



CLACKMANNANSHIRE ALCOHOL & DRUG PARTNERSHIP

DELIVERY PLAN

2015 – 2018

Introduction

The Clackmannanshire ADP Delivery Plan (2015 – 2018) details the ADP priorities as aligned to the Forth Valley ADPs strategy (2014 – 2016) and the ten year Clackmannanshire Single Outcome Agreement (SOA) 2013 - 2023.

These strategic documents set out the CADPs vision for reducing the harm caused by substance misuse within Clackmannanshire. The partnership recognises the challenges posed by issues facing communities within Clackmannanshire. In the last ten years the population of Clackmannanshire has grown by approximately 6%, almost twice as quickly as the population of Scotland. The area has shown a steadily worsening economic picture compared with other areas in Scotland and also continues to see rising trends of unemployment well above the national average. Clackmannanshire also evidences downward trends of employment, higher than average levels of youth unemployment and higher than average levels of dependency on key benefits.

Such factors result in a complicated correlation between economic and growth factors and the health and well being of a community. Health inequalities across Clackmannanshire are stark and the key factors impacting the health and wellbeing of residents and communities in Clackmannanshire are predominantly quality of life indicators including poor mental health and familial and cyclical health risk behaviours (smoking, diet, exercise, alcohol).

Strategic Direction

The overarching aim of the CADP is to create an environment where recovery focussed services (both specialist and mainstream) support individuals, families and communities to reduce the impact of alcohol and/or drug misuse.

The CADP recognises that substance use is intrinsic to society and is an issue of health inequality. Action points within the SOA to address determinants of health are therefore important for a whole population and preventative approach.

ADP Partner Organisations

The CADP is comprised of a number of partner agencies and includes representatives from the following organisations / agencies:

Clackmannanshire Council
NHS Forth Valley
Police Scotland
Forth Valley ADPs Support Team
Third Sector (including adult and children's services)
Scottish Prison Service

All of the representatives were involved in the production of this Delivery Plan which included a development day to review progress and consider our priorities going forward.

The CADP has maintained the seniority of Chair and ADP members as advised within Scottish Government guidance for ADPS.

Meetings are held bimonthly.

Cross Cutting Agendas

The Stirling ADP does not work in isolation and has developed strong links with a number of other strategic frameworks. This includes:

- BBV & Sexual Health Framework
- Forth Valley Tobacco Strategy (2015 – 2018_
- Integrated Clinical Governance group for Substance Misuse Services (ICG)
- Integrated Children's Services Plan
- Forth Valley NHS Child & Young People Strategy
- Child Protection Committee
- Public Protection
- Community Safety
- NHS Local Delivery Plan

Governance Arrangements

The CADP reports to the Clackmannanshire Alliance which is the local Community Planning Group. The CADP also reports through the Stirling / Clackmannanshire ADP / CPC sub group in relation to specific CAPSM activity.

The CADP recognises the need to strengthen this link and plans are currently underway to do so. The SADP has recognised the need to formalise the reporting mechanism through Community Planning. In addition, there is a local review as to the ADPs role within the Public Protection Forum. The Public Protection Forum is comprised of the Chief Executives of both Stirling and Clackmannanshire Councils, the Chief Executive of NHS Forth Valley and the Chief Superintendent of Police Scotland Forth Valley Division.

It is likely that going forward the ADP will report to the PPF and then to the CPP Leadership Board. This should be confirmed in the forthcoming weeks.

The CADP also reports to the Forth Valley ADP who meet on a quarterly basis. The CADP contributes to and supports pan Forth Valley priorities as well as having discreet areas of activity pertaining solely to the Clackmannanshire area.

Financial Accountability Arrangements

Clackmannanshire ADP is part of the Forth Valley partnership and is an active partner in Forth Valley arrangements. In Forth Valley we allocate the totality of ADP and partner resource in the pursuit of our strategy aims. We have a Quality Improvement Board which ensures that quality, performance and capacity are monitored at an area wide level.

We report at area level on the spend to all local ADP Chairs. All ADPs in Forth Valley have signed up to this approach which ensures that they are all equally provided for. We have a treatment system which makes certain that all treatment modalities are available to Forth Valley communities within the timeframe of the specified target parameters.

Two years ago, we undertook an exercise which identified the split of our spend into prevention, treatment and recovery categories. We were content with the results in that there was investment in each category. This is something we will revisit over the course of the delivery plan.

Ministerial Priorities

Ministerial Priority	Local Improvement Goal
Compliance with ABI Heat Standard	<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.</p>
Increase compliance with SDMD.	Implement and monitor local SMR improvement plan.
Waiting times – including increasing the level of fully identifiable records.	Maintain performance in relation to waiting times.
Increase the reach and coverage of the national naloxone programme.	<p>The most recent prevalence rate for Clackmannanshire estimates a prevalence rate of 1.8% (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 overdose prevention training to service users within addiction services.</p>
Implement improvement methodology at local level (including Quality Principles and ORT recommendations).	<p>Ensure that local services are using an evidence based tool to measure recovery. This work will be overseen by the recovery group.</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 document).</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>As ADPs we continue to support the needs of prisoners in relation to their addiction. We have developed an ICP for Prisons, and have developed a prisoner pathway to support transitions home for people returning to Forth Valley post liberation.</p> <p>We continue to fund the two Psychology Posts within the setting along with the three Alcohol counsellors, one for each establishment. The ADP has invested in</p>

	<p>SMART Recovery Licenses for the area, the prison setting has benefitted from this. We have increased the mutual aid footprint within the prisons also. The recovery grants that were awarded are starting to support the recover activities we planned.</p> <p>We have undertaken external evaluations of the ORT Provision within the prison setting.</p>
<p>New Psychoactive Substances (NPS) – improving identification of and preventative activities focused on new psychoactive substances.</p>	<p>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.</p>

Clackmannanshire ADP Priorities

The CADP has agreed 7 priority areas as follows:

Children & Families Affected by Parental Substance Misuse.	Early Intervention & Prevention
Workforce Development	Recovery
Community Safety	Quality & Efficient Services

Full definitions of each of these can be found at **Appendix 1**.

The strategic changes the Clackmannanshire ADP hopes to achieve during the course of this delivery plan are:

Workforce Development – please see below.

Recovery Orientated Systems of Care (ROSC) – with partners across Forth Valley, CADP continues to make significant progress in the development of a ROSC. At a strategic level, the CADP is committed to further enhancing the developments already in place. Recovery and the promotion of recovery are central to the work of the CADP. Detail is contained throughout this plan as to how our local ROSC will be further enhanced and developed over the next three years.

For the last eight years we have invested in a Consultant Addiction Psychology post. There has been significant investment made to increase support for psychological therapies within ADP areas and this has not been increased to two clinical psychology posts and a psychology assistant.

Quality Improvement Framework – The Quality Improvement Framework Board (QIFB) ensures the quality of substance misuse provision across Forth Valley. A comprehensive action plan is in place which is closely monitored and managed. This action plan was devised from the findings of local audits including Quality Standards, staff and service users surveys, drug related death reports and the external evaluations of ORT provision within Forth Valley.

Health & Social Care Integration – The CADP is aware of the importance of being closely aligned to the local Health and Social Care Integration Board. The local Board is still under development but SADP is making links as appropriate.

Substance misuse service leads, ADP reps and Senior Managers recently met to appraise differing models of integration for the future (hosted arrangements etc.). We considered the benefits of integration on a larger scale but recognised that we already emulate what an integrated system will deliver going forward. This consultation work will continue as further strategic detail emerges regarding the emerging Health & Social Care partnership.

Workforce

Clackmannanshire ADP was closely involved in the Forth Valley partnership with STRADA to develop a strategic approach to workforce development. This process evolved and developed over a 2 ½ year period and resulted in a clear strategic plan detailing how the work will be undertaken over coming months and years.

An important point to note is that a number of workforce development actions were undertaken alongside the development of the strategic framework. Such work has contributed towards the continued development of our ROSC and has also produced a blueprint which is now being used in other areas across Scotland.

The next steps are to produce an implementation plan to support and complement the strategic framework. Target groups for workforce development have already been identified and are detailed in the priority actions section. A number of strands of workforce development are planned ranging from GOPR training through to ABI training for HR staff.

The learning outcomes from all of this activity as well as further identification of target groups will be managed by the recently established workforce development sub group across Stirling and Clackmannanshire.

The logic model developed in partnership with STRADA is included at Appendix 2.

Opioid Replacement Therapies

In 2014, all ORT services within Forth Valley were independently evaluated, this included the ORT provision within prisons. These evaluations indicated that there were improvement strands to be progressed within the services. These plans were governed by the QIFB.

Our key aim statement in relation for ORT is:

Forth Valley Integrated Substance Misuse Services aspire to continue to develop a Recovery Orientated 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.

Community Pharmacy

From April 2015, a new model has been agreed for the delivery of pharmaceutical care for patients prescribed Opiate Replacement Therapy in Forth Valley. The model will embrace a patient centred recovery focus. 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.

New Psychoactive Substances (NPS)

Clackmannanshire ADP have committed to improving local knowledge and response to NPS for a number of years. The development of the Hi 5 smart phone app has been previously reported. The promotion of this and monitoring of use continues.

In addition, at a local level we have established a Forth Valley NPS steering group. This has a wide range of partners including Police and Trading Standards. The aim of this group going forward is to develop a proportionate and evidence based plan to respond, prevent and reduce the harm associated with NPS.

Furthermore, CADP will continue to monitor workforce development needs in relation to NPS and respond to these as appropriate. We have plans to train a number of workforce areas including mental health services.

Whole Population Approach

In relation to a WPA, we will continue to develop innovative resources and use a variety of media outlets and forms to communicate our local support message to individuals, families and communities. We have plans to develop and deliver a bespoke session on key public health messages such as alcohol consumption to Elected Members.

We also recognise the importance of ABI and, as a result, we will 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 previously enjoyed a degree of success.

In recent times, we have made a significant impact on policy development and we will continue to undertake this work in relation to workforce policies. Our aim is to ensure these are more recovery focussed. We will also progress policy work with Education colleagues in relation to support for children and young people as well as Education staff. This will include further embedding of the Social Influencing approach.

A key area of activity for CADP will be to enhance our links with the Licensing system. We will do this by meeting with the LSO as required and also by attending the Clackmannanshire Licensing Forum.

We also intend to continue to increase the availability of mutual aid support within the local area.

Core & Local Outcomes to be Achieved

The Clackmannanshire ADP has aligned its core outcomes to the national ADP outcomes as well as the local SOA outcomes. The ADP outcomes are detailed in Appendix 3.

The Clackmannanshire SOA details 9 priority outcomes based on evidence. These are:

SOA Outcome	Related National ADP Outcome
Clackmannanshire has a positive image and attract business and people.	Local Environment
Communities are more inclusive and cohesive.	Community Safety
People are better skills, trained and ready for learning and employment.	Recovery
Communities are and feel safer.	Community Safety
Vulnerable people and families are supported.	Families
Substance misuse and its effects are reduced.	Health / Prevalence
Health is improving.	Health / Recovery / Families
Our environment is protected and enhanced.	Local Environment
Our public services are improving	Services

Core & Local Indicators (Performance Framework)

The Clackmannanshire ADP Performance Framework (Appendix 4) details the indicators that are used to measure progress towards ADP and SOA outcomes.

We have invested in an ADP analyst to assist us with analysis of outcomes and other ADP data.

As well as looking at Clackmannanshire data, CADP have benchmarked against the other ADPs across Forth Valley as well as Moray and Perth & Kinross. This data is included as a supporting document.

In addition to the core indicators, local services also collect outcomes data. This is then reported on a quarterly basis to ADPs.

Financial Investment

Structural changes to the staffing support across Stirling and Clackmannanshire means that ADP funds for both SADP and CADP are managed centrally within Stirling. This reflects practice within the shared services arrangements already in place across the two Councils.

Forth Valley Investment

The Forth Valley investment can be shown as:

	* Alcohol Prevention, Treatment & Support	*Drug Services and Support	Comments
Scottish Government 2014-15 Earmarked Financial Investment	£2,195,629	£1,162,822	
Allocation made available to ADP(s) for decisions on spend from Scottish Government Earmarked 2014-15 Investment:			
• Clackmannanshire ADP			
• Falkirk ADP			
• Stirling ADP			
• Total	£2,195,629	£1,162,822	NHS FV ADP allocation is reported as an area wide service.

	Carry Forward from 2013-14		2014-15 End Year Balance	
	Alcohol	Drugs	Alcohol	Drugs
Clackmannanshire ADP				
Falkirk ADP				
Stirling ADP				
Total	£0	£0	£0	£0

FV's SG allocation for both 13/14 and 14/15 was fully committed and spent.

The information overleaf reflects the financial contribution Clackmannanshire Council makes to addressing substance misuse.

CLACKMANNANSHIRE COUNCIL ADP Budget 2015-16

Drug Specific Spend

<u>Project</u>	<u>2015/16 Budget</u>
Signpost	51,760
	<u>51,760</u>

Alcohol Specific Spend

<u>Project</u>	<u>2015/16 Budget</u>
Residential Homes	60,000
Homecare	75,000
ASC- Alcohol Support & Counselling	8,420
	<u>143,420</u>

Tobacco

<u>Project</u>	<u>2015/16 Budget</u>
Smoking Cessation Workers	0
	<u>0</u>

Combined Spend

<u>Project</u>	<u>2015/16 Budget</u>
Substance Misuse Youth Justice	72,150
Fregarrach	17,500
ADP Support	0
Family Support	20,000
Time For Us	10,000
CHL	239,500
	<u>359,150</u>
 GRAND TOTAL	 <u><u>554,330</u></u>

PRIORITY ACTIONS & INTERVENTIONS TO IMPROVE OUTCOMES

National ADP Outcome: **HEALTH** - People are healthier and experience fewer risks as a result of alcohol and drug use.

Clackmannanshire Single Outcome Agreement:

SOA 1: Health is improving

SOA 2: Substance misuse and its effects are reduced.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Deliver ABI training to a further 3 non-HEAT settings.	FV ADP	Stirling Council NHS Forth Valley	Target settings: Clackmannanshire Council HR Criminal Justice Social Work Pharmacy setting Meet with HR lead by August 2015. Meet with CJ lead by Aug 2015.	Identify further target groups.	TBA

			<p>Arrange training session as required by Dec 2015.</p> <p>Monitor referral rates to Signpost target areas following completion of training.</p>		
Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Promote ABI Learn pro module within Mental Health settings.	Health Promotion	Mental Health Services	<p>Link with Mental Health Leads to promote Learn pro by Sept 2015.</p> <p>Analyse performance reports from Learn Pro to audit activity.</p>	Ensure any new staff trained.	Ensure any new staff trained.
Reduce Drug Related Deaths within Stirling by 10%.	Drug Related Critical Incident Group	ADP members	<p>Continue to collect data within the ISD Drug Deaths Database to ensure the compilation of the National DRD report.</p> <p>Ensure DRD report highlighted at CADP meeting by May 2015.</p>	Continue to collect data within the ISD Drug Deaths Database to ensure the compilation of the National DRD report.	Continue to collect data within the ISD Drug Deaths Database to ensure the compilation of the National DRD report.

			<p>Ensure DRD report highlighted to CPP by Sept 2015.</p> <p>Improve the liaison with family support services to support the provision of overdose prevention training and Naloxone to families.</p> <p>Conduct 5 year trend analysis report on Forth Valley DRDs by October 2015.</p>		
<p>Further develop our Whole Population Alcohol campaign regarding alcohol consumption and role modelling.</p>	<p>ADP Project Officer</p>	<p>ADP members. Education Leads Children's Services.</p>	<p>Agree campaign by October 2015</p> <p>Develop required materials by November 2015.</p> <p>Run campaign over 2015/16.</p>	<p>Evaluate impact through referral rates to services.</p>	<p>Consider future campaign messages</p>

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Develop a substance misuse specific action plan for Hawkhill (asset based approach).	ADP Lead Officer	NHS Forth Valley	Develop action plan by August 2015 Deliver presentation to Hawkhill Community Council by November 2015. Increase referrals from Hawkhill to Signpost by 20%.	Respond to local needs as appropriate	Respond to local needs as appropriate
Deliver “Drugs and Bugs” Training to addiction staff to increase knowledge around drug using infections.	NHS Forth Valley	Substance Misuse Services.	Deliver training to 40 members of staff by July 2015. Review ongoing workforce development needs as appropriate.	Review ongoing workforce development needs.	Review ongoing workforce development needs.

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

Clackmannanshire Single Outcome Agreement:

SOA 1: Health is improving.

SOA 2: Substance misuse and its effects are reduced.

SOA 3: Vulnerable people and families are supported.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Continue to roll out the delivery of substance misuse training and resources to with a particular focus on LAC, ASN and Early Years.	Education	ADP members	Audit use of (2013) Substance Misuse Framework by Dec 2015. Identify strengths and development needs by Jan 2016.	Provide on-going professional learning opportunities as identified	To be agreed and align with Stirling and Clackmannanshire Education Services Strategic Plan update
Revise and update Health and Wellbeing Strategy (Education) to align with agreed actions within ADP Priority Planning	Education	SADP members	Align improvement objectives with ADP action plan by Dec 2015. Revise and update local substance misuse policy by Sept 2015.	Audit use of revised policy by Sept 2016.	To be agreed and align with Stirling and Clackmannanshire Education Services Strategic Plan update

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Conduct review of Responses to Substance misuse Education Guidance	Education ADP Lead Officer	SADP members Health Promotion	Audit school use of current policy by April 2015. Revise current policy by Sept 2015. Launch revised policy by Sept 2015. Enhance launch with provision of support materials to schools.	Audit use of revised Guidance	To be agreed and align with Stirling and Clackmannanshire Education Services Strategic Plan update
Ensure children bereaved by drug death receive appropriate support through the Seasons for Growth Programme.	Education	ADP	Highlight Forth Valley DRDs report by Oct 2015. Identify workforce development needs within Education setting re CAPSM agenda.	Review ongoing workforce development needs.	Review ongoing workforce development needs.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Reduce the number of young people who start to smoke and the number of young people who smoke on a regular basis 2016.	Education Health Promotion Lead Tobacco Action Group	ADP Officers	Workforce development opportunities promoted to schools and youth work. Work in partnership with the Tobacco Action Group (TAG) on the Forth Valley Tobacco Strategy.	Work in partnership with the Tobacco Action Group (TAG) on the Forth Valley Tobacco Strategy.	Work in partnership with the Tobacco Action Group (TAG) on the Forth Valley Tobacco Strategy.
Reduce the number of Clackmannanshire people living in areas of deprivation who smoke from 25% (2014) to 21% (2018).	Health Promotion Lead Tobacco Action Group	ADP members	Increase referrals by 10 % from most deprived areas in Stirling to locality based clinics. Increase numbers who remain stopped at 12 week follow up as per HEAT target. Promote No Smoking Day Activities – target communities within areas of deprivation.	Work in partnership with the Tobacco Action Group (TAG) on the Forth Valley Tobacco Strategy.	Work in partnership with the Tobacco Action Group (TAG) on the Forth Valley Tobacco Strategy.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Develop a proportionate and evidence informed plan to prevent and reduce the harm associated with NPS.	NPS Action Steering Group	ADP members.	<p>Establish Forth Valley Steering Group and Terms of Reference by June 2015.</p> <p>Collate local evidence / intelligence to inform a proportionate response to local identified need.</p> <p>Deliver NPS training in partnership with SDF to 40 participants by June 2015.</p>	Collate local evidence / intelligence to inform a proportionate response to local identified need.	Collate local evidence / intelligence to inform a proportionate response to local identified need.
Conduct a review of young people's needs in Stirling and Clackmannanshire in relation to substance misuse. Evaluation to include review of evidence in relation to best practice for supporting for young people.	ADP Support Team	Barnardos	<p>Commission work by June 2015.</p> <p>Consultant to report to the ADP by August 2015.</p> <p>Develop implementation plan to take forward recommendations.</p>	Continue to take forward recommendations.	To be agreed.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Continue to embed the Social Influencing Approach within Stirling schools.	Health Promotion Education	ADP Support Team	<p>Deliver two workforce development sessions to schools by March 2016.</p> <p>Support the development of appropriate resources.</p> <p>Target of 3 schools to embed Social Influencing programme within PSE sessions.</p> <p>Embed programme within Polmont YOI by Nov 2015.</p>	TBA	TBA
Further progress proposal for ARBD team with Health & Social Care Partnerships.	FV ADP Co-ordinator Consultant Psychologist	Health & Social Care Partnerships	<p>Bid for ARBD team to be submitted to Integration Board by April 2015.</p> <p>Deliver ARBD training to Social Care and Addiction staff by Sept 2015.</p>	TBA	TBA

Commission review of Forth Valley Substance Use Needs assessment.	ADP Support Team	ADP members	Prepare commissioning document by August 2015. Commission and begin work by Sept 2015. Needs assessment report to ADPs by Dec 2015.	Needs assessment to support future strategy and service development.	Needs assessment to support future strategy and service development.
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National ADP Outcome: **Recovery** – Individuals are improving their health, well being and life chances by recovering from problematic drug and alcohol use.

Clackmannanshire Single Outcome Agreement:
SOA 1: Health is improving
SOA 2: Substance misuse and its effects are reduced.
SOA 3: Vulnerable people and families are supported.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Consolidate the range of ROSC developments into one strategic plan.	ADP Support Team	Recovery Co-ordinators	Complete plan by December 2015.	Use plan for strategic development. Refresh as required.	Use plan for strategic development. Refresh as required.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Host Recovery Conversation Café in partnership with Scottish Recovery Consortium.	ADP Lead Officer	Short Life Working Group	Involve 100 participants in Stirling Recovery Café by December 2015.	Outcomes from Café to continue to be taken forward.	Action will be complete.
Further enhance mapping of Recovery Groups across Forth Valley.	Recovery Co-ordinator	ADP Support Team	Mapping to be updated. Update Recovery resource leaflet. Communicate enhanced mapping and strategic plan through all community outlets. Increase the number of mutual aid groups available in Stirling.	Mapping to be updated as required.	Mapping to be updated as required.
Continue evaluation process for all Forth Valley services – statutory and	QIFB	Substance Misuse Services.	Further evaluations to be agreed by March 2016. Work to be commissioned	Recommendations to be taken forward as appropriate.	TBA

commissioned.			April 2016. Recommendations to be considered.		
Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
ROSC session to be delivered to Elected Members within Clackmannanshire Council	ADP Lead Officer	STRADA	Session to be delivered by Dec 2015.		
Deliver a session to Elected Members regarding health inequality issues.	Public Health	ADP Support Team		To be delivered in each LA area by May 2016.	
Review local Housing Policy to ensure it is recovery focussed.	Housing Team Leader	ADP Support Team	Review current policy by November 2015. Consider the development of a Naloxone policy and protocol for Housing settings.	Monitor ongoing workforce development needs.	Monitor ongoing workforce development needs.

			Develop statement of best practice by March 2015.		
Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Deliver bespoke ROSC training programme to Community Pharmacies.	Specialist Pharmacist in Substance Use (SPisM)	ADP Support Team	Deliver training by Oct 2015	Monitor ongoing workforce development needs.	Monitor ongoing workforce development needs.
Support the SPS to develop ROSCs within Prison establishments across Forth Valley.	SPS Rep on ADP SPS Governors SPS Health Care Managers	FV ADP	Increase / improve engagement of SPS with local ADPs. Continue to enhance the ROSC within the prison setting. Recovery Conversation Café to be held in Cornton Vale – August 2015.	Recovery Cafes to be held in Glenochil and Polmont prisons.	Action will be complete.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Establish a Forth Valley Recovery group.	Consultant Psychologist	Recovery Group members	<p>Support the delivery of the Forth Valley Recovery Mission Statement.</p> <p>Monitor, support and evaluate ROSC development across Forth Valley.</p> <p>Provide advice, information and recommendations to groups and organisations in Forth Valley regarding ROSC development.</p>	Continue to co-ordinate support for recovery developments.	Continue to co-ordinate support for recovery developments.
Increase referrals to Community Rehabilitation service by 10%.	ASC	ADP partners	<p>Ensure rolling programme of awareness raising for available services.</p> <p>Audit referral rates by March 2016.</p>	Ensure rolling programme of awareness raising for available services.	Ensure rolling programme of awareness raising for available services.
Support Job Centre Plus colleagues to deliver information sessions to service users and staff	JCP	ADP Support Team Substance Misuse services.	Sessions to be delivered in each local authority area by Sept 2015.	Ongoing monitoring of development needs.	Ongoing monitoring of development needs.

regarding the impact of Universal Credit and other Welfare Reforms.					
Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Support a mobile Harm Reduction service providing IEP and other harm reduction and health improvement activities on an outreach basis to address unmet needs.	Signpost Recovery	ADP Support Team	Establish working agreement by May 2015. Monitor pilot project on quarterly basis.	Monitor pilot project on quarterly basis. Evaluate outcomes achieved by March 2017.	TBA
Work in partnership with Combat Stress to provide dedicated support to veterans with substance misuse issues.	Signpost Recovery	ADP Support Team	Establish working agreement by May 2015. Monitor pilot project on quarterly basis.	Monitor pilot project on quarterly basis. Evaluate outcomes achieved by March 2017.	TBA

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Embed Citizens Advice support within Forth Valley addiction services to provide immediate access to advice, information and support as well as enhancing the skills of addiction workforce to mitigate the impact of welfare reform.	CAB ASC	ADP Support Team	Establish working agreement by May 2015. Monitor pilot project on quarterly basis.	Monitor pilot project on quarterly basis. Evaluate outcomes achieved by March 2017.	TBA
Support dedicated Recovery Workers to provide Community development support to promote the ongoing growth of our local ROSC.	ADP Support Team	ASC Substance Misuse Services.	Undertake training for Peer Supporters by May 2015.	Monitor on ongoing basis.	Monitor on ongoing basis.
Pilot a test for change within the North Sector Substance Misuse Service in	Lead Consultant – Substance Misuse Services	ADP Support Team	Scope model by May 2015. Upgrade clinical setting by May 2015.	Evaluate April 2016.	TBA

relation to a more holistic model of care.	SMS Service Manager		Update clinical guidelines by Aug 2015. Commence pilot by Sept 2015.		
Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Pilot the non medical prescribing within a Category C Medical practice.	SPisM	NHS Forth Valley	Pilot commence April 2015. Evaluate pilot after 6 months. Expand to other practices on needs led basis.	TBA	TBA
Revisit ORT evaluations	QIFB	ADP Support Team		Undertake reviews by July 2016.	TBA

National ADP Outcome: **CAPSM** – Children and family members of people misusing alcohol and drugs are safe, well supported and have improved life chances.

Clackmannanshire Single Outcome Agreement:

SOA 1: Health is improving

SOA 2: Substance misuse and its effects are reduced.

SOA 3: Vulnerable people and families are supported.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Embed Forth Valley GOPR II guidance within local services.	Chair of ADP / CPC sub group	ADP / CPC Sub Group	<p>Complete guidance by July 2015.</p> <p>Host GOPR conference in partnership with CPC by Oct 2015.</p> <p>Practitioners' summary booklet to be developed by Oct 2015.</p> <p>GOPR training to be delivered to 300 Social Work, Health Visitors and Addiction staff by Oct 2015 (15 days training).</p>	Revise workforce development needs in relation to GOPR.	As agreed by ADP / CPC sub group.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Enhance awareness of GIRFEC within addiction workforce.	ADP Lead Officer Signpost Recovery Operations Manager	PDU	Increase access to local GIRFEC training for addictions staff. Deliver GIRFEC Train the Trainers sessions to 4 addiction staff by Feb 2016.	Audit participation of addiction staff in team around the child meetings.	As agreed by ADP / CPC sub group.
Embed specific parental substance misuse tool into Childcare Social Work and Addiction staff.	ADP / CPC sub group.	Social Work – Children’s Services	Consider current tool available and select one for local use by July 2015. Undertake pilot use of tool within addiction staff and social work staff. Agree and deliver required training by Dec 2015.	Audit ongoing use of risk assessment tool. Address workforce development needs on ongoing basis.	Address workforce development needs on ongoing basis.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Commission research into rates of Child Protection referrals with a parental substance misuse element within Clackmannanshire. Ensure links to domestic violence considered.	ADP Lead Officer	Social Work – Clackmannanshire Council	<p>Prepare commissioning document by September 2015.</p> <p>Commission work by November 2015.</p> <p>Report to ADP by Feb 2016.</p>		
Pilot Health Visitor VPD referral process with a view to rolling out across Forth Valley.	ADP Support Team	NHS Forth Valley	<p>STRADA to deliver training to 100 Health Visitors by June 2015.</p> <p>Pilot to be undertaken in Clackmannanshire between March 2015 and June 2015.</p> <p>Evaluate learning from July 2015.</p> <p>Roll out to Stirling and Falkirk August 2015.</p>	TBA	TBA

			Provide resource for additional staffing capacity within Time 4 Us to respond to increased referrals.		
<p>Consider VPD Pilot with Police Scotland to enable early referral to substance misuse services.</p> <p>Pilot to begin in Stirling.</p>	<p>ADP Lead Officer</p> <p>Signpost Recovery</p>	<p>Police Scotland</p>	<p>ISP to be agreed August 2015.</p> <p>Workforce Development to be delivered to 90% of operational Police Officers by January 2016.</p> <p>Referral process to be agreed.</p> <p>Monitor referrals to Signpost.</p> <p>Evaluate pilot after 6 months.</p>	<p>TBA</p>	<p>TBA</p>

<p>Increase referrals to Family Support service by 20%.</p>	<p>Forth Valley Family Support Service</p>	<p>ADP Lead Officer</p>	<p>Promote Family Support service within Clackmannanshire.</p> <p>Review referrals and take action as necessary.</p> <p>Ensure sustainable funding arrangements within Clackmannanshire Council for Forth Valley Family Support.</p> <p>Host Family Support Master class by May 2015.</p> <p>Secure appropriate media exposure to promote Family Support by June 2015.</p>	<p>Maintain funding for service.</p>	<p>TBA</p>
<p>Ensure Family Support packs are left at 100% of Police Scotland Drug Enforcement Operations.</p>	<p>Police Scotland</p>	<p>ADP Support Team</p>	<p>Develop Family Support pack by May 2015.</p> <p>Audit referral rate by October 2015.</p>		

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Ensure sustainable funding within Stirling Council for Time 4 Us.	ADP Chair	ADP Lead Officer	<p>Raise awareness of Time 4 Us to Strategic Leads within Children's Services.</p> <p>Meet with Senior Management and Finance reps prior to initial budget setting in October 2015.</p>		
Increase support available to children & young people who have been looked after and/or accommodated and who have substance misuse issues.	ADP Support Team Barnardos	NHS Forth Valley	<p>LAAC (Barnardos) post to be recruited by June 2015.</p> <p>Referral process to be agreed.</p> <p>LAAC team to be included in GOPR workforce development,</p> <p>Increase referrals from LAAC team to Barnardos 50%.</p>	<p>2 year pilot project.</p> <p>Monitor need and outcomes on an ongoing basis.</p>	Monitor need and outcomes on an ongoing basis.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Support additional capacity within Young People's service to respond to the needs of LAAC young people with substance misuse issues.	Barnardos	ADP Support Team	Establish working agreement by May 2015. Monitor pilot project on quarterly basis.	Monitor pilot project on quarterly basis. Evaluate outcomes achieved by March 2017.	TBA
Review Emergency Department Referral process for young people.	ADP Lead Officer	Barnardos NHS Forth Valley	Review referral process by August 2015. Evaluate 2014 data by August 2015.	Audit and review as required.	Audit and review as required.
Undertake self evaluation of Child Protection process and practice within substance misuse services.	ICG	Substance misuse services. NHS Forth Valley Clackmannanshire Council	Self evaluation to take place by May 2015. Auditor training to take place by June 2015. Case file audit to take place by August 2015.	TBA	TBA

			Action plan to be developed by October 2015.		
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National ADP Outcomes: **Community Safety – Communities and individuals are safe from alcohol and drug related offending and anti - social behaviour.**

Clackmannanshire Single Outcome Agreement:

SOA 1: Substance misuse and its effects are reduced.

SOA 2: Communities are and feel safer.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Lead on the Alcohol strategic priority for the Clackmannanshire Community Safety Partnership.	ADP Lead Officer	Community Safety Partnership	Identify priority actions and indicators by August 2015. Identify 3 target areas for workforce development by August 2015.	TBA	TBA
Revisit recording of discarded injecting equipment within Clackmannanshire Council systems.	ADP Project Officer	Clackmannanshire Council.	Identify the lead within Clackmannanshire Council. Improve quality of data entered into data management system.	Utilise data collected as part of intelligence led approach.	Utilise data collected as part of intelligence led approach.

			<p>Develop mapping system for discard data.</p> <p>Enhance mapping system of discard data with other collected ADP data.</p> <p>Produce annual report by April 2016 detailing recorded data trends etc.</p> <p>Continue to distribute information leaflet to staff and community outlets.</p> <p>Continue to work in partnership with Signpost Harm Reduction team to identify and respond to local issues.</p>		
Develop Substance Misuse / Domestic Abuse guideline for front line staff.	ADP Project Officer VAW Policy Officer	ADP VAW partnership	<p>Develop local guidance by Feb 2016.</p> <p>Launch guidelines by March 2016.</p>	<p>Develop specific substance misuse / domestic violence training in partnership with VAW Co-ordinator by May 2016.</p> <p>Launch local training.</p>	Monitor ongoing workforce development needs.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Continue to train the local addiction workforce in gender based violence issues.	NHS Forth Valley	ADP Support Team Substance Misuse Services	Train 100 addiction staff in GBV issues. Training to be refreshed October. Maintain the number of dedicated trainers within the addiction workforce (currently 2).	TBA	TBA

National ADP Outcomes: **Local Environment – People live in positive, health promoting local environments where alcohol and drugs are less readily available.**

Clackmannanshire Single Outcome Agreement:

SOA 1: Substance misuse and its effects are reduced.

SOA 2: Communities are and feel safer

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Increase commitment to non-smoking environments (e.g. smoke free cars and homes).	Tobacco Action Group Stirling Council Environmental Services	Health Promotion All ADP partners	Identify local authority contact for taking work forward. Identify and maximise opportunities in Stirling to promote Smoke Free initiatives.	Work in partnership with the Tobacco Action Group (TAG) on the Forth Valley Tobacco Strategy.	Work in partnership with the Tobacco Action Group (TAG) on the Forth Valley Tobacco Strategy.
Support partners to change culture by introducing and enforcing smoke free policies in external areas frequented by	Tobacco Action Group Stirling Council Environmental	Health Promotion All ADP partners	Audit number of children’s playgrounds which have smoke free policies and signage.	Increase number of smoke free zones by 10%.	Work in partnership with the Tobacco Action Group (TAG) on the Forth Valley Tobacco Strategy.

children and young people such as playgrounds.	Services				
Enhance links with Clackmannanshire Licensing Standards Officer.	ADP Project Officer		Make links with LSO by August 2015. Attend Licensing Forum as appropriate.	TBA	TBA
Agree a programme of presentations / events for the Licensing Board and Licensing Forum in order to highlight local alcohol related harm.	ADP Support Team	Licensing Department	Agree programme by Sept 2015. Deliver annual sessions to Licensing Board and Licensing Forum.	To be agreed following consideration of 15 / 16 programme.	To be agreed.
Ensure community venues such a libraries and community centres have supply of ADP promotional materials.	ADP Project Officer	Communities and Partnerships	Agree five priority venues. Agree programme for distribution of materials. Monitor referrals to Signpost and Family Support.	Ensure regular programme for distribution of materials.	Ensure regular programme for distribution of materials.

National ADP Outcomes: **Services – Alcohol and drugs services are high quality, continually improving, efficient, evidence based and responsive ensuring people move through treatment and into sustained recovery.**

Clackmannanshire Single Outcome Agreement:

SOA 1: Health is improving

SOA 2: Substance misuse and its effects are reduced.

SOA 3: Vulnerable people and families are supported.

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Progress actions as detailed in Forth Valley workforce development strategic framework.	ADP Support Team	ADP Partners STRADA (national workforce development resource)	Develop implementation plan by September 2015. Establish workforce development sub group by July 2015. Agree priority target groups. Commission appropriate training. Develop appropriate training.	Work with STRADA to review 12 month progress of implementation plan. Evaluate programme by August 2016.	TBA

Action	Lead	Partners Required	2015 / 16	2016/17	2017/18
Embed National Quality Principles within local substance misuse services.	QIFB	ADP Services	Audit all Forth Valley addiction services by August 2015. Include learning points in QIFB action plan as appropriate.	Implement recommendations within action plan.	Ensure services continue to meet Quality Principles.
Highlight the impact of substance misuse within the Public Protection field and support the local agenda going forward.	ADP Lead Officer	ADP partners	Develop Public Protection Training by April 2015. Pilot Public Protection Training module by May 2015. Agree Public Protection format and programme of training.	TBA	TBA

Appendix 1: Clackmannanshire ADP Priority Definitions

Children & Families Affected by Substance Misuse

Agreed Definition: The Clackmannanshire ADP supports an inclusive definition which includes all children and young people affected by the substance misuse of a significant person in their lives. This may include parents, siblings and/or wider family members.

The Clackmannanshire ADP also recognises the impact that substance misuse has on families including the parents of grown children who misuse alcohol and/or drugs.

Early Intervention & Prevention

Agreed definition: The Clackmannanshire ADP will work in partnership to address substance misuse at the earliest opportunity which will include focus on the causes as well as the symptoms of drug and/or alcohol issues. The CADP will support the prevention of substance misuse issues especially for those parts of the population identified as being at risk.

Workforce Development

Agreed definition: Shared language, values and attitudes which contribute to and promote recovery across specialist and universal services. In addition, a commitment to workforce development at strategic and operational levels leading to a competent and confident workforce.

Recovery

Agreed Definition: The Clackmannanshire ADP believes that recovery is possible, meaningful and necessary. It involves a journey that is personal to the individual and which can be supported by services, individuals and communities.

Community Safety

Agreed Definition: Tackle drug / alcohol related crime and anti-social behaviour in an intelligence led way within identified communities.

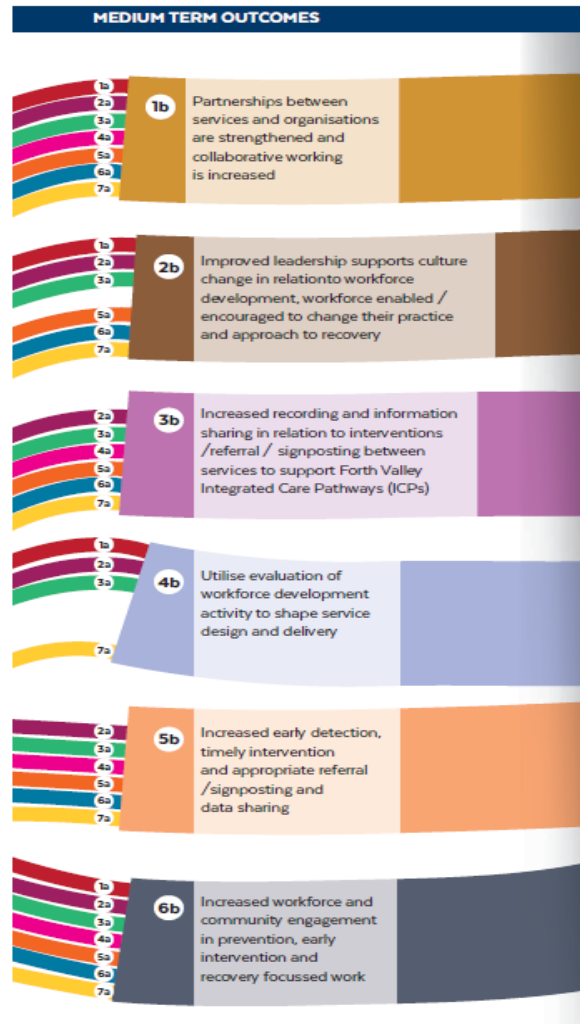
Quality & Efficient Services

Agreed Definition: Appropriately resourced drug and alcohol services that are equitable and efficient and which operate within a recovery orientated system of care (ROSC).

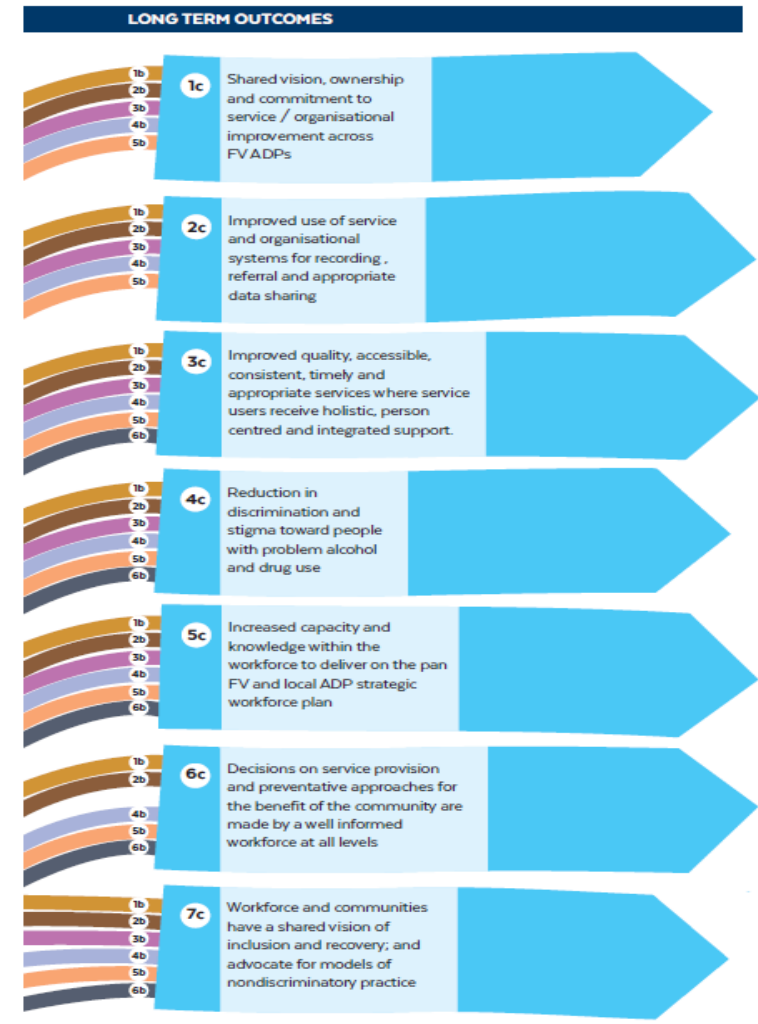
The Clackmannanshire ADP is committed to ensuring compliance with the national Quality Standards for substance misuse services.

Appendix 2

PAN FORTH VALLEY WORKFORCE DEVELOPMENT OUTCOMES
SEPTEMBER 2014



STRADA Scottish Training on Drugs and Alcohol
projectstrada.org



Appendix 3: NATIONAL ADP OUTCOMES

HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use.

PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves.

RECOVERY: Individuals are improving their health, wellbeing and life chances are recovering from problematic drug and alcohol use.

FAMILIES: Children and family members of people misusing alcohol and drugs are safe and supported and have improved life chances.

COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour.

LOCAL ENVIRONMENT: People live in positive, health promoting local environments where alcohol and drugs are less readily available.

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


Appendix 4: Clackmannanshire ADP Performance Framework

ADP Outcome: HEALTH							
SOA Outcome: Health is improving Substance misuse and its effects are reduced.							
Target: People are healthier and experience fewer risks as a result of alcohol and drug use.	National	Local	Increase / Decrease	Baseline Data	Local Trend	Progress (RAG)	Reporting Timescale
Rate of drug related hospital stays (rate per 100,000 population).	X		Decrease rate to 75	2011/12 = 59.7 2012/13 = 54.9 2013/14 = 79.9	↑	AMBER	Annual
Rate of drug related mortality (rate per 100,000 population).	X		Decrease rate to 13.5	2011 = 11.9 2012 = 21.3 2013 = 14.7 (actual number = 7)	↓	AMBER	Annual
Number of non-fatal overdoses (partnership with SAS).		X	Decrease number of non-fatal overdoses by 10%	2013/14 = 21 2014/15 = 25	↓	AMBER	Annual

	Rate of alcohol related hospital stays (rate per 100,000 population).	X		Decrease rate to 500	2011/12 = 499.6 2012/13 = 502.4 2013/14 = 510.5	↑	AMBER	Annual
	Rate of alcohol related mortality (rate per 100,000 population).	X		Decrease rate to 30	2011 = 23 2012 = 13.2 2013 = 38.9 (number = 19)	↑	AMBER	Annual
	Prevalence of Hepatitis C among injecting drug users.	X		Decrease prevalence to 40%	2008/09 = 48.7 2010 = 50 2011/12 = 47.1	↓	AMBER	Annual
	The number of screenings (using a validated screening tool) for alcohol use disorders delivered.		X	Maintain performance against SG target	2013/14 = 1526 screenings 2014/15 = 2348 screenings (Clackmannanshire total) Wider setting: 2013/14 = 253 screenings 2014/15 = 521 screenings (recorded for acute settings only).	↑	AMBER	Annual
	The number of ABIs delivered in accordance with the HEAT Standard guidance.		X	Maintain performance against SG target	Total ABIs delivered in Clackmannanshire 2013/14 = 1740 2014/15 = 703 (In priority settings).	↓	AMBER	Annual

					Additional 801 ABIS delivered in wider settings across Clackmannanshire.			
	Number of take home naloxone kits issued in Clackmannanshire.	x		Achieve SG target of THN to 15% of local prevalence rate.	2011 – 2015 = 126 Target = 120	↑	AMBER	Annual

<p>ADP Outcome: Prevalence</p> <p>SOA Outcome: Health is improving Substance misuse and its effects are reduced. Vulnerable people and families are supported.</p>								
Target: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves.	National	Local	Increase / Decrease	Baseline Data	Local Trend	Progress (RAG)	Reporting Timescale	
Estimated prevalence of problem drug users amongst 15-64 year olds (%).	x		Decrease to 1.5%	2006 = 1.5% 2009/10 = 1.5% 2012/13 = 1.8%	↑	AMBER	Every 2 years	
Male prevalence of problem drug use (%).	x		Decrease to 2.1%	2006 = 2.4% 2009/10 = 2.1% 2012/13 = 2.7%	↑	AMBER	Every 2 years	

	Female prevalence of problem drug use (%).	X		Decrease to 0.8%	2006 = 0.8% 2009/10 = 0.8% 2012/13 = 1.0%		AMBER	Every 2 years
	Estimated prevalence of injecting drug use amongst 15-64 year olds.	X			Data not yet available on Scot Pho. Data under investigation at a local level.			
	Percentage of 15 year old pupils who have used illicit drugs in the last month.	X		Decrease to 7%	2014 = 9.3%	2014 has provided a baseline for future trend analysis	AMBER	Every 4 years
	Percentage of 15 year old pupils who have used illicit drugs in the last year.	X		Decrease to 15%	2014 = 17.7%	2014 has provided a baseline for future trend analysis	AMBER	Every 4 years
	Percentage of <i>males exceeding daily / weekly drinking limits</i> (4 year aggregate).	X		Decrease by 3%	2008 – 2011 = 50.3% (Forth Valley)	Aggregated data does not allow comparison to be made.	AMBER	Every 4 years

	Percentage of <i>females exceeding daily / weekly drinking limits</i> (4 year aggregate).	X		Decrease by 3%	2008 – 2011 = 39.7% (Forth Valley)	Aggregated data does not allow comparison to be made.	AMBER	Every 4 years
	Percentage of <i>individuals exceeding daily / weekly drinking limits</i> (4 year aggregate).	X		Decrease by 3%	2008 – 2011 = 44.6% (Forth Valley)	Aggregated data does not allow comparison to be made.	AMBER	Every 4 years
	Percentage of <i>males binge drinking</i> (4 year aggregate).	X		Decrease by 3%	2008 – 2011 = 15.5% (Forth Valley)	Aggregated data does not allow comparison to be made.	AMBER	Every 4 years
	Percentage of <i>females binge drinking</i> (4 year aggregate).	X		Decrease by 3%	2008 – 2011 = 17% (Forth Valley)	Aggregated data does not allow comparison to be made.	AMBER	Every 4 years
	Percentage of <i>individuals binge drinking</i> (4 year aggregate).	X		Decrease by 3%	2008 – 2011 = 21.5% (Forth Valley)	Aggregated data does not allow comparison to be made.	AMBER	Every 4 years
	Percentage of <i>males classed as problem drinkers</i> (4 year aggregate).	X		Decrease by 3%	2008 – 2011 = 15.5% (Forth Valley)	Aggregated data does not allow comparison to be made.	AMBER	Every 4 years

	Percentage of <i>females classed as problem drinkers</i> (4 year aggregate).	X		Decrease by 3%	2008 – 2011 = 9.8% (Forth Valley)	Aggregated data does not allow comparison to be made.	AMBER	Every 4 years
	Percentage of individuals classed as problem drinkers (4 year aggregate).	X		Decrease by 3%	2008 – 2011 = 12.7% (Forth Valley)	Aggregated data does not allow comparison to be made.	AMBER	Every 4 years
	Proportion of 15 year olds who had a drink in the last week.	X		Decrease to 13%	2014 = 14.2%	2014 has provided a baseline for future trend analysis	AMBER	Every 4 years

<p>ADP Outcome: Recovery</p> <p>SOA Outcome: Health is improving Substance misuse and its effects are reduced. Vulnerable people and families are supported.</p>								
Task: Individuals are improving their health, wellbeing and life chances are recovering from problematic drug and alcohol use.	National	Local	Increase / Decrease	Baseline Data	Local Trend	Progress (RAG)	Reporting Timescale	
New individuals / patients reports: SMR 25	X		Increase by 20%	2011/12 = 174 2012/13 = 630 (Health Board data. ADP data not	↑	AMBER	Annual	

					available).			
	Percentage reduction in daily drugs spend during treatment.	X		Decrease	Data not currently available on Scot Pho. Data under investigation at a local level.			
	Percentage of clients reporting injecting in the last month.				Data not currently available on Scot Pho. Data under investigation at a local level.			
	Proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow up.				Data not currently available on Scot Pho. Data under investigation at a local level.			
	Proportion of clients receiving drugs treatment experiencing improvements in employment/education profile during treatment.		X		Percentage in employment at discharge: 20.28% Percentage in education or training at discharge: 4.29% Percentage in secure accommodation at discharge: 75.42%			

	Number of FV prisoners trained and supplied with Naloxone prior to being liberated from Cornton Vale.		X	Achieve target set by Scottish Government	<p>2014 Cornton Vale = 141 Polmont YOI = 39 Glenochil = 73</p> <p>2015 Cornton Vale = 141 Polmont YOI = 97 Glenochil = 148</p>	↑	AMBER	Annual
	Number of mutual aid groups available in Stirling.		x	Increase mutual aid groups by 20%	2015 = 7	↑	AMBER	Annual

ADP Outcome: Children / Families Affected by Substance Misuse							
SOA Outcome: Health is improving Substance misuse and its effects are reduced. Vulnerable people and families are supported.							
Task: Children and family members of people misusing alcohol and drugs are safe and supported and have improved life chances.	National	Local	Increase / Decrease	Baseline Data	Local Trend	Progress (RAG)	Reporting Timescale
Rate of maternities recording <i>drug use</i> (three year aggregate)	X		Decrease	2007/08 – 2009/10 = 10.03 2008 / 09 – 2010/11 = 8.39 2009 / 10 – 2011/12 = 12.54 2010/11 – 2012/13 = 16.4 (number = 29)		AMBER	Annual
No. of Child Protection Case Conferences where parental drug or alcohol use has been identified as a concern/risk.	X		Data item only – no target attached	2012 = 20.05 2013 = 16.31 2014 = 13.6 (number = 14)		AMBER	Annual
No. of Child Protection Case Conferences where parental drug use has been identified as a concern/risk.	X		Data item only – no target attached	2012 = 6.7 2013 = 11.5 2014 = 12.6 (number = 13)		AMBER	Annual

No. of Child Protection Case Conferences where parental alcohol use has been identified as a concern/risk.	X		Data item only – no target attached	2012 = 15.3 2013 = 9.6 2014 = 4.6 (number = 5)		AMBER	Annual
Number of interventions in CP cases.		X		Local indicator currently being considered			
Proportion of positive ABI screenings in ante-natal setting.		X	Increase	2013/14 = 541 1 ABI delivered 2014/15 = 486 1 ABI delivered	Further data to be collected to allow trend analysis.	AMBER	Annual
Number of referrals to Forth Valley Family Support service.		X	Increase	Clackmannanshire 2014/15 = 21	Further data to be collected to allow trend analysis.	AMBER	Quarterly


ADP Outcome: Community Safety								
SOA Outcome: Substance misuse and its effects are reduced. Communities are and feel safer.								
Task: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour.		National	Local	Increase / Decrease	Baseline Data	Local Trend	Progress (RAG)	Reporting Timescale
	Percentage of new clients at specialist drug treatment services who report funding their drug use through crime.	X		Decrease to 22%	2009/10 = 21.4% 2010/11 = 17.1% 2011/12 = 24.1%	↑	AMBER	Annual
	Alcohol related offences recorded by Police – Serious Assault.	X		Decrease	2009/10 = 8.3 2010/11 = 11 2011/12 = 7.8 2012/13 = 5.5	↓	AMBER	Annual


	Alcohol related offences recorded by Police – Common Assault (rate per 10,000 population).	X		Decrease	2009/10 = 113.6 2010/11 = 120 2011/12 = 137.5 2012/13 = 111.5	↓	AMBER	Annual
	Alcohol related offences recorded by Police – Vandalism (rate per 10,000 population).	X		Decrease	2009/10 = 200 2010/11 = 195.3 2011/12 = 183.9 2012/13 = 138.7	↓	AMBER	Annual
	Alcohol related offences recorded by Police – Breach of the Peace (rate per 10,000 population).	X		Decrease	2011/12 = 83.7 2012/13 = 74.1	↓	AMBER	Annual
	Number of community payback orders issued where alcohol and drug treatment is required and proportion that are successfully completed.		X	Increase % successfully completed.	2012/13 = 14 2014/15 = 7 Number successfully completed during period = 5	↓	AMBER	Annual

	Arrest Referral Scheme – number assessed.		X	Increase uptake of service by 20%	<p>2013/14</p> <p>Alcohol assessed = 13 Drugs assessed = 16</p> <p>2014 / 15</p> <p>Alcohol assessed = 9 Drug assessed = 9</p>		AMBER	Quarterly
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<p>ADP Outcome: Local Environment</p> <p>SOA Outcome: Substance misuse and its effects are reduced. Communities are and feel safer.</p>								
	Task: People live in positive, health promoting local environments where alcohol and drugs are less readily available.	National	Local	Increase / Decrease	Baseline Data	Local Trend	Progress (RAG)	Reporting Timescale
	Percentage of young people who have been offered drugs in the last month.	X		Decrease to 35%	2014 = 45.0%	2014 data provides a baseline for future trend analysis.	AMBER	Annual

	Percentage of people perceiving drug misuse or dealing to be common or very common in their neighbourhood.	X		Decrease to 17%	2009/10 = 11.2% 2012 = 17.1% 2013 = 18.3%	↑	AMBER	Annual
	Percentage of people perceiving "rowdy" behaviour as very/fairly common in their neighbourhood.	X		Decrease to 17%	2007/08 = 27.5% 2009/10 = 17.7% 2012/13 = 22.6% 2013 = 18.0%	↓	AMBER	Annual
	Number of premises licences in force – On Trade (rate per 10,000 population).	X		Decrease	2012/13 = 26.2 2013/14 = 20.1	↓	AMBER	Annual
	Number of premises licence in force – Off Trade (rate per 10,000 population).	X		Decrease	2012/13 = 6.6 2013/14 = 12.7	↑	AMBER	Annual

	Number of personal licence in force (rate per 10,000 population).	X		Decrease	2012/13 =115.35 2013/14 = 120.3		AMBER	Annual
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ADP Outcome: Services								
SOA Outcome: Substance misuse and its effects are reduced. Communities are and feel safer.								
Task: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence based and responsive, ensuring people move through treatment and into sustained recovery.	National	Local	Increase / Decrease	Baseline Data	Local Trend	Progress (RAG)	Reporting	Timescale
Percentage of clients waiting more than 3 weeks between referral to a specialist drug service and commencement of treatment.	X		Decrease	2011/12 = 3.3% 2012/13 = 4% 2013/14 = 3.1%		AMBER		Quarterly

	Percentage of clients waiting more than 3 weeks between referral to a specialist alcohol service and commencement of treatment.	X		Decrease	2011/12 = 13.7% 2012/13 = 8.7% 2013/14 = 0.0%	↓	AMBER	Quarterly
	SDMD initial completeness.	X		Maintain	2011/12 = 105.2% 2012/13 = 100.5%	↓	AMBER	Quarterly
	SDMD Follow up completeness.	X		Increase to 65%	2011/12 = 20% 2012/13 = 19%	↓	AMBER	Quarterly

Appendix 5: Glossary of terms

Acronym	Description
ABI	Alcohol Brief Intervention
ADP	Alcohol & Drug Partnership
ARBD	Alcohol Related Brain Damage
ASN	Additional Support Needs
BBV	Blood Borne Virus
CADP	Clackmannanshire Alcohol & Drug Partnership
CAPSM	Children Affected Parental Substance Misuse
CPP	Community Planning Partnership
DRD	Drug Related Death
FV ADP	Forth Valley Alcohol & Drug Partnership
GBV	Gender Based Violence
GOPR	Getting Our Priorities Right
H & SC	Health & Social Care
HEAT	Health. Efficiency. Access.Treatment
ICG	Integrated Clinical Governance
ICP	Integrated Care Pathway
IEP	Injecting Equipment Provision
ISD	Information Statistics Division
LAAC	Looked After And Accommodated
LSO	Licensing Standards Officer
NPS	New Psychoactive Substances
ORT	Opiate Replacement Therapy

Acronym	Description
PPF	Public Protection Forum
QIFB	Quality Improvement Framework Board
ROSC	Recovery Oriented System of Care
SADP	Stirling Alcohol & Drug Partnership
SAS	Scottish Ambulance Service
SDF	Scottish Drugs Forum
SDMD	Scottish Drug Misuse Database
SMR	Scottish Mortality Record
SPiSM	Specialist Pharmacist in Substance Misuse
SPS	Scottish Prison Service
STRADA	Scottish Training on Drugs and Alcohol
THN	Take Home Naloxone
VPD	Vulnerable Person Database
WPA	Whole Population Approach