Stirling ADP Annual Report 2014 / 15

FINAL COPY

STANDARD REPORTING TEMPLATE

STIRLING ADP 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

Notes

- Guidance Notes and Commissioning Diagram

1. PARTNERSHIP DETAILS

Alcohol and Drug Partnership	Stirling ADP
ADP Chair	Liam Purdie
Contact name(s)	Elaine Brown
Contact Telephone	01786 233542
Date of Completion	September 2015
Date Published on ADP website(s)	To be agreed

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

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	RAG	Evidence
1	**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.** Please state when this was undertaken and when it is next planned. **Please also include here any local research that you have commissioned e.g. hidden populations, alcohol related deaths.**	**A**	The Forth Valley ADPs revised strategy was completed and launched during the reporting period. 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 revised assessment will be the gathering of data on Novel Psychoactive Substance (NPS) use locally. Importantly, the views of service users will also be included in the needs assessment. A needs assessment in relation to Alcohol Related Brain Damage (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 currently being considered for funding. During the reporting period, an external consultant worked 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 also in additional practitioners coming forward to engage in ORT provision via our Local Enhanced Service.

			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 (People Who Inject Drugs). We have conducted annual research into local drug related deaths. A 4 year trend report is currently being complied which will report in 2015. This is a more detailed DRD report than is provided by ISD. An external review of the needs of young people across Stirling and Clackmannanshire in relation to substance misuse was commissioned in the reporting period and will report in October 2015. The ADP will work with partners to address the recommendations made. A psychological therapies training needs analysis is underway for both Community and Prison Staff. A training needs analysis for Clackmannanshire & Stirling Social Work staff is planned for 2015 through the work plan of the ADP / CPC sub group. 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. We plan to extend this work to more schools across Stirling and Clackmannanshire and have also funded a post to deliver the programme within Polmont Young Offenders Institute. This work is of national interest, As an ADP we contributed to the Blood Borne Virus (BBV) needs assessment for Forth Valley ensuring that the needs of PWID are highlighted.

			We hosted a Drug and Alcohol Improvement Game (DAIG) in partnership with Scottish Government to involve partners in looking at improvement processes and methodology.
2	**An outcomes based ADP Joint Performance Framework is in place that reflects the ADP Local Outcomes and the National Core Outcomes.**	**G**	All statutory, third sector and prison addiction services contribute to a local outcomes framework / data set. 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 twelve months to further enhance this. Appendix 1 shows a blank template for the local Outcomes Dataset and Appendix 1a provides the local definitions for the data. Appendix 2 shows how we use the generated data. The outcomes dataset is linked to the national 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 & 2. Local improvement targets have been developed and agreed relating to service performance including planned discharge, re-referral rates and number of individuals discharged drug / alcohol free. These targets are highlighted in Appendix 1. Our logic model for workforce development covers the whole workforce and was developed by all ADP partners from across the Forth Valley ADPs. This ensured that the priorities within the model reflect local issues and need. There has been continued commitment to this work across the partnerships in terms of budget and time commitment for staff to engage in the bespoke ADP programme. The logic model is shown at Appendix 3.

3	**Integrated Resource Framework Process** **Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.** Note 5	**R**	The Joint Integration Board across Clackmannanshire and Stirling is at a very early stage with the Chief Officer only recently being appointed. We hope to contribute to the ongoing development of the joint agenda over the next 12 months. 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 Officer. 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 planned to produce a plan which has more detail against the Alcohol, Drugs, Recovery and Prevention Spend.
4	**Integrated Resource Framework - Outcomes** **A coherent approach has been applied to selecting and prioritising investment and disinvestment options – building prevention into the design and delivery of services.**	**R**	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. 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. 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.

PLAN - Please evidence your ADPs Planning activities/progress

	Theme	R A G	Evidence
5	**We have a shared vision and joint strategic 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.**	**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 partner organisations. 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. Substance misuse and the ADP priorities are also well reflected in the Integrated Children's Services Plan across Clackmannanshire and Stirling and the NHS Local Delivery Plan (LDP). Clackmannanshire and Stirling have an ADP / CPC sub group which has an action plan to take forward actions in relation to ADP CAPSM priorities. This group is accountable to both the ADP and the CPC. The commitment to workforce development by the CPC in the locality has been strong and this has allowed us to jointly fund commissioned training. The ADP provided detailed information and evidence on activity relating to policy development, workforce development, research and service provision to the recent multi agency Child Protection Inspection across Clackmannanshire and Stirling.

			This evidence detailed the contribution the ADP makes to keeping children and young people safe. 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 jointly training 300 Addiction staff, Social Workers and Health Visitors. Within the last reporting period, the Clackmannanshire and Stirling ADP Lead Officer has been involved in bringing together the various Public Protection strands. This includes the ADP, Child Protection, Adult Support and Protection, Violence Against Women and MAPPA. Lead Officers from each thematic area meet regularly and have developed a Public Protection training module, a Public Protection newsletter, a Communication strategy and a Working Together protocol. Within Stirling, the ADP Lead Officer sits within the Safer Communities team which helps to maintain links to the Community Safety agenda. The Integrated Clinical Governance Plan supports Child Protection practice through self-evaluation, audit and a robust action plan.
6	**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,**	**A**	**A:** As noted, The Health & Social Care Partnership across Clackmannanshire and Stirling is at an early stage of development as the Chief Officer post has only recently been appointed. The ADP will actively pursue this agenda and encourage the discussion needed to assist us in meeting joint outcomes.

	priorities and processes jointly. Please include your ADP Commissioning Plan or Strategy if available. Please include information on your formal relationship to your local child protection committee. **B. What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route**. Please include information on the level and frequency of feedback you have received through your local accountability route/CPP/ Joint Integration Board.		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. As highlighted, we have dedicated ADP / CPC sub group with a specific action plan. The service manager for Criminal Justice Social Work is a member of the ADP and the newly appointed Chair is the Assistant Head of Social Work with specific responsibility for Children and Families as well as Criminal Justice. This will further strengthen links and will support the CJA transition to local CPPs. **B**: 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. In future, the ADP Annual Reports and Delivery Plans will be integrated into the business of the Health & Social Care Partnership schedule.
7	**Service Users and carers are embedded within the partnership commissioning processes**	**G**	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 National Quality Principles.

			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 Stirling or Forth Valley, ensuring the voice of service users is present and heard.
8	**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.** **Describe the progress your ADP has made in implementing a Recovery Oriented System of Care (ROSC), please include what your priorities are in implementing this during 2015-16. This may include:** • **ROSC service review and redesign** • **Identify and commission against key recovery outcomes** • **Recovery outcome reporting across alcohol and drug**	**A**	We continue to move forward with our ROSC plans and can report significant progress in the reporting period. We are committed to a continuous cycle of development to continually enhance and further develop our ROSC as the challenges of drug and alcohol use means that we are of the view locally that our ROSC will never be complete, enhancements will always be possible. 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 this plan. 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 began planning for a Steps to Recovery Clinic in the reporting period and also have plans to pilot a titration clinic. ORT and Me groups have also been emerging locally. These developments did not become operational in the 2014/15 so will be reported on in the 2015/16 annual report. The recruitment process for two fixed term ADP Project Officers took place early 2015. A significant part of the remit of the Project Officers is to further develop our ROSC in mainstream settings and to develop a strategic ROSC plan.

	services (Please outline what current/planned recovery tool you are using) • **Individual recovery care plan and review** • **Involved mutual aid and recovery communities** Please include your recovery outcomes for all individuals within your alcohol and drug treatment system for 2014/15 if available.		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). We externally evaluated all of the ORT services including those delivered within the prison setting. The actions required to make the identified improvements are included in the QIFB action plan which can be found at Appendix 4. 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. ROSC training for pharmacies has also been scoped in the reporting period further evidencing the development of a ROSC in wider settings. 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 has extended to groups in the Prison setting. In the reporting period, a significant amount of development work was undertaken within six pilot projects which will further enhance recovery. These 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 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.

			We have also extended the use of the FACe electronic care planning system to the Third 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. 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. 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 recovery movement, we have also increased the resource available to support this modality. 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. 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 to Forth Valley. The ADPs supported Recovery Grants 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.

			We are currently developing a perinatal pathway and have developed a hazardous and harmful drinking pathway. We have planned for local Conversation Cafes and these will take place in the 2015/16 reporting period. 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. As noted, Recovery Outcomes are shown within Appendices 1 & 2.
9	**All relevant statutory requirements regarding Equality Impact Assessments have been addressed during the compilation of your ADP Strategy and Delivery Plan.** Please advise when this was undertaken and is next planned.	**A**	EQIAs have been undertaken for all Forth Valley services. We have also 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). We also plan to carry out an EQIA on the Stirling delivery plan. This will be done through the local Delivery Plan Quality Assurance Group.

DELIVER - Please evidence your ADPs Delivery activities/progress

	Theme	R A G	Evidence
10	**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.**	**G**	We have an extensive workforce development logic model (Appendix 3) 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 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 Feb 2015. As well as launching the logic model we were also active partners in the comprehensive write up of the process which has been used as a blue print across Scotland. We will also continue to work with the Drugs Policy Unit to complete the implementation plan for the workforce development model. Workforce development is a key strategic priority for Stirling 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 substance misuse competencies in the wider ROSC workforce. For example, Health Visitors, Community Pharmacists and HR advisors. 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, Communities Workers, Social Workers and specialist Addiction workers.

			We have delivered training on a number of topic areas which includes: 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) We are currently developing a ROSC session for Community Pharmacists and GOPR training for Addiction, Social Work and Health Visiting staff. We have also sponsored staff to undertake CBT training as well as advanced group work training. 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.
11	**Please provide a bullet point summary of your ADP's Alcohol and Drug Provision, to demonstrate the range of prevention, treatment/recovery & support interventions**	**A**	The portfolio of services available in Stirling and across Forth Valley was increased post redesign in 2010 – 2012. The existing range of services can be found at www.forthvalleyadp.org.uk There are no plans to decommission any of these services which are contributing to ADP outcomes.

	(including early interventions) commissioned by the ADP which have been delivered in the reporting period. We recognise there will be overlaps – please use local definitions.		In addition to the listed services we also fund: Recovery Worker Hospital Addiction Team Arrest Referral Team Social Influence Worker 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. As noted, we have a proposal in development with the Integrated Joint Boards in Forth Valley for an area wide ARBD team.
12	**Please provide a brief summary of the interventions your ADP has delivered to support communities:** **a) Prevention of developing problem alcohol/drug use** **b) Community Safety/ violence against women/Reducing Reoffending** **c) Children/ CAPSM** **d) Supporting People in moving on from treatment and care services for ongoing recovery (e.g. Self Directed Support, mutual aid/recovery communities)**	**A**	**A:** ***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. ***Social Influencing Approach*** – this prevention programme is delivered within two secondary schools within the Stirling Council area. The results of the most recent report is extremely encouraging and provides evidence that the approach is having a positive impact on reducing a range of risk taking behaviours.

			Safe Base – due to funding pressures within the Local Authority, there was a risk that this project would not operate over the 2014 Festive Period. The ADP agreed to fund the project due to local information regarding the potential vulnerability of individuals accessing the City Centre during the festive period (particularly young females). The promotion of personal safety was an identified ADP priority during 2014. ***Hospital Addiction Team (HAT)*** – the ADP funds two senior nurses who are based within 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 trends being seen in Forth Valley. This provides us with real times data and provides opportunities to be proactive rather than reactive. **B:** ***Civica*** – the data base within the Stirling Council Safer Communities team is being revised. Mandatory drug and alcohol fields have been added during 2014. It is expected that the system will be operational by the end of 2015. ***Discarded Needles*** – we continue to work with the Stirling Safer Communities Team to monitor discarded needles lifted by Council staff and respond appropriately to these issues. ***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 host 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.

			Prison Work – During the period we have provided a significant level of support and resource to prisons for the treatment and development of a ROSC and to reduce societal harms caused by substance misuse. This is explained more fully elsewhere in the document. ***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. ***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. ***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. ***Scottish Ambulance Service*** **(SAS)** – 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. ***Naloxone / Overdose Training*** – this training continues to be a high priority locally. We have a calendar of training dates planned going forward.

			C: ***Time 4 Us*** – This service offers practical parenting support as well as support from a families worker for children affected by parental substance misuse. It is a valuable asset to Forth Valley and we have managed to maintain it despite significant financial challenges within the local authorities. **Methadone Boxes** - we continue to provide Methadone / medicine storage boxes for people who have children living with them or who have regular access to children. This is to increase the safe storage of medicine in the home. These boxes are now made for us by Criminal Justice clients. ***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. ***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 protocols and plans ***Family Focussed Activities -*** Time 4 Us staff supported families from across the Signpost service to enjoy a family day out to the Safari Park. For many of the families, spending quality time together was a new and very worthwhile experience. ***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.

			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. 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. ***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 across the Stirling and Clackmannanshire area. ***Health Visitors*** – we commissioned drug and alcohol awareness training for Health Visitors to increase confidence and competence in supporting substance misusing parents. We have also piloted a referral system for children under 5 affected by parental substance misuse in the Clackmannanshire. This will be extended to the three local authority areas in Forth Valley. Health Visitors will also be included in the local GOPR training. **D:** ***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. ***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. ***Recovery Boxes*** – we developed a portfolio of health improvement resources, self-help and referral materials for each member of the addiction workforce to support their work with individuals. Peer Supporters now also have these boxes. We have plans to extend this resource to Social Work staff. ***Social Work Letter*** – we plan to write to each member of Social Work staff across Clackmannanshire and Stirling to promote local support services and to also offer support to the practitioners working with vulnerable families affected by substance misuse.
13	**A. A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision** **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**	**A**	**A:** 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. **B:** 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.

	provision, where in place.		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. We contributed to a revised policy for NHS Forth Valley to ensure that it was more supportive and recovery focussed. This policy has been approved and is now operational. The advent of CJAs coming to Community Planning will also enable us to undertake further work with partners to support our ROSC.

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

	Theme	RAG	Evidence
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. Priorities are reviewed on an annual basis to ensure that they still reflect local need. In September 2015, a Delivery Plan Quality Assurance sub group will be developed across Clackmannanshire and Stirling to allow partners greater opportunity to monitor progress and address any challenges. This will be chaired by the ADP Support Team.
15	**Progress towards outcomes focussed contract monitoring**	**A**	All contracts for commissioned services stipulate the outcomes to be met by commissioned services.

	arrangements being in place for all commissioned services, which incorporates recommendation 6 from the *Delivering Recovery Report*.		
16	**A schedule for service monitoring and review is in place, which includes statutory provision**.	**G**	Outcomes are submitted monthly and reported to ADP members quarterly. Contract monitoring meetings also take place quarterly for third sector services. As noted, all services complete outcomes, waiting times and SMR. 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. In addition, external evaluations of ORT services (including Prison Healthcare) have been undertaken as previously noted.
17	**Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.**	**A**	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. The Recovery Officers work closely with service users and are expanding the network of Peer Supporters. Service users and family members have also recently been involved in the development of local Recovery Conversation Cafes.

18	**A. There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.** **B. Please advise when (and how) your ADP has/plans to undertake an assessment of local implementation of the '*Quality Principles: Standard Expectations of Care and Support in Drug and alcohol Services.***	**A**	**A:** The Quality Improvement Framework Board oversees the delivery of the associated action plan which aims to ensure the quality of substance misuse service provision across the area. 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. Within Stirling we have also commenced with plans for a Delivery Plan Quality Assurance Group. **B:** 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.
19	**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**	**A**	**Key Aim Statement:** **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.**

	information around the following: • **your (updated, if applicable) Key Aim Statement** • **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 –**		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. We intend to pull all of these strands together into one formal ROSC plan. As noted, we have undertaken an audit of compliance with the Quality Principles. The ORT Accountable Officer for this area is Dr Graham Foster. 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. The numbers of people in receipt of ORT at March 2015 was: Falkirk – 623 **Stirling – 309** Clackmannanshire - 205 **Total = 1137** Locally we do not feel that data around dose level is recovery focussed although we can collate this data for management purposes. For all ORT Patients and those who were in treatment for the previous year, the average length of treatment was 1020 Days. The vast majority of addiction staff have been trained in ROSC. A mop up session has taken place and we will repeat this annually.

	how drug and alcohol treatment is being delivered in primary care settings.		There are also plans to deliver as ROSC to pharmacies and possibly Elected Members. An ORT & Me group operates in the area as well as Pop Up Recovery. 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 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. 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. 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.

20	**Please describe in brief bullet points how your ADP and partners are contributing to delivery of a Whole Population Approach for Alcohol.**	**G**	***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 such as HR advisors in Stirling Council. We will evaluate the impact of this training going forward. ***Policy Development*** - We have made a 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 be more recovery focussed. These policies will create a more supportive environment for those affected by substance use problems whether in education or the workplace. ***Communication -*** Throughout the reporting period, we ran several media campaigns to promote local services. This included adverts in 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 inform those who may need support. We have noted increased engagement patterns post campaigns. ***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. ***Licensing*** - The Stirling ADP has committed to supporting the Licensing process and has undertaken a number of activities to do so. These include supporting the Licensing Forum, providing comment on the draft Licensing Policy and also presenting objections to the Licensing Board in response to applications that have been submitted for the City Centre.

<table>
<tr><td></td><td></td><td></td><td>The Licensing process presents a number of challenges but the SADP remain committed to providing information and advice where appropriate.

We also have plans to deliver a bespoke session on key public health messages such as alcohol consumption to Elected Members.</td></tr>
<tr><td>21</td><td>How many service users are in receipt of prescriptions for problem alcohol use?</td><td></td><td>
<table>
<tr><td>CHP Name</td><td></td><td></td><td></td></tr>
<tr><td></td><td>Acamprosate (98.5%)</td><td>Disulfiram (97.9%)</td><td>Chlordiazepoxide (94.7%)</td></tr>
<tr><td>Stirling</td><td>64</td><td>55</td><td>110</td></tr>
</table>

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 undetected inaccuracies in the data.</td></tr>
</table>

22	**How many service users are receiving counselling/support through ADP commissioned services?**		From 1st April 2014 until 31st March 2015, 525 people received counselling support. This can be broken down as: Clackmannanshire – 85 (18%) Falkirk – 281 (54%) **Stirling – 149 (28%)** These figures are for those accessing the counselling modality only. Numbers will be greater for those accessing support of any kind.
23	**How many service users have received treatment for ARBD in the reporting period?**		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. An ARBD needs assessment was carried out locally and published in the reporting period. Within this report, the projected need was estimated at 186 people across Forth Valley.

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.

The information bellows shows the cumulative spend across Forth Valley. The table on Page 32 details specific spend by Stirling Council in relation to the impact of substance misuse.

Total Income from all sources

Income	Alcohol	Drugs	Combined	Total
Earmarked funding from Scottish Government	£2,195,629	£1,162,822	£0	£3,358,451
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	£1,425,922	£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

Stirling Council 2014/15	Funding Source	2014/15 Budget/ Allocation	Actuals to 31-Mar-15	Variance (Under) / Overspend
Drug Specific Spend				
Signpost	**SC**	79,000	76,880	(2,120)
Freagarrach	**SC**	36,560	35,552	(1,008)
CCSF - Family Support	**SC**	121,880	124,300	2,420
CCSF - Drug Strand	**SC**	31,160	2,150	(29,010)
FV Fast Track - C.J. Grant	**SG s27**	278,250	268,869	(9,381)
FV DTTO - C.J. Grant	**SG s27**	334,107	345,642	11,535
		880,957	**853,393**	**(27,564)**
Alcohol Specific Spend				
Project				
Licensing Officer	**SC**	22,930	22,409	(521)
Taxi Marshalling/Festive Ops	**SC**	15,000	3,914	(11,086)
		37,930	**26,323**	**(11,607)**
Tobacco				
Project				
Enforcement Officers	**SC**	870	868	(2)
		870	**868**	**(2)**
Combined Spend				
Project				
Addiction Support & Counselling	**SC**	27,610	26,796	(814)
Peer Education	**SC**	37,910	40,088	2,178
Forum Monies	**NHS**	6,245	6,245	0
Substance Development Work	**NHS & SC**	37,360	37,360	0
Time 4 Us project	**NHS & SC**	0	0	0
Positive Changes - Young People Project	**SC**	129,600	102,744	(26,856)
Streetworx - Young People Project	**SC**	45,010	47,240	2,230
Forth Valley Family Support (Pilot Project)	**SC**	20,000	20,000	0
Salvation Army (Project)	**SC**	0	0	0
Drug & Alcohol Recovery Support		4,544	4,544	0
		308,279	**285,017**	**(23,262)**
TOTAL GROSS EXPENDITURE		**1,228,036**	**1,165,601**	**(62,435)**

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

ADP Outcome: HEALTH

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Total number of people in receipt of ORT treatment.	Prevalence = approx. 820	Local ORT Report April-15: 309	Local ORT Report April-15: 205	Local ORT Report April-15: 623			We continued to ensure that services are accessible and available. We have maintained the HEAT standard in relation to waiting times	**A**

							which has ensured rapid access to treatment. We continued to promote local services using a variety of methods. Continued workforce development as detailed. We completed the Third Sector and Prison ICPs. We continued to promote local referral pathways. We commissioned the external evaluation of the views of GPs in relation to ORT. We hosted an expert seminar for GPs in relation to ORT. ADP support and funding was provided for a number GPs to undertake RCGP training. We reviewed the Local Enhanced Service for GPs to undertake ORT.	

							Every GP across Forth Valley was provided with information on the whole portfolio of local ADP services. We completed the revised specification of pharmaceutical support in Community Pharmacies to be more recovery focussed. Harm reduction sessions continued to be available at local University.	
Rate of drug related hospital stays (per 100,000 population).	2010/11 - 116 2011/12 – 75 2012/13 = 93	2013/14 = 89.5	2013/14 = 79.9	2013/14 = 78.8	2013/14 = 124.6	Decrease rate to 85 by 2018.	We maintained support for the Hospital Addiction Team to support individuals affected by substance misuse in situ and make appropriate referrals to Community services. We continued the promotion of the local Naloxone programme.	**G**

							We undertook a programme of workforce development as highlighted.	
		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Rate of drug related mortality (rate per 100,000 population).	2011 = 6 2012 = 6	2013 = 6.6	2013 = 14.7	2013 = 6.8	2013 = 10	Decrease rate to 5 by 2018.	We have maintained the HEAT standard in relation to waiting times which has ensured rapid access to treatment. We continued to ensure that local services are accessible and available. We continued with Non-Fatal overdose initiative in partnership with Scottish Ambulance Service. We commenced planning for an assertive outreach approach in relation to non-fatal overdoses.	**<--->**

							We continued the promotion of the local Naloxone programme. We continued to deliver a programme of Overdose Awareness training. We maintained our local Drug Related Critical Incident Group. We commissioned a detailed annual report on local drug related deaths. We have commissioned a 4 year trend analysis of Forth Valley DRDs which will report in 2015. We maintained our local cascade protocol / early warning system in partnership with Public Health. We updated the local medicine sticker to reinforce risks of sharing / selling prescribed medication.	

							We developed a Prison Liberation pathway. We maintained the local Arrest Referral system. Planning work began on developing a Family Support packs for Police colleagues to leave behind after drug operations. Harm reduction sessions available at local University.	
		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Number of non-fatal overdoses (partnership with SAS).	2012/13 = 50 (incidents in Stirling) 2013/14 = 40 (incidents in Stirling)	2014/15 = 36	2014 / 15 = 25	2014/15 = 48	Locally collected data	Decrease number of non-fatal overdoses by 10% by 2018.	As above.	**A**
Number of people engaging with service post	2014/15 = 5	2014 / 15 = 5	2014/15 = 3	2014/15 = 3	Locally collected data.	Increase the number of people actively	During the reporting period we have gained the necessary	**A**

non-fatal overdose.						engaging with service.	permissions to actively outreach to people who have experienced a non -fatal overdose. This addition to the service will go live in the 2015/16 reporting period.	
Rate of alcohol related hospital stays (rate per 100,000 of population)	2011/12 = 483.5 2012/13 = 409	2013/14 = 456.2	2013/14 = 510.5	2013/14 = 513.7	2013/14 = 696.9	Decrease rate to 409	We have maintained the HEAT standard in relation to waiting times which has ensured rapid access to treatment. We undertook a programme of workforce development as highlighted. We continued to promote all our local services, We developed hazardous and harmful drinking pathway. Partnership input at local Fresher Weeks across College and University Campus'. We were active partners in the development of the Forth Valley Focus on Alcohol campaign –	**G**

							materials widely distributed to all libraries and Community outlets. A letter was distributed to parents / carer of all school aged children across Forth Valley promoting positive role modelling in relation to alcohol consumption. Media coverage of two messages – one aimed at parents and one aimed at individuals in terms of personal safety.	
		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Rate of alcohol related mortality (rate per 100,000 population).	2010 = 20.3 2011 = 16.3 2012 = 18.2	2013 = 16.7	2013 = 38.9	2013 = 18.2	2013 = 21.4	Decrease rate to 15 by 2018.	As above	**<--->**

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Prevalence of Hepatitis C among injecting drug users.	2008 / 09 = 53.9% 2010 = 54%	2011/12 = 64.2%	2011/12 = 47.1%	2011/12 = 66.7%	2011/12 = 53.0%	Decrease prevalence to 60% by 2018.	We expanded the provision of IEP. We developed safe discard information for communities. The local Addiction workforce was trained to do dry blood spot testing within service. We provided ADP funding to develop mobile harm reduction service. We continued to distribute local IEP leaflet. The ADP was involved in the development of the local BBV strategy.	**<--->**

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
The number of screenings (using a validated screening tool) for alcohol use disorders delivered.	2013/14 Priority areas: Stirling total = 8457 screenings Wider setting = 681 screenings (recorded for acute settings only)	2014/15 Priority Areas: 6921 screenings Wider settings = 782	2014/15 Priority Areas: 2348 Wider setting: 521 (recorded for acute	2014/15 Falkirk total = 5701		Maintain performance against SG target.	We maintained delivery of ABI HEAT standard. We reviewed Local Enhanced Service (LES) for ABI.	**A**
The number of ABIs delivered in accordance with the HEAT Standard guidance.	2013/14 = 2611	2014/15 – 3043 (priority settings) 1202 (wider settings)	2014/15 2348 (priority settings) 521 (wider setting)	2014/15 4362 (priority settings)	N/A	Maintain performance against SG target.	As above. We continued to develop ABI in non-HEAT settings and have plans to further develop this in settings such as Community Pharmacies. Ongoing distribution of the “Rethink Your Drink” scratch card which can be used physically or via our web site.	**A**

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Number of take home Naloxone kits issued in Stirling.	2011 - 2015 = 245	2011 – 2015 = 245	2011 – 2015 = 131	2011 – 2015 = 512	N/A	Achieve target of THN to 15% of local prevalence rate.	We increased naloxone kit distribution and will continue to work with services to ensure distribution matches numbers in treatment. We undertook training with Community Pharmacies and Addiction staff in partnership with SDF. A bespoke session was developed for Community Pharmacies and other medical settings. We developed a local Naloxone training record for service users. We maintained the Forth Valley Naloxone Trainers Group.	**A**

							Naloxone information was developed by the ADP team and included in Public Protection newsletter.	

ADP Outcome: PREVALENCE

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Estimated prevalence of problem drug users amongst 15-64 year olds (%).	2006 = 1.3% 2009/10 = 1.2%	2012/13 = 1.4%	2012/13 = 1.8%	2012/13 = 1.6%	2012/13 = 1.7%	Decrease to 1.2% by 2018.	Social Influence Programme – as detailed. Schools across Forth Valley continued to use the Substance Misuse Framework within schools. We delivered a programme of workforce development for the wider workforce as detailed.	**<--->**

							We continued to ensure all treatment modalities are available locally. We developed a local NPS Steering Group. We maintained funding for Young People's Support Services. Additional resource was provided for dedicated support for Looked After and Accommodated Young People. We maintained the Young People's referral pathway for those who present at the local Emergency Department as a result of alcohol and/or drugs. Ongoing data collection from the acute setting regarding presenting issues. We contributed to the development of the local Tobacco strategy.	

							Continued support of initiatives such as Smoke Free Homes to denormalise tobacco use.	
		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Male prevalence of problem drug use (%)	2006 = 1.8% 2009/10 = 1.6%	2012/13 = 1.9%	2012/13 = 2.7%	2012/13 = 2.5%	2012/13 = 2.4%	Decrease to 1.6% by 2018.	As above	**G**
Female prevalence of problem drug use (%).	2006 = 0.9% 2009/10 = 0.9%	2012/13 = 0.9%	2012/13 = 1.0%	2012/13 = 0.8%	2012/13 = 1.0%	Decrease to 0.7%	As above	**<--->**
Estimated prevalence of injecting drug use amongst 15 – 64 year olds* **Source: ISD Scotland SDMD dataset*	No previous data	2013/14 = 156 (89% of Total IA (175)	2013/14 = 127 (89% of Total IA (143)	2013/14 = 277 (74% of Total IA (376)	N/A	Decrease by 4% by 2018.	We expanded the provision of IEP. We increased the number of IEP outlets available across Forth Valley. We have maintained the HEAT standard in relation to waiting times which has ensured rapid access to treatment.	**N/A**

							Dry blood spot testing as noted. Continued availability of Harm Reduction outreach.	
Number of IEP sets distributed across Forth Valley (needle / syringe sets)	**<u>Forth Valley data only</u>** 2012/13 = 216622 2013/14 = 244996 2014/15 = 218306	Forth Valley data	Forth Valley data	Forth Valley data	Forth Valley data	Ensure coverage meets local need in relation to prevalence.	We have an IEP Steering Group which monitors provision and need across Forth Valley. We increased the number of outlets providing IEP. We continued to work in partnership with the BBV Strategy group. We worked with service users to develop posters and leaflets encouraging safe disposal. Within Stirling, a quarterly report is submitted to the Health & Safety Panel regarding discard data and the steps taken to mitigate risk.	**N/A**

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Percentage of 15 year olds who have used illicit drugs un the last month.	No previous data	2014 = 9.8%	2014 = 9.3%	2014 = 13.2%	2014 = 9.4%	Decrease to 9% by 2018.	Social Influencing – as previously noted. Substance Misuse Framework – as previously noted. We maintained Young People's referral pathway for those who present at the local Emergency Department as a result of alcohol and/or drugs. We commenced policy development with Education to ensure local policy supportive.	**<--->**
Percentage of 15 year olds who have used illicit drugs in the last year.	No previous data	2014 = 15.6%	2014 = 17.7%	2014 = 19.1%	2014 = 15.5%	Decrease to 15% by 2018.	As above.	**<--->**

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Percentage of males exceeding daily / weekly drinking limits.	2008 – 2011 = 50.3% (Forth Valley)		See note 1		2008 – 2011 = 48.7%	Decrease to 3% by 2018.	We maintained ABI HEAT standard. We undertook a range of Whole Population Approach activities including communication campaigns (as highlighted), policy development, wage slip messages and workplace awareness. We also undertook work in relation to Licensing as highlighted.	**<--->**
Percentage of females exceeding daily / weekly drinking limits (4 year aggregate).	2008 – 2011 = 39.7% (Forth Valley) Scotland = 38.6%	See note 1			2008 – 2011 = 38.6%	Decrease to 3% by 2018.	As above	**<--->**

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Percentage of individuals exceeding daily / weekly drinking limits (4 year aggregate).	2008 - 2011 = 44.6% (Forth Valley)	See note 1			2008 – 2011 = 43.3%	Decrease to 3% by 2018.	As above	**<--->**
Percentage of males binge drinking (4 year aggregate).	2008 – 2011 = 15.5% (Forth Valley)	See note 1			2008 - 2011 = 13.9%	Decrease to 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 to 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 to 3% by 2018.	As above	**<--->**

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Percentage of males classed as problem drinkers (4 year aggregate).	2008 – 2011 = 15.5% (Forth Valley)	See note 1			2008 – 2011 = 13.9%	Decrease to 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 to 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 to 3% by 2018.	As above	**<--->**
Proportion of 15 year olds who had a drink in the last wee	2010 = 17% Consumption = 14.8 units	2014 = 14.9%	2014 = 14.2%	2014 = 13.6%	2014 = 11.6%	Decrease to 3% by 2018.	As above	**<--->**

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

ADP Outcome: Recovery

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
New individuals / patients reports: SMR 25	2011/12 = 174 2012/13 = 630 Only Health Board data available not local ADP					25% of total no. of referrals to the service should be new referrals. 85% of total appointments offered should be attended.	We hosted an SMR seminar with Service Managers to discuss performance. We continued to circulate ISD reports to senior managers on a monthly basis. We are explicit in terms of contractual obligations with the Third Sector and Statutory services regarding SMR compliance. We continually evaluate the quality of data recorded on SMR.	**A**
Percentage reduction in daily drugs spend during treatment.	Data not yet available on ScotPHO						We continued to monitor data quality to ensure reports are as robust as possible.	N/A

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Percentage of clients reporting injecting in the last month.	Data not yet available on ScotPHO						We actively encouraged use of NEO to record data to consistently of recording across Pharmacy and Harm Reduction team. We have plans 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 ScotPHO					65% of individuals discharged should be discharged drug free. 80% of those not discharged drug/alcohol free are transferred to another service.		N/A

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Proportion of clients receiving drugs treatment experiencing improvements in employment / education profile during treatment.	No previous data	Total % in employment at discharge = 20% Total % in education or training at discharge = 5.64% Total in secure accommodation at discharge = 74.36%	Total % in employment at discharge = 25.36% Total % in education or training at discharge = 1.45% Total in secure accommodation at discharge = 73.19%	Total % in employment at discharge = 15.76% Total % in education or training at discharge = 5% Total in secure accommodation at discharge = 79.17%	Locally collected data	25% of total discharged from service.	We continue to work with services to improve data quality. ROSC training as previously detailed.	**A**
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.	**A**

							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.	
Number of mutual aid groups available in Stirling.	No previous data	2015 = 20	2015 = 7	2015 = 25	Locally collected	Increase mutual aid groups by 20% Local target that 75% of caseload should be involved in Peer Support or supported to access mutual aid / self-help.	We developed a mutual aid resource detailing all available groups. We invested in a Recovery Worker. We invested in SMART Recovery. SMART, ORT and Me and Pop Up Recovery Groups have been established in Forth Valley. We have engaged with NA, CA and AA and have invited all	**A**

							Fellowships to local events. We have increased the AA footprint within Forth Valley Royal Hospital.	

ADP Outcome: Children & Families

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Rate of maternities recording drug use (three year aggregate).	2006/07 – 2008/09 = 12.1 2008/09 – 2010/11 = 6.8 2009/10-2011/12 = 8.7	2010/11 – 2012/13 = 12.3	2010/11 – 2012/13 = 16.4	2010/11 – 2012/13 = 12.1	2010/11 – 2012/13 = 19.7	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.	G

							During the reporting period we also planned for an FASD Master class. We continued to deliver the Core STRADA programme to a range of practitioners. We will continue to do this with SDF. Sexual Health training was delivered to Addiction services in partnership with SDF. During the reporting period we planned for drug and alcohol training for Health Visitors. 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. We have worked with partners to develop the local GOPR guidance	

							which will be launched in the 15/16 period. We have plans to develop a perinatal pathway.	
		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
No. of child protection case conferences where parental **drug or alcohol** use has been a concern.	2012 = 10.9% Scotland = 8.8% 2013 = 12.1% Scotland = 9.6%	2014 = 12.2 (number = 22)	2014 = 13.6 (number = 14)	2014 = 19.1 (number = 61)	2014 = 10.9 (rate)	Data item only – no target attached	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.	
No. of child protection case conferences where parental **drug** use has been identified as a concern/risk.	2012 = 6.1% 2013 = 8.2%	2014 = 6.1 (number = 11)	2014 = 12.6 (number = 13)	2014 = 10.7 (number = 34)	2014 = 6.7	Data item only – no target attached	As above	**<---->**
No. of child protection case conferences where parental **alcohol** use has been identified as a concern/risk.	2012 = 6% Scotland = 5% 2013 = 6.1% Scotland = 5.1%	2014 = 7.2 (number = 13)	2014 = 4.9 (number = 5)	2014 = 15 (number = 48)	2014 = 6.2 (rate)	Data item only – no target attached	As above	**<---->**
Number of interventions in CP cases.	Local indicator currently being considered						Work ongoing on local Case Management System.	**N/A**
Proportion of positive ABI screenings in ante-natal settings.	2013/14: 737 screenings within Stirling. 1 ABI delivered.	2014/15 = 728 (1 ABI delivered)	2014/15 = 486 (1 ABI delivered)	2014/15 = 1213 (2 ABIs delivered)	Locally collected	Maintain performance against SG target.	We continued to train midwives in ABI. Training was offered through the promotion of the online Learn Pro	**A**

							module and also through face to face training. FASD work as highlighted. Perinatal pathway work as highlighted.	
		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Number of referrals to Forth Valley Family Support Service.	2013/14: Stirling = 24	2014/15 = 27	2014/15 = 21	2014/15 = 34	Locally collected	Increase by 20% by 2016	We maintained the funding for the Forth Valley Family Support Service. We continued to promote the Family Support service through a variety of mediums including radio and local newspapers. Family Support materials were distributed to all GP practices across Forth Valley. Forth Valley has been a pilot site for the SFAD	**A**

							Telehealthcare service and the recently launched Bereavement Service. 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.	

ADP Outcome: Community Safety

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Percentage of new clients at specialist drug treatment services who report funding their drug use through crime.	2009/10 = 26.7% 2010/11 = 26.8%	2011/12 = 17.0%	2011/12 = 24.1%	2011/12 = 21.7%	2011/12 = 20.9%	Decrease to 15% by 2018.	We have maintained the HEAT standard in relation to waiting times which has ensured rapid access to treatment. We have maintained the Arrest Referral Scheme.	<--->

							We have continued with the marketing of services as detailed which encourages people to access services for support. We developed a card for use by Police Officers to promote services and encourage referral. During the reporting period we planned the Family Support packs for Police Officer to leave after Police Operations.	
Alcohol related offences recorded by Police – **Serious Assault.**	2009/10 = 5.8% 2010/11 = 6.5% 2011/12 = 6%	2012/13 = 4.3	2012/13 = 5.5	2012/13 = 3.8	2012/13 = 6.1	Decrease	Local Addiction staff have recently been trained in GBV issues. Through our Communication Campaigns we have continued to promote personal safety. The ADP funded Safe Base in Stirling over the Festive period of 2014. This initiative hopes to intervene early and	G

							support people who are vulnerable mainly due to the over consumption of alcohol.	
Alcohol related offences recorded by Police – **Common Assault** (rate per 10,000 population).	2009/10 = 120 2010/11 = 106 2011/12 = 128	2012/13 = 100.7	2012/13 = 111.5	2012/13 = 116.2	2012/13 = 102.5	Decrease	Local Addiction staff have recently been trained in GBV issues. Through our Communication Campaigns we have continued to promote personal safety. The ADP funded Safe Base in Stirling over the Festive period of 2014. This initiative hopes to intervene early and support people who are vulnerable mainly due to the over consumption of alcohol.	G
Alcohol related offences recorded by Police – **Vandalism** (rate per 10,000 population).	2009/10 = 145 2012/11 = 126 2011/12 = 124	2012/13 = 94	2012/13 = 138.7	2012/13 = 95	2012/13 = 100	Decrease	Local Addiction staff have recently been trained in GBV issues. Through our Communication Campaigns we have	<--->

							continued to promote personal safety. The ADP funded Safe Base in Stirling over the Festive period of 2014. This initiative hopes to intervene early and support people who are vulnerable mainly due to the over consumption of alcohol.	
Alcohol related offences recorded by Police – **Breach of the Peace** (rate per 10,000 population).	2011/12 = 93	2012/13 = 66	2012/13 = 74.1	2012/13 = 76.4	2012/13 = 46.8	Decrease	Local Addiction staff have recently been trained in GBV issues. Through our Communication Campaigns we have continued to promote personal safety. The ADP funded Safe Base in Stirling over the Festive period of 2014. This initiative hopes to intervene early and support people who are vulnerable mainly due to the over consumption of alcohol.	G

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Number of community payback orders issued where alcohol and drug treatment is required and proportion that are successfully completed.	2012/13 = 25 (Stirling) 2013/14 = 22 No. successfully completed = 17% (77.3%)	2014/15 = 3	2014/15 = 7	2014/15 = 33	Locally collected	Increase % of CPOs successfully completed.	We have maintained the HEAT standard in relation to waiting times which has ensured rapid access to treatment. Further analysis of the data is required to understand local sentencing practice in relation to local numbers of CPOs with a treatment requirement. A commitment has been made to contact local Criminal Justice colleagues.	**A**

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Arrest Referral scheme – numbers assessed.	2013/14: Stirling: Alcohol assessed = 17 Alcohol attended = 15 Drugs assessed = 18 Drugs attended = 16 Total number of new clients = 11	2014/15 Alcohol assessed = 10 Drugs assessed = 9	2014/15 Alcohol assessed = 9 Drugs assessed = 9	2014/15 Alcohol assessed = 40 Drugs assessed = 19	Locally collected	Increase uptake of service by 20%.	Further discussion is required with the Service Provider to further understand the reduction in update of the 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.	**R**

ADP Outcome: Local Environment

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Percentage of young people who have been offered drugs in the last month.	2006 = 76% 2010 = 33%	2014 = 38.4%	2014 = 45.0%	2014 = 40.0%	2014 = 35.6%	Decrease to 30% by 2018.	Social Influence programme as highlighted with plans to extend to Polmont YOI. Continued to use Substance Misuse Framework within schools. Workforce development as highlighted. The Forth Valley division of Police Scotland have undertaken proactive operations to reduce supply.	<--->

Percentage of people perceiving drug misuse or dealing to be common or very common in their neighbourhood.	2009/10 = 11% 2012 = 14%	2013 = 8.9%	2013 = 18.3%	2013 = 5.1%	2013 = 11.9%	Maintain downward trend.	As above	<--->
Percentage of people perceiving "rowdy" behaviour as very/fairly common in their neighbourhood.	2009/10 =16.6% 2012/13 = 12.5%	2013/14 = 9.6%	2013/14 = 18.0%	2013/14 = 9.2%	2013/14 = 12.6%	Decrease to 11% by 2018	Continued promotion of services as highlighted. Media campaigns as highlighted. Development of Family Support Packs as highlighted.	<--->
Number of premises licences in force – On Trade.	2012/13 = 35.3	2013/14 = 39.5	2013/14 = 20.1	2013/14 = 17.8	2013/14 = 26.6	The ADP cannot directly decrease the number of licences but will continue to provide information on the relationship between availability and affordability	The ADP has continued to work with the Licensing Board and Licensing Forum as appropriate. There are plans to develop an ADP Licensing Sub Group in 2015.	R

						and alcohol related harm.		
Number of premises licences in force – Off Trade.	2012/13 = 19	2013/14 = 15.4	2013/14 = 12.7	2013/14 = 11.5	2013/14 = 11.4	As above	As above	R
Number of personal licences in force.	2012/13 = 138.5	2013/14 = 156.1	2013/14 = 120.3	2013/14 = 106.9	2013/14 = 123.5	As above	As above	R

ADP Outcome: Services

		Most Recent Information						
Indicator	Stirling Baseline	Stirling	Clackmannanshire	Falkirk	Scotland	Local Improvement Goal	Key Actions to Support Activity 2014 – 2015	RAG
Percentage of clients waiting more than 3 weeks between referral to a specialist drug service and commencement of treatment.	2011/12 = 29.2% 2012/13 = 19.3%	2013/14 = 11.0%	2013/14 = 3.1%	2013/14 = 0.8%	2013/14 = 4.9%	Maintain Forth Valley performance.	We have maintained the HEAT standard in relation to waiting times which has ensured rapid access to treatment. We have ensured that all treatment modalities are available locally.	**R**

							We have continued to invest in the range of services that are available locally. We increased the budget available for Residential Rehabilitation to 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 = 20.6%	2013/14 = 0.0%	2013/14 = 0.8%	2013/14 = 3.2%	Decrease in line with HEAT standard.	As above	<--->
SDMD initial completeness.	2011/12 = 54.5%	2012/13 = 98.1%	2012/13 = 100.5%	2012/13 = 48.5%	2012/13 = 62.9%	Increase to 100% by 2016.	We have devised a local SMR Improvement Plan. We have ensured clear contractual obligations in relation to SMR.	No significance can be calculated.

							We have undertaken a programme of workforce development in this area. ISD reports are shared on a monthly basis with Senior Managers.	
SDMD follow up completeness.	2011/12 = 10.4%	2012/13 = 16.5%	2012/13 = 19.0%	2012/13 = 13.7%	2012/13 = 14.6%	Increase to 65% by 2016.	As above.	**<--->**

Source: ScotPHO Profiles 2014
SDMD Datasets

5. ADP & MINISTERIAL PRIORITIES

Stirling ADP Priorities 2014/15

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

Identified Priority	Update
Young People's Safety – with particular attention paid to the needs of young women.	Safe Base 2014 – due to financial pressures, Local Authority partners were unable to fund Safe Base 2014. Due to experiences of Safe Base being run in previous years and the information regarding vulnerability (particularly of young women) the ADP funded this project. Communication campaign – information around personal safety has been included in communication campaigns such as a Festive Magazine distributed across Stirling. The Forth Valley Focus on Alcohol also encouraged parents to be aware of the message their own consumption portrays to their children. The issue of young people's safety is considered throughout programmes such as the Social Influencing Programme and the Youth Services provision. The ADP have been unable to progress advertising on a "shop skin" as a corporate decision was made to use these to promote Stirling's Tourist trade.

Non-Fatal Overdoses in the FK8 1 area.	This area is no longer the “hot spot” for non-fatal overdoses. This situation continues to be monitored. We continue to monitor trends in non-fatal overdoses and offer a full range of harm reduction services including overdose awareness training and Naloxone training.
Licensing	As noted within report, The Stirling ADP has committed to supporting the Licensing process and has undertaken a number of activities to do so. These include supporting the Licensing Forum, providing comment on the draft Licensing Policy and also presenting objections to the Licensing Board in response to applications that have been submitted for the City Centre. The Licensing process presents a number of challenges but the SADP remain committed to providing information and advice where appropriate.
Local Data Collection	The local outcomes dataset has been refined and is now fully implemented. We continue to work with services to improve morbidity recording via SMR. This will be a priority for the ADP Support Team. The new Childcare Management system will not be 'live' until later 2015 but this will capture information regarding Child Protection registration categories, covering parental drug misuse, parental alcohol misuse, parental substance misuse, parental mental health issues and concerns in relation to domestic violence.

	These are all categories collected nationally, so we will also be able to report them locally, and will provide a body of evidence to show the impact that these behaviours have on the need to place a child onto the CP register. With regards to impact of interventions, this should in due course be identified more easily by the wider use of the Outcomes Framework, which is now in place for CP & LAC children, and in due course will be rolled out to all allocated childcare cases. Finally, audit activity around our Child Protection population of children undertaken earlier this year (both single and multi-agency) has identified good and improving practice across the board, a view confirmed by the Care Inspectorate. With regards to the CAPSM population, (some of which were capture in the above audit activity), a further audit will be undertaken in the coming year, and has been identified in the ADP/CPC action plan as an area of priority. Anti-Social Behaviour System – data fields regarding drugs and alcohol now mandatory. Revised system expected to go live by the end of 2015.

Stirling ADP Priorities in 2015/16

Please list your ADP's five key commitments for 2015/16 following this self-assessment.

The Stirling ADP have agreed priorities for the period of the 2015 – 2018 delivery plan. Priority areas are:

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

The specific key commitments are:

Commitment	**Local Targets**
Recovery Oriented System of Care (ROSC)	We will continue to make progress in the implementation of our local ROSC. Key actions will be: Consolidate the range of ROSC developments into one strategic plan. Host a Recovery Conversation Café in Stirling. Deliver Values & Attitudes training to Stirling Council Communities staff and staff in wider ROSC settings.

	Support Job Centre Plus colleagues to deliver information sessions to service users and staff regarding the impact of Universal Credit and other Welfare Reforms.
National Quality Principles	Peer review of completed audit. Revise audit tool as required. Agree required improvements and recommendations of audit and include with QIFB plan.
Health & Social Care Integration	Contribute positively to the development of the strategic plan and integrated resource framework for the Joint Integration Board across Clackmannanshire and Stirling.
Workforce Development	Establish local short life working group with specific remit for workforce development. Implement the workforce development logic model. Develop an associated implementation plan.

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
Compliance with ABI Heat Standard	Maintain performance with priority settings. 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.
Increase compliance with SDMD.	Continue to implement and monitor local SMR improvement across statutory and third sector, sharing ISD reports with service managers and organising workforce improvement events.
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).	Maintain level of performance against the HEAT A11 Waiting Times Standard. Resolve anomalies in reporting and coding distribution by progressing coding upgrade with ISD.

Preparing local systems to comply with the new Drug and Alcohol Information System (DAISy) which is expected to be operational by Autumn 2016.	Support local services by increasing awareness of the system and data system. Organise staff development day. Prepare for local “go live” date.
Ongoing implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.	Re-establish ADP role within the local Licensing system. Continue to support and promote communication campaigns such as FASD and Festive safety. Enhance relationships with Fallin Asset Based approach to address substance misuse issues. Social Influencing – as highlighted within the annual report, the date from the Social Influencing programme is showing positive behaviour change in young people. We will continue with our plans for expanding this approach.
Increase the reach and coverage of the national naloxone programme and tackling drug related death (DRD)/risks in your local ADP.	The most recent prevalence report for Stirling estimates a prevalence rate of 1.36% (Scotland = 1.68%) Target = Increase local penetration of Naloxone supply in line with prevalence rates. Exceed the 15% target set by Scottish Government. Continue to deliver naloxone training and overdose prevention training to service users within addiction services, families within the community.

	Complete a 4 year trend report to review all drug related deaths over an extended period. 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.
ADP engagement in improvements to reduce alcohol related deaths.	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. 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.
Implement improvement methodology at local level (including Quality Principles and ORT recommendations).	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. 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). 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

	operating in a safe and effective way. We extended the ICP work to include third sector providers. 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. 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. We have audited the ICP for statutory services in the period and have also developed a pathway for hazardous and harmful drinking. 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. The independent review of all ORT provision in Forth Valley has been enlightening. We have identified some key areas of improvement which are: • Assessment and care planning • Recording These tasks will be worked through incrementally and the key actions have been included within the Quality Improvement Framework Board plan.

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.	As ADPs we have continued to support the needs of prisoners in relation to addiction. We will continue to: • 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. 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.

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 S1 programme is delivering excellent results and we are encouraged by the results over multiple risk taking behaviours. We will continue to record the use of NPS from the Emergency Dept. / Acute setting through the Hospital Addiction Team. Date 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.

Glossary of Terms

Acronym	Definition
AA	Alcoholics Anonymous
ABI	Alcohol Brief Intervention
ARBD	Alcohol Related Brain Damage
BBV	Blood Borne Virus
CA	Cocaine Anonymous
CAB	Citizens Advice Bureau
CAPSM	Children Affected by Parental Substance Misuse
CBT	Cognitive Behavioural Therapy
CHI	Community Health Index
CHP	Community Health Partnership
CJA	Community Justice Authority
CP	Child Protection
CPC	Child Protection Committee
CPO	Community Payback Order
CPP	Community Planning Partnership

DAIG	Drug and Alcohol and Improvement Game
DRD	Drug Related Death
EQIA	Equality Impact Assessment
FACe	Functional Analysis of the Care Environment
FASD	Foetal Alcohol Spectrum Disorder
GBV	Gender Base Violence
GOPR	Getting Our Priorities Right
HEAT	Health improvement, Efficiency & Governance, Access, Treatment targets
ICP	Integrated Care Pathway
IEP	Injecting Equipment Provision
IRF	Integrated Resource Framework
ISD	Information Services Division
LAC	Looked After Children
LDP	Local Delivery Plan
LES	Local Enhanced Service
MAPPA	Multi Agency Public Protection Arrangements

NA	Narcotics Anonymous
NPS	Novel Psychoactive Substances
ORT	Opioid Replacement Therapy
PSP	Public Social Partnership
PWID	People Who Inject Drugs
QIFB	Quality Improvement Framework Board
RCGP	Royal College of General Practitioners
ROSC	Recovery Oriented System of Care
SAS	Scottish Ambulance Service
SDF	Scottish Drugs Forum
SDMD	Scottish Drug Misuse Database
SMART	Self-Management and Recovery Training
SMR	Scottish Morbidity Record
SOA	Single Outcome Agreement
STRADA	Scottish Training on Drugs and Alcohol
THN	Take Home Naloxone
TNA	Training Needs Analysis

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.

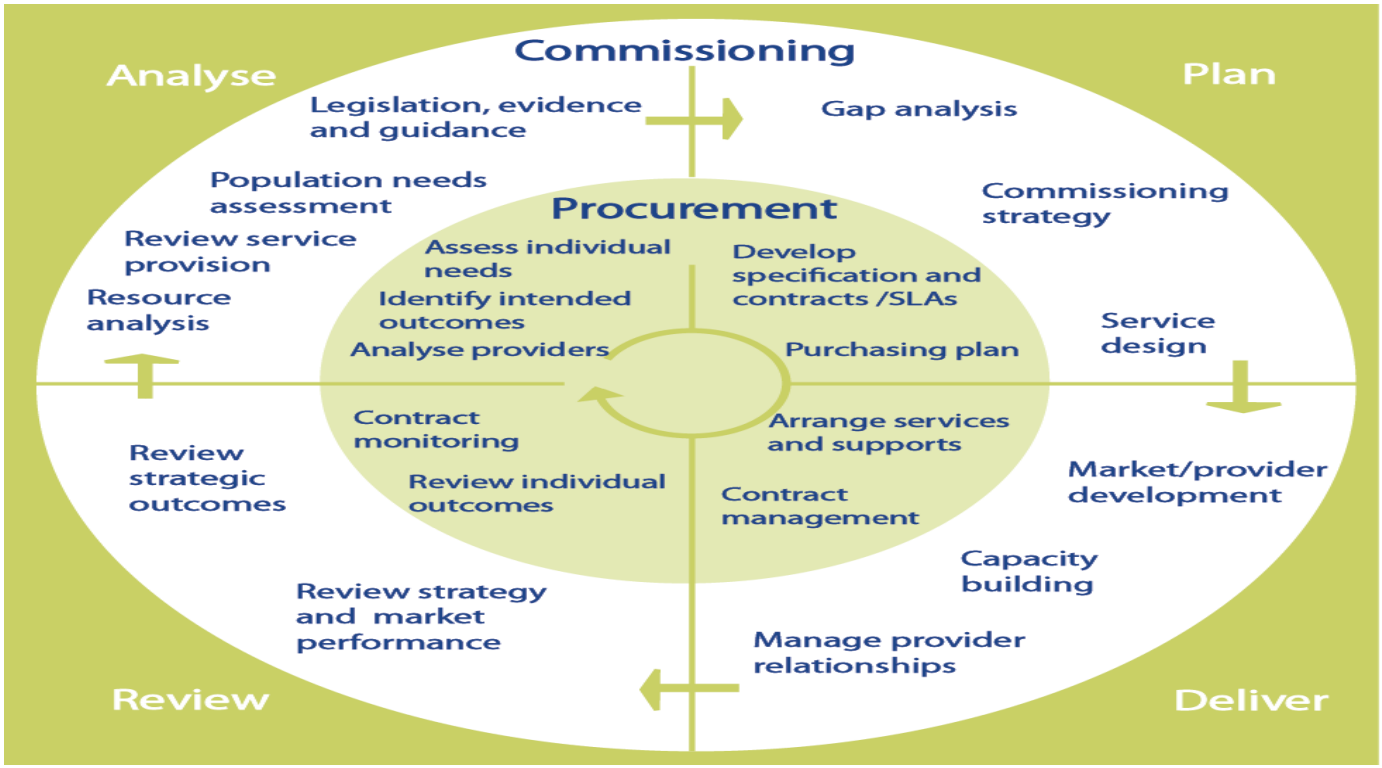
4. **Joint Performance Framework**: a national assessment process on how effectively local partnerships are achieving these improvements. (http://www.sehd.scot.nhs.uk/publications/cc2004_02.pdf)

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.