



FALKIRK
ALCOHOL & DRUG PARTNERSHIP

Annual Report

2014/15

Document Details:

ADP Reporting Requirements 2014-15

1. Partnership Details
2. Self-Assessment
3. Finance Framework
4. Performance Framework
5. ADP & Ministerial Priorities

Appendix 1

- Guidance Notes and Commissioning Diagram

1. PARTNERSHIP DETAILS

Alcohol and Drug Partnership	Falkirk Alcohol and Drugs Partnership
ADP Chair	Fiona Campbell
Contact name(s) <i>see note 1</i>	Caird Forsyth
Contact Telephone	01324 506045
Date of Completion	September 2015
Date Published on ADP website(s)	January 2016

The content of this Annual Report has been agreed as accurate by the Alcohol and Drug Partnership, and has been shared with our Community Planning Partnership/Integration Joint Board through our local accountability route.

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ADP Chair

The Scottish Government copy should be sent for the attention of Amanda Adams to:

Alcoholanddrugdelivery@scotland.gsi.gov.uk

2. ADP SELF-ASSESSMENT 1 APRIL 2014 – 31 MARCH 2015

ANALYSE – Please evidence your ADPs analysis activities/progress

	Theme	R A G see note 1	Evidence <i>see note 2</i>
1	<p>ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment/analysis of need, which takes into consideration the changing demographic characteristics of people (and their families and local communities) affected by problem drug and/ or alcohol use in your area.</p> <p>Please state when this was undertaken and when it is next planned.</p>	A	<p>The Forth Valley ADPs revised strategy was completed and launched during the reporting period.</p> <p>The last needs assessment was completed in 2012. An updated assessment is currently being planned and will be commissioned in 2015. A key feature of this will be gathering data on NPS use locally. Importantly, the views of service users will also be included in the needs assessment.</p> <p>A needs assessment in relation to ARBD was carried out in the reporting period. This has been shared with the local Health & Social Care Joint Integration Board and a proposal for an ARBD team is being considered for funding.</p> <p>During the reporting period, an external consultant undertook consultation with GPs from across all areas of Forth Valley regarding their views on providing ORT. This has resulted in more GPs coming forward for RCGP Training which the ADP supports under our workforce development work and additional practitioners coming forward to engage in ORT provision via our Local Enhanced Service.</p>

	<p>Pease also include here any local research that you have commissioned e.g. hidden populations, alcohol related deaths.</p> <p>See Note 3</p>		<p>We have a cascade protocol which gathers intelligence and evidence regarding drug trends across Forth Valley. We also gather data from the Hospital Addiction Team on issues such as NPS and wound infections in PWID.</p> <p>We have conducted annual research into local drug related deaths. A 4 year trend report is being compiled which will report in 2015. This is a more detailed DRD report than is provided by ISD.</p> <p>A psychological therapies training needs analysis is underway for both Community and Prison Staff.</p> <p>We have continued to expand our Social Influence Programme and the resulting data has shown positive behaviour change in young people and also provides us with real time data as to the issues for local young people. Work is to begin within Falkirk schools during the next reporting period. We funded a post to deliver the programme within Polmont Young Offenders Institute.</p> <p>As an ADP we contributed to the BBV needs assessment for Forth Valley ensuring that the needs of PWID are highlighted.</p> <p>We hosted a Drug and Alcohol Improvement Game (DAIG) in partnership with Scottish Government to involve partners in looking at improvement processes and methodology.</p>
2	<p>An outcomes based ADP Joint Performance Framework is in place that reflects the ADP Local Outcomes and the National Core Outcomes.</p> <p>See note 4</p>	G	<p>All statutory, third sector and prison addiction services contribute to a local outcomes framework / data set (see Appendix 1). This work has been developed in partnership with services. We have defined the data set and the supporting definitions document over the last two years and have worked closely with the SDF Quality Team over the last year.</p> <p>Appendix 1 shows a blank template for local Outcomes Dataset and Appendix 1a provides the local definitions for the data. Appendix 2 shows how we use the generated data.</p>

			<p>The outcomes dataset is linked to ADP outcomes and the interventions and activities carried out by services contribute to the delivery of these outcomes. There are recovery outcomes included with the data set, including mutual aid self-help activity / engagement as well as discharge destinations. Recovery Outcomes are shown within Appendices 1 and 2.</p> <p>Local improvement targets have been developed and agreed relating to service outcomes performance including planned discharge, re-referral rates and number of individuals discharged drug / alcohol free. These targets are highlighted in Appendix 1.</p> <p>Our logic model for workforce development covers the whole workforce and was developed by all ADP partners from all Forth Valley ADPs. This means that the priorities within the model reflect local issues and need. There has been continued commitment to this work across the partnership in terms of budget and time commitment for staff to engage in the bespoke ADP programmes. The logic model is shown at Appendix 3.</p>
3	<p>Integrated Resource Framework Process</p> <p>Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.</p> <p>Note 5</p>	R	<p>The Joint Integration Board across Falkirk is at an early stage with the Chief Officers only recently being appointed. We hope to contribute to the ongoing development over the next 12 months.</p> <p>We have worked as an ADP group to establish the views on possible future models of service delivery which we will share with the Chief Officers.</p> <p>We have gathered information from local authority partners regarding resource spent on substance misuse and this is reported to ADP meetings. The global Forth Valley budget is managed in an integrated way and collective decisions are made on spend. Services are purchased on a pan Forth Valley basis with the exception of Young Peoples services. Although the budget has been broken down into segments relating to the recovery spectrum, further work is</p>

			planned to produce a plan which has more detail against the Alcohol, Drugs, Recovery and Prevention Spend.
4	<p>Integrated Resource Framework - Outcomes</p> <p>Note 5</p> <p>A coherent approach has been applied to selecting and prioritising investment and disinvestment options – building prevention into the design and delivery of services.</p>	R	<p>We plan to work with the Senior Finance Officer of the Health & Social Care Partnership to develop an Integrated Resource Framework. We specifically plan to develop an IRF around the proposed ARBD team.</p> <p>All ADP commissioned services have clear outcomes defined with prevention being a key feature. All statutory services, third sector and Prison Healthcare contribute to the ADP outcomes framework.</p> <p>There is an expectation that services adopt a holistic approach to health and wellbeing by signposting people to appropriate health settings or, alternatively, inviting in reach models to be developed. Doing so will help to reduce health inequalities and support recovery. We collect data relating to preventative interventions within our outcomes framework.</p>

PLAN - Please evidence your ADPs Planning activities/progress

	Theme	R A G see note 1	Evidence see note 2
5	We have a shared vision and joint strategic	G	We have the current area wide ADP strategy which has been shared with partners across multiple strategic groups within the local authority and ADP

	<p>objectives for people affected by problem substance use & those affected, which are aligned with our local partnerships, e.g child protection committees, violence against women, community safety, prevention including education etc.</p>	<p>partner organisations.</p> <p>The ADP outcomes are aligned to the SOA priorities. The ADP were consulted on the SOA development and therefore appropriate linkages can be made to activity and outcomes which contribute to SOA delivery. This is the same for cross cutting strategies such as BBV/ Sexual Health, Tobacco, Homelessness etc.</p> <p>FADP priorities are reflected in aligned plans including Child Protection, Domestic Abuse, Children’s Services Plan and Community Safety</p> <p>The ADP will provide detailed information and evidence on activity relating to policy development, workforce development, research and service provision to the Child Protection Inspection for Falkirk Council. This evidence will detail the contribution the ADP makes to keeping children and young people safe.</p> <p>We have also played a key role in the working group that has developed the local GOPR guidance. This guidance will be launched in Autumn 2015. An extensive programme of workforce development is planned to support this with a target of training 300 Addiction staff, Social Workers and Health Visitors.</p> <p>Within the last reporting period, the Clackmannanshire and Stirling ADP Lead Officer has been involved in bringing together the various Public Protection strands, Falkirk lead officer for Child Protection and ADP have been involved in these meetings. Lead Officers from each thematic area – Child Protection, Adult Support and Protection, Violence Against Women and MAPPA - meet regularly and have developed a Public Protection training module, a Public Protection newsletter, a Communication strategy and a Working Together protocol.</p> <p>The Integrated Clinical Governance Plan supports Child Protection practice through self-evaluation, audit and a robust action plan.</p>
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6	<p>A. Our planned strategic commissioning work is clearly linked to Community Planning and local integrated health and social care plans, preparing to support improved outcomes, priorities and processes jointly.</p> <p>Please include your ADP Commissioning Plan or Strategy if available.</p> <p>Please include information on your formal relationship to your local child protection committee.</p> <p>B. What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route.</p> <p>Please include information on the level and frequency of feedback you have received through your local accountability route/CPP/ Joint Integration Board.</p>	A	<p>A:</p> <p>The Health & Social Care Partnership for Falkirk is at an early stage of development as the interim Chief Officer post has only recently been appointed. The ADP will actively pursue this agenda and actively encourage the discussion needed to assist us in meeting joint outcomes.</p> <p>We do not currently have an ADP commissioning strategy but this will be a necessity for the Health and Social Care Partnership – the ADP will be included in this process.</p> <p>The service manager for Criminal Justice Social Work is a member of the ADP This will strengthen links and will support the CJA transition to local CPPs.</p> <p>B:</p> <p>Local discussions are currently underway as to the formal accountability route for the ADP due to revised arrangements locally. A Public Protection Forum has recently been established and ADP will have a role in supporting the outcomes of this group. The FADP annual report and delivery plan are reported to the Falkirk Community Planning Leadership Board and Falkirk Community Safety Partnership.</p> <p>In future, the ADP Annual Reports and Delivery Plans will be integrated into the business of the Health & Social Care Partnership schedule.</p>
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	See note 6		
7	Service Users and carers are embedded within the partnership commissioning processes	G	<p>Service users and carers were involved in the last PSP commissioning process for the procurement of the local Family Support service. We have not conducted another service commissioning process since this time. We recognise meaningful service user involvement as good practice and will observe this going forward in line with the Quality Principles.</p> <p>We now have an established Peer Support cohort who are very active within the treatment system and they will be offered the opportunity to participate in any future commissioning processes in Falkirk or Forth Valley, ensuring the voice of service users is present and heard.</p>
8	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise if your ROSC is 'in place'; 'in development' or in place and enhancing further.</p> <p>Describe the progress your ADP has made in implementing a Recovery Oriented System of Care (ROSC), please include what your priorities are in</p>	A	<p>We continue to move forward with our ROSC plans and we are of the view that, whilst we have the key elements of a ROSC in place, we are reluctant to state that it will ever be complete or finalised. The challenges of drug and alcohol use mean that we will need to have a continuous cycle of development to maintain our ROSC.</p> <p>The ADP have influenced the Local Delivery Plan (LDP) of NHS Forth Valley and the development of a ROSC is included as a priority within the LDP.</p> <p>We report significant progress during the reporting period. We have trained Housing Officers and Addiction staff on the ROSC approach. We have developed a holistic package of care for our Community Pharmacy Contractors which means they are now asked to develop care plans and take a much more holistic view of the individuals they support. We have developed a Steps to Recovery Clinic and have plans to pilot a titration clinic. ORT and Me groups</p>

	<p>implementing this during 2015-16. This may include:</p> <ul style="list-style-type: none"> • ROSC service review and redesign • Identify and commission against key recovery outcomes • Recovery outcome reporting across alcohol and drug services (Please outline what current/planned recovery tool you are using) • Individual recovery care plan and review • Involved mutual aid and recovery communities <p>Please include your recovery outcomes for all individuals within your alcohol and drug treatment system for 2014/15 if available.</p>	<p>have also been emerging locally.</p> <p>A Quality Principles audit tool has been developed to support self-evaluation within the services. We are mid-way through the first audit using this tool and the ADP will take feedback from services and refine the tool accordingly. All identified areas which require action will be captured within the action plan for the Quality Improvement Framework Board (Appendix 4).</p> <p>We externally evaluated all of the ORT services including those delivered within the prison setting. Robust action plans are now in place which will support improvement can be found at Appendix 4.</p> <p>We have undertaken an additional ROSC training session for addiction staff in the reporting period which included all new starts. This will be repeated on an annual basis to maintain the recovery momentum within the workforce.</p> <p>We have continued to build positive working relationships within Housing Service. "Attitudes and Values" training was delivered by STRADA to housing and associated staff. During the period there have been early discussions with housing re Recovery Housing and involvement in PSP for Homeless Hostel contracts in the Falkirk area.</p> <p>ROSC training for pharmacies has also been scoped in the reporting period further evidencing the development of a ROSC in wider settings.</p> <p>During the reporting period we have employed a Recovery Worker who will further enhance our local ROSC. The local footprint in mutual aid access has significantly increased and SMART Recovery have extended to groups in the prison setting.</p> <p>In the reporting period, a significant amount of development work was undertaken within for projects that will further enhance recovery. These</p>
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			<p>projects include dedicated support for Veterans, a mobile harm reduction facility, additional capacity for working with children affected by parental substance misuse, dedicated support for Looked After and Accommodated Children and Young People, further support for AXIS Early Doors (Early Intervention Project for young people showing problematic alcohol or drug use), support for the Cyrenians in conjunction with Criminal Justice who have embarked on the Walled Garden Project that is to include a Social Enterprise Recovery Café working with those on Community Service Orders and dedicated CAB support for individuals engaged in the treatment system in order to mitigate the impact of welfare reform. Outcomes from these projects will be reported next year.</p> <p>During the period we continued with our Criminal Justice Social Inclusion Project with partners in Housing, Health, Police Scotland where clients who previously have been hard to reach and impact (several calls on time per week to each service) on the services of these partners have been engaged and supported in some cases preparatory to treatment.</p> <p>We have extended the use of the FACe electronic care planning system to the 3rd sector. We are also planning direct referral from GP's through use of the electronic SCI gateway. This will increase the speed at which we receive referrals and will enhance the information received, thus allowing more effective assessment and intervention.</p> <p>For the last eight years as an ADP we have invested in a Consultant Addiction Psychology post and there has been significant investment made in the wider workforce to increase support for psychological therapies within the ADP area. The provision has been increased to additional Clinical Psychology posts and a Psychology Assistant for a fixed period.</p> <p>We have revised the local Residential Rehabilitation Protocol to ensure that this treatment modality is open to those who require it. To reflect the growing</p>
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			<p>recovery movement, we have also increased the resource available to support this modality.</p> <p>The ICP work that we reported last year has now been finalised for the third sector. This compliments the statutory ICP and ensures patient flow. The statutory NHS service has undertaken an audit of the ICP.</p> <p>We have completed the Prisons ICP. We have also completed a liberation from prison pathway to support transitions home for Forth Valley people from all SPS establishments. All Prisons across Scotland have been provided with a copy of the Forth Valley service directory and a letter detailing the pathway for people being liberated home to Forth Valley.</p> <p>The ADPs supported a Recovery Grant for the three local prisons to bid into. As a result, a number of innovative projects such as horticulture and music were supported. We intend to build on these going forward.</p> <p>We are currently developing a perinatal pathway and have developed a hazardous and harmful drinking pathway.</p> <p>We have planned for local Conversation Cafes and these will take place in the 15/16 reporting period.</p> <p>We piloted Recovery Bus Passes across Forth Valley and await feedback from Transport Scotland as to the next steps. The evaluation feedback from our services was very positive and service users were able to engage in recovery activities.</p> <p>Recovery Outcomes attached at Appendix 1 and 2</p>
9	All relevant statutory	A	EQIAs have been undertaken for all Forth Valley services. We have also

	<p>requirements regarding Equality Impact Assessments have been addressed during the compilation of your ADP Strategy and Delivery Plan.</p> <p>Please advise when this was undertaken and is next planned.</p>		<p>undertaken EQIAs on all of the ICP work and the ADP strategy. The necessary adjustments have been made within services (e.g. resources being available in different languages).</p>
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DELIVER - Please evidence your ADPs Delivery activities/progress

	Theme	R A G see note 1	Evidence <i>see note 2</i>
10	<p>Delivery of Joint Workforce plans, as outlined in 'Supporting The Development of Scotland's Alcohol and Drug Workforce' statement are in place across all levels of service delivery which are based on the needs of your population.</p> <p>see note 7</p>	G	<p>We have an extensive workforce development logic model which clearly outlines our intentions in relation to workforce development across the three local authority areas. The pan Forth Valley logic model is a compilation of all the work from the three local authority areas which was all worked through and considered by leaders and a wide range of partners. This was developed in partnership with STRADA over a 2 ½ year period and has been agreed by all ADP partners. The logic model was finally launched in February 2015 and is attached at Appendix 3.</p> <p>Workforce development is a key strategic priority going forward and priority groups are being identified. Significant investment has already been made not only in training the specialist workforce but also to ensure appropriate</p>

			<p>substance misuse competencies in the wider ROSC workforce. For example, Health Visitors, Community Pharmacists, HR advisors and Council trades people who regularly access the homes of vulnerable people.</p> <p>The national workforce development statement has been used to draft a TNA and priority groups have been identified at all levels of service delivery. This includes Council Trades people (Tool Box Talks), Carers, Communities Workers, HR advisors, Social Workers and specialist Addiction workers.</p> <p>We have delivered training on a number of topic areas which includes:</p> <ul style="list-style-type: none"> Sexual Health Drugs and Bugs Training GBV NPS ROSC – Addiction staff STRADA core programme Training with Social Work staff to raise awareness of signs and symptoms as well as of local services Training for Health Visitors (Drugs and Alcohol) Overdose Awareness Training Naloxone Training – Train the Trainers (in partnership with SDF) <p>We are currently developing a ROSC for Community Pharmacists and GOPR training for Addiction, Social Work and Health Visiting staff.</p> <p>We have also sponsored staff to undertake CBT training as well as advanced group work training.</p> <p>We have also sponsored a large number of GPs to undertake RCGP training. This will encourage the GP workforce to engage in ORT, increasing skills and competencies</p>
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11	<p>Please provide a bullet point summary of your ADP's Alcohol and Drug Provision, to demonstrate the range of prevention, treatment/recovery & support interventions (including early interventions) commissioned by the ADP which have been delivered in the reporting period.</p> <p>We recognise there will be overlaps – please use local definitions.</p>	A	<p>The portfolio of services available in Falkirk and across Forth Valley was increased post redesign in 2010 – 2012. The existing range of services can be found at: www.forthvalleyadp.org.uk</p> <p>There are no plans to decommission any of these services which are contributing towards ADP outcomes.</p> <p>In addition to the listed services we also fund: Recovery Worker Hospital Addiction Team Arrest Referral Team Social Influence Worker</p> <p>The pilot projects highlighted at point 8 are also in addition to those listed in the directory. We plan to have another post within HMP YOI Polmont to deliver our Social Influence Programme within that setting.</p> <p>As noted, we have a proposal in development with the Integrated Joint Boards in Forth Valley for an area wider ARBD team.</p>
12	<p>Please provide a brief summary of the interventions your ADP has delivered to support communities:</p> <p>a) Prevention of developing problem alcohol/drug use</p>	A	<p><u>A:</u></p> <p>ABI training – we continue to exceed the HEAT Standard relating to ABI. ABI training is now regularly offered to staff in non-HEAT settings. We are also exploring the use of ABI in surgical settings within the Acute hospital. Training is offered via face to face training and an online learning module. We also support the Health Behaviour Change Training which is on offer locally, marketing this to all our partners. We hope to increase the cohort of trained trainers to support further embedding of ABI practice.</p>

	<p>b) Community Safety/ violence against women/Reducing Reoffending</p>	<p>Social Influencing Approach – this prevention programme developed during this reporting period is to be delivered within a secondary school within the Falkirk Council area during the next reporting period. The results of the most recent report for Clackmannanshire is extremely encouraging and provides evidence that the approach is having a positive impact on reducing a range of risk taking behaviours. Social Influencing Project was developed from the Social Norms Project carried out within two schools within the Falkirk area during 2012/2013.</p> <p>Hospital Addiction Team (HAT) – the ADP funds two senior nurses who are based at Forth Valley Royal Hospital to support those who present with alcohol and/or drug issues in the acute setting. They provide naloxone to those who require it pre discharge and collect data on a range of substance misuse issues including NPS and other appropriate intelligence regarding trends in Forth Valley.</p> <p>B:</p> <p>Community Safety Partnership – The Falkirk Community Safety Partnership Strategy Group meet on a quarterly basis and involves partners from Criminal Justice, Gender Based Violence, ADP, Housing, Noise Team, ASB Fire Service and Police Scotland. ADP Lead hosts the Alcohol and Drugs Sub Group for the Tasking and Co-ordinating Group that meet monthly and links into daily tasking group for services. The Falkirk Social Inclusion Project and Safer Streets Safe Zone/Safe Base are projects that have ben developed from this partnership.</p> <p>Overdose Awareness Day – This commemorative event has been marked in Forth Valley every year since 2013. In 2014, it was held in Stirling with plans to hold in Clackmannanshire in 2015. In 2014, balloons were released to remember those who had died and family members and staff were invited to write a message in a book of remembrance. Service Users, Family Members</p>
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			<p>and Staff across the FVADP area are invited to participate in these events.</p> <p>Prison Work – During the period we have provided a significant level of support and resource to prisons to for the treatment and development of ROSC and to reduce societal harms caused by substance misuse. This is explained more fully elsewhere in the document.</p> <p>GBV training – the addiction workforce has been trained in GBV issues with key staff planning to undertake a “Train the Trainers” course so as to enable us to manage the training of new staff within our own system.</p> <p>VPD Pilot – during the reporting period we have been meeting with Police colleagues to consider how to share information around vulnerable people the Police have contact with but who are not necessarily arrested. It is hoped that this scheme will be piloted within Stirling by the end of 2015 a possible roll out to other areas of FVADP.</p> <p>Arrest Referral Scheme – we continue to operate a referral system for those who are arrested locally and who have a drug and / or alcohol difficulty in an attempt to engage them in treatment and support. We have recognised a downward trend in figures and are currently exploring this with the Service Provider.</p> <p>Scottish Ambulance Service – we continue to work with our colleagues in the SAS in relation to non-fatal overdoses. The SAS are also members of our Drug Related Critical Incident Group.</p> <p>Naloxone / Overdose Training – this training continues to be a high priority locally. We have a calendar of training dates planned going forward.</p> <p>C:</p>
	c) Children/ CAPSM		

		<p>Time 4 Us – This service which offers practical parenting support as well as support from a families worker for children affected is a valuable asset to Forth Valley. We have managed to maintain this service despite significant financial challenges within the local authorities.</p> <p>Methadone Boxes - we continue to provide Methadone / medicine storage boxes for people who have children living with them or who have regular access. This is to increase the safe storage of medicine in homes. These boxes are now made for us by Criminal Justice clients.</p> <p>Methadone Stickers and Leaflet – we continue to place safe storage stickers on all dispensed bottles from Community Pharmacists. We also widely distribute our local Methadone Storage leaflet to again promote the safe storage of methadone and other potentially harmful substances.</p> <p>Festive Prescribing Plans – we continue to develop Festive / Holiday prescribing plans to reduce risk around the access to methadone when services are closed. Multi agency partners are involved in the development of these.</p> <p>Family Focussed Activities - Time 4 Us staff supported families from across the Signpost service to enjoy a family day out to the Safaris Park. For many of the families, spending quality time together was a new and very worthwhile experience.</p> <p>Christmas Hampers – for the past 5 years, partners have generously supported Signpost to collect food items and toys for vulnerable families at Christmas time. Year on year, donations to this campaign increase.</p> <p>Family Support – We have maintained funding for the Forth Valley Family Support Service. This is growing in numbers and we hope to report an increase in referrals in the next annual report.</p>
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	<p>d) Supporting People in moving on from treatment and care services for ongoing recovery (e.g Self Directed Support, mutual aid/recovery communities)</p>	<p>We are working with Scottish Families as a pilot area for the Telehealthcare and the Bereavement service. This has assisted us with the coverage of the rural areas of Forth Valley.</p> <p>Looked After & Accommodated Team - we identified a potential gap in relation to support for LAC young people who had substance misuse issues. We have since provided financial support for suitable resources as well as supporting the recruitment of a dedicated worker.</p> <p>Health Visitors – Clackmannanshire commissioned training for Health Visitors to increase confidence and competence in supporting substance misusing parents. The piloted a referral system for children under 5 affected by parental substance misuse is to be extended to the three local authority areas in Forth Valley during the next reporting period.</p> <p><u>D:</u></p> <p>AA – we have made significant improvements in our local relations with AA. One of the most significant developments was a new AA group within the acute hospital. This offers support to those who are patients accessing the detox beds within Forth Valley Royal Hospital.</p> <p>Mutual Aid – our mutual aid footprint has grown significantly over the reporting period and we now have a resource which details all mutual aid groups available in the area. This is widely distributed. We now have a group of Peer Supporters trained and ready to support service users currently in the treatment system. There are a number of SMART groups active across Forth Valley.</p> <p>Recovery Boxes – we developed a portfolio of health improvement resources, self-help and referral materials for each member of the addiction workforce to</p>
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			<p>support their work with individuals. Peer Supporters now also have these boxes.</p> <p>We have plans to extend this resource to Social Work staff.</p> <p>Social Work Letter – we plan to write to each member of Social Work staff across FVADP area to promote local support services for individuals and families and to also offer support to the practitioners working with vulnerable families.</p>
13	<p>A. A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision</p> <p>B. Describe how all ADP Partners contribute to delivering outcomes identified in the Joint Strategic Needs Assessment (box 1) which includes prevention, recovery, treatment, support and throughcare services through ROSC provision, where in place.</p>	A	<p><u>A:</u></p> <p>Quarterly monitoring meetings are in place for all commissioned services. All services within the ADP treatment system report on waiting times, SMR compliance and also complete the local outcomes dataset.</p> <p><u>B:</u></p> <p>ADP partners contribute in a variety of ways depending on their role. Partners help is to raise awareness of the ADP agenda and the harm associated with substance misuse. They share information with us relating to harm and also work with us to develop a competent workforce.</p> <p>Through our work on policy development and the workforce development logic model we have been able to bring partners together in pursuit of shared outcomes.</p> <p>The advent of CJAs coming to Community Planning will also enable us to undertake further work with partners to support our ROSC.</p>

REVIEW - Please evidence your ADPs Delivery activities/progress in reviewing Strategies/Outcomes

	Theme	R A G <i>see note 1</i>	Evidence <i>see note 2</i>
14	ADP Delivery Plan is reviewed on a regular basis, which includes a review of the provision of prevention activity, recovery, treatment and support services (ROSC).	A	The ADP delivery plan is reviewed at regular intervals throughout the term it covers. It is deemed to be a live document. The ADP Delivery Plan is a standing item on FADP Agenda.
15	Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services, which	A	All contracts for commissioned services stipulate the outcomes to be met by commissioned services.

	<p>incorporates recommendation 6 from the Delivering Recovery Report.</p> <p>see note 8</p>		
16	<p>A schedule for service monitoring and review is in place, which includes statutory provision.</p>	G	<p>Outcomes are submitted monthly and reported to ADP members quarterly. Contract monitoring meetings also take place quarterly for third sector services.</p> <p>All services complete outcomes, waiting times and SMR.</p> <p>All service performance is monitored through the local Quality Improvement Board and the associated improvement action plan captures all actions from the recent service evaluations.</p> <p>In addition, external evaluations of ORT services (including Prison Healthcare) have been undertaken as previously noted.</p>
17	<p>Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.</p>	A	<p>Service users contributed to the recent evaluations of ORT provision and their views are also sought through ongoing treatment reviews within service or by exit interviews where possible.</p> <p>The Recovery Officers work closely with service users and are expanding the network of Peer Supporters.</p> <p>Service users and family members have also recently been involved in the development of local Recovery Conversation Cafes.</p>
18	<p>A. There is a robust quality assurance system in place which governs the ADP and evidences the quality,</p>	A	<p><u>A:</u></p> <p>The Quality Improvement Framework Board oversees the delivery of the</p>

	<p>effectiveness and efficiency of services.</p> <p>B. Please advise when (and how) your ADP has/plans to undertake an assessment of local implementation of the <u>‘Quality Principles: Standard Expectations of Care and Support in Drug and alcohol Services.’</u> See notes 9 and 10</p>		<p>associated action plan which aims to ensure the quality of substance misuse service provision across the area. Se Appendix 4 for draft action plan.</p> <p>Locally we also have an Integrated Clinical Governance Board which monitors the quality of clinical provision giving assurance to the ADP. Through this group, ICPs have been developed for Statutory, Third Sector and Prisons. A continuous cycle of audit exists for local ICPs. The Statutory audit has been completed with plans to complete the Third Sector and Prison ICP in the 2015/16 reporting period.</p> <p><u>B:</u></p> <p>An audit of compliance with the Quality Principles has been completed across all services. Peer review of responses will now take place. The audit tool used will require to be refined following feedback from services.</p>
19	<p>Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following:</p> <ul style="list-style-type: none"> your (updated, if applicable) Key Aim 	A	<p>Key Aim Statement:</p> <p>Forth Valley Integrated Substance Misuse Services aspire to continue to develop a Recovery Oriented System of Care (ROSC) which will be underpinned by The Quality Principles – Standard Expectations of Care and Support in Drug and Alcohol Services published by the Scottish Government in 2014.</p> <p>Many strands of our local ROSC have been progressed in the reporting period and there are real tangible signs that the local recovery movement is growing. Many of these strands are already highlighted throughout this document.</p>

	<p>Statement</p> <ul style="list-style-type: none"> • a specific update on your progress in implementing it – have you achieved it/when do you plan to do so? • Outline the work of your ORT Accountable Officer • How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March 2015. • Information on length of time on ORT and dose • Information about any related staff training in ORT provision or recovery orientated systems of care. • Detail of any ORT focussed groups operating in the area. • GP engagement – how drug and alcohol treatment is being delivered in primary care 		<p>We intend to pull all of these strands together into one formal ROSC plan.</p> <p>As noted, we have undertaken an audit of compliance with the Quality Principles.</p> <p>The ORT Accountable Officer for this area is Dr Graham Foster, Chair of FVADP.</p> <p>The ADPs have undertaken to procure all of the ORT evaluations of provision including within the three prison establishments in Forth Valley. We have also researched the attitudes of GPs into ORT and look at the support GPs may need to enhance recovery focussed interventions.</p> <p>The numbers of people in receipt of ORT at March 2015 was:</p> <p>Total = 1137</p> <p>Falkirk – 623 Stirling – 309 Clackmannanshire - 205</p> <p>The vast majority of addiction staff have been trained in ROSC. A mop up session has taken place and we will repeat this annually.</p> <p>There are also plans to deliver as ROSC to pharmacies and possibly Elected Members.</p> <p>An ORT & Me group operates in the area as well as Pop Up Recovery.</p> <p>We have undertaken much work to elicit the views of local GPs in relation to ORT. External evaluation was undertaken to ascertain their learning needs</p>
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	<p>settings.</p> <p>See note 10</p>		<p>which are fully supported by the ADP. We held an evening seminar and revised our local enhanced service based on their expressed need and suggestions. This event was chaired by the local ORT Accountable Officer. An annual learning event for GPs on this topic will be a feature in the workforce development plan.</p> <p>We have also agreed a new model of delivery of pharmaceutical care for patients prescribed ORT. This model will embrace a patient centred recovery focus. The new model of delivery commenced in April 2015 but the planning took place in the reporting period. The expectation is that pharmacies will deliver a care plan for each patient engaged in the service. Community Pharmacies will be reimbursed for providing a package of care (i.e. a monthly fee per patient) rather than payment per item for dispensing / supervision.</p> <p>We are also currently piloting Non-Medical Prescribing within a Category C General Medical Practice. The programme will be evaluated and if successful we will expand this model to other practices on a needs led basis.</p>
20	<p>Please describe in brief bullet points how your ADP and partners are contributing to delivery of a Whole Population Approach for Alcohol.</p>	G	<p>ABI - We continue to build on the success of our ABI programme within Primary Care and other HEAT settings as well as areas such as Community Pharmacy where we enjoyed a degree of success previously. We have recently revised our local enhanced service for ABI. We have also been innovative in some of groups we have trained in ABI. ABI will be introduced to areas of the Falkirk Council workforce as part of ongoing Workforce Development.</p> <p>Policy Development - We have made significant impact on policy development aligning the NHS Substance Use Policy to become more recovery focussed. We are progressing work with Local Authority partners to also enhance the school policy and employee support policies to more recovery focussed. These policies will create a more supportive environment for those affected by substance use problems whether in education or the workplace.</p>

			<p>Communication - Throughout the reporting period, we ran several media campaigns to promote local services. This include advert is wash rooms, on bill boards and using radio and local newspapers to reach out to our local communities. We have developed innovative resources such as scratch cards to catch the eye of those who may need support. We have noted increased engagement patterns post campaign.</p> <p>Social Influencing - We also continue to support the Social Influencing Approach in local schools and hope that this will be embedded in the curriculum going forward.</p> <p>Licensing – Lead Officer for ADP and NHS Forth Valley Public Health are members of the Falkirk Council Local Licensing Forum and provide regular updates to the Forum on related topics as well as presenting FADP Delivery Plan and Annual Report to this body. The Lead ADP Officer also provided assistance with provision of statistical information for inclusion in the developing Falkirk Council Licensing Policy. We also have plans to deliver a bespoke session on key public health messages such as alcohol consumption to Elected Members as part of our workforce development plan across Forth Valley.</p>															
21	How many service users are in receipt of prescriptions for problem alcohol use?		<table border="1" data-bbox="920 1007 2045 1161"> <tr> <td data-bbox="920 1007 1205 1046">CHP Name</td> <td data-bbox="1205 1007 1485 1046"></td> <td data-bbox="1485 1007 1765 1046"></td> <td data-bbox="1765 1007 2045 1046"></td> </tr> <tr> <td data-bbox="920 1046 1205 1121"></td> <td data-bbox="1205 1046 1485 1121">Acamprosate (98.5%)</td> <td data-bbox="1485 1046 1765 1121">Disulfiram (97.9%)</td> <td data-bbox="1765 1046 2045 1121">Chlordiazepoxide (94.7%)</td> </tr> <tr> <td data-bbox="920 1121 1205 1161">Falkirk</td> <td data-bbox="1205 1121 1485 1161">100</td> <td data-bbox="1485 1121 1765 1161">178</td> <td data-bbox="1765 1121 2045 1161">174</td> </tr> </table> <p data-bbox="920 1198 2045 1380">The above data represents prescriptions processed between April 2014 and March 2015. For CHPs the overall CHI capture rate for the Health Board is presented in brackets for each medicine. Anything less than 100% indicates that a CHI has not been captured for all prescriptions. Where the CHI capture is less than 100% and even with the CHI capture is 100% there may be</p>				CHP Name					Acamprosate (98.5%)	Disulfiram (97.9%)	Chlordiazepoxide (94.7%)	Falkirk	100	178	174
CHP Name																		
	Acamprosate (98.5%)	Disulfiram (97.9%)	Chlordiazepoxide (94.7%)															
Falkirk	100	178	174															

			undetected inaccuracies in the data.
22	How many service users are receiving counselling/support through ADP commissioned services?		<p>From 1st April 2014 until 31st March 2015, 525 people received counselling support. This can be broken down as:</p> <p>Falkirk – 281 (54%)</p> <p>Clackmannanshire – 85 (18%)</p> <p>Stirling – 149 (28%)</p> <p>These figures are for those accessing the counselling modality only. Numbers will be greater for those accessing support of any kind.</p>
23	How many service users have received treatment for ARBD in the reporting period?		<p>Accurate data in this area is not available locally. We are currently pursuing local developments to more effectively gauge need and it is hoped that the formation of an ARBD team will allow this data to be available to the ADP going forward.</p> <p>An ARBD needs assessment was carried out locally and within that projected need was estimated at 186 people across Forth Valley.</p>

3. FINANCIAL FRAMEWORK

Your Report should identify both the earmarked alcohol and the earmarked drug funding from Scottish Government which the ADP has received (via your local NHS Board) and spent in order to deliver your local plan. It would be helpful to identify any other expenditure on drugs and/or alcohol prevention, treatment/support services or recovery which each ADP partner has contributed from their core budgets to deliver the Plan. You should also highlight any underspend and proposals on future use of any such monies.

Total Income from all sources

Income	Alcohol	Drugs	Combined	Total
Earmarked funding from Scottish Government	£2,195,629	£1,162,822	£0	£3,359,451
Funding from Local Authority	£254,820	£1,276,772	£1,479,129	£3,010,721
Funding from NHS (excluding funding earmarked from Scottish Government)	£150,376	£41,778	£3,062,732	£3,254,886
Funding from other sources – SG NHS Tobacco Allocation		£409,182		£409,182
Local Authority Tobacco Allocations		£20,870		£20,870
Total	£2,600,825	£2,911,424	£4,541,861	£10,054,110

Total Expenditure from sources

	Alcohol	Drugs	Combined	Total
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£22,840	£10,775	£5,025,376	£5,058,631
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£171,000	£1,425,992	£1,502,955	£3,069,917
Recovery	£275,550	£130,776	£460,658	£866,984
Dealing with consequences of problem alcohol and drug use in ADP locality	£43,770			£43,770
Tobacco		£808,765		£808,765
Total	£482,800	£2,376,238	£6,989,029	£9,848,067

End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Drug	£1,162,822	£1,162,822	£0
Alcohol	£2,195,629	£2,195,629	£0
Total	£3,358,451	£3,358,451	£0

Total Underspend from all sources

Underspend £	Proposals for future use
£206,043	£85k relates to non-recurring vacancies.
	Balance is efficiencies in drug and analysis costs and is being re-invested in substance rehab model of care in 15/16

Support in kind

Provider	Description

FALKIRK COUNCIL'S (ADP) EXPENDITURE ON DRUG/ALCOHOL : 2014/15

DRUG SPECIFIC SPEND

<u>Project</u>	<u>2014/15 Budget</u>	<u>Actuals to 31/03/15</u>	<u>Projected Outturn 31/03/15</u>	<u>Outturn Variance</u>
Signpost	124,160	124,160	124,160	0
Social Work Home Support	45,000	45,000	45,000	0
IFSS - Family Support	66,220	69,360	69,360	3,140
Axis	110,950	110,950	110,950	0
	346,330	349,470	349,470	3,140

ALCOHOL SPECIFIC SPEND

<u>Project</u>	<u>2014/15 Budget</u>	<u>Actuals to 31/03/15</u>	<u>Projected Outturn 31/03/15</u>	
Licensing Officer	33,610	33,952	33,952	342
Safer Streets (Taxi marshalling)	30,000	30,000	30,000	0
Safer Streets / Safe Base	10,000	6,033	6,033	-3,967
	73,610	69,985	69,985	-3,625

TOBACCO

<u>Project</u>	<u>2014/15 Budget</u>	<u>Actuals to 31/03/15</u>	<u>Projected Outturn 31/03/15</u>	
Tobacco Sales Enforcement	20,000	20,000	20,000	0
	20,000	20,000	20,000	0

COMBINED SPEND

<u>Various Projects</u>	<u>2014/15 Budget</u>	<u>Actuals to 31/03/15</u>	<u>Projected Outturn 31/03/15</u>	
ASC Core Contribution	26,646	26,646	26,646	0
Time4Us / Signpost (SW)	30,000	30,000	30,000	0

Residential Care (Adults)	378,950	422,870	422,870	43,920
FFF - AXIS	33,720	33,724	33,724	4
Substance Dev. Worker(s)	47,030	33,284	33,284	-13,746
ASC (CJA)	10,000	10,000	10,000	0
	<u>526,346</u>	<u>556,524</u>	<u>556,524</u>	<u>30,178</u>

Substance Misuse Budget

Signpost (rent)	3,200	3,200	3,200	0
FV Family Support Outreach	60,000	60,000	60,000	0
Forum Monies	2,000	780	780	-1,220
Time4Us / Signpost (C&N)	15,000	15,000	15,000	0
STRADA Training	13,810	13,814	13,814	4
Recovery Café Event	1,000	0	0	-1,000
Criminal Justice Project	45,000	45,000	45,000	0
	<u>140,010</u>	<u>137,794</u>	<u>137,794</u>	<u>-2,216</u>

Community Safety

Denny Youth Project	11,000	5,500	11,000	0
Anti-Social Detached Youth Work	27,000	11,449	18,157	-8,843
SACRO	23,050	22,074	22,074	-976
OASIS	4,500	4,500	4,500	0
ASB Analyst	12,960	11,413	11,413	-1,547
PSP's	500	0	0	-500
Support for Victims	800	0	0	-800
Domestic Abuse	5,000	4,454	4,454	-546
	<u>84,810</u>	<u>59,390</u>	<u>71,598</u>	<u>-13,212</u>

TOTAL OF COMBINED SPEND

	<u>751,166</u>	<u>753,708</u>	<u>765,916</u>	<u>14,750</u>
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GRAND TOTALS

	<u><u>1,191,106</u></u>	<u><u>1,193,163</u></u>	<u><u>1,205,371</u></u>	<u><u>14,265</u></u>
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4. PERFORMANCE FRAMEWORK - PROGRESS

We will measure the implementation of our local ROSC through all of the indicators noted in the performance framework as all of them have an important role to play. The outcomes indicated in our workforce development logic model as again all will show progression towards a ROSC. Locally, we are of the belief that a ROSC will always be developing and evolving and never fully implemented. There will always be more than can be done.

Many of the key actions noted below are summarised. More detailed information is highlighted earlier in document. National indicators have been given a RAG score as per the definition below. Where it has not been possible to compare local figures with a national figure, scores are based on the progress we would hope to see locally.

RAG Key – National Indicators:

- RED:** Statistically significantly 'worse' than National average
- AMBER:** Statistically significant difference compared to National average
- GREEN:** Statistically significantly 'better' than National average
- <--->** Statistically not significantly different from National average

National Outcome: Health - People are healthier and experience fewer risks as a result of alcohol and drug use

FADP Outcome: Health - Fewer individuals in Falkirk will suffer substance related injuries, physical, psychological morbidity and mortality

Indicator	Falkirk Baseline	Most Recent Information				Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
		Falkirk	Clackmannanshire	Stirling	Scotland			
Total number of people in receipt of ORT treatment.	2014 Prevalence = approx. 630 (for opiate and benzodiazepine use)	April-15: 623	April-15: 205	April-15: 309		<p>Ensured services are accessible and available.</p> <p>We have maintained the HEAT standard in relation to waiting times which has ensured rapid access to treatment.</p> <p>Promotion of services using a variety of methods.</p> <p>Continued workforce development as detailed.</p> <p>Completed Third Sector and Prison ICPs.</p> <p>Promotion of referral pathways.</p> <p>External evaluation of the</p>	A	

							<p>views of GPs in relation to ORT.</p> <p>Expert seminar for GPs in relation to ORT.</p> <p>Support and funding provided to GPS to undertake RCGP training.</p> <p>Reviewed Local Enhanced Services for GPs to undertake ORT.</p> <p>Every GP across Forth Valley provided with information on the whole portfolio of ADP services.</p> <p>Completed revised specification of pharmaceutical support in Community Pharmacies to be more recovery focussed.</p> <p>Harm reduction sessions available at local University.</p>	
Rate of drug related hospital stays (per	2010/11 = 74 2011/12 = 59.7 2012/13= 54.9	2013/14 = 78.8	2013/14 = 79.9	2013/14 = 89.5	2013/14 = 124.6	Decrease rate to 75 by 2018	Continued support for Hospital Addiction Team to support individuals affected by substance misuse in	G

100,000 population).							<p>situ and make appropriate referrals to Community services.</p> <p>Continued promotion of the local Naloxone programme.</p> <p>Continued workforce development as highlighted.</p>	
Rate of drug related mortality (rate per 100,000 population).	<p>2010 = 6.6</p> <p>2012 = 6.9</p>	2013 = 6.8	2013 =14.7	2013 = 6.6	2013 = 10	Decrease rate to 13.5 by 2018	<p>We have maintained the HEAT standard in relation to waiting times which has ensured rapid access to treatment.</p> <p>Continued to ensure services are accessible and available.</p> <p>Continued with Non-Fatal overdose initiative in partnership with Scottish Ambulance Service.</p> <p>Commenced planning for an assertive outreach approach in relation to non-fatal overdoses.</p> <p>Continued promotion of the local Naloxone programme.</p>	<--->

							<p>Continued to deliver Overdose Awareness training.</p> <p>Maintained local Drug Related Critical Incident Group.</p> <p>Completed annual report on local drug related deaths.</p> <p>Commissioned 4 year trend analysis of Forth Valley DRDs.</p> <p>Maintained local cascade protocol / early warning system in partnership with Public Health.</p> <p>Amended local medicine sticker to reinforce risks of sharing / selling prescribed medication.</p> <p>Developed Prison Liberation pathway.</p> <p>Maintained Arrest Referral system.</p> <p>Commenced planning to</p>	
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							<p>develop Family Support packs for Police colleagues to leave behind after drug operations.</p> <p>Harm reduction sessions available at local University.</p>	
Number of non- fatal overdoses (partnership with SAS).	2013 = 36	2014/15 = 48	2014 / 15 = 25	2014/15 = 36	N/A	Decrease number of non-fatal overdoses by 10% by 2018.	As above.	A
Rate of alcohol related mortality (rate per 100,000 population).	2010 = 21.3 2011 = 22.5 2012 = 11.9	2013 = 18.2	2013 = 38.9	2013 = 16.7	2013 = 21.4	Decrease rate to 500 by 2018.	<p>We have maintained the HEAT standard in relation to waiting times which has ensured rapid access to treatment.</p> <p>Continue workforce development as highlighted.</p> <p>Continued promotion of services.</p> <p>Developed hazardous and</p>	R

							<p>harmful drinking pathway.</p> <p>Input at local Fresher Weeks across College and University Campus'.</p> <p>Development of Forth Valley Focus on Alcohol campaign – materials widely distributed to all libraries and Community outlets.</p> <p>Letter distributed to parents / carer of all school aged children across Forth Valley promoting positive role modelling in relation to alcohol.</p> <p>Media coverage of two messages – one aimed at parents and one aimed at individuals in terms of personal safety.</p>	
Prevalence of Hepatitis C among injecting drug users (%).	2008 / 09 = 43.4 2010 = 58.3	2011/12 = 66.7%	2011/12= 47.1	2011/12 = 64.2%	2011/12 = 53.0%	Decrease prevalence to 40% by 2018.	<p>Continued provision of IEP.</p> <p>Developed safe discard information for communities.</p> <p>Addiction workforce trained</p>	<--->

							<p>to do dry blood spot testing within service.</p> <p>Provided funding to develop mobile harm reduction service.</p> <p>Continued to distribute local IEP leaflet.</p> <p>ADP involvement in local BBV strategy.</p>	
The number of screenings (using a validated screening tool) for alcohol use disorders delivered.	<p>2013/14: Priority areas: 5701</p> <p>Wider setting: 536 (recorded for acute settings only)</p>	<p>2014/15 Falkirk total = 5701</p>	<p>2014/15 Priority Areas: 2348</p> <p>Wider setting: 521 (recorded for acute)</p>	<p>2014/15 Priority Areas: 6921</p> <p>Wider setting: 782</p>	N/A	Maintain performance against SG target.	<p>Maintained delivery of ABI HEAT standard.</p> <p>Reviewed Local Enhanced Service (LES) for ABI.</p>	A
The number of ABIs delivered in accordance with the HEAT Standard guidance.	<p>Priority Areas: 2013/14 = 4362</p>	<p>2014/15 = 4362</p>	<p>2014/15 = 703</p>	<p>2014/15 = 3043</p>	N/A	Maintain performance against SG target.	<p>As above.</p> <p>Continued to develop ABI in non-HEAT settings and have plans to further develop this in settings such as Community Pharmacies.</p>	A

							Continued to distribute “Rethink Your Drink” scratch card which can be used physically or via our web site.	
Number of take home Naloxone kits issued in Falkirk.	2011 – 2015 = 512	2011/15 = 512	2011 – 2015 = 131	2014/15 = 245	N/A	Achieve target of THN to 15% of local prevalence rate.	<p>Increased naloxone kit distribution and continue to work with services to ensure distribution matches numbers in treatment.</p> <p>Undertook training with Community Pharmacies and Addiction staff in partnership with SDF.</p> <p>Bespoke session developed for Community Pharmacies and other medical settings.</p> <p>Development of local Naloxone training record for service users.</p> <p>Maintained Forth Valley Naloxone Trainers Group.</p> <p>Naloxone information included in Public</p>	A

							Protection newsletter.	
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National Outcome: Prevalence – Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others

FADP Outcome: Prevalence – In Falkirk there are fewer adults and young people who are using substances that are at levels or patterns that are damaging to themselves or others

Indicator	Falkirk Baseline	Most Recent Information			Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
		Falkirk	Clackmannanshire	Stirling				
Estimated prevalence of problem drug users amongst 15-64 year olds (%).	2009/10 = 1.0%	2012/13 = 1.6%	2012/13 = 1.8%	2012/13 = 1.4%	2012/13 = 1.7%	Decrease to 1.5% by 2018.	<p>Social Influence Programme – as detailed.</p> <p>Continued to use Substance Misuse Framework within schools.</p> <p>Workforce development for wider workforce as detailed.</p> <p>Continued to ensure all treatment modalities are available locally.</p>	<--->

							<p>Developed NPS Steering Group.</p> <p>Continued funding for Young People's Support Services.</p> <p>Additional resource provided for dedicated support for Looked After and Accommodated Young People.</p> <p>Maintained Young People's referral pathway for those who present at the local Emergency Dept as a result of alcohol and/or drugs.</p> <p>Continued to collect data from the acute setting regarding presenting issues.</p> <p>Supported the development of the local Tobacco strategy.</p> <p>Continued support of initiatives such as Smoke Free Homes to denormalise tobacco use.</p>	
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Male prevalence of problem drug use 15 – 64 year olds (%)	2006 = 1.3% 2009/10 = 1.6%	2012/13 = 2.5%	2012/13 = 2.7%	2012/13 = 1.9%	2012/13 = 2.4%	Decrease to 2.1% by 2018.	As above	<--->
Female prevalence of problem drug use 15-64 year olds (%).	2006 = 0.9% 2009/10 = 0.9%	2012/13 = 0.8%	2012/13 = 1.0%	2012/13 = 0.9%	2012/13 = 1.0%	Decrease to 0.8% by 2018.	As above	<--->
Estimated prevalence of injecting drug use amongst 15 – 64 year olds.	No previous data. *SDMD dashboard	2013/14 = 277 (74% of Total IA (376)) <i>*Source: ISD Scotland SDMD dataset</i>	2013/14 = 127 (89% of Total IA (143)) <i>*Source: ISD Scotland SDMD dataset</i> RAG: (S) Compared To Stirling (F) Compared to Falkirk	2013/14 = 156 (89% of Total IA (175)) <i>*Source: ISD Scotland SDMD dataset</i>	n/a		Continued provision of IEP. Increased IEP outlets available across Forth Valley. Maintained HEAT standard to ensure early entry to treatment. Dry blood spot testing as noted. Continued availability of Harm Reduction outreach. IEP available across Community and Prison Estate.	< --- > (S) RED (F)

<p>Number of IEP sets distributed across Forth Valley (needle/syringe sets)</p>	<p>Forth Valley Data only 2012/13 – 216622 2013/14 – 244996 2014/15 - 218306</p>	<p>Forth Valley data</p>	<p>Forth Valley data</p>	<p>Forth Valley data</p>	<p>Forth Valley data</p>	<p>Ensure coverage meets local need in relation to prevalence</p>	<p>We have an IEP Steering Group which monitors provision and need across Forth Valley.</p> <p>We increased the number of outlets providing IEP.</p> <p>We continued to work in partnership with the BBV Strategy group.</p> <p>We worked with service users to develop posters and leaflets encouraging safe disposal.</p> <p>In Falkirk we map discarded needles reported to Falkirk Council and Harm Reduction Service.</p>	<p>N/A</p>
<p>Percentage of 15 year olds who have used illicit drugs in the last month.</p>	<p>2006 = 14% 2010 = 13.2%</p>	<p>2014 = 13.2</p>	<p>2014 = 9.3</p>	<p>2014 = 9.8</p>	<p>2014 = 9.4</p>	<p>Decrease to 7% by 2018.</p>	<p>Social Influencing – as previously noted.</p> <p>Substance Misuse Framework – as previously noted.</p> <p>Maintained Young People’s referral pathway for those who present at the local Emergency Dept</p>	<p><---></p>

							as a result of alcohol and/or drugs. Commenced policy development with Education to ensure local policy supportive.	
Percentage of 15 year olds who have used illicit drugs in the last year.	2006 = 14% 2010 = 14.6%	2014 = 19.1%	2014 = 17.7%	2014 = 15.6%	2014 = 15.5%	Decrease to 15% by 2018.	As above.	<--->
Percentage of males exceeding daily / weekly drinking limits (4 year aggregate).	2008 – 2011 = 50.3% (Forth Valley)		See note 1		2008 – 2011 = 48.7%	Decrease by 3% by 2018.	Maintained ADI HEAT standard. WPA approaches Licensing work	< --- >
Percentage of females exceeding daily / weekly drinking limits (4 year aggregate).	2008 – 2011 = 39.7% (Forth Valley)		See note 1		2008 – 2011 = 38.6%	Decrease by 3% by 2018.	As above	< --- >
Percentage of	2008 = 2011 = 44.6% (Forth		See note 1		2008 –	Decrease by	As above	<--->

individuals exceeding daily / weekly drinking limits (4 year aggregate).	Valley)				2011 = 43.3%	3% by 2018.		
Percentage of males binge drinking (4 year aggregate).	2008 – 2011 = 15.5% (Forth Valley)		See note 1		2008 -2011 = 13.9%	Decrease by 3% by 2018.	As above	<--->
Percentage of females binge drinking (4 year aggregate).	2008 – 2011 = 17% (Forth Valley)		See note 1		2008 – 2011 = 16.7%	Decrease by 3% by 2018.	As above	<--->
Percentage of individuals binge drinking (4 year aggregate).	2008 – 2011 = 21.5% (Forth Valley)		See note 1		2008 – 2011 = 21.1%	Decrease by 3% by 2018.	As above	<--->
Percentage of males classed as problem drinkers (4 year aggregate).	2008 – 2011 = 15.5% (Forth Valley)		See note 1		2008 – 2011 = 13.9%	Decrease by 3% by 2018.	As above	<--->

Percentage of females classed as problem drinkers (4 year aggregate).	2008 – 2011 = 9.8% (Forth Valley)		See note 1		2008 – 2011 = 9.5%	Decrease by 3% by 2018.	As above	<--->
Percentage of individuals classed as problem drinkers (4 year aggregate).	2008 – 2011 = 12.7% (Forth Valley)		See note 1		2008 – 2011 = 11.7%	Decrease by 3% by 2018.	As above	<--->
Proportion of 15 year olds who had a drink in the last week.	2010 = 35%	2014 = 20%	2014 = 14.2%	2014 = 14.9%	2014 = 11.6%	Decrease to 13% by 2018.	As above	<--->

Note 1: No data available since 2011 therefore unable to show comparisons.

National Outcome: Recovery – Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use

FADP Outcome: Recovery – People in Falkirk who have substance problems will recover, live longer and make positive contribution to society and the economy

Indicator	Falkirk Baseline	Most Recent Information				Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
		Falkirk	Clackmannanshire	Stirling	Scotland			
New individuals / patients reports: SMR 25	2011/12 = 174		2012/13 = 630 (Health Board data only).			<p>25% of total number of referrals to service should be new referrals</p> <p>85% of total appointments offered should be attended</p>	<p>We hosted an SMR seminar with Service Managers to discuss performance.</p> <p>We continued to circulate ISD reports to senior managers on a monthly basis.</p> <p>We are explicit in terms of contractual obligations with the Third Sector and Statutory services regarding SMR compliance.</p> <p>We continually evaluate the quality of data recorded on SMR.</p>	A

Percentage reduction in daily drugs spend during treatment.	Data not yet available on Scot Pho.						Continue to support data quality to ensure reports are as robust as possible,	N/A
Percentage of clients reporting injecting in the last month.	Data not yet available on Scot Pho.						Encourage use of NEO to record data to consistently of recording across Pharmacy and Harm Reduction team. Plan to extend the use of NEO to Hospital Addiction Team.	N/A
Proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow up.	Data not yet available on Scot Pho.					65% of clients discharged should be discharged drug free 80% of those not discharged drug/alcohol free are transferred to another service		N/A
Proportion of clients receiving	No previous data	Total % in employment at discharge =	Total % in employment at discharge = 25.36%	Total % in employment at discharge =	Locally collected	25% of total discharged from service.	Continued to work with services to improve data	A

drugs treatment experiencing improvements in employment / education profile during treatment.		20.29% Total % in education or training at discharge = 4.29% Total in secure accommodation at discharge = 75.42%	Total % in education or training at discharge = 1.45% Total in secure accommodation at discharge = 73.19%	20% Total % in education or training at discharge = 5.64% Total in secure accommodation at discharge = 74.36%			quality. ROSC training as previously detailed.	
Numbers of FV prisoners trained and supplied with naloxone prior to being liberated from prison.	2013/14: Cornton Vale =141 Polmont = 39 Glenochil = 73	As noted	2014/15: Cornton Vale = 141 Polmont = 97 Glenochil = 148	As noted	Locally collected	Achieve target set by Scottish Government.	ADP Support Team continued to manage training for the Prison setting. We continued to collect the data for ISD from the Prison and Community setting. Naloxone data also collected from Custody settings. Naloxone resources continued to be distributed to all Forth Valley Prisons.	A
Number of mutual aid groups available in	No previous data	2015 = 25	2015 = 7	2015 = 20	N/A	Increase mutual aid groups by 20%	We developed a mutual aid resource detailing all available groups.	A

Falkirk..						<p>We invested in a Recovery Worker.</p> <p>We invested in SMART Recovery.</p> <p>SMART, ORT and Me and Pop Up Recovery Groups have been established in Forth Valley.</p> <p>We have engaged with NA, CA and AA and have invited all Fellowships to local events.</p> <p>We have increased the AA footprint within Forth Valley Royal Hospital.</p>	
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National ADP Outcome: Children & Families – Children and family members of people misusing alcohol and drugs are safe, well supported and have improved life chances

FADP Outcome: Children & Families – We will support families and friends of people who have substance problems in Falkirk area and improve life chances for children and young people

Indicator	Falkirk Baseline	Most Recent Information				Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
		Falkirk	Clackmannan shire	Stirling	Scotland			
Rate of maternities recording drug use (three year aggregate).	2006/07–2008/09 = 9.3 2009/10-2011/12 = 9.0	2010/11 – 2012/13 = 12.1 (number = 62)	2010/11 – 2012/13 = 16.4 (number = 29)	2010/11 – 2012/13 = 12.3 (number = 30)	2010/11 – 2012/13 = 19.7 (rate)	Decrease	We have maintained the HEAT standard in relation to waiting times which has ensured rapid access to treatment. We continue to operate a Maternity Liaison Group which agrees multi agency support for pregnant women with drug and / or alcohol issues. FASD – we promote International FASD day and have a rolling programme of training and awareness events.	<---->

							<p>During the reporting period we also planned for an FASD Master class.</p> <p>We continued to deliver the Core STRADA programme to a range of practitioners.</p> <p>Sexual Health training was delivered to Addiction services in partnership with SDF.</p> <p>During the reporting period we planned for drug and alcohol training for Health Visitors.</p> <p>During the reporting period we have been planning a pilot with Police Scotland in regard to supporting vulnerable people with drug and/or alcohol issues.</p> <p>We have worked with partners to develop the local GOPR guidance which will be launched in the 15/16 period.</p> <p>We have plans to develop a perinatal pathway.</p>	
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<p>No. of child protection case conferences where parental drug or alcohol use has been a concern.</p>	<p>2012 = 16 2013 = 61</p>	<p>2014 = 19.1 (number = 61)</p>	<p>2014 = 13.6 (number = 14)</p>	<p>2014 = 12.2 (number = 22)</p>	<p>2014 = 10.9 (rate)</p>	<p>Data item only – no target attached</p>	<p>As above. Workforce development as highlighted. We provided information to the local Child Protection Inspection to evidence the contribution the partnership makes to keeping children and young people safe. We continued to provide methadone boxes and safe storage boxes as previously highlighted. We also continued to co-ordinate contingency planning for Festive and Holiday periods.</p>	<p><---></p>
<p>No. of child protection case conferences where parental drug use has been identified as a concern/risk.</p>	<p>2012 = 15. 2013 = 21</p>	<p>2014 = 10.7 (number = 34)</p>	<p>2014 = 12.6 (number = 13)</p>	<p>2014 = 6.1 (number = 11)</p>	<p>2014 = 6.7 (rate)</p>	<p>Data item only – no target attached</p>	<p>As above</p>	<p><----></p>
<p>No. of child protection case conferences where parental alcohol use has been identified as a concern/risk.</p>	<p>2012 = 15 2013 = 25</p>	<p>2014 = 15 (number = 48)</p>	<p>2014 = 4.9 (number = 5)</p>	<p>2014 = 7.2 (number =13)</p>	<p>2014 = 6.2 (rate)</p>	<p>Data item only – no target attached</p>	<p>As above</p>	<p><---></p>

Number of interventions in CP cases.	Local indicator currently being considered.							N/A
Proportion of positive ABI screenings in ante-natal settings.	2013 / 14 = 1279	2014/15 = 1213 (2 ABIs delivered)	2014 / 15 = 486 (1 ABI delivered)	2014/15 = 728 (1 ABI delivered)	Locally collected	Increase	<p>We continued to train midwives in ABI.</p> <p>Training was offered through the promotion of the online Learn Pro module and also through face to face training.</p> <p>FASD work as highlighted.</p> <p>Perinatal pathway work as highlighted.</p>	A
Number of referrals to Forth Valley Family Support Service.	Further data to be collected to allow trend analysis.	2014/15 = 34	2014/15 = 21	2014/15 = 27	Locally collected	Increase by 20% by 2016.	<p>We maintained the funding for the Forth Valley Family Support Service.</p> <p>We continued to promote the Family Support service through a variety of mediums including radio and local newspapers.</p> <p>Family Support materials were distributed to all GP practices across Forth Valley.</p>	A

							<p>Forth Valley has been a pilot site for the SFAD Telehealthcare service and the recently launched Bereavement Service.</p> <p>We have worked with the Alcohol Liaison Officer at SFAD to consider working with local colleges regarding the impact of another person's alcohol use.</p>	
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National ADP Outcome: Community Safety – Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour

FADP Outcome: Community Safety – Communities in Falkirk will be safer and stronger places to live and work

Indicator	Falkirk Baseline	Most Recent Information				Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
		Falkirk	Clackmannanshire	Stirling	Scotland			
Percentage of new clients at specialist drug treatment services who report funding their drug use through crime.	2010/11 – 19.5	2011/12 = 21.7%	2011/12 = 24.1%	2011/12 = 17.0%	2011/12 = 20.9%	Decrease to 22% by 2018.	<p>We have maintained the HEAT standard in relation to waiting times which has ensured rapid access to treatment.</p> <p>We have maintained the Arrest Referral Scheme.</p> <p>We have continued with the marketing of services as detailed which encourages people to access services for support.</p> <p>We developed a card for use by Police Officers to</p>	<--->

							<p>promote services and encourage referral.</p> <p>During the reporting period we planned the Family Support packs for Police Officer to leave after Police Operations.</p>	
Alcohol related offences recorded by Police – Serious Assault.	<p>09/10 = 7%</p> <p>10/11 = 5.3%</p> <p>11/12 = 4.5%</p>	2012/13 = 3.8	2012/13 = 5.5	2012/13 = 4.3	2012/13 = 6.1	Decrease	<p>Local Addiction staff have recently been trained in GBV issues.</p> <p>In Communication Campaigns we have continued to promote personal safety.</p>	<--->
Alcohol related offences recorded by Police – Common Assault (rate per 10,000 population).	<p>09/10 = 121</p> <p>10/11 = 131</p> <p>11/12 = 136.9</p>	2012/13 = 116.2	2012/13 = 111.5	2012/13 = 100.7	2012/13 = 102.5	Decrease	As above	<--->
Alcohol related offences recorded by police- Vandalism (rate per 10,000 population)	<p>2009/10 = 138</p> <p>2010/11 = 132</p> <p>2011/12 = 119</p>	2012/13 = 95	2012/13 = 138.7	2012/13 = 94	2012/13 = 100.3	Decrease	As above	R

Alcohol related offences recorded by Police – Breach of the Peace (rate per 10,000 pop)	11/12 = 90.8	2012/13 = 76.4	2012/13 = 74.1	2012/13 = 66	2012/13 = 46.8	Decrease	As above	G
Number of community payback orders issued where alcohol and drug treatment is required and proportion that are successfully completed.	2013/14 = 60	2014/15 = 33	2014/15 = 7	2014/15 = 3	Locally collected	Increase % successfully completed.	<p>We have maintained the HEAT standard in relation to waiting times which has ensured rapid access to treatment.</p> <p>Further analysis of the data is required to understand local sentencing practice in relation to local numbers of CPOs with a treatment requirement.</p> <p>A commitment has been made to contact local Criminal Justice colleagues</p>	A
Arrest Referral scheme – numbers assessed.	2013/14 Alcohol assessed = 43 Drugs assessed = 29	2014/15 Alcohol assessed = 40 Drugs	2014/15 Alcohol assessed = 9 Drugs	2014/15 Alcohol assessed = 10 Drugs	Locally collected	Increase uptake of service by 20% by 2016.	Further discussion is required with the Service Provider to further understand the reduction in update of the	R

		assessed = 19	assessed = 9	assessed = 9			Arrest Referral Scheme. Locally we need to examine if the change in contract with NHS Lothian now providing custody nursing has had an impact on referral rates.	
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National ADP Outcome: Local Environment – People live in positive, health-promoting environments where alcohol and drugs are less readily available

FADP Outcome: Local Environment – People living within Falkirk communities will be engaged in a range of positive, health-promoting activities

Indicator	Falkirk Baseline	Most Recent Information				Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
		Falkirk	Clackmannan shire	Stirling	Scotland			
Percentage of young people who have been offered drugs in the last month.	2006 = 54.8 2010 = 44.8	2014 = 40.0%	2014 = 45.0%	2014 = 38.4%	2014 = 35.6%	Decrease to 35% by 2018.	<p>Social Influence programme as highlighted with plans to extend to Polmont YOI.</p> <p>Continued to use Substance Misuse Framework within schools.</p> <p>Workforce development as highlighted.</p> <p>The Forth Valley division of Police Scotland have undertaken proactive operations to reduce supply.</p>	<--->

Percentage of people perceiving drug misuse or dealing to be common or very common in their neighbourhood.	2009/10 = 8%	2013 = 5.1%	2013 = 18.3%	2013 = 8.9%	2013 = 11.9%	Decrease to 17% by 2018.	Continued promotion of services as highlighted. Media campaigns as highlighted. Development of Family Support Packs as highlighted. Substance misuse questions were also included in the Clacks 1000 Community Survey.	R
Percentage of people perceiving "rowdy" behaviour as very/fairly common in their neighbourhood.	2009/10 = 16.8%	2013/14 = 9.2%	2013/14 = 18.0%	2013/14 = 9.6%	2013/14 = 12.6%	Decrease to 17% by 2018.	As above	R
Number of premises licences in force – On Trade.	2012/13 = 18.4	2012/13 = 17.8	2012/13 = 20.1	2012/13 = 39.5	2012/13 = 26.6	Decrease	The ADP has continued to work with the Licensing Board and Licensing Forum as appropriate.	G
Number of premises licences in force – Off Trade.	2012/13 = 11.1	2013/14 = 11.5	2013/14 = 12.7	2013/14 = 15.4	2013/14 = 11.4	Decrease	As above	<--->

Number of personal licences in force.	2012/13 = 95.7	2013/14 = 106.9	2013/14 = 120.3	2013/14 = 156.1	2013/14 = 123.5	Decrease	As above	<--->
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National ADP Outcome: Services – Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence based and responsive

FADP Outcome: Services - Substance services within Falkirk will be high quality, continually improving, efficient based and responsive whilst people move through treatment into sustained recovery

Indicator	Falkirk Baseline	Most Recent Information				Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
		Falkirk	Clackmannan shire	Stirling	Scotland			
Percentage of clients waiting more than 3 weeks between referral to a specialist drug service and commencement of treatment.	2012/13 = 2%	2013/14 = 0.8%	2013/14 = 3.1%	2013/14 = 11.0%	2013/14 = 4.9%	Decrease	<p>We have maintained the HEAT standard in relation to waiting times which has ensured rapid access to treatment.</p> <p>We have ensured that all treatment modalities are available locally.</p> <p>We have continued to invest in the range of services that are available locally.</p> <p>We increased the budget available for Residential Rehabilitation to</p>	<--->

							reflect increasing Recovery momentum.	
Percentage of clients waiting more than 3 weeks between referral to a specialist alcohol service and commencement of treatment.	2011/12 = 27.4% 2012/13 = 37.3%	2013/14 = 0.8%	2013/14 = 0.0%	2013/14 = 20.6%	2013/14 = 3.2%	Decrease	As above	G
SDMD initial completeness.	2011/12 = 20%	2012/13 = 48.5%	2012/13 = 100.5%	2012/13 = 98.1%	2012/13 = 62.9%	Maintain	<p>We have devised a local SMR Improvement Plan.</p> <p>We have ensured clear contractual obligations in relation to SMR.</p> <p>We have undertaken a programme of workforce development in this area.</p> <p>ISD reports are shared on a monthly basis with Senior Managers.</p>	No significance can be calculated.
SDMD follow up completeness.	2011/12 = 20%	2012/13 = 13.7%	2012/13 = 19.0%	2012/13 = 16.5%	2012/13 = 14.6%	Increase to 65%		G

Source: ScotPHO Profiles 2014

5. ADP & MINISTERIAL PRIORITIES

ADP Priorities 2014/15

Please list the progress you have made in taking forward your ADP's five key commitments for 2014/15.

Priority	Progress
<p>Communication – messages in relation to misuse of substances for the whole community</p>	<p>Communication - distribution of Alcohol and Drug Related information to outlets within Falkirk encouraging display of posters or leaflets on related subjects including Smoke Free Homes, Cocaine Anonymous, Drug and Alcohol Services, Forth Valley Family Support. Help strap line to Falkirk Council salary notices advising of services in Falkirk (Forth Valley) whether for self or Family/Friend. Article prepared for Falkirk Council 'Talking Shop' promoting treatment and Family Support for distribution in Autumn 2014.</p>
<p>Access to appropriate treatment, support and recovery services for individuals with substance misuse problems</p>	<p>Access - Access to all services promoted on www.forthvalleyadp.org.uk and within Falkirk Council web site for those seeking information on what services are available.</p> <p>Services meet weekly and discuss referrals to ensure most appropriate referral to service for treatment/support.</p> <p>CJ Social Work Falkirk – Social Inclusion Project implemented during 2014/15 to provide service to top 20 who impact on CJ, Police and Treatment Services as well as other statutory services in the area with</p>

<p>Training/Awareness – addressing acceptability/culture of alcohol and drugs within the whole community</p>	<p>Training / Awareness - ADP Support Staff continued to meet with STRADA and Health Scotland to develop outcomes with final document being launched in February 2015.</p> <p>Agreement with STRADA to provide bespoke training for 100 Falkirk Housing and associated Staff in early 2014/15 . Further training arranged to take place during 2015/16.</p> <p>STRADA training is promoted in the area and individuals have availed themselves of these training sessions on a variety of issues.</p>
<p>Children Affected by Parental Substance Misuse (CAPSM)</p>	<p>CAPSM - Provided input to Practitioner Forums (5) for CP and Alcohol and Drug Services for practitioners to consider Alcohol and Drugs when dealing with families and impact on child and not only the adult - multi agency attendance.</p> <p>Review of booklet completed with publication and launch to be carried out in autumn 2015. Training to associated staff will be carried out during 2015/2016.</p> <p>A letter to be issued to all Social Work Staff outlining Drug and Alcohol Services in the area.</p>
<p>Support for families and friends of those affected by substance misuse</p>	<p>Support - Forth Valley Family Support commissioned and operating in the area supporting family members and moving toward an independent support group that will be supported by the service. FVFSS is supplied by Scottish Families Affected by Alcohol and Drugs and have access to the national helpline as well as meeting in the local area where required by people seeking support. FVFSS are continually marketing their service to raise awareness among services and encourage self referral. FVFSS do not support children and would refer any young people making contact to the appropriate service. FVFSS are monitored by</p>

	<p>FVADP Monitoring Group for the service.</p> <p>FVADP pilot area for online support for families which is showing encouraging results.</p>
Service User Involvement	<p>Service User Involvement - Service User Group have recently completed Service User Survey with clients of all services being encouraged to submit questionnaires - results of the consultation will be shared with services. The Service Users Group will be took part in International Overdose Awareness Day on 31st August 2014 balloons released in memory of friends/family who had passed. Service Users had been involved in the planning of the day along with ADP Support. Service users attended the National Recovery Walk and were involved in the planning of Falkirk Recovery Café.</p>
Harm Reduction	<p>Harm Reduction - Signpost Recovery provide the Harm Reduction Service although this is encouraged in all services. Engagement with Harm Reduction Service can be first step for entry /preparation to enter treatment or simply advice to someone living with a chronic alcohol or drug user. The service provide outreach work and visit sites on request where information has been received about people congregating or where evidence of drug/alcohol use is apparent to other services. The harm Reduction service uplift needles/paraphernalia from identified sites and information re this is mapped. The Falkirk Council Community Safety Team and Waste Management Service also uplift needles discarded in public places in some cases discovered on patrol or where the public have made a call to the council contact centre.</p> <p>The provision of needles and other drugs paraphernalia by Harm Reduction Service and Local Pharmacists is being considered by a small work group including service, public health and lead pharmacist - concern over returns being low and looking a ways to encourage returns. Posters were prepared in relation to return of equipment with slight improvement noted.</p>
Drug Related Deaths	<p>Drug Related Deaths -The Drug Related Deaths in Scotland in 2013 Report was released on 14th August 2014 with a reported 526 deaths reported a reduction of 9% on the previous year. Falkirk had recorded 11 deaths in 2013 with 14 recorded in 2012 a reduction of 15.4% in 2013. DRD's are monitored by FVADP Critical Incident Group and the group consider each death looking for commonalities - the 2013 deaths reported presence of heroin in more (5) deaths than methadone (4) which was against national trend. Reports also show that others are present at the death which invites further promotion of the Take Home Naloxone Programme. The Scottish Government in a letter to ADP's on 6th August advised that the Scottish Drugs Forum have been commissioned to progress development of Death Prevention Strategies in Scotland that are to be developed locally - this will be considered by FVADP Critical Incident Group. Drug related overdoses are also monitored and this is considered in conjunction with Drug Related Deaths - all overdoses where Scottish Ambulance are called information is provided regarding</p>

	availability of services and Signpost Recovery follow-up victims and encourage engagement with service where no contact has previously been made. Incidents are mapped and compared with other data – recovery of needles and deaths.
Reduction of Availability and Recovery of Drugs	<p>Reduction of Availability - Networking within Community tasking Group as well as Safe Zone / Safe Base Partners and FADP provides platform for exchange of information re current activity in the area which is shared with partners and where required involvement in tasking groups considering particular problem areas and possible joint action by services.</p> <p>During the Festive Period 2014 – staff engaged in the Falkirk Safe Zone / Safe Base including Door Staff, Taxi Marshalls, Street Pastors, and Bar Staff were updated on NPS information.</p> <p>Falkirk Safe Zone / Safe Base operated on significant weekends during the period including Halloween, and each pay weekend when there is a significant use of the night time economy outlets.</p>

ADP Priorities in 2015/16

At FADP Development Day in November 2014 it was decided that we would continue to prioritise the commitments outlined above for 2014/15 during 2015/16.

Priority	Improvement Goal
Communication – messages in relation to misuse of substances for the whole community	Continue to circulate occasional messages to communities in relation to all substances and where appropriate link to national campaigns.
Access to appropriate treatment, support and recovery services for individuals with substance misuse problems	Continue to promote available services to community.

<p>Training/Awareness – addressing acceptability/culture of alcohol and drugs within the whole community</p>	<p>Link to Workforce Development on completion of indicators and outcomes developed with NHS Health Scotland and STRADA</p> <p>Publicise STRADA Training to FADP Membership and monitor uptake by services</p>
<p>Children Affected by Parental Substance Misuse (CAPSM)</p>	<p>Develop consultation with services on implementation of GIRFEC</p> <p>FVADP/CPC Refresh booklet ‘Working with Children and Families affected by Substance Misuse’ in light of GOPR (2) and launch to the Workforce</p>
<p>Support for families and friends of those affected by substance misuse</p>	<p>Continue to work with Forth Valley Family Support Service and promote service to families within the community.</p>
<p>Service User Involvement</p>	<p>Encourage feedback from service users on service provided and where appropriate involve service users in design of services</p>
<p>Harm Reduction</p>	<p>Link to Communication and Access and continue to promote Harm Reduction as possible entry to treatment.</p>
<p>Drug Related Deaths</p>	<p>Continued support for Take Home Naloxone Programme – encourage uptake and training for staff and friends/family.</p>
<p>Reduction of Availability and Recovery of Drugs</p>	<p>Continue to support Operational Tasking Group (Alcohol and Drugs) for Falkirk Community Safety Partnership providing reporting mechanism for partners to report alcohol/drug related activity</p>

Ministerial Priorities

ADP funding allocation letters 2015-16 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2015/16. Please outline these below.

Ministerial Priority	Local Improvement Goal
<p>Compliance with ABI Heat Standard</p>	<p>Maintain performance with priority settings.</p> <p>Improve the uptake of ABI within non-HEAT settings with particular focus on the Criminal Justice setting, social care, acute setting and non-HEAT areas such as the acute surgical unit.</p>
<p>Increase compliance with SDMD.</p>	<p>Continue to implement and monitor local SMR improvement across statutory and third sector, sharing ISD reports with service managers and organising workforce improvement events.</p>
<p>Compliance with the Drug and Alcohol Waiting Times Local Delivery Plan (LDP) Standard including increasing the level of fully identifiable records submitted to the Drug and Alcohol Waiting Times Database (DATWTD).</p>	<p>Maintain level of performance against the HEAT A11 Waiting Times Standard.</p> <p>Resolve anomalies in reporting and coding distribution by progressing coding upgrade with ISD.</p>

<p>Preparing local systems to comply with the new Drug and Alcohol Information System (DAISy) which is expected to be operational by Autumn 2016.</p>	<p>Support local services by increasing awareness of the system and data system.</p> <p>Organise staff development day.</p> <p>Prepare for local “go live” date.</p>
<p>Ongoing implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.</p>	<p>Re-establish ADP role within the local Licensing system.</p> <p>Continue to support and promote communication campaigns such as FASD and Festive safety.</p> <p>Social Influencing – as highlighted within the annual report, the data from the Social Influencing programme is showing positive behaviour change in young people. We will continue with our plans for expanding this approach.</p>
<p>Increase the reach and coverage of the national naloxone programme and tackling drug related death (DRD)/risks in your local ADP.</p>	<p>The most recent prevalence report for Falkirk estimates a prevalence rate of 1.6% (Scotland = 1.68%)</p> <p>Target = Increase local penetration of Naloxone supply in line with prevalence rates.</p> <p>Exceed the 15% target set by Scottish Government.</p> <p>Continue to deliver naloxone training and overdose prevention training to service users within addiction services, families within the community.</p>

	<p>Complete a 4 year trend report to review all drug related deaths over an extended period.</p> <p>The Forth Valley position overall is improving in relation to naloxone supply. We have actively encouraged Community Pharmacies to engage in this. ADP have supported training for this staff group.</p>
<p>ADP engagement in improvements to reduce alcohol related deaths.</p>	<p>The recently reported needs assessment on people affected by ARBD detailed the level of incidence of this condition within the Forth Valley population. This evidence has supported the development of a bid to the Health and Social Care Joint Integration Boards for an ARBD team to work across the area.</p> <p>The ABI programme should help our primary care team and other health and social care staff to uncover hazardous drinking patterns and support earlier intervention, as is the aim of the national programme.</p>
<p>Implement improvement methodology at local level (including Quality Principles and ORT recommendations).</p>	<p>Ensure that local services continue to embed the use of and are competent in using an evidence based tool to measure recovery outcomes. This work will be overseen by the FV Recovery Group which the Lead officer from Stirling is involved in.</p> <p>Locally we have agreed a number of local improvement targets which will enable us to evidence the efficacy of our local ROSC (please see attached service outcomes document).</p> <p>Compliance with the National Quality Principles will be monitored by the use of a self-evaluation template to gather data then devolved for peer review across all services. The Integrated Clinical Governance Group take the lead on this work. There is an associated action plan for this group, this gives assurance to the ADP that the services are</p>

	<p>operating in a safe and effective way.</p> <p>We extended the ICP work to include third sector providers.</p> <p>We have embarked on a review of our DCAQ work which will revisit our capacity plan and ensure that we have the right flow within the pathway overall.</p> <p>We have within this period switched on the third sector access to the FACe Electronic Care Planning System. This will support the principles of a single shared assessment. This is an NHS Care Planning system.</p> <p>We have audited the ICP for statutory services in the period and have also developed a pathway for hazardous and harmful drinking.</p> <p>An SMR summit was held with key senior staff. Using the reports sent from ISD, we worked through areas and highlighted services that required additional support. Managers have reinforced the importance of this with staff. It is hoped that continuous improvement work will enhance our performance in this important area of work.</p> <p>The independent review of all ORT provision in Forth Valley has been enlightening. We have identified some key areas of improvement which are:</p> <ul style="list-style-type: none">• Assessment and care planning• Recording <p>These tasks will be worked through incrementally and the key actions have been included within the Quality Improvement Framework Board plan.</p>
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<p>Ensure a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements.</p>	<p>As ADPs we have continued to support the needs of prisoners in relation to addiction. We will continue to:</p> <ul style="list-style-type: none"> • Fund the three addiction counsellors. • Fund the Consultant Clinical Psychologist (Addiction) Post. • Fund AFC B8 Psychologist (Addiction) • Build in the work commenced through the Recovery Grants to further enhance our ROSC within the prison establishment • Plan to include those staff who work within the Prison setting within our DAIG event which will have a Justice Theme. • Invest in SMART Recovery Licenses for the area which will include the Prison setting. • Increase the mutual aid footprint within the prisons. • The recovery grants that were awarded are starting to support the recovery activities we planned. • Include all Prison Healthcare staff in our workforce development plans and events. • Collect data from the Prison Healthcare setting relating to addiction outcomes. • Manage waiting times for the Prison Healthcare setting. • Monitor SMR activity and compliance within the Prison Healthcare and Community settings. • Include the Prison Healthcare setting in our Quality Principle Audit Plan. <p>We will continue to monitor progress of the Quality Improvement Framework Plan which includes all the recommendations made from the external evaluations of all ORT provision.</p>
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New Psychoactive Substances (NPS) – improving identification of and preventative activities focused on new psychoactive substances.

We will establish a Forth Valley Steering group to address local issues relating to NPS and from this we will develop a proportionate and evidence informed plan to prevent and reduce the harm associated with NPS.

Membership will include ADP, Youth Services, Police, Trading Standards, Education, Public Health, and Young People's Substance Misuse Services.

A work plan will be developed which will build on the good local data that has been extracted from our school based prevention intervention – Social Influence Programme. The early data from this programme is showing encouraging results and also showed us that NPS use in the S1/S2 cohort is minimal. Where use was reported, the use decreased post intervention.

The Clackmannanshire S1 programme is delivering excellent results and we are encouraged by the results over multiple risk taking behaviours and it is hoped that this will be repeated in the Falkirk area during the next reporting period.

We will continue to record the use of NPS from the Emergency Dept. / Acute setting through the Hospital Addiction Team. Data on hospital presentations regarding the use of NPS has not increased during this period.

We will review the referral protocol from the Emergency Department to Young People's Substance Misuse Services.

NPS will be included as a key feature of the refreshed Needs Assessment for Forth Valley.

APPENDIX 1: NOTES

1. Please **complete the RAG column** for each theme according to the following definitions:

ADPs should assess themselves against their three-year delivery plans.

RED Not yet started or being considered for the future

AMBER Work in progress but not yet completed or still some development needed

GREEN Work either completed or a pattern of work fully established to the ADP specification and now an on-going piece of work which includes further enhancements.

2. This column should be used to **describe the range of evidence** used to support the RAG Score. We do not require the source documents to be attached unless specifically requested

3. **Joint Strategic Needs Assessment:** Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. (<http://www.nhsconfed.org/Publications/briefings/Pages/joint-strategic-needs-assessment.aspx>). It is recognised that grey literature is issued in-between specific Commissioned Strategic assessments such as prevalence and ADPs will wish to factor this into their on-going planning.

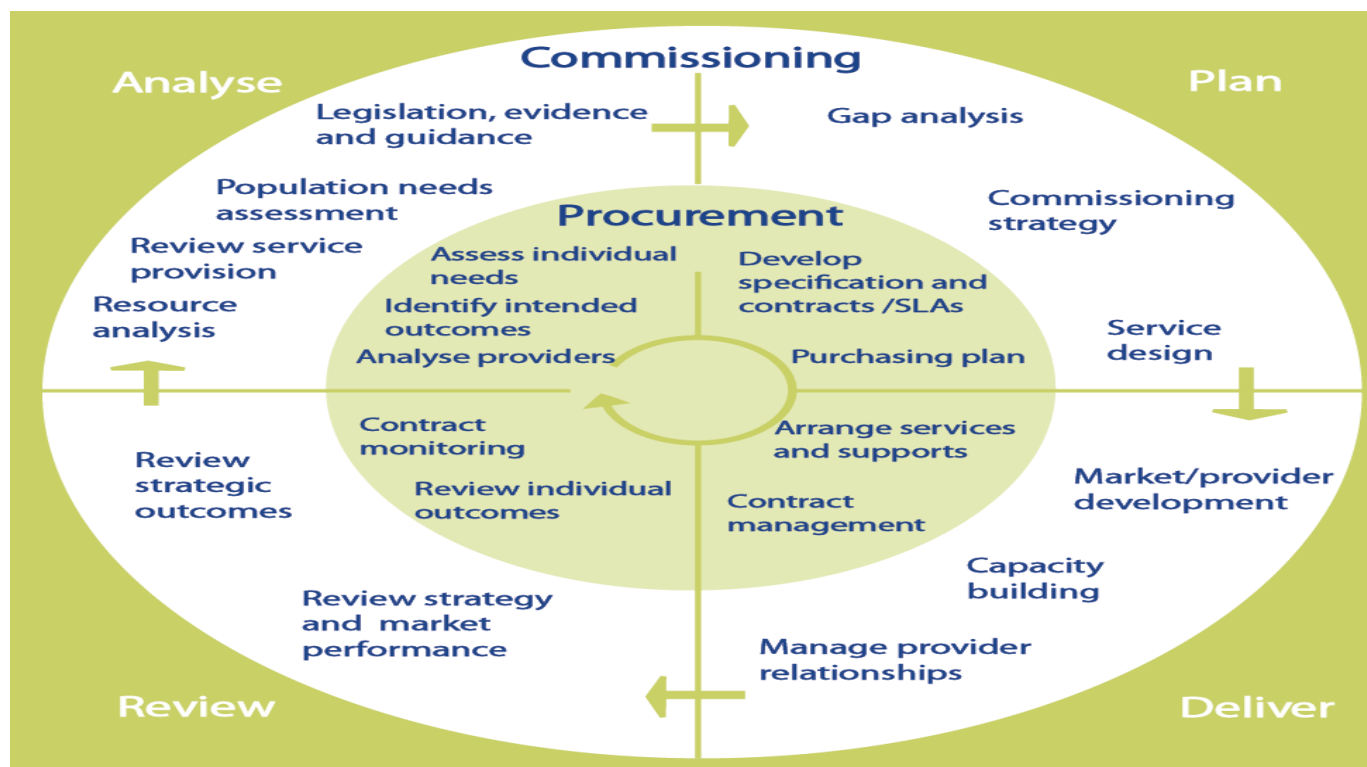
4. **Joint Performance Framework:** a national assessment process on how effectively local partnerships are achieving these improvements. (http://www.sehd.scot.nhs.uk/publications/cc2004_02.pdf)

5. **Integrated Resource Framework:** An Integrated Resource Framework is: Patient level data to explore service use and then evaluate pathways over time for people with problem alcohol or drug use, data for all hospital based services and GP prescribing have been linked by NHS ISD for everyone in Scotland for 4 years. Data has always been available at patient level from ISD but the activity data has also been costed using patient level costing, allocating fixed and variable costs by speciality and location across Scotland.

The Integrated Resource Framework was developed jointly by the Scottish Government, NHS Scotland and COSLA to enable partners in NHS Scotland and Local Authorities to be clearer about the cost and quality implications of local decision-making about health and social care. The IRF helps partnerships to understand more clearly current resource use across health and social care for different population groups, enabling better local understanding of costs, activity and variation across service planning and provision for different population groups, enabling better local understanding of costs, activity and variation across service planning and provision for different population groups. (<http://www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives/integrated-resource-framework/>)

By providing Health Boards and their Local Authority partners with the information required to plan strategically and review services more effectively, and by developing financial relationships that integrate resources around populations instead of organizations', partners are able to realign their resources to support shifts in clinical/care activity within and across health and social care systems.

6. **Please indicate in your evidence if you have received feedback on this report from your Community Planning Partnership/Integrated Joint Board or other accountability route, specifying who that is.** Strategic commissioning is informed by The Commissioning Cycle (the outer circle) which drives purchasing and contracting activities (the inner circle), and these in turn inform the on-going development of Strategic Commissioning. Strategic commissioning is defined as 'term used for all activities involved in assessing and forecasting needs, links investment to desired outcomes, considering options, planning the nature, range and quality of services and working in partnership to put this in place. Strategic commissioning process is defined by four stages, analyse, plan, deliver and review as presented visually in the diagram below.



7. The [Alcohol and Drug Workforce Statement](#) is addressed to anyone who has a role in improving outcomes for an individual, families or communities experiencing problematic drug and alcohol use.

8. A full range of **essential care Services** include identifiable community rehabilitation services – including using people with lived experience; access to detoxification and residential rehabilitation; access to a full range of psychological and psychiatric services; services addressing employability and accommodation issues.
<http://www.scotland.gov.uk/Resource/Doc/217018/0058174.pdf>

9. **Quality Assurance Framework:** A guidance document which sets out the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met. Examples of how to improve the

quality of your services may be found at

<http://www.qihub.scot.nhs.uk/media/458288/efficient%20and%20effective%20cmht%20prototype%20version%201.pdf>

10. **The Quality Principles:** Standard Expectations of Care and Support in Drug and Alcohol Services can be found at <http://www.gov.scot/Publications/2014/08/1726> N.B. We plan to work with the Care Inspectorate over the next 18 months to validate ADPs and services' self-assessment against The Quality Principles. We expect fieldwork to begin in the later part of this calendar year and we will work with ADPs to assess their readiness to be involved at either the start, middle or end of the rolling programme. It is expected that a steering group (involving ADP reps and others) will oversee/ guide the work of the programme. The focus of the project is very much on improvement support as opposed to formal inspection and each ADP will receive an individualised briefing summary of the CI's findings (areas of strength in relation to the Quality Principles and opportunities for improvement). A national report will also be produced but this will be anonymous and not feature any ADP-identifiable data.

11. **The Independent Expert Review of Opioid Replacement Therapies in Scotland 'Delivering Recovery'** can be found at <http://www.gov.scot/Publications/2013/08/9760/downloads>

We are looking to improve this self-assessment for ADPs on a regular basis. Please describe briefly whether you found the questions asked to be useful in considering your current position.

The self – assessment has allowed us to reflect on our current position, improve our local data collection and monitor progress against local and ministerial priorities. We see this as part of a continuous cycle of audit and improvement.

A point to note is that if the template is mandatory then all ADPs should adopt all aspects of it including tables etc.