**The ADP Chair will lead a discussion on the 2026-2031 ADP Strategy.**

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## **Item 8 Partners Updates**



## **Item 9 Unallocated Spend Proposals (C. Johnstone)**

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### **REPORT TO ABERDEENSHIRE ALCOHOL AND DRUG PARTNERSHIP – 11th September 2025**

### **ABERDEENSHIRE ALCOHOL AND DRUG PARTNERSHIP PROPOSALS FOR THE USE OF THE UNALLOCATED BUDGET**

#### **Recommendations**

**The Alcohol and Drug Partnership (ADP) is recommended to:**

- (1) Agree to the ADP Development Budget**
- (2) Agree to the AVA Recovery Test of Change**
- (3) Agree to the Participatory Budget Allocation**

#### **Background**

Need was identified through the Strategic Outcomes and Performance Subgroup, the Lived and Living Experience Subgroup and the Medication Assisted Treatment Thematic Analysis for

- A budget that allows the ADP to support Campaigns, Communications and Training
- A budget that supports recovery development that includes a mapping of activity, a signposting resource, recruitment of Peer Volunteers, the growth of mutual support groups, the growth of diversionary activities, the sustainability of current activity
- A Participatory Budget that allows small pots of money to support the growth of activity.

The Recovery Development Steering Group and the three Subgroups of the ADP supported to develop of the proposals and there was unanimous agreement on the direction of travel and associated budget

#### **Summary**

All 3 full proposals have been added to the agenda pack with values for the ADP Committee to agree.

**Report prepared by Claire Johnstone ADP Project Manager  
September 2025**

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## ADP Development Budget Proposal

### **Proposal to utilise some of the ADP 25/26 unallocated budget to ADP Developments**

**Submitted by:** Claire Johnstone Aberdeenshire ADP Project Manager

**To:** Aberdeenshire Alcohol and Drug Partnership Committee

**Date:** September 2025

**Proposed Duration:** September 2025 – 31st March 2026 with recommendations of a proposal for a 26/27 budget agreed before that date.

**Budget Purpose:** Development and Continuous Improvement Across the Recovery-Oriented System of Care

### **1. Purpose of the Proposal**

This paper seeks approval from the ADP Committee for the allocation of a dedicated ADP Development Budget, to be utilised until 31st March 2026. The budget will enable the Aberdeenshire ADP to:

Respond proactively to local and national priorities, Enhance workforce development across all sectors of the recovery-oriented system of care, Fund and participate in national and regional events critical to ADP development, Design and deliver targeted, evidence-based campaigns, Ensure alignment with the ADP's High-Level Outcomes and evolving needs identified through: Experiential evidence ,ADP Committee direction,

Strategic Outcomes & Performance Subgroup intelligence.

### **2. Rationale and Strategic Context**

Aberdeenshire ADP operates within a complex, multi-agency system that requires adaptable, informed, and responsive development capacity. As the ADP works to embed trauma-informed practice, reduce stigma, increase awareness, and improve outcomes for individuals and families affected by alcohol and drug use, this proposed budget will provide the flexible resources needed to:

Deliver learning and development across all sectors involved in prevention, treatment, recovery, and early intervention.

Contribute to national priorities as set out in the Scottish Government's National Mission, the Rights, Respect and Recovery strategy, and the Charter of Rights.

Maintain visibility through strategic communications and targeted local campaigns.

Ensure representation and networking at key national and regional forums, events, and policy-shaping opportunities.

### **3. Proposed Uses of the Development Budget**

#### **A. Training and Capacity Building**

Fund multi-agency training identified by ADP subgroups or lived experience input, e.g. Drug trends, prevention, and early intervention

Delivered across statutory and third-sector partners, recovery communities, and people with lived experience.

#### **B. Representation at National Events**

Support the participation of ADP staff, experiential representatives, and partners in:

Scottish Government events and working groups

Conferences, seminars, and evidence-sharing events

Covers travel, accommodation, registration, and associated costs where appropriate.

#### **C. Local and Regional Campaign Development**

Design and delivery of evidence-based communications, including:

Poster and leaflet campaigns

Paid local media / press coverage

Digital awareness campaigns (including social media)

Contributions to regional campaigns (e.g. Grampian-wide stigma or overdose awareness)

Production of physical and digital resources for service users and the public

### **4. Governance and Oversight**

Budget will be managed by the ADP Programme Manager, with oversight from the Resources and Governance Subgroup.

Spending priorities and proposals will be reviewed and endorsed by all three ADP subgroups.

A final review and recommendations report will be presented to the ADP Committee in March 2026 to inform decisions about future funding.

## **5. Alignment with ADP High-Level Outcomes**

This resource directly contributes to delivering the following Aberdeenshire ADP outcomes'

### **Links to ADP Outcome**

Increased professional and public awareness of substances, harms, and support via campaign design, press, and awareness training

A multi-agency prevention response.

A unified response to drug and alcohol harm, supported by shared learning and national representation

Workforce capacity increased

Continuous service improvement based on learning, by embedding experiential evidence and up-to-date practice

Community involvement in recovery, free from stigma, through public awareness campaigns and training

Protection of children and vulnerable adults through service improvement

Charter of Rights is embedded in all ADP activity, all communications and learning activities will reflect the Charterer of Rights

## **6. Budget proposal:**

Approximate Cost Estimate based on similar activities:

Multi-agency Training Events: Identified training need across all partners relevant to the ADP Priorities can be reported to the ADP Project Manager who will liaise with the three ADP Subgroups for good governance to direct the spend.

- Based on 20 people for the delivery of a full day training course approx £1000  
Running 4 full day courses, Total = £4,000
- Based on 15 people attending a half day/short Online course £500  
Running 4 short courses, Total = £2,000
- 50% share of costs for trainer's expenses which will include accommodation and/or travel for Scottish Families Affected by Drugs to deliver Family Inclusive Practice Implementation across ADP partners.  
Based on 10 partners receiving this service from SFAD  
Maximum of £200 per visit  
10 visits £2000

So far only Drug and Alcohol Integrated Services have scheduled visits from SFAD with the possibility of Community Justice and Housing First taking up the opportunity, but this budget would allow other ADP Partners to take SFAD's opportunity to support to imbed Family Inclusive Practice.

- Budget Allocation for one Funded Specialist Course that meets the outcomes of one or more of the ADP Priorities and where completion of the course will make a significant impact. Based on a specialist course funded by the ADP in 2024  
Approx £4000
- Specialist Alcohol training for 12 Participants £1900

**Total Training Proportion of Budget: £13,900**

**Representation at Events:** 2 Scottish Government ADP events over the next 8 months, travel and subsistence for 2 attendees £400

**Campaign Development, Design and Poster Printing: 2 Campaigns before April 2026 could run together**

Design: £500 x 2 £1000

Printing: 250 x A4 170g silk Posters £120, 250 copies A3 £200

Distribution: Postage £50, Local Newspaper advertisement £500 for both

Paid social media: targeting male & female Users aged 18+ living in Aberdeenshire would be £800 for 1-2 weeks.

Paid social media targeting young people under the age of 24 living in Aberdeenshire would be £800 for 1-2 weeks.

Estimated audience size: 139,100 - 163,700

Estimated reach: 161,200

No of Impressions: 268,667

**Total cost of 2 Campaigns: £3470**

**ADP Website promotional Material:**

For the launch of the ADP Website, pens QR code stickers, the website will be a valuable resource to all Partners and Communities in Aberdeenshire.

**Estimated Total: £1000**

**ADP Website Social Media Advertising Launch: £5000**

**Emerging Priorities:**

It is recommended that there is a budget within this proposal that allows any ADP Partner to request financial support for small scale development purposes that improve services, reduce stigma and improve access where lack of funds is creating

barriers, any request would need to be in line with the ADP priorities and impact reported. Small scale developments could include printing, representation at a learning event where there is a cost, venue hire, refreshments for a community event, resources i.e pull up banner, mobile devices etc. This fund could only be requested where there are no other funding streams to support.

**Total: £5000**

**Note:** A detailed budget will be maintained by the ADP Project Manager and reported to the Resources and Governance Subgroup.

**Overall Total Requested Allocation: £28,370**

## **7. Recommendation**

**It is recommended that the ADP Committee:**

**Approves the allocation of a time-limited ADP Development Budget of £23,370 until 31st March 2026.**

**Mandates the ADP Project Manager to manage the budget in collaboration with the three ADP subgroups.**

**Requests a review and recommendations report on the impact and use of the budget by March 2026 to support post 26 allocations.**

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## Recovery Development Test of Change

**Proposal: Recovery Development Test of Change (2025/26) Utilisation of unallocated 25/26 budget.**

**Submitted to:** Aberdeenshire Alcohol and Drug Partnership

**Submitted by:** Claire Johnstone ADP Project Manager

**Date:** September 2025

### 1. Executive Summary

This proposal outlines a “Recovery Development Test of Change” to be delivered by Aberdeenshire Voluntary Action (AVA), funded through unallocated ADP 2025/26 budget. The proposal seeks to strengthen and coordinate recovery support across Aberdeenshire by:

Mapping existing community-based and recovery activities using existing local data bases through community planning, their own membership and funded projects with additional support provided by the Experiential Officer. The timeline for completing the Mapping would be January 2026.

Recruiting and supporting Peer Volunteers in partnership with HSCP Drug and Alcohol Services and the ADP Experiential Officer,

Supporting and sustaining local recovery assets, and

This work will ensure alignment with Scottish Government guidance on community recovery, peer support, the Charter of Rights, and relevant guidance from the Scottish Recovery Consortium.

### 2. Background and Rationale

Across Aberdeenshire, there is a growing network of recovery assets (people with the passion to grow recovery in the community) and lived experience-led groups who are offering vital support. However, challenges remain around:

Fragmented awareness of what recovery assets exist and where,

Lack of structured peer involvement in service settings,

Fragile sustainability of some community assets due to lack of funding, infrastructure, or governance,

Limited central support to manage or distribute targeted funds effectively.

To address these issues a one year test of change is proposed to develop a sustainable foundation for community-led recovery support.

### 3. Proposal Overview

#### 3.1 Recovery Development Worker (0.4–0.6 FTE)

A dedicated AVA staff member will:

Map community and recovery-based activity across Aberdeenshire to produce a live, accessible resource for service providers, staff, and community members. Mapping Exercise completed in 2025.

Report impact of the Test of Change and allocated small grants at the ADP Quarterly meeting.

Support signposting by HSCP and ADP partners using the resource.

Collaborate with HSCP Drug and Alcohol Services and the ADP Experiential Officer to:

Recruit and train Peer Volunteers.

Support Peer Volunteers placed in Step-In Services (e.g., welcoming attendees, providing listening support, sharing recovery information).

Identify and support facilitators to run peer-led groups, such as creative sessions.

Support the setup of My Recovery and Me (MRM) groups across Aberdeenshire by securing venues and supporting the facilitators.

### **3.2 Sustainability Support for Recovery Assets**

The development worker will:

Support emerging or existing recovery groups with:

Opening bank accounts,

Drafting constitutions,

Identifying funding opportunities,

Building local partnerships for sustainability.

AVA will provide additional support to groups at risk of closure due to lack of banking or governance infrastructure. Where necessary, AVA will manage transactions on behalf of groups and charge 5% per transaction as an administrative fee, while actively supporting them to become independent.

## **4. Strategic Alignment**

This test of change is aligned with:

- ADP Priority 1-Fewer People develop problem drug and alcohol use

High Level Outcome- Opportunities will be increased to broaden recovery pathways.

Associated ADP Action Plan - Funding opportunities sourced, and awareness raised.

Support and resource the increase of Peer volunteers, recovery opportunities and diversionary activities.

- ADP Priority 3- Families, Children and communities affected by alcohol and drug use are, safe, healthy, and included and quality of life is improved for people experiencing multiple disadvantage

High Level Outcome- More families members are supported and involved in their loved one's care plans and recovery journey.

Associated ADP Action Plan- Peer support available in DAS to support people accessing treatment and their families

High Level Outcome- People are actively involved in community activities during their recovery without experiencing stigma

High Level Outcome- The Charter of Rights is embedded in all we do.

## **5. Relevant Policies, Frameworks, and Guidance**

### **1. National Mission to Reduce Drug Deaths and Improve Lives (Scottish Government, 2021–Present)**

Purpose: Aims to reduce drug deaths and harms through whole-system change, including the empowerment of communities and embedding lived and living experience.

Relevant Quote:

“People with lived and living experience must be at the heart of our response – shaping services and helping others in their recovery journey.”

Relevance: Supports the recruitment and development of peer volunteers and community-led mapping of recovery assets.

### **2. Rights, Respect and Recovery (2018) – Scotland’s Strategy to Improve Health by Preventing and Reducing Alcohol and Drug Use**

Purpose: Emphasises recovery-oriented systems of care, the role of lived experience, and community responses.

Relevant Quote:

“Recovery is most effective when it is person-centred and supported by communities that understand and value the role of individuals with lived and living experience.”

Relevance: Endorses community mapping, sustainability of grassroots groups, and peer-led recovery initiatives.

### **3. The Lived and Living Experience Strategy (Scottish Government, 2023)**

Purpose: Guidance for embedding lived experience meaningfully in policy and service design.

Relevant Quote:

“We must move from tokenism to co-production, ensuring that lived and living experience is supported, valued and appropriately resourced.

Relevance: Underpins the proposal’s on peer involvement, supports the framework for volunteers and groups.

### **4. The Charter of Rights for People Affected by Alcohol and Drugs (Scottish Recovery Consortium, 2021)**

Purpose: Sets out a rights-based approach for people accessing alcohol and drug services.

Relevant Quote:

“You have the right to be involved in decisions about your support and treatment. Your experiences and knowledge must be valued and listened to.”

Relevance: Supports the involvement of Peer Volunteers in services and community-based recovery activity design.

### **5. Scottish Recovery Consortium – Principles for Community Recovery (2022)**

Purpose: Provides a framework for ethical, inclusive, and sustainable community recovery.

Relevant Quote:

“Community recovery is sustainable when it is local, peer-led, and supported with resources and infrastructure to thrive.”

Relevance: Strong endorsement of the grant fund, peer-led groups, and AVA's role in supporting local assets to become self-sustaining.

## **6. Trauma-Informed Practice Framework (NES/Scottish Government, 2021)**

Purpose: A national framework for building trauma-informed services across sectors.

Relevant Quote:

“Creating safety, choice, and collaboration is central to building trust and engaging people meaningfully, especially those with lived experience of trauma.”

Relevance: Justifies trauma-informed delivery approaches in Step-In Services, group facilitation, and volunteer support.

## **7. COSLA/Scottish Government – New Deal for Local Government (2023)**

Purpose: Encourages more locally driven and community-led approaches to public service delivery.

Relevant Quote:

“Communities should have a greater say and influence over how resources are used to meet their own needs.”

Relevance: Supports the localised grant distribution model and the bottom-up design of recovery interventions.

## **6. Outcomes and Benefits**

Short-Term (0–12months):

Improved awareness and coordination of community recovery activity

Increased peer volunteer participation in HSCP services

Strengthened local recovery assets

Distribution of £35,000 to support community initiatives

Enhanced collaboration between third sector, lived experience, and statutory partners

**Long-Term (post-project sustainability):**

A tested and scalable model for supporting community recovery

Greater sustainability of local groups

Stronger, trauma-informed, person-led recovery infrastructure

Improved service-user experience across ADP pathways

## 7. Budget Overview

Item Per month	0.4 FTE	0.6FTE
Project staff salary, NI, pension & support costs	£1425.95	£2138.98
IT subscriptions and support costs	£55.33	£55.33
Travel and subsistence	£250.00	£375.00
Delivery resources (incidentals)	£100.00	£150
Overhead resources (inc. insurances, audit, line management, promotion)	£400.00	£600
Total Per month	£2231.28	£3319.26
For the full year	£26,775.36	£39,831.48

### Banking Facility

Management fee would be the equivalent of 5% of each transaction e.g. if AVA held £1000 for a group the charge would be £50 to the ADP. AVA will support people to set up their own accounts and/or source third sector organisations as hosting bank accounts so the use of this facility should be minimal. the 5% fee would include:

- Set up and management of banking governance
- Set up, management, and delivery of payments protocols
- Set up, management, and delivery of financial payments
- Overhead resources (inc. IT systems, insurances, audit, staff time)

Any payments made beyond this funded period would be billed to ADP at 10% of the transaction value monthly until all banked funds are spent. The ADP would request that AVA works with recovery assets or groups who are using the banking facility to have a third sector hosting bank arrangement or their own accounts before the end of the funding period.

Charges for the banking facility will be sent by Invoice to Aberdeenshire Council who will pay on behalf of the ADP and claimed back from the cost centre that will be linked to this ADP spend. Copies of the invoices will be sent to the Resources and Governance Subgroup who will monitor the spend on the test of change.

Proposal that a maximum of £1000 is allocated for these invoices and is monitored by AVA and Resources and Governance.

### Additional Charges

There may be additional charges for the general operations of the test of change e.g. PVG's for Volunteers. It is proposed there is a budget set aside of £2000 to support these charges. Charges will be paid by invoice sent to Aberdeenshire Council, paid on behalf of the ADP from the associated cost centre.

Proposed Allocation for the Test of Change	0.4FTE	0.6FTE
Staff, running cost and mapping	£26,775.36	£39,831.48
ADP Fund and Grants Management	£66,000	
Banking Facility	£1000	£1000
Additional Charges	£2000	£2000
Total	£29,775.36	£42,831.48

**Note:** Final budget will depend on confirmation of FTE for development worker post and volume of transactions managed.

## 8. Monitoring and Evaluation

AVA will monitor and evaluate the test of change through:

Ongoing feedback from peer volunteers and recovery groups

Mapping and tracking of resource usage and referrals

Documentation of group sustainability outcomes (e.g., bank accounts opened, grants secured)

Quarterly Impact reporting to ADP.

## 8. Conclusion

This Recovery Development Test of Change will offer vital coordination, sustainability support, and lived experience engagement in Aberdeenshire's recovery landscape. By investing in a structured and evidence-informed model now, ADP can create lasting infrastructure that empowers communities, strengthens services, and directly supports the national mission to reduce drug deaths and harms.

This proposal will allow AVA to work closely with ADP partners and people in the community to build a more connected and resilient recovery community in Aberdeenshire.

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## ADP Participatory Budget Allocation

### Proposal: Allocation of £35,000 for Participatory Budgeting to Support Recovery Communities in Aberdeenshire

To: Aberdeenshire Alcohol and Drug Partnership (ADP)

From: Claire Johnstone ADP Project Manager

Date: September 2025

Subject: Recommendation for allocation of unallocated budget to AVA for participatory budgeting

#### Purpose

This proposal recommends that £35,000 of the current unallocated ADP budget be allocated to Aberdeenshire Voluntary Action (AVA) to manage a Participatory Budgeting (PB) process. The purpose is to enable individuals, grassroots groups, and community organisations across Aberdeenshire to develop and grow recovery communities.

The impact of this allocation will be reviewed by ADP Subgroups as part of the 2026/27 budget-setting process, with consideration given to future allocations depending on outcomes and learning.

#### What is Participatory Budgeting?

Participatory Budgeting (PB) is a democratic process that gives communities direct influence over how a portion of public funds is spent. Instead of decisions being made solely by statutory bodies, PB empowers local people—particularly those with lived and living experience—to propose, develop, and vote on projects that matter most to them.

PB is designed to:

- Put decision-making power in the hands of communities,
- Build trust, transparency, and accountability in how funds are used, and
- Ensure that resources are directed to projects that reflect local priorities and lived experience.

#### Benefits of Participatory Budgeting for Recovery Communities

- Empowerment: People in recovery, families, and local groups can shape the support they need, strengthening community ownership.
- Inclusivity: Smaller, grassroots initiatives that may struggle to access traditional funding can benefit directly.
- Innovation: PB encourages new and creative approaches to recovery, prevention, and community wellbeing.
- Capacity Building: Groups gain valuable experience in project design, governance, and delivery.

- Sustainability: By fostering local networks and mutual support, PB helps create stronger, more resilient recovery communities.

## Strategic Alignment

This proposal aligns with several key national and local strategies:

- Scottish Government's "Rights, Respect and Recovery" Strategy (2018): Commits to supporting recovery communities and person-centred approaches.
- National Drugs Mission (2021): Emphasises the importance of empowering people with lived and living experience to shape services and communities.
- Community Empowerment (Scotland) Act 2015: Encourages participatory budgeting as a means of giving communities a stronger voice in decision-making.
- Aberdeenshire ADP Delivery Plan: Highlights the need to strengthen local recovery communities and promote community-led responses.

## Proposal

That Aberdeenshire ADP:

1. Allocates £35,000 of unallocated budget to AVA for the design and delivery of a PB process in Aberdeenshire.
2. Supports AVA to ensure that the PB process is inclusive, transparent, and accessible to individuals, families, and groups with an interest in recovery.
3. Reviews the impact and learning from this PB exercise during the 2026/27 budget-setting process, with a view to considering additional allocations based

## Costs

Total ADP Funding Allocation	£35,000
Plus AVA Management Fee	£3,500
Total Grant and Management	£38,500

## Conclusion

Investing in participatory budgeting provides Aberdeenshire with an opportunity to strengthen recovery communities from the ground up, ensuring that people with lived experience have a meaningful say in shaping solutions. Allocating £35,000 now will demonstrate a commitment to empowerment, innovation, and community-led recovery, fully in line with national and local priorities.

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## Item 10 Resources & Governance Group/Finance (E. Black / R. Meiklejohn)

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### REPORT TO ABERDEENSHIRE ALCOHOL AND DRUG PARTNERSHIP – 11 SEPTEMBER 2025

### ABERDEENSHIRE ALCOHOL AND DRUG PARTNERSHIP FINANCE UPDATE AS AT THE END OF JULY 2025

#### 1. Recommendations

It is recommended that the Alcohol and Drug Partnership (ADP):

1.1. Note the year to date and forecast financial positions 2025/26, as set out in the appendix giving supporting detail to this report;

1.2. Agree that the allocation of the remaining budget can be approved by the Resources and Governance Group in consultation with the other Group Chairs and in line with Following the Public Pound guidance.

#### 2. Directions

2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

#### 3. Risk

3.1 IJB Risk 1 Sufficiency and affordability of resource.

3.2 This report is key to managing this risk.

#### 4. Background

4.1 Aberdeenshire ADP has two funding streams, recurring annual funding and annualised funding received from the Scottish Government. Recurring annual

funding for 2025/26 amounts to £1,991,823 and it is a matter for the ADP to decide how this is allocated to projects. The ADP has elected to allocate a proportion of this to projects run by NHS Grampian and a proportion to projects run by Aberdeenshire Council. Scottish Government funding for 2025/26 has now been advised, consisting of what is termed “National Mission” funding of £1,504,486 and two smaller allocations. One is what is termed “Stabilisation” funding, amounting to £62,773 and the other is termed “Lived and Living Experience” funding of £21,722. The ADP does not have discretion over how this funding is used and must deploy it as directed by the Scottish Government. Total funding available in 2025/26 is, therefore, £3,580,804.

- 4.2 The ADP has not yet fully allocated the funding of £1,991,823, over which it has discretion, to projects. As at the end of July, £1,749,603 had been allocated, leaving £242,220 available for allocation.

## **5. Proposals for the use of unallocated funding in 2025/26**

- 5.1 There are three proposals for the deployment of so far unallocated funding. Firstly, a one year test of change proposal at an estimated cost of £39,831.48, secondly, a participatory budget process £38,500 and an ADP development proposal at an estimated cost of £28,370. The details of these proposals are given in separate papers on today’s agenda. If these proposals are accepted, £135,518.52 of unallocated funding will remain.

## **6. Year to date and forecast financial position 2025/26**

- 6.1 Expenditure to the end of July amounted to £1,234,869 giving an underspend relative to the year to date budget of £92,075. The most notable variances as at the end of July included an underspend of £17,004 against Scottish Families Drug and Alcohol and £44,667 against funding for residential rehabilitation placements. In both cases, it is forecast that there will be no variance at year-end.
- 6.2 Forecast expenditure against both allocations to projects made by the ADP and Scottish Government funding are shown in the appendix to this report. As at the end of July, there was a forecast underspend of £82,370. It is not proposed to reallocate any of the forecast underspend to other projects at this stage as it is felt that this would carry too much risk and potentially lead to overspending. The position can be reviewed again later in the financial year but it is suggested that this should not be done until data for two quarters of the financial year is available. The most notable forecast variances as at the end of July included an underspend of £47,570 against the additional pharmacist and technician allocation and £21,384 against the psychology team part funding application allocation.
- 6.3 The forecast includes an unbudgeted repayment to Corra of £7,452.70. This is in respect of a hospital addiction care project run via the ADP for which

Corra provided grant funding of £308,338. Only £300,885.30 of this funding was spent, leaving an unused amount to be repaid.

## **7. Equalities, Staffing and Financial Implications**

- 7.1 An integrated impact assessment is not required because the recommended actions are not considered to have a differential impact on people with protected characteristics.
- 7.2 Any staffing and financial implications arising directly as a result of this report are narrated in the report.

**Kathryn Flavell**

**Chair of Aberdeenshire ADP**

Report prepared by Ewan Black, finance manager, NHS Grampian

Appendix 1 Detailed ADP finance report

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## **Briefing Note – Resources and Governance Group June-September**

**Issued to – ADP**

**Issue date – 11/09/2025**

**Prepared by – Rebecca Meiklejohn**

**Purpose of the Briefing Note:** To update the ADP Committee on the activity of the RnG group.

The group meet every 6 weeks and have met twice on Teams for ordinary meetings since the last ADP Committee.

### **Key Discussion Points**

Resources and Governance Subgroup – Quarterly Update

#### **1. Finance Scrutiny**

- The subgroup reviewed the ADP finance sheet in detail, ensuring transparency and accountability.
- Updates and progress on finance have been reported separately to the Committee.

#### **2. Governance**

- The subgroup considered governance arrangements to ensure compliance with “Following the Public Pound” principles across all funded resources.
- Evidence required for the payment of the Scottish Families grant was gathered and reviewed.

#### **3. Unallocated Spend**

- The subgroup reviewed proposals for the allocation of uncommitted funds.
- Adjustments were made to figures to ensure alignment with grant funding rules.
- Proposals were unanimously agreed by the subgroup.

#### **4. Lived and Living Experience Budget**

The subgroup reviewed and agreed a proposal on how the Lived and Living Experience budget will be allocated and spent.

### Priorities for the Coming Quarter

- Continue scrutiny of ADP finance to ensure transparency and accountability.
- Oversee the allocation of the underspend
- Maintain focus on governance standards to ensure compliance with national and local requirements on all ADP Resources.

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## **Item 11 Strategic Outcomes and Performance/Impact report (G. Robertson / C. Johnstone)**

**Briefing Note – Strategic Outcomes and Performance Sub-Group Update June-September**

**Issued to – ADP**

**Issue date – 11/09/2025**

**Prepared by –**

**Purpose of the Briefing Note:** To update the ADP Committee on the activity of the SOAP group.

The group meet every 6 weeks and have met twice on Teams for ordinary meetings since the last ADP Committee.

### **Key Discussion Points in Q2:**

#### **1. Action Plan Monitoring**

- The group agreed to use a RAG status system to assess progress against each action, including indication of trajectory.
- To support this, the group agreed ADP Project Manager will meet with all action leads ahead of each SOAP meeting to gather progress updates and evidence.
- The ADP Project Manager will update the Action Tracker (Excel) prior to meetings and circulate with papers.
- Updates have been gathered and will be presented to the SOAP group in September for agreement on status and to identify areas requiring additional direction or support.

#### **2. Data Dashboard Development**

- The ADP Project Manager, Drug and Alcohol Service Project Manager and two DAS project workers have completed Power BI training to build capacity for dashboard development.
- Work is underway to design a dashboard with multiple tabs to capture key datasets including treatment, waiting times, substances, drug and alcohol-related deaths, hospital admissions, children and families, experiential data, naloxone, and IEP.
- The dashboard will also highlight geographical areas of greatest need across Aberdeenshire, providing the SOAP group with a tool to inform recommendations on strategy, policy, and funding.
- Data sets for each action are being agreed, with additional data identified beyond that collected for the National Mission.

- The aim is to have a demonstrable version ready to present to ADP partners at the December committee.

### **3. Funding Allocations**

- The group reviewed funding proposals against evidenced need and alignment with the action plan.
- Proposals considered included: ADP development, test of change, participatory budgeting, and LLE budget.
- All proposals were unanimously agreed for approval.

### **4. Additional Subgroups**

- The group discussed the need for a Drug and Alcohol Harms Group, the purpose, potential outcomes and benefits were discussed. Police were asked if they could Chair. SOAP members unanimously agreed to the need for the group with ongoing discussions around membership and operating procedures.
- The group discussed the potential for an Operational group that allowed front line workers across DAS, the Third Sector and Community groups the opportunity to feed in good practice, opportunities and challenges in supporting recovery. The discussions on this group are ongoing.

### **5. Priorities for the coming quarter**

- Agreeing on priority and criteria for unallocated ADP budget
- Agreeing on a data set to support ADP reporting
- Monitoring the Action Plan
- Supporting the development of the Harms Group
- Agreeing on any other additional groups

**Report prepared by Gillian Robertson  
Strategic Outcomes and Performance (SOAP) Chair  
11 Sept 2025**

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## Aberdeenshire ADP Report

### September 2025

#### 1. Introduction

This report includes information from all Alcohol and Drug Partnership (ADP) Partners, services and wider activities funded via drug and alcohol funding. This will inform the ADP committee of the extent of activities being undertaken in addition to identified actions supporting ADP priorities and the people and communities of Aberdeenshire. Whilst some of these activities are included in the monitoring of the Action Plan, this provides fuller information and demonstrates how collectively we are working to meet the ADP Priorities.

This is the first progress report presented to the Committee. Aberdeenshire ADP has experienced a few challenges in the recent years, including changes in personnel, a period without dedicated support staff, and the absence of a fully developed and measurable delivery plan to monitor against our five-year strategy, Being Human. While Being Human provided a strong vision, it did not progress to the stage of systematic measurement or reporting and ends this year.

A review of our Strategic Delivery Plan in October 2024 confirmed that priorities, local trends, and service capacity have shifted significantly since the strategy was launched. In addition, we now have access to new evidence, including experiential insights from people with lived and living experience, and improved data on Medication-Assisted Treatment (MAT). These developments mean that a new, up-to-date evidence-based approach can be progressed.

In response, the ADP developed an Evidence-Based Strategic Framework which underpins a reduced and focussed Action Plan. Both align with the Scottish Government's National Mission to Reduce Drug Deaths and the priorities set out in the annual funding letter. They are inclusive of identified local needs and ensures co-production with partners and people with lived and living experience. They provide a structure for us to begin monitoring progress through the ADP's Strategic Outcomes and Performance Subgroup avoiding duplication by linking with other strategies and plans where possible.

This represents a significant step forward in ensuring that Aberdeenshire ADP can measure, report, and be accountable for delivery and resource, while remaining responsive to local and national needs and priorities.

Work is ongoing in the Strategic Outcomes and Performance(SOAP) Subgroup to establish a data set for the monitoring of the ADP Action Plan. The SOAP group are working on a Dashboard which will collect, from ADP Partners and other public data, agreed information to illustrate performance against agreed targets and outcomes.. This dashboard will be available to Partners in December for feedback and as a tool to support reporting, this will be updated quarterly and develop in line with local and national needs.

The Action Plan and Data Dashboard will evolve as policy, priorities and need changes, gaps are identified, and Partnerships grow.

Looking ahead, we recognise that the current National Mission concludes in 2026 and anticipate the publication of a new Scottish Government Partnership Delivery Framework, so now is the right time to start developing the next ADP strategy (2026–2030). This will allow us to embed lessons learned from recent years, utilise our new evidence base, identifying new and strengthen existing Partnerships and ensure visible and collaborative progress in reducing and preventing alcohol and drug harms across Aberdeenshire.

## 2. Scottish Government Allocation

To deliver on our priorities the ADP receives funding from the Scottish Government which is transferred via NHS Boards for onward delegation to IAs to be invested, in their entirety, through ADPs, and should not be subject to any wider savings targets.

**Total amount received by SG: 4,115,623**

**The NHS take a historic Top Slice from this: 642,247**

Priorities set out in the Scottish Government Funding Letter which the ADP must deliver on.

**Specific Programme Funding 1,588,981**

- Implementing, improving and sustaining the MAT Standards. £436,600
- Support residential recovery, and the services associated with preparation or aftercare, rehabilitation-associated service placements in detox, crisis care and stabilisation. £217,225
- Whole Family Approach- expectations for local areas to put in place accessible, consistent, sustained and inclusive support for families. £152,057
- Lived and Living Experience Participation- to develop meaningful, accessible and inclusive ways for people to be involved in decision-making. £21,722
- Stabilisation- to develop or bolster existing arrangements for residential stabilisation and crisis care £62,773
- National Mission Uplift- programmes of work which deliver the outcomes set out in the National Mission £477,897

**This leaves 1,884,395 for the ADP to allocate:** to support improvement and innovation in the way alcohol and drug services are delivered as part of the Rights, Respect and Recovery strategy and the Alcohol Framework 2018: Preventing Harm.

## 3. What the ADP Fund 25/26

**Integrated Service Delivery:**

- Alcohol and Drugs Action (ADA) – funded by the ADP, ADA is fully integrated into Drug and Alcohol Services and provides harm reduction interventions,

primarily for people who do not require MAT. This ensures early support, safer use interventions, and pathways into further treatment when needed. **514,655**

- Psychology and Pharmacy Teams – both are part of the integrated model and funded by the ADP. They provide tailored psychological support, increased capacity for prescribing the current OST caseload and safer prescribing, enhancing outcomes for individuals and families, support towards training, upskilling of staff, waiting times, and the implementation of the MAT Standards. **458,294**
- Drug and Alcohol Service Admin- to support in the reporting, data gathering, presenting and analysis and admin tasks required in drug and alcohol services, this increases capacity and is an essential support to the delivery of drug and alcohol services. **64,023**

#### Projects:

- Housing First – A contribution is paid to Aberdeenshire Council Housing homelessness team to increase capacity in Housing First, this also provides staff and coordination at Days of Action where people at high risk of harm are proactively identified and supported on days of intensive assertive outreach. They support with housing pathways from prison, work directly with Drug and Alcohol Services with two-way referral pathways that are supporting the most vulnerable in Aberdeenshire. This Supports the implantation of MAT 8 'All people will have access to independent advocacy, support with housing, welfare and income needs' **153,660**
- Family Support – The ADP Fund one person from Scottish Families Affected by Drugs and Alcohol (SFAD), other funding secured by SFAD pays for a second post in Aberdeenshire. SFAD provide one to one, group and online support to family, friends and carers of people affected by drugs and alcohol. They provide families in Aberdeenshire with access to bereavement support, training and Naloxone provision. **51,013**
- Contribution to Advocacy contract- The ADP in Aberdeenshire pay a share of Aberdeenshire Councils Advocacy contract to support the implementation of the MAT Standard 8 as mentioned under the housing entry above. **74,119**
- ADA city Services contribution- City Services are run by Alcohol and Drugs Action in Aberdeen City and includes a dedicated service for women who are involved in prostitution and provides a helpline, needles exchange and weekend and evening drop in support. It was identified that there were a number of women and men travelling from Shire to city to access support. The project supports Access, Choice and Support which is the ask of the MAT standards. **57,102**

#### Residential Rehab: 134,000

To fund additional Residential Rehab placements to ensure everyone in Aberdeenshire has the Choice of Residential Rehab where it is a safe and suitable choice. It was agreed this allocation would be used when the SG Allocation is spent and where the additional Scottish Government drawdown funds do not cover the full cost of pre, during and post rehab support and where the free places in Rae House are not appropriate or available. **134,000**

#### ADP Support Team: 241,735

The support team acts as the engine room of the ADP, ensuring that the partnership functions effectively, is collaborative, accountable, and delivers on local and national priorities. The ADP Support Team have roles in Governance & Accountability, Performance, Data & Reporting, Partnership & Engagement, Commissioning & Finance Oversight, Policy & Strategy, Communications & Public Profile, Sourcing and Resourcing Training and working with people accessing treatment, family members and Services to gather Experiential Evidence which is a Scottish Government Requirement. Ultimately they are there to support partners achieve the priorities and strategic aims of Aberdeenshire ADP as well as providing reporting to Scottish government etc.

The current funding pays for the following staff:

ADP Lead Officer (Full time, present Since August 2023)

ADP Project Manager (Full time, in post since June 2024)

ADP Experiential Officer (Full time in post since Sep 2024)

ADP Admin (Part time returned to post in Aug 2024)

#### **4. Progress**

For the purpose of this report we will look at progress the ADP has been making over the last year, recognising that some reporting has just started so we have no comparative report. Aberdeenshire ADP and have made significant progress in strengthening structures and partnerships, building system foundations, and aligning delivery with the Scottish Government's National Mission to Reduce Drug Deaths and annual funding priorities whilst identifying and responding to additional local needs.

#### **Drug and Alcohol Integrated Services**

Have achieved a green rating on the RAGB (Red/Amber/Green/Blue) performance framework for the implementation of the Medication Assisted Treatment (MAT) Standards. (link to benchmarking report [National benchmarking report on the implementation of the medication assisted treatment \(MAT\) standards: Scotland 2024/25 - National benchmarking report on implementation of the medication assisted treatment \(MAT\) standards - Publications - Public Health Scotland](#))

- What this means: Green status demonstrates that MAT standards are not only in place but are being delivered consistently, with robust systems to ensure people can access treatment quickly, with choice and flexibility. This includes same day prescribing where clinically appropriate, improved retention in treatment, assertive outreach for non fatal overdoses(NFOD) and those most at risk of harm or death and a strong focus on person-centred care.
- This achievement reflects the strength of our integrated service model, bringing together statutory services and third-sector partners under a shared vision.

#### **What are the MAT Standards**

1. All people accessing services have the option to start MAT from the same day of presentation.

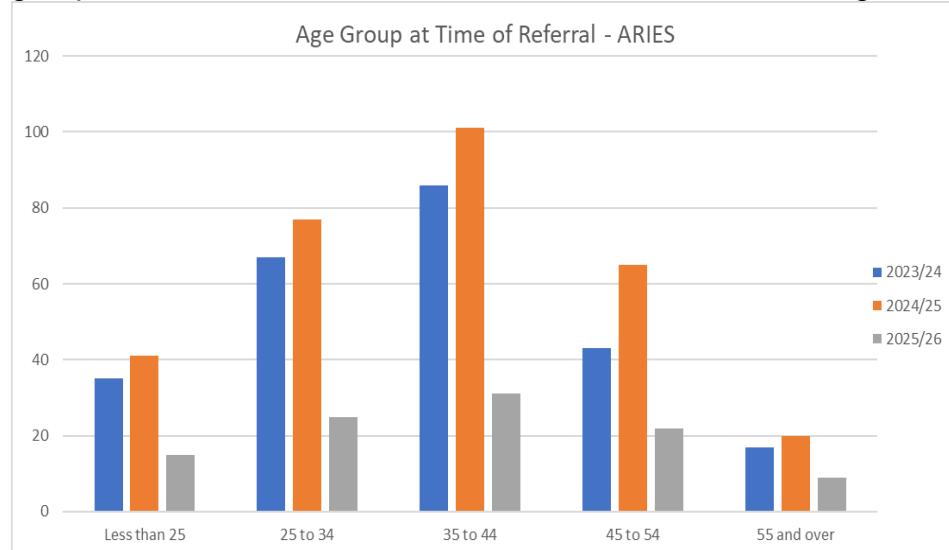
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence, re-commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as 6. The system that provides MAT is psychologically and trauma informed (Tier1); routinely delivers evidence based low intensity psychosocial interventions (Tier2); and supports the development of social networks.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care.

### **Assertive Outreach (Aries)**

ARIES is a multidisciplinary team comprising prescribing nurses, senior social workers and health and social care support workers. This team are proactive in their response to those most at risk of harm. ARIES visit people in their own homes following –

- a NFOD,
- disengagement with services and known to be high risk or have complex needs,
- notification from police and justice services of harm
- referrals from others reporting concerns for an individual due to harmful drug and/or alcohol use
- people observing deaths or have experienced deaths of family or loved ones

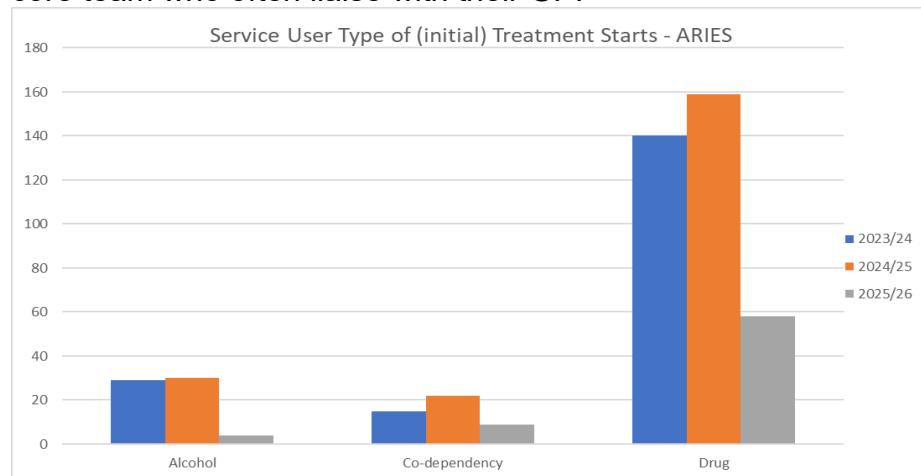
The service is provided Monday to Saturday. The graph below shows the age groups of referrals that ARIES have visited, n.b. the 25/26 figure are for Q1 only.



ARIES receive most referrals from Police and this is through a seconded sergeant post within the ARIES team. This allows ARIES to be aware of harms that police have identified very soon after the incident highlighting concern.

The ARIES team have an excellent working relationship with various services including, out of hours, crisis intervention team, Housing/Housing first, welfare and benefits, health support and will contact whoever is needed to help reduce risk and harm to individuals. They also will work with family members providing advice and contact details for support organisations such as SFAD.

You will see from the chart below that the majority of people supported by ARIES have problematic Drug use rather than alcohol but ARIES respond to although many of the most vulnerable people with problematic alcohol use are well served by the core team who often liaise with their GP.



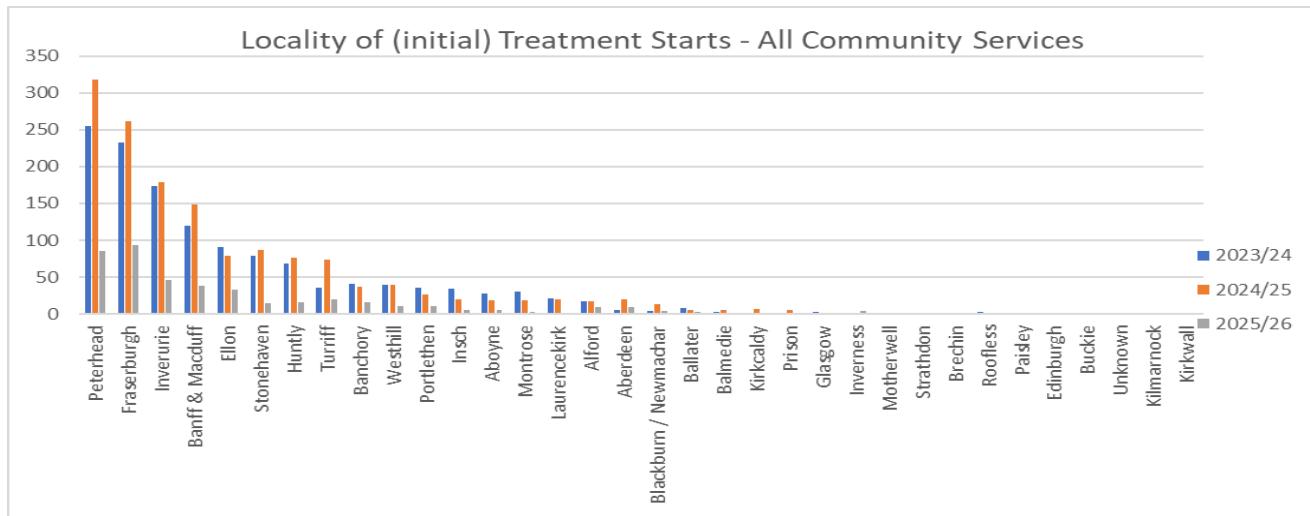
Development work is ongoing to establish more referral pathways including from ARI and Cornhill Hospitals.

ARIES is Aberdeenshire's response to MAT 3 although they also contribute to many if not all of the other MAT standards. The team are seen as an effective and well-respected outreach service and many areas ask for advice and information on the service.

### **Treatment** Expanding Access to Treatment

Drug and Alcohol services underwent a redesign in 22/23 to enable delivery of MAT standards across Aberdeenshire. One of the key developments was establishing places in the larger communities that people can come and receive support at a time that was right for them. This is Step In and whilst we have 5 areas equipped to deliver our Step In model, premises continue to be a challenge.

However, staff have risen to the challenge, and we have seen an increase in footfall, see chart below which also highlights our areas with highest demand, N.B. 25/26 IS Q1 only. Whilst this identifies that Peterhead and Fraserburgh are our areas of highest demand it also highlights that smaller towns e.g. Turriff also have increased demand, albeit lower numbers. We use this data to enable us to respond to need and as an example we now have staff who attend Turriff regular days each week and will accept walk in appointments.

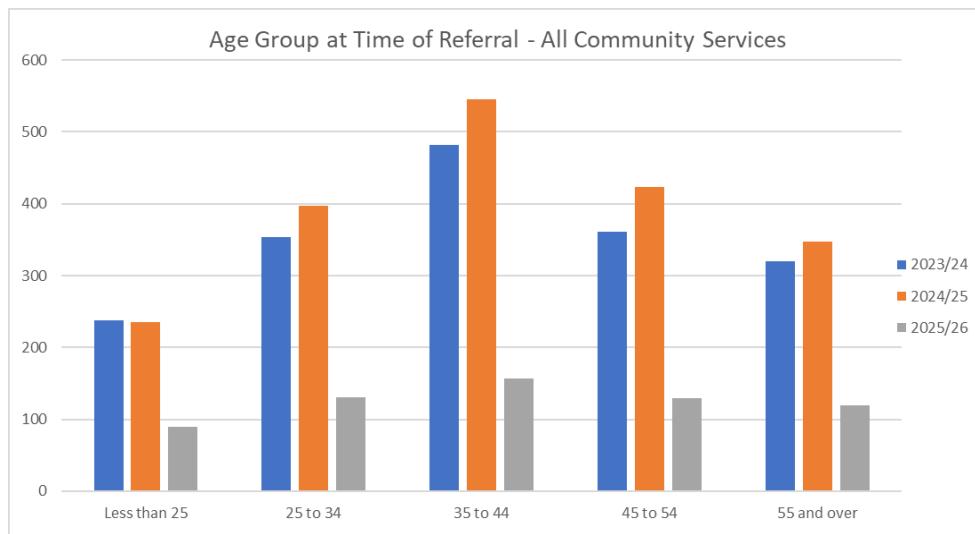


Collaboration is key to delivering the person centred approach that we strive to achieve for all people accessing services. Below are some of the organisations that the service collaborate with to ensure that individuals have the best chance of recovery.



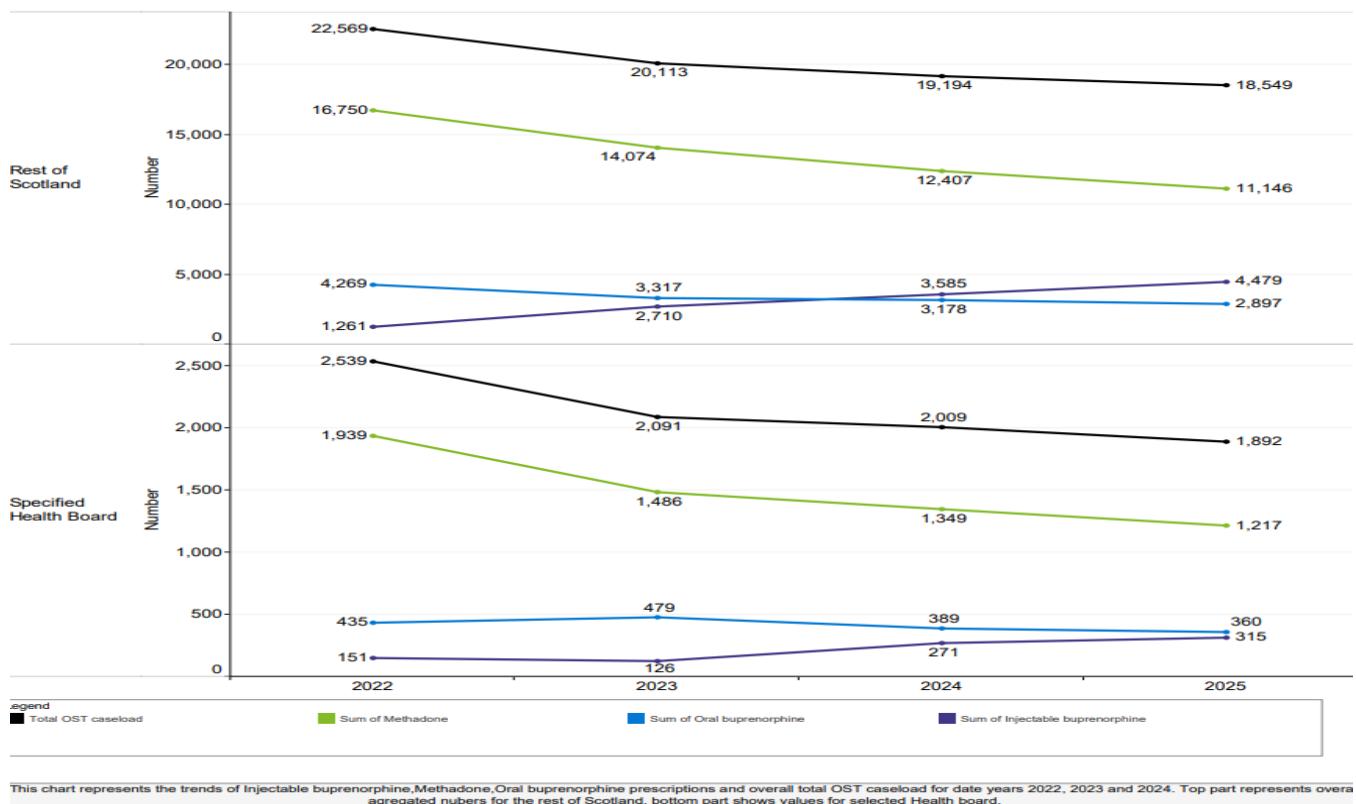
Client feedback and using this to influence service improvements is key to ensure we continue to see a rise in people accessing service but also to ensure we meet their needs and expectations. Amanda, the experiential officer, is extremely supportive in gathering client views and feeding these back. This isn't always positive feedback but it allows us the opportunity to make improvements to service and to feedback about the changes made or explain why we can not change.

The graph below suggests that we have more younger people needing DAS support. With the change in drugs being taken it is important that staff have up to date training in new substances and any suitable tools to deal with various customer groups.



The graph below also shows changes in presentations, this time a reduction in people receiving OST, this is reflected across Scotland. This brings challenges as historically drug services were designed with OST as the main type of support and treatment however as you can see from falling OST numbers and increasing numbers coming into service, people are presenting with very different problematic drug use and the complications that comes with poly drug use etc.

Chart 2.2: OST prescriptions 2021/22, 2022/23, 2023/24, & 2024/25

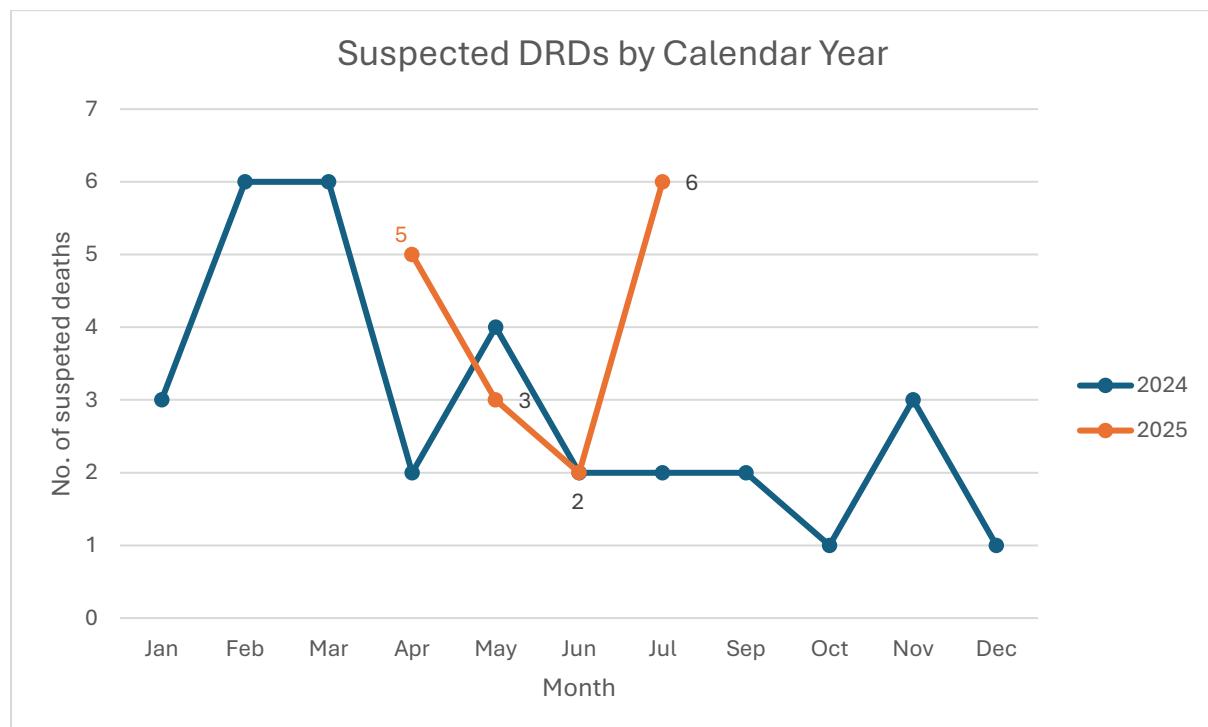


All the changes in presentations to service and restricted budgets has resulted in us having to review our service delivery. We held a workshop on 4<sup>th</sup> July to discuss how we can achieve a balanced budget whilst delivering a safe and effective service in these challenging times. We are starting an organisational change/service redesign

process to ensure we have the appropriate skills and sufficient resource in relevant areas to meet demand.

### Drug and Alcohol Related Death

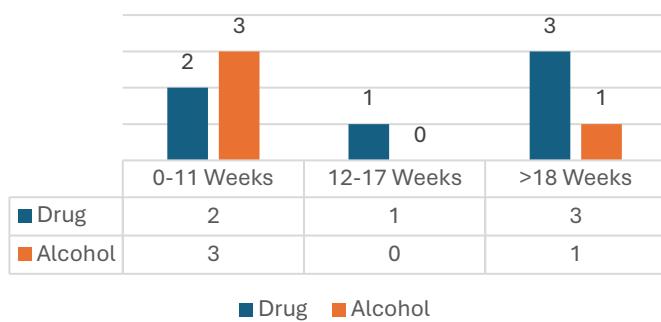
Unfortunately, we have seen a rise in suspected deaths during the first quarter of this year. We are not aware of any DRD s in q4 of 24/25. We think that the rise in deaths is generally due to the substances being found within drug supplies. These are mainly nitazine synthetic opioids. The strength of these is such that numerous doses of Naloxone are needed to reverse the effect and prevent fatal overdose.



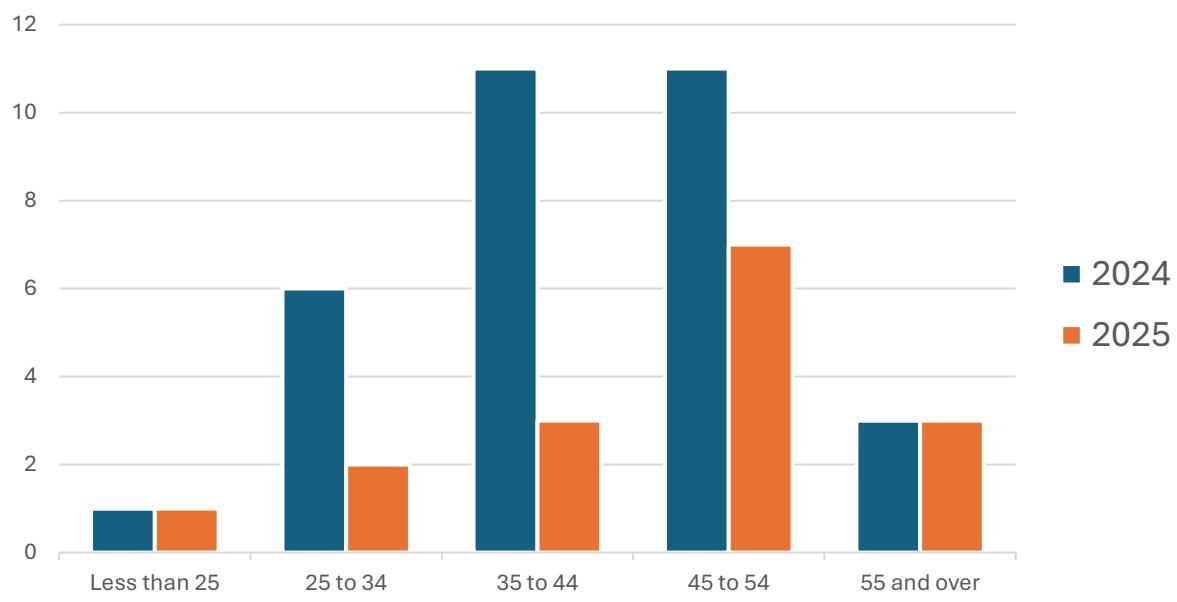
We are reviewing our drug and alcohol death review process taking account of national guidelines that are due to come out soon. We are confident that we get notification of all drug related deaths but need some help from other partners to getting the information for alcohol related deaths.

As we see more complex situations in North Aberdeenshire the numbers of deaths are also found here, Fraserburgh have the highest number of Drug related deaths The age range looks to maybe also have shifted although the data for 25/26 is only for Q1

### DAS Psychological Therapies Wait Times



### Suspected DRD by Age Range



## Psychology

Over the last quarter we have achieved a significant reduction in waiting times for Psychological Therapies within DAS, as illustrated in the graph below. Of the 10 waiting; 4 are breeching the Scottish Government Wait times (>18 weeks) compared to 9 people at the beginning of 2025. We are now in a position where we have nobody waiting over 1 year for treatment. Improvements in wait times has been supported by securing a partial Pan Grampian approach to enhance the psychological skills mix across the three ADP/HSCP areas; with individuals being offered treatment online from Moray and City clinicians where appropriate. Reduction in wait times has also been achieved having secured a place on the South of Scotland CBT Course for a DAS Social Worker currently undertaking their CBT certificate, (supervised by a City Psychology Clinician) with a view to them continuing in 2026 to complete their diploma to support the delivery of CBT in DAS longer term.

Over the last quarter we have focused on developing a group programme of psychological interventions; the Band 7 Psychological Therapist has supported the development of an 8-week Relapse Prevention Group and accompanying workbook; this is currently being piloted online in collaboration with Moray psychology colleagues. It is hoped this can support pathways of care for people to move on from services increasing flow and capacity in DAS. We are exploring the options for in person groups; this has been challenging without the Band 5 Assistant Psychologist and Band 8b posts to support however the Psychological Therapist has been offered the opportunity to co-facilitate the Emotional Resources Group alongside psychology colleagues in HMP/YOI Grampian to support retention of knowledge and skills from the training in November 2024. We are now able to share adapted group materials that have been adapted with a view to delivery future community groups in DAS.

Psychological Services continue to offer input to the North and South/Central MDT meetings. The Consultant Clinical Psychologist continues to offer consultation to all staff working across DAS (Health, Social Care and Commissioned Third Sector) providing specialist advice regarding psychological components of care and offers support for implementation for safety and stabilisation via coaching/supervision. We are also looking to re-establish coaching for Motivational Interviewing (MI) across Shires. We have supported a recent trauma walkthrough in Central Shire in collaboration with the ADP experiential officer and plan to roll these out across the service whilst planning further dates for the delivery of training to support MAT 6 & 10.

Below is a table of the relative training completion on the Psychological and Trauma Informed element of MAT, this is for staff in services.



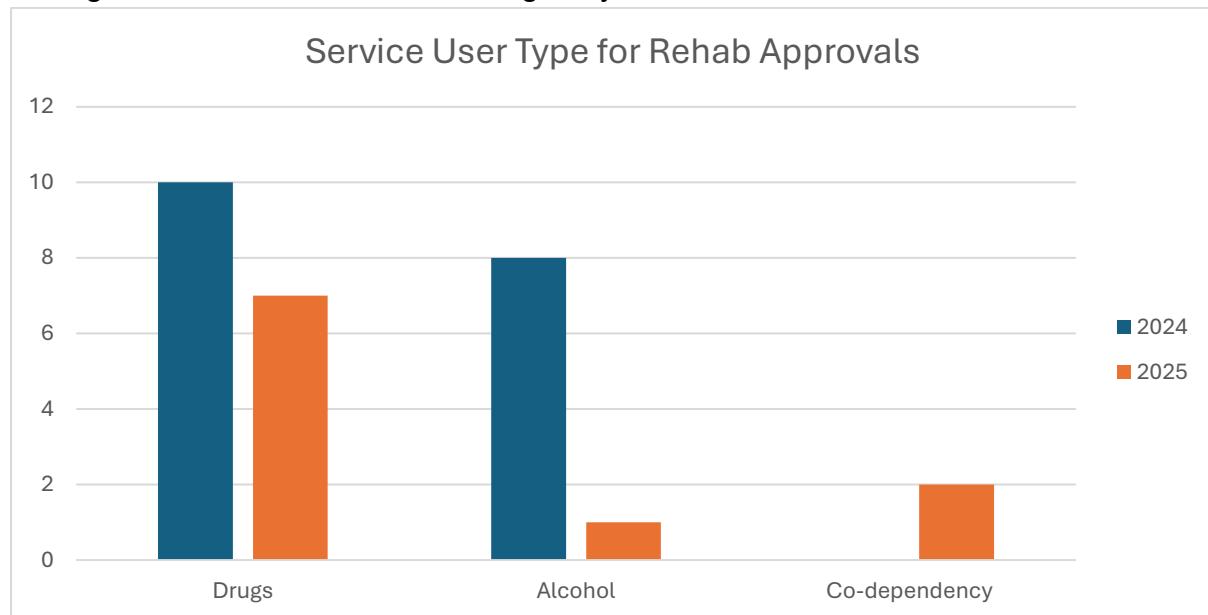
## Residential Rehab

The funding letter states - This is the third year of this funding uplift to support residential recovery, and the services associated with preparation or aftercare. ADPs should note that rehabilitation-associated service placements in detox, crisis care and stabilisation are valid use of the funding here.

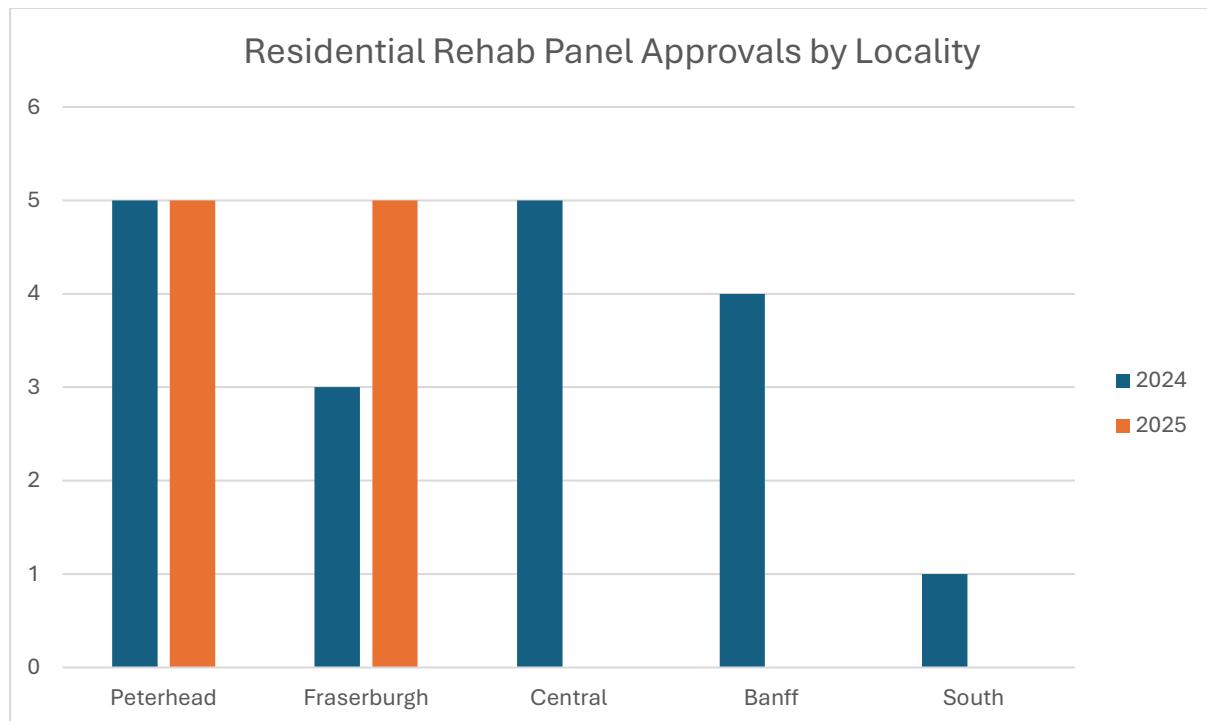
This funding has supported 17 people from 1/4/25 to 7/8/25 to access funding and support to apply for and access appropriate detox or residential rehab support. This has included 7 people receiving an alcohol detox, 2 in an Aberdeenshire hospital and 5 at Murray Royal in Perth. In addition to this 7 people have accessed residential rehab facilities funded by SG or local funds. There are also another 5 people working with DAS staff who are waiting for entry dates or assessments from providers. This funding pays for workers time to support people to be ready to go into rehab or for Detox including emotional and practical support and changes to medication that may be required prior to accessing the service. It also pays for staff to accompany the person to the facility if they are not able to do so or have no one else to support them, for visits and support during the period in the facility and post rehab/detox support to enable continuation of abstinence and access wider supports in community and for any health issues etc. Average length of stays of 20 weeks costs in the region of £22k.

The ADP provide further funding of £134,000 for longer residential placements and once the funding has been committed, we can claim through Scotland Excel. There is a monthly panel of staff to advise on applications for funding with support from an occupational Therapist. This is a very expensive option for clients so ensuring that they are the best candidate and have the appropriate support pre and post hab is

crucial. There have been a further 4 requests for residential rehab where the application was denied due to other more appropriate options or further work required. There have been a further 2 approvals where the people have changed their mind about accessing residential rehab and not attended last minute. Outcomes are mixed and we are doing some work to analyse these. We have arranged to meet with Rae house regularly to ensure smooth transitions etc.



The table above indicates the numbers of people who have been approved for residential rehab and for what substance they have accessed rehab for. This does not include those that have accessed Detox facilities or those that have self-funded or accessed charitable funded establishments. Staff will also support those where funding hasn't been required. You can see that we have approved far more drug attendances this year and this is because we are accessing more detox facilities that won't be counted in these stats.



You can see from this graph that there have been more applications from Peterhead and Fraserburgh this year. This is due to the complex nature of the clients requesting residential rehab. South and Central have had more people accessing detox and DAS have provided the pre and post rehab support required for this pathway. There have been 2 detoxes in Inverurie community hospital which hasn't before and is a great option for people.

Nationally the target is 1,000 people accessing Residential Rehab a year.

### **Stabilisation**

**This is a legacy from the drug death task force funding and funds a band 6 nursing** member of staff who works as part of the ARIES team. This involves outreach visits to those more at risk of harm from problematic substance use. The aim is to work with those most at risk and complex individuals to stabilise and allow them to engage with the core drug and alcohol service as well as wider supports they would benefit from e.g. Housing, Welfare rights etc. ARIES also support people pre rehab and where rehab has not worked out and they provide both crisis care and stabilisation for those with highest risk of harm and most complex needs.

The funding letter states - The Stabilisation funding is allocated to ADPs to develop or bolster existing arrangements for residential stabilisation and crisis care - to help deliver on the Taskforce recommendations made in Changing Lives that will help align crisis care, stabilisation, detox and rehabilitation.

### **Pharmacy as part of the Integrated Service**

Pharmacist team members:

- contribute to reducing fatal overdoses by supporting individuals in treatment and prescribing ORT, along with this training on overdose awareness and

supply of naloxone to those in treatment and offer of kits for friends and family. In addition, Members of the pharmacist team input into local community pharmacy initiatives and service contracts by supporting and raising awareness of take-home naloxone and emergency naloxone services which community pharmacies can sign up to. An evening training event was undertaken in August 2025 to which all community pharmacy staff were invited and many pharmacy staff from Aberdeenshire attended this was on naloxone training, info on risks of nitazenes and resources that community pharmacies can issue and discuss with individuals

- provide support to Community Pharmacies who provide IEP to proactively record and submit required info to neo to populate PHS data appropriately, this then helps to map the number of individuals accessing needle exchange and identifies risk.
- provide and offer IEP equipment and naloxone to individuals in their caseload, Pharmacists provided training at knowledge network events on naloxone products and the new pebble device
- provided training to staff on ORT including buprenorphine and buvital and methadone, this means that all clinicians supporting those with treatment choice have the appropriate knowledge to support individuals with informed consent to treatment.
- prescribe for approximately 150 Aberdeenshire patients and also provide prescribing support advice to other NMPs in the team to allow for quick access to treatment and same day where it is safe to do so.
- operate services within primary care, in an area of high deprivation in Fraserburgh one of the pharmacists operates weekly clinics in two GP practices to allow joined up care and easy referral to manage a patients physical health issue to, this allows joined up working with individuals GP
- support all clinicians with access to complex medication queries especially where individuals have co-morbidities and are on multiple medication for other conditions

## **Whole Family Approach**

Libra – the Whole Family Approach (WFA) to Supporting Families Affected by Drug and Alcohol Use Team - started in January 2023. The name Libra was chosen to represent that WFA work aims break down barriers in both support institutions and in families impacted by drug or alcohol misuse with the themes of justice, fairness, equity, harmony and the scales signify helping people to weigh up all the options. Libra was developed in response to the Scottish Government policy for families affected by drug and alcohol use in Scotland Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice and the MAT Standards medication-assisted-treatment-mat-standards-scotland-access-choice-support.pdf. Libra provides

- 1:1 work with those families and young people at highest risk – holistic, intensive support to the whole family
- Joint Work alongside workers supporting families and young people
- Advice and consultation for workers working with adults and young people affected by drugs and alcohol
- Group Work – including therapeutic interventions (e.g. Acupuncture & relaxation) and diversionary activities (linked to Youth Services)
- Support to parents whose children have been removed or where there is a plan in place for this as this group are at a much higher risk of Non-Fatal Overdose (NFOD).
- Improving mental health and wellbeing which can lead to improved family time with children and if appropriate assist with work to return the child home

Libra started with one Family Support Worker, a full time Senior Practitioner for Children's Services and two part time Seniors for Adult Services roughly equivalent to a full-time post. In October 2023 an additional Family Support Worker joined the team. Libra is managed by Linda Lomas, Children and Families Social Work (CFSW) and Alison Wilson, Drug and Alcohol Service (DAS). The team is small and is managed using a Peer Supervision model, with short weekly online meetings and a longer in-person meeting once a month.

Libra referrals come almost exclusively from CFSW. Some come from the Drug and Alcohol Service (DAS), with the remainder of referrals coming from Child and Adult Mental Health Service CAMHS. Referral criteria are required to ensure that we are providing targeted support to families most at risk. For most families referred, a young person or parent is using drugs or alcohol problematically. All families working with Libra must also be open to CFSW as Libra should be an additional service not the lead professional. Families referred should be experiencing at least one of the following:

- Generational patterns of substance use
- A young person at high risk of harm due to drug/alcohol use
- Significant risk of children becoming Looked After or working towards repatriation at home with birth parents
- Be experiencing exploitation or at risk of exploitation from organised crime.

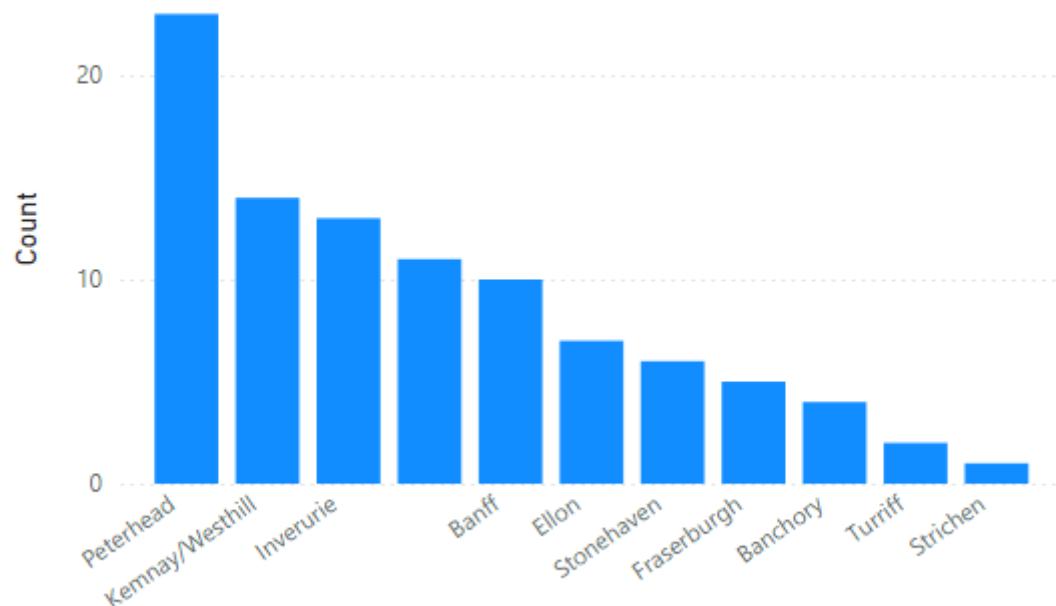
#### Outcomes in June 2025

In June 2025,

- 30 People Currently being supported
- Support mainly being 1:1 Drug and Alcohol Work with young people and parents

- More drug than alcohol work
- Outcome-Focused Approach (Goal Setting). 247 tailored goals set, so far 120 of these are marked as completed. See examples of goals in case studies below.
- 91 Referrals in total (since 2023). 14 were not progressed.
- 45 People were closed to Libra with work completed
- Key Theme in the work: effective early intervention work for young people re drug and alcohol use.

### Referrals by Area Team




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[Open in Power BI](#)

LibraPowerBiReport1

Data as of 02/09/25, 03:00

### Lived and Living Experience Participation

The ADP recruited an Experiential Officer as part of the ADP Support Team in September 2024 to gather experiential evidence on the MAT Standards which is a Scottish Government requirement of ADPs. The Experiential Officer recruited 5 People with Lived Experience as Peer Interviewers to support with conducting MAT interviews for the April 2025 submission. Scottish Recovery Consortium provided certificated training to the volunteers.

The 2024 submission prior to the recruitment of the EO, Aberdeenshire conducted 28 interviews, 10 Service Provider interviews, 4 Family Members and 14 People Accessing Treatment. Of those accessing treatment 2 were female and 12 were male. Significant improvements were made in 2025, there were 74 Experiential interviews conducted 48 of those were people accessing treatment, 30 Females and 17 males, 21 Service Providers and 5 Family members.

The Experiential Officer Chairs an Experiential Steering group that brings Service Leads together with people with lived experience. This group monitors the Action Plan that was created from the Thematic Analysis of the interviews. The group has met twice, and progress is already being made on the experiential plan. The Key Themes that the Plan address are Access Options and Choice, Stigma, Environment and Barriers to Engagement

The EO has an engagement plan to support trauma informed walk throughs in all the Aberdeenshire Drug and Alcohol Services Step Ins. People accessing the Services are invited to attend Conversation Cafes to discuss findings of the walk throughs and make recommendations to Service Leads. Conversation Cafes are advertised on social media and in services. Inverurie and Fraserburgh Step In have already ran their sessions. Feedback from people who attended was that they felt heard and appreciated being given the opportunity to talk about their experiences. The EO will hold a 'you said we did' session with people accessing services and Service Leads and report findings to the ADP Committee.

In March 2025 the ADP approved the Aberdeenshire ADP Lived Experience Framework to support the involvement and participation of people with lived and living experience.

Tackling Poverty and Inequalities are working with the Experiential Officer to develop and Expert Panel for the ADP agenda to ensure the voice of people with direct lived experience of drug and alcohol use from across all of Shire to influence Drug and Alcohol Strategy, Policy, Developments and funding allocations. The Panel will be advertised before the end of October 2025 and the first Panel will meet in January.

The ADP Project Manager set up a Recovery Development Steering group and one of the actions from this group in is The Scottish Recovery Consortium Aberdeenshire engagement plan. This engagement work will be planned in September and start in October. The aim of this engagement is to

- Centre the voices of people with lived and living experience in shaping local recovery support.
- Support Aberdeenshire Voluntary Action to Map local recovery assets and identify gaps in recovery supports.
- Build community awareness and reduce stigma related to substance use and recovery.
- Connect people to peer-led supports and recovery networks.
- Strengthen partnerships between services, communities, and recovery groups

The ADP Lived and Living Experience Subgroup recruited a new Chair in April 2025. The group have increased its membership and in the last 4 months have given valuable contributions to the ADP Action Plan, Experiential Action Plan, MAT interviewing, ADP budget utilisation and the promotion of Overdose Awareness Day and Wellbeing Events.

The Experiential Officer has recruited women with experience in the prison system to attend Grampian Prison to support the development of a Peer Led Programme in the prison setting.

### **Child Protection Committee**

The CPC Lead Officer joined the ADP Committee in June 2025, and the ADP Project Manager will represent on the CPC from September 2025. The ADP, CPC, Public Protection and Violence Against Woman Partnership have been meeting every 3 week for the last 6 months. There has been shared learning, training and identified partnership working opportunities. The CPC identified cross cutting priorities that have been included on the ADP Action Plan. A data set will be agreed, and summary of progress will be included in the report to Committee in Dec 2025.

#### **Actions**

Review single and multi-agency assessment frameworks, checklists, toolkits and training to ensure that all agencies (whole system), including adult services, can and are able to contribute to a joint holistic (whole family) assessment of risk and needs, which inform robust safety planning and decision-making processes, particularly in relation to Children and Young people affected by: · Parental drug misuse.

Continue to update the Aberdeenshire: working with families affected by Substance Use Framework.

Carry out training on drug use to staff to build confidence and competence

Evaluate the Scottish Child Criminal Exploitation Framework if agree adopt into practice

Individual services to undertake a self-evaluation of the CCE framework.

#### **Bairns' Hoose**

The CPC are leading on developing a Bairns Hoose model which is being implemented across Scotland as a transformational, whole-system approach to delivering child protection, justice, and health support and services to child victims and witnesses of abuse and harm. The overall vision of a Bairns' Hoose in Scotland is that all children in Scotland who have been victims of, or witnesses to, abuse or violence, as well as children under the age of criminal responsibility, whose behaviour has caused significant harm or abuse, will have access to trauma informed recovery, support and justice. Aberdeenshire is a current Pathfinder for the Bairns' Hoose.

## Child Criminal Exploitation

Adam Elliot, a young person with lived experience of Child Criminal Exploitation came to Woodhill House on the 26<sup>th</sup> of August to share his account of being groomed into a County Lines network at just 13 years old. His account highlighted the extreme psychological and physical harm that victims endure, and how numerous systemic failures can prolong suffering. There is a greater need for empathy, earlier intervention, and a trauma-informed approach across all sectors. Behind every statistic is a real person whose life has been irrevocably shaped by exploitation. The event filled the 100 spaces quickly and feedback has been positive. The experience left people who joined the opportunity to reflect on how we can better understand and respond to Child Criminal Exploitation at all levels.

## Training

There has been a GIRFEC training calendar updated online that gives access to 10 training events that are being hosted over the coming quarter <https://www.girfec-aberdeenshire.org/events/>

## Education

The Education lead has supported the growth and development of the ADP by ensuring the ADP Action Plan, identified needs and gaps are communicated to the Youth Thematic Group who can support by recommending evidence-based actions get added to the Prevention and Early Intervention group action plan. The Chair of the Youth Thematic Group Will Join the ADP Committee in September 2025.

The Education Lead will take Actions being asked of Education to the Children's Services and Youth Thematic Group for approval and work collaboratively to produce a data set where applicable.

Currently there is minimal data collection to evidence need and harm across Aberdeenshire for young people. Aberdeenshire do not have any specific services for Children with their own Substance Use.

## Actions

Mapping Exercise of Drug and Alcohol Support for young people across Aberdeenshire

Gather evidence of harms that are affecting our young people

Training for education staff on local substance harms

Create clear pathways of support for young people affected by their own or someone else's substance use

## Family Support

The ADP recognises the critical role of families in recovery and continues to fund the Scottish Families Affected by Alcohol and Drugs (SFAD) service. This provides support through:

- Online engagement,
- Peer support groups, and
- One-to-one sessions.

This ensures families are not left isolated and have the tools, networks, and resilience to support their loved ones and themselves.

The service supports anyone over the age of 16 who lives in Aberdeenshire and who is affected by someone else's drug and/or alcohol use. They offer one-to-one support to anyone who would like to speak to someone, confidentially, about a loved one they are concerned about.

SFAD offer them time and space to explore the issues affecting them, let them express thoughts and feelings, and help them to come up with ideas and solutions to move forward. Common topics include improving communication, setting boundaries with loved ones, and looking after their self.

Each support session lasts up to one hour, and the frequency can be arranged to suit individual needs. The worker travels across Aberdeenshire and frequently use rooms in libraries, community centres and treatment services to meet with family members or support can be arranged via phone or video calls (Zoom etc).

SFAD facilitate an online Family Support Group every fortnight. It is held on Zoom, and it is open to anyone 16 or over affected by someone else's substance use. The group offers a chance to connect with other family members who are likely going through similar things to you. The format of the group varies so that there is something to hopefully suit everyone. Sometimes we have guest speakers, sometimes we have activities planned (e.g., cooking/baking) and sometimes we have a general meeting offering people the chance to share their stories, support and learn from one another. Once or twice a year, the group meets in-person, usually in Aberdeen.

Fraserburgh Family Support Group meet every Tuesday morning in Fraserburgh Library. Since launching in May, the group has been well received and there are five family members who currently attend. We hope to grow the group further as it becomes more well established. Stigma is believed to be the biggest barrier for other family members joining.

SFAD secured additional funding through the Whitehill Trust to offer wellbeing activities to family members in Aberdeenshire. Families themselves were involved in deciding what activities they would like to have offered. They ran a 6-week block of art classes beginning in Ellon, facilitated by local artist Christine Cochrane. Further art classes were delivered in 2025 but online rather than in person.

SFAD provide support to other family support groups operating across Aberdeenshire, running one-off sessions for the groups, and support them with producing marketing materials and applying for funding. SFAD supported the Deveron Family Support Group to apply to Scottish Families' Family Recovery Initiative Fund (FRIF) and were awarded funds to cover group running costs for the next 2 years. They also secured funding for a day trip to Brodie Castle, a Christmas meal and a wellbeing day.

Families accessing support through the Aberdeenshire service also have access to other national support services available through Scottish Families. For example:

- 12-week Family Recovery College that runs twice per year that several family members from Aberdeenshire have completed.
- Other national groups include a Book Group and Bereavement Group, all of which are held online and are attended by Aberdeenshire family members.
- National My Family My Rights course held online, teaching family members about their rights, encouraging self-advocacy. Several family members in Aberdeenshire have completed the course, with one signed up to take part in the most recent cohort
- National Click and Deliver Naloxone service meaning anyone can order a free naloxone kit and have it delivered to their door.

SFAD provide opportunities for family members to have their voices heard. They sit on the LLE sub-committee of the ADP and use this to feedback what they are hearing from the families that they support. They also provide opportunities as they arise for families to share their experience.

There are currently 104 family members 'open' to the service. Whilst some of them receive regular support, others engage less frequently but like to have the security of knowing they have someone they can talk to. In May 2025 SFAD reported that there had been a decline in referrals from Drug and Alcohol Services. In response to this the ADP Project Manager secured a slot for SFAD on the HSCP Knowledge Builder Sessions. This gave them the opportunity to promote the good work they do and increase referrals from Services. SFAD completed the session in July 2025 and received 9 new referrals in the 2 weeks after.

## **Housing**

Housing First work directly with Drug and Alcohol Services to ensure that people with complex needs, including high-risk alcohol and drug use, have stable housing as the foundation for recovery. Housing is involved and are committed to Days of Action which is a high priority action for them in terms of identifying clients who may benefit from the additional support of their service and ensures safe and wellness checks for some of their more chaotic clients. Following the last Days of Action, 30 people were seen and 10% of these have been referred into the housing service for additional mainstream support.

Awareness has been raised across the service in relation to drug harms and the risks in relation to synthetic opiates. Housing have been working to promote the use of and supplies of Naloxone. Training has been offered to all staff across the service

in the use of Naloxone and a briefing has been distributed on the positive benefits of carrying naloxone.

### **Poverty and Employability**

The Tackling Poverty and Inequalities Lead has identified actions that support ADP Priorities and linked to the actions within the Child Poverty Action Plan and the TP&I Annual report which feeds into the Local Outcome Improvement Plan- reducing poverty.

#### **Actions**

Enhanced referral pathways between Drug and Alcohol Service providers and TPI Cash First Project to reduce crisis creating a more preventative approach

Support those in recovery, their families and young people to strengthen their voice and participate in the expert panels at a local and national level to inform future policy development

Deliver a range of opportunities to ensure those experts of experience, including young people, can coproduce services, develop opportunities, inform practice and strategies.

Enhanced access to service in rural and remote areas by reducing the barriers for low-income families, households and those engaged with drug and alcohol services.

Through Employment Connect, develop and deliver a range of employability programmes that supports those that are or have been supported through ADP services.

These Actions were agreed in August 2025 and will be able to be measured and evidenced in future ADP impact reporting.

### **Community Justice**

Partners within the ADP work in close partnership with criminal justice services as well as provide regular updates and information through the community Justice Partnership. The latter have clear outcomes and guidance set out by Scottish Government and are required to submit regular monitoring and annual reporting. Drug and Alcohol work, along with other partners work, features in this reporting and MAT in Justice is a further development requirement. DAS and CJ work together to ensure the National Outcome - More people have access to, and continuity of, health and social care following release from a prison sentence, - is achieved. Over the last year, updated guidance was developed for Justice Social Work staff in relation to assessing links between drug and alcohol use and offending behaviour, for inclusion within Justice Social Work Reports. This included re-introduction of the use of ASSIST Lite and AUDIT within report interviews, particularly where an individual appears to deny or minimise their drug or alcohol use, but there would appear to be a link between their offending and drug / alcohol use. Further to this,

Justice Social Workers within the North Aberdeenshire Fieldwork Teams also received Naloxone training, with similar training planned for the South and Central Fieldwork Team. This all contributes to MAT in Justice settings.

Further activities include closer working with court workers and ARIES or the core DAS staff. This facilitates smoother transitions as well as providing support when people may be at their most vulnerable. Staff have also collaborated for Saturday course to make sure that prescription and support is available.

### **Scottish Prison Service (SPS)**

**A drug recovery strategy was launch in Feb 2025 by SPS with the key objectives –**

#### **Key Objectives**

- 1. Support Positive Lifestyle Changes: Encourage prisoners to improve their health, strengthen relationships, and enhance employment opportunities while reducing substance dependency.**
- 2. Ensure Equal Access to Services: Provide comprehensive care and interventions equivalent to those available in the wider community.**
- 3. Embed Trauma-Informed Responses: Recognize the links between substance use, trauma, and mental health, tailoring interventions accordingly.**
- 4. Workforce Training and Compassionate Care: Equip prison staff with the skills to deliver evidence-based and empathetic interventions**

#### **Alcohol and Drug Recovery Strategy.pdf**

This includes a model which offers a basis for considering the elements that support people to build positive relationships which can form the basis of sustained recovery. This aligns with SPS's vision to become a trauma informed organisation underpinned by the core values of trust, empowerment, collaboration, choice and safety with a recognition that relationships are central to all the work that SPS do.

SPS in Grampian have established working groups to take this forward and are working with partners and the experiential lead to improve recovery in prison.

### **Police**

Drug awareness training, provided by the Daniel Spargo-Mabbs Foundation and delivered by Police Scotland Officers and Young Volunteers, has been given in four Aberdeenshire Secondary Schools to 187 staff members. The next phase will target pupils across 9 schools and will commence in August 2025. Alongside this, training will be provided to Children's Home staff in Aberdeenshire for the remainder of 2025.

Pitchin' In Programme, is a sport based educational programme, delivering harm reduction messages for children disengaging in education. Upskill of local Police

Youth Engagement Officers is currently being undertaken and thereafter pilot schools will be identified

Police support on the Days of Action in North Aberdeenshire

## **5. Recovery beyond services**

- Recovery Steering Group**

The ADP Project Manager set up a Recovery Steering Group to support Community Recovery in Aberdeenshire. The Group meet every 3 weeks and are moving forward with positive action. Scottish Recovery Consortium are leading on an engagement. The aim of this work is to gather the views and experiences of people in recovery, their families, and communities across Aberdeenshire, and to use these insights to directly inform the commissioning of recovery supports. Specific elements will need to be delivered, as seen below:

1. Engage with Aberdeenshire ADP partners, recovery communities, and the Recovery Development Steering Group to agree the focus and design of the engagement process.

2. Deliver a community engagement event to gather the views, priorities, and experiences of people with lived and living experience of recovery, their families, and peers.

3. Analyse the feedback using the FAIR model to ensure transparency and accountability in how the evidence is reviewed

- Test of Change**

The ADP Project Manager consulted all 3 of the ADP Subgroups on a proposal for a Test of Change which is going to the ADP Committee in September. The proposal outlines a “Recovery Development Test of Change” to be delivered by Aberdeenshire Voluntary Action (AVA), funded through unallocated ADP 2025/26 budget. The proposal seeks to strengthen and coordinate recovery support across Aberdeenshire by:

Mapping existing community-based and recovery activities using existing local data bases through community planning, their own membership and funded projects with additional support provided by the Experiential Officer. The timeline for completing the Mapping would be January 2026.

Recruiting and supporting Peer Volunteers in partnership with HSCP Drug and Alcohol Services and the ADP Experiential Officer,

Supporting and sustaining local recovery assets, and

This work will ensure alignment with Scottish Government guidance on community recovery, peer support, the Charter of Rights, and relevant guidance from the Scottish Recovery Consortium.

- Participatory Budget**

The ADP Project Manager consulted with all 3 ADP Subgroups to recommend an allocation of a Participatory Budget. This proposal recommends that £35,000 of the current unallocated ADP budget be allocated to Aberdeenshire

Voluntary Action (AVA) to manage a Participatory Budgeting (PB) process. The purpose is to enable individuals, grassroots groups, and community organisations across Aberdeenshire to develop and grow recovery communities.

The impact of this allocation will be reviewed by ADP Subgroups as part of the 2026/27 budget-setting process, with consideration given to future allocations depending on outcomes and learning.

- **Peer Volunteers in Drug and Alcohol Services**

It was evidenced through the experiential thematic analysis of MAT, the evaluation of the National Mission and the Drug and Alcohol Services Audit that Peer Support is needed and wanted by people in recovery. It is part of the AVA Test of Change to work with the Experiential Officer and Drug and Alcohol Services to recruit and support Peer Volunteers in Services.

- **MRM trained facilitators**

The ADP Experiential Officer supported 9 people with lived experience to be trained as facilitators on the My Recovery and Me Programme. This will increase the number of mutual support opportunities in Aberdeenshire. The Test of Change with AVA will give support to these facilitators, source venues, help with promotion and look at personal development and sustainability.

## 6. Harms and Changing Trends

In Spring we seen a rise in non-fatal and fatal overdose which early evidence shows is linked to the rise in synthetic opiates predominantly Nitazene. Public Health ran Problem Assessment Groups and an Incident Management Team for Grampian in response. Advice was given to up the distribution of Naloxone and give 2 kits to every person as evidence showed it can often take several kits to have an effect on Nitazenes.

Locally this influenced the need for a way to respond to all drug and alcohol harm at a local level. It has been asked that the ADP add a Drug and Alcohol Harms Group to its structure. Reducing the harms associated with alcohol and drugs is a core priority for Aberdeenshire ADP and is embedded in both national and local strategies. While existing ADP structures focus on treatment, recovery, prevention, and community engagement, there is a recognised need for this dedicated forum to:

Monitor and address harms (e.g. drug-related deaths, non-fatal overdoses, blood-borne viruses, alcohol-related harms, and public health risks).  
Strengthen partnership working between statutory and third sector partners to enhance community safety  
Support evidence-led interventions and ensure local delivery aligns with national strategy.

Drug and Alcohol Services including Third Sector Organisations are seeing a rise in people reporting Alcohol, Cocaine, Crack Cocaine and Ketamine. The MAT standards is not responsive to emerging trends and does not fully support non opiate based interventions. The ADP and Drug and Alcohol Services are coming together to identify training needs and resources to allow all services to respond to emerging need and trend. Poly Drug use continues to be seen in most drug related death.

Ketamine is a rising concern across Scotland and the ADP are receiving support from Public Health to improve on data capture, Pan Grampian Campaigns and messaging,

## **7. Communications and Campaigns**

The ADP Project Manager Leads on a Communication Group that is focussing on the development of an ADP Website and a Communications Calendar. The Website is being developed by Ehealth at NHS Grampian. The NHS Grampian Communication Team are supporting on engagement activities across Aberdeenshire in the development of the site. Activities are planned in 8 Recovery focussed groups over North South and Central including Family Groups. There will also be Stakeholder engagement with ADP Partners, Drug and Alcohol Services and other services that support recovery. The engagement activities are happening over September and October. The ADP Website should be ready to launch in January.

HSCP Communications are supporting with setting up ADP Social Media Channels and posting relevant content on the HSCP page.

A proposal for a budget allocation to support Comms, Campaigns and Training is going to the September ADP Committee. This outlines intention to run 2 Campaigns, contribute to Pan Grampian Campaigns, launch the ADP Website, Social Media Campaign, develop an ADP Training Calendar and hold 20 Training sessions before April 2026 based on need.

## **8. Strengthening Partnerships and Governance**

The ADP Chair and Project Manager have been meeting with Committee members to reinforce cross-partnership working, reporting structures, and shared accountability. These partnerships, both within the Committee and across other local partnerships and communities, remain the foundation of all ADP activity and are critical to addressing cross-cutting priorities such as stigma, inequalities, and mental health.

The ADP agreed in March 2025 to review its terms of reference and membership. The Chair held consultations with the Subgroup Chairs and discussions and proposals on new membership were had at the June Committee. A new Terms of Reference was agreed at the ADP June Committee.

The ADP agreed in March to revise its Partnership Agreement. Partners were given the opportunity to give feedback and hopes to have a new agreed Partnership Agreement that is ratified by Legal by December 2025

Tackling Poverty and Inequalities, Violence Against Women Partnership, The Child Protection Committee and Chair of the Youth Thematic Group have joined the ADP Committee to ensure a whole system collaborative approach to improving the wellbeing of people in Aberdeenshire. The Community Justice Partnership have now re engaged with the Committee.

The ADP Chair has joined the Community Planning Partnership, a member of the ADP will join the IJB for some meetings and the ADP Project Manager has joined the Tackling Poverty, Violence Against Women and Child Protection Committees.

## **9. Challenges & Risks**

- Workforce recruitment and retention.
- Service demand pressures.
- Cost Pressures
- Securing suitable premises
- Geographic challenges in rural Aberdeenshire.
- New substances e.g. Nitazines and Ketamine
- Increased harm, complexity and risk
- Referral pathways at earliest point of problematic use
- Increased non-fatal overdoses and deaths
- Increased alcohol harms and accessing services in time
- Correct resources and skills mix in areas of highest need
- Budget constraints across all services, clients being more reliant on support received in community and DAS/Housing First services
- Uncertainty about funding and priorities post March 26
- Supply and Availability of substances
- Culture towards substance use
- Stigma
- Training and Resources

## **10. Next Quarter Priorities**

- Continue to implement MAT
- Audit of Needle Exchange and Harm Reduction Services
- Engagement activities
- Campaigns
- Training
- Harms Group
- Implementing Test of Change
- Developing Website
- MAT interviews
- Support Mapping of need for young people
- Data Dashboard
- Priorities and Unallocated Spend
- Monitor the Action Plan

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## Item 12 Lived and Living Experience Update

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### Briefing Note – Lived and Living Experience Sub-Group Update

**Issued to:** ADP

**Issue date:** 11/09/2025

**Prepared by:** Avril Bruce, LLE Chair

**Purpose of the Briefing Note:** To update the ADP Committee on the activity of the LLE Subgroup since the June meeting.

#### Key Discussion Points in Q2:

- **Membership**- Membership continues to grow from across Aberdeenshire with and the Young Persons Development Worker from Tackling Poverty and Inequalities joined to represent young people. The Lead on Expert Panels for Aberdeenshire joined the group and new members to set to join
- **Budget Proposals** - The group were consulted on the utilisation of ADP resource and unanimously agreed to the proposals. One person fed back that they did not feel that a 35k Participatory Budget was enough for the development and growth of Recovery Community. This was taken to the ADP Exec Group who advised that AVA would not be distributing funds before January and that Budget is until March. It was advised that this budget can be revised by the Subgroup based on evidence of need.
- **Conversation Cafes**: Group members supported Amanda Stephens (Experiential Officer) with advertising and attendance at three Conversation Cafes, Fraserburgh: 28th August, Peterhead: 8th September Banff, Seafield House: 15th September. The group gave feedback on Posters and Comms for the Conversation Cafes and one key pieces of feedback were that some people don't know what a Conversation Café is. It was agreed that this would be described when promoting on Social Media. It was also feedback that there is no phone number for people to reach out to the Experiential Officer. In Response the Experiential Officer has a work mobile phone set up and the number will be added to all future communications.

- **Trauma-informed walk-throughs** were discussed and the Experiential Officer Update on Walk Throughs in the Step in that have already happened and this opened up discussion. The LLE Chair is supporting future Walk Throughs.
- **Overdose Awareness Day** the group discussed arrangements across Aberdeenshire for Overdose Awareness and the group were asked to share the information across their personal and or professional networks. The ADP supported an event at The Vinery, Banff: 30 August on the day there was advertising, information collection, and distribution of leaflets and helplines (Scottish Families, The Foyer, Upstart, Drug and Alcohol Services Step Ins) Naloxone training offered by Claire ADP; naloxone provided on-site and 8 kits were distributed. There were approx. 30 people attended from the community and recovery services. It was a fantastic day and the weather was great which allowed people the space to chat and reflect outside in the beautiful environment at the Vinery. Awareness gifts were given including ribbon badges, bracelets, keyrings, and hearts to write a message and hang on the recovery tree. Claire Bancroft (manager) the Vinery, would like to make this event a yearly occurrence. The ADP are enquiring how they could make a donation to the Vinery from the LLE budget for their help and support in putting up the gazebo, providing catering and an excellent venue. Tesco in Banff gave a kind donation of cakes, cookies and biscuits. They also donated coffee, tea and sugar for our recovery groups.
- **Scottish Drug Forum Event:** The group agreed unanimously that they would like someone to represent the LLE community in Aberdeenshire at the Annual SDP Stop the Deaths Conference. A member of the group expressed interest in attending and it was agreed they should go. The ADP Purchased the tickets for this two-day event from the LLE Budget.

#### **Plans for the coming quarter:**

- **Support the development of the ADP Website**
- **Look at how the LLE can support on addressing Stigma**
- **Support the MAT Experiential Programme processes**
- **Continued Involvement in Trauma Informed Walk Throughs and Conversation Cafes held by the Experiential Officer.**
- **Support and advertise the opportunity of MAT interviews**
- **Training on Ketamine and other harmful substances**

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## Item 12 Experiential Update (A. Stephen)

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### REPORT TO ABERDEENSHIRE ALCOHOL AND DRUG PARTNERSHIP – 11<sup>th</sup> September 2025

#### Experiential Update

##### 1. Recommendations

**The Alcohol and Drug Partnership (ADP) is recommended to:**

- 1.1. Note the progress of the Experiential Programme**
- 1.2. Agree to the Lived and Living Experience Budget Proposal**
- 1.3. Agree to support with engagement activities where relevant**

##### 2. Summary

During the last quarter Experiential work has been vast, **Conversation Cafés** – Community engagement events for individuals accessing local drug and alcohol services to share feedback and ideas for service improvement.

- Fraserburgh – Completed
- Peterhead – 8<sup>th</sup> September – Peterhead 48 King Street 2pm-4pm
- Banff – 15<sup>th</sup> September – Banff Seafield House 2pm-4pm
- Stonehaven – Date TBC
- Inverurie – Completed

#### Prison Engagement

Working with HMP Grampian's Recovery Team to support women in custody through a dedicated Convo Café. This initiative aims to identify and implement recovery-supportive services within the prison environment.

1<sup>st</sup> meeting Friday 12<sup>th</sup> September 2025. Facilitating the first conversation café with the ladies currently in custody.

**Medical Assisted Treatment (MAT) Interviews & Questionnaire** – Collecting feedback from people accessing MAT, their families, and service staff. Insights are thematically analysed to identify service development priorities and MAT experiential submission.

Questionnaires have been restructured and updated to be more trauma informed.

Community Pharmacy Questionnaire – Co-Produced community pharmacy questionnaire. This will feed into MAT and service development for Pharmacy Staff.

#### New MAT Posters have been created

Interviews begin October 2025 – We will start to identify, co-ordinate and conduct interviews with people across Aberdeenshire in October.

**Volunteer Interview Team** – Currently have a team of 4 trained volunteers to assist with interviews. Refresh training and mock interview sessions with trained volunteers booked in for October.

**MAT Action Plan** Update – Continuing to meet with the **Experiential Steering Group** (8weekly) to discuss updates to the MAT Action Plan.

Following last meeting all actions are in AMBER and actions moving forward to GREEN upon completion.

MAT Action Plan Document Attached

**Communications &ADP Website Co-Production** – The ADP website due to launch Jan 2026. Focus groups organised to gather feedback and find out what people would like to see included within the website with people who access services, ensuring the site is accessible and relevant.

**Trauma-Informed Walkthroughs** – Supporting walkthroughs of service buildings to assess how trauma-informed the environments are. Feedback is gathered from service users to inform physical and cultural improvements.

**Proposal LLE Budget** – This proposal outlines how Aberdeenshire ADP plans to utilise the £21,722 allocated by the Scottish Government to strengthen the voice, participation, and recognition of people with lived and living experience (LLE) in drug and alcohol services.

The funding will support trauma-informed, inclusive, and accessible engagement, aligned with ADP priorities. It includes recognition payments for LLE contributions, resources to improve service environments, community engagement events, training, and transport support to reduce barriers to participation.

The aim is to ensure meaningful involvement of people with LLE in shaping services, improving accessibility, and fostering trust and collaboration across Aberdeenshire (Proposal Attached)

**SRC Voices Of Recovery Event** – The Scottish Recovery Consortium (SRC) is working with Aberdeenshire ADP, AVA, and HSCP through the Recovery Development Steering Group to support the creation of a Recovery-Oriented System of Care (ROSC). This work centres on trauma-informed, rights-based engagement, with lived experience guiding every stage.

A key part of the programme is the co-designed “Voices of Recovery” event, which will bring together people in recovery, their families, and communities to highlight local strengths, identify service gaps, and shape future priorities.

(SRC to update & present the proposal)

### **3. Plans for the coming quarter**

- Complete all Conversation Cafes and provide feedback
- Continue working with HMP Grampian Staff
- Start MAT Interviews
- Complete Comms Focus Group & Provide feedback to the team
- Have completed Trauma Informed Walk Throughs in other areas
- Linkin in with SRC to support where needed Voices of Recovery Event

**Report prepared by:**

**Amanda Stephen, ADP Experiential Officer**

**3<sup>rd</sup> Sept 2025**

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## **Proposal for Utilisation of £21,722 Scottish Government Allocation for Lived and Living Experience (LLE) – Aberdeenshire ADP**

### **1. Introduction**

- Purpose of the Document:  
To outline a proposed plan for the strategic and impactful use of the £21,722 allocated by the Scottish Government to enhance the voice, participation, and recognition of people with lived and living experience in Aberdeenshire.
- Alignment with National Strategy:  
This proposal aligns with the Scottish Government's focus on embedding LLE in the design and delivery of drug and alcohol services, and fostering trauma-informed, person-centred approaches.

### **2. Guiding Principles**

- Meaningful Involvement of people with LLE at all stages.
- Recognition and value for lived experience contributions.
- Trauma-informed and inclusive environments.
- Accessibility, including transport and food to reduce participation barriers.
- Co-production and collaboration with individuals and communities.

### **3. Proposed Allocation of Funds**

#### **A. Recognition and Incentives for People with Lived and Living Experience – £6,758.48**

- Vouchers to recognise and value contributions to:  
- Medically Assisted Treatment Interviews £10 Vouchers x approx. 80 Total £800
- Lived Experience Vice Chair renumerated at £12.21 per hour and paid through Health Advice and Support Team Pay point system, spreadsheet sent to the team who will send a QR code directly to an email or mobile devise.  
- 8 meetings per year at 2 hours per meeting Chairing LLE group= 16 Hours  
- 4 Executive Group meetings per year at 1.5 hours per meeting= 6 Hours  
- 4 Chairs Group meetings per year at 1 hour per meeting= 4 Hours  
- writing 4 summary reports from LLE for ADP Committee 2 Hours per report =

8 Hours

-LLE Agenda setting meeting 1 hour 8 times per year= 8 Hours

-representing as an ADP Partner for LLE at Committee meetings 4 times per year for 2.5 Hours= 10 Hours

-Preparation time based at 1 hour for every hour of a meeting attended= 44 hours per year

-Recognition of the LLE Chair time is approximate as it does not consider any additional activities the Chair might be involved in e.g the Chair was funded through the ADP to represent at the Scottish Recovery Consortium Event in Perth. The travel was paid but the Chairs additional hours are not included in these total's, the Chair should be renumerated no less than 96 hours at £12.21 per hour Total= £1,172.16 per year

-ADP Expert Panel max 10 people from across all of Aberdeenshire with direct lived and living experience of drugs and alcohol. Recognition of time paid through Pay Point by the Council Advice and Support Team at £12.21 per hour. Panel will meet Bimonthly for 2 Hours Online= max approx. of 12 hours per year for 10= 120 plus the equivalent hours for planning and preparation time = 240 hours x £12.21 is a max approximate of Total= £2,930.40

-Peer Volunteers conducting MAT Interviews. Figures approx. based on the Maximum number of Volunteers conducting the maximum number of interviews

8 Volunteers doing interviews allocating a max of 3 hours per interview to plan, interview and submit form doing a max of 3 interviews per volunteer = total max amount of hours 72 hours at £12.21 per hour= £879.12

Volunteer training and support meetings approx. 10 hours per person x 8 volunteers is 80 hours at £12.21 per hour £976.80

Approx Total Lived Experience Recognition: £6758.48

## **B. Resources Identified through Trauma-Informed Walk-Throughs and Conversation Cafes – £5,000**

- Purchase of small, impactful items to improve comfort and reduce trauma triggers in services. This could include e.g
  - Soft furnishings
  - Small equipment
  - Sensory tools
  - Noise reduction tools etc

- Items identified collaboratively with service users and service providers.

The ADP Experiential Officer has a Purchase Card and will record any purchases in relation to this for good governance and reporting.

### **C. Conversation Cafés and Engagement Events – £3,500**

- Provision of food and refreshments to encourage participation
- Hire of accessible community venues if needed
- Printed materials or resources for the facilitation of the Café's/events
- Stigma-free spaces for ongoing dialogue between people with LLE, service providers, and communities
- Possible 12 Cafes and/or engagement events per year

### **D. Event Support and Training (e.g Overdose Awareness Day, Recovery Events, training delivery to communities, families and friends) – £4,000**

- Supplies like awareness ribbons, candles, banners
- Resource printing and takeaway materials
- Contribution to event coordination costs
- Fund tickets and travel for elected lived experience representation at National Events
- Promotion and outreach (particularly to rural communities)
- Commissioned training for communities, families and friends.

### **E. Transport Costs to Increase Access – £2,463.52**

- Experiential Officer will coordinate support for individuals with LLE to attend:
  - Recovery events
  - Conversation cafés
  - ADP or service meetings
  - Taxi fares, bus/train reimbursement, or minibus hire

#### **4. Involvement and Governance of LLE**

ADP Lived and Living Experience (LLE) Subgroup will:

- Help prioritise spend
- Monitor delivery and outcomes
- Ensure transparency and accountability
- Co-ordinate the outcomes being shared to the other Subgroups
- Provide a report to the ADP Committee before the end of the financial year on the resource used and its impact

- You Said We Did mechanisms to ensure people with LLE see the impact of their involvement.

#### **5. Outcomes and Impact**

We anticipate the following outcomes:

- Increased participation and engagement of people with LLE
- Enhanced trauma-informed environments in services
- Stronger sense of belonging and value for those with lived experience
- Improved collaboration and trust between services and people with LLE
- Tangible improvements in service accessibility and inclusivity

#### **6. Monitoring and Reporting**

- A light-touch monitoring approach will be applied to ensure:
  - Transparent spend tracking
  - Simple outcome reporting (e.g., number of people involved, resources purchased, events held)
  - Case studies and testimonials to demonstrate impact
  - Spend tracking and outcome reporting will be done by the ADP Experiential Officer who will share with the 3 ADP Subgroups.

#### **7. Link to ADP Priorities and Action Plan**

**Priority 1 - Fewer People Develop Problem Drug and Alcohol Use**

**High Level Outcome-** Opportunities will be increased to broaden recovery pathways

**Priority 3-** Families, Children and communities affected by alcohol and drug use are, safe, healthy, and included and quality of life is improved for people experiencing multiple disadvantage

**High Level Outcome-** More families members are supported and involved in their loved ones care plans and recovery journey

**High Level Outcome-** People are actively involved in community activities during their recovery without experiencing stigma

**High Level Outcome-** Charter of Rights is embedded in the work we do

**Priority 4-** People access quality trauma informed services, support and treatment that is continuously improved, and capacity built to meet people's needs

**High Level Outcome-** All Services supporting people with drug and alcohol use will understand and deliver trauma informed practices.

**High Level Outcome-** Drug and Alcohol Services will work in accordance with National Guidance and respond to feedback, putting lived experience at the heart of developments.

## 7. Summary

This proposal represents a practical, values-based approach to using the LLE funding to ensure that people with lived and living experience are not just heard, but respected, resourced, and empowered.

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**Item 14 AOB**