



CLACKMANNANSHIRE & STIRLING ADP ANNUAL REPORT 2016/17

ADP Reporting Requirements 2015-16

1. Financial Framework
2. Ministerial Priorities
3. Additional Information

1. FINANCIAL FRAMEWORK – 2016/17

The information bellows details cumulative spend across Forth Valley. This reflects the local processes for managing a unified budget.

Total Income from all sources

Income	Substance Misuse (Alcohol and Drugs)
Earmarked funding from Scottish Government	£2,653,555
Funding from Local Authority	£3,916,746
Funding from NHS (excluding funding earmarked from Scottish Government)	£2,213,751
Funding from other sources – Criminal Justice Authorities	£ 335,055
Total	£9,119,107

Total Expenditure from sources

	Substance Misuse (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£505,183
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£6,334,202
Recovery	£1,129,430
Dealing with consequences of problem alcohol and drug use in ADP locality	
Total	£7,968,815

2016-17 End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Substance Misuse	£2,653,555	£2,653,555	£0

2016-17 Total Underspend from all sources

Underspend £	Proposals for future use
NHS Forth Valley- £329,283	Staffing investment to address increasing service capacity demands. Pre Birth Planning pilot.

Support in kind

Provider	Description

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2016-17 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.

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES	ADDITIONAL INFORMATION
<p>1. Compliance with the Drug and Alcohol Treatment Waiting Times LDP Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)</p>	<ul style="list-style-type: none"> • 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. • No one will wait longer than 6 weeks to receive appropriate treatment. • 100% data compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland. 	<ul style="list-style-type: none"> • We continued to sustain our performance on the Waiting Times LDP standard and have consistently met the three week target. At the end of the last quarter of the reporting period (March 2017), our performance reflected that 98.7% of individuals were seen within 3 weeks. 100% were seen within 6 weeks. • We continue to manage waiting times within the Prison Healthcare setting for Forth Valley establishments via the same processes. • We have effective systems in place to manage patient/client flow which is subject to routine monitoring. Reports are sent to Service Managers on a monthly basis and the data is examined frequently by management to ensure that ongoing waits are effectively managed. • We worked with ISD to recode local services in relation to geographic position to ensure accurate data reporting of patient flow. We are seeing improvements in data reports as a result. 	<ul style="list-style-type: none"> • We have extended SCI Gateway access to Third Sector Services to enhance patient flow. • We continue to encourage services to utilise the DCAQ methodology. The results of which will be used to inform our forthcoming capacity planning meeting. • We will continue to compile reports on Waiting Times performance which will be circulated to all services.

		<ul style="list-style-type: none"> We continued to ensure that anonymous records are entered on an exceptional basis only, in accordance with the guidance provided by ISD. 																					
<p>2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)</p>	<ul style="list-style-type: none"> Maintain performance within priority settings. Improve the uptake of ABI within the non-HEAT settings with a particular focus on the Mental Health and Criminal Justice settings. 	<ul style="list-style-type: none"> We have continued to exceed the Forth Valley target in relation to ABI Delivery within priority settings. In total, 9081 ABIs were delivered across Forth Valley: 6302 within priority settings and 2779 in wider settings. The target was 3410. <p>Local Authority breakdown as follows (Priority Settings):</p> <table border="1"> <thead> <tr> <th>Local Authority</th> <th>Annual Standard</th> <th>Primary Care</th> <th>A&E</th> <th>Antenatal</th> </tr> </thead> <tbody> <tr> <td>Clackmannanshire</td> <td>682</td> <td>1294</td> <td>34</td> <td>1</td> </tr> <tr> <td>Falkirk</td> <td>1705</td> <td>2543</td> <td>72</td> <td>2</td> </tr> <tr> <td>Stirling</td> <td>1023</td> <td>2314</td> <td>42</td> <td>0</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Rates of ABI delivery in the Antenatal setting remain low. Screening data indicates that all women are being asked about their consumption but report zero drinking. This may be due to pregnant women feeling nervous about disclosing alcohol consumption with a midwife at the booking clinic (i.e. before relationships have been established). Progress with a specialist midwife post (please see below) funded by the ADP is expected to assist with completing a piece of work to screen twice; once at booking and again at 28 	Local Authority	Annual Standard	Primary Care	A&E	Antenatal	Clackmannanshire	682	1294	34	1	Falkirk	1705	2543	72	2	Stirling	1023	2314	42	0	<ul style="list-style-type: none"> Increase understanding of barriers to ABI delivery within Mental Health Settings.
Local Authority	Annual Standard	Primary Care	A&E	Antenatal																			
Clackmannanshire	682	1294	34	1																			
Falkirk	1705	2543	72	2																			
Stirling	1023	2314	42	0																			

weeks. This will allow comparisons to be made at two separate points in time.

- As noted, the ADP has funded a midwifery post to provide specialist pre-birth support for women who are consuming alcohol at harmful and hazardous levels. This includes awareness raising of ABI within the midwifery setting and also of the harm that hazardous and harmful drinking can cause to unborn children. This should result in increased ABIs within the midwifery target area.
- Local Authority breakdown within wider settings is as follows:

Local Authority	ABIs Delivered
Clackmannanshire	588
Falkirk	1576
Stirling	615

- Training for Trainers was delivered within the Criminal Justice setting. A total of 204 ABIs were also delivered in Custody Settings across Forth Valley throughout 2016/17.

- ABI training continues to be offered across the Forth Valley area with 105 face to face training sessions taking place with a range of participants. The Local Authority breakdown is:

Local Authority	Total Number of Participants
Clackmannanshire	30
Falkirk	38
Stirling	37

- ABI Online training module is being revised to include the revised guidelines. 102 people accessed the on line training module during the reporting period with the Local Authority breakdown being:

Local Authority	Total Number of Participants
Clackmannanshire	9
Falkirk	80
Stirling	13

- We also delivered Workplace Alcohol and Drugs Policy training which includes ABI to 33 participants. The Local Authority breakdown is as follows:

Local Authority	Total Participants
Clackmannanshire	7
Falkirk	15
Stirling	11

		<ul style="list-style-type: none"> We have revised the Local Enhanced Service for ABIs for General Practitioners who continue to support delivery of the target. 	
3. Increasing Data Compliance SDMD: SMR25 A and B.	<ul style="list-style-type: none"> Continue to monitor compliance with the SMR database. 	<ul style="list-style-type: none"> We continue to work with services to improve compliance with the current SMR system in order to ensure that the migration to DAISy is as robust as it can be. We have worked with ISD to improve the data quality within the current SMR system which then supports the National SDMD report. We worked with ISD to recode local services in relation to geographic position to ensure accurate data reporting of patient flow. 	<ul style="list-style-type: none"> As an ADP Support Team, we plan to visit all local services and strategic groups (including the IJB) to deliver a presentation on the new DAISy system and the expectations of same.
4. Preparing Local Systems to comply with the new Drug & Alcohol Information System (DAISy)	<ul style="list-style-type: none"> Continue to implement and monitor local DAISy implementation plan. Continue to raise awareness of the DAISy system amongst staff. Prepare local systems for implementation date. 	<ul style="list-style-type: none"> We have devised an action plan in preparation for the new information system – DAISy. We will develop the workforce as required in using the ROW on line training module. This will include the local Prisons. We identified Super Trainers from within local provision who will support local workforce development post implementation of the DAISy system. 	

		<ul style="list-style-type: none"> • We have contributed to the national DADA meetings. • We continue to receive outcomes data from all our service providers. This dataset will be revised in line with the DAISy requirement to ensure that there is no duplication of reporting. 									
<p>5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison.</p>	<ul style="list-style-type: none"> • Increase the local penetration of Naloxone supply in line with drug prevalence rates. • Continue to deliver overdose prevention training to Service Users within Forth Valley Substance Misuse services. 	<ul style="list-style-type: none"> • We have expanded our focus into our communities and include training for families and staff working in settings where there is a risk of drug overdose including opiates. • Overdose awareness training was delivered to 66 participants from families affected and staff working within homeless and supported accommodation settings. • Our Naloxone penetration for this reporting period can be summarised as: <table border="1" data-bbox="1021 927 1771 1222"> <thead> <tr> <th>Local Authority</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Clackmannanshire</td> <td>76</td> </tr> <tr> <td>Falkirk</td> <td>203</td> </tr> <tr> <td>Stirling</td> <td>112</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • We continue to work with the three local prisons to ensure that Prison Healthcare performance is also in line with the national target. 	Local Authority	Total	Clackmannanshire	76	Falkirk	203	Stirling	112	<ul style="list-style-type: none"> • We continue to audit prescribing systems to identify and address gaps in naloxone provision. • We will explore storage of Naloxone within our network of Recovery Cafes and Peer Support Activity. • We will work with local Young People’s Services to develop an appropriate policy with a view to Naloxone being stored on the premises. • We are working with Clackmannanshire Council to explore the legalities around developing a Naloxone Policy for this Local Authority area.
Local Authority	Total										
Clackmannanshire	76										
Falkirk	203										
Stirling	112										

Performance within the 3 Forth Valley Prison Establishments is as follows:

Local Authority	Total
Clackmannanshire	73
Falkirk	58
Stirling	68

- We have also continued to provide overdose awareness training. In total, this was delivered to an additional 102 participants with a Local Authority breakdown as follows:

Local Authority	Total Participants
Clackmannanshire	1
Falkirk	36
Stirling	65

- Local Substance Misuse Services now have Naloxone available on their premises. It is also available on the mobile Harm Reduction vehicle.
- We have undertaken Naloxone training with Community Pharmacists to increase engagement with the local Naloxone programme.

		<ul style="list-style-type: none"> • We have developed Corporate Naloxone policies in both Falkirk and Stirling Local Authority areas. These allow for Naloxone to be stored in key risk areas such as Housing / Homelessness Units. Preliminary discussions have also taken place with Clackmannanshire Council. • We understand the ratio of Naloxone provision within the ORT population and are addressing the improvements required through the IEP / Naloxone Sub Group. 									
<p>6. Tackling drug related deaths (DRD)/risks in your local ADP.</p>	<ul style="list-style-type: none"> • Reduce Drug Related Deaths by 10%. 	<ul style="list-style-type: none"> • As with many areas across Scotland, the number of drug related deaths in Forth Valley increased significantly throughout 2016. The breakdown is as follows: <table border="1" data-bbox="1068 847 1751 1142"> <thead> <tr> <th>Local Authority</th> <th>Total Number of Drug Related Deaths (2016)</th> </tr> </thead> <tbody> <tr> <td>Clackmannanshire</td> <td>11</td> </tr> <tr> <td>Falkirk</td> <td>35</td> </tr> <tr> <td>Stirling</td> <td>11</td> </tr> </tbody> </table>	Local Authority	Total Number of Drug Related Deaths (2016)	Clackmannanshire	11	Falkirk	35	Stirling	11	
Local Authority	Total Number of Drug Related Deaths (2016)										
Clackmannanshire	11										
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Stirling	11										

		<ul style="list-style-type: none">• A Problem Action Group (PAG) was convened in September 2016 as a direct result of a significant increase in local drug related deaths. These high level meetings were co-chaired by the Director of Public Health (Chair of the Forth Valley ADP) and the Chief Superintendent of Police Scotland (Forth Valley Division).• Activity generated by the PAG was significant and culminated in a number of actions being developed which are now incorporated within the local DRD action plan.• The PAG was stood down in December 2016 as it became apparent that the rate of local drug related deaths was slowing down and that agreed actions could be progressed through existing structures. There is the option to reinstate the group should circumstances change and a need emerges.• We continue to operate a Critical Incident Group which examines each drug related death in the area for learning / trends etc. This group continues to monitor the relevant work which outlines the required actions to reduce local drug related deaths.• An additional Case Management Review Group has been implemented to support deeper review of drug related deaths. These meetings include a wide range of partners.	
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		<ul style="list-style-type: none"> • We complied with the request from SDF to complete the return from the Staying Alive in Scotland fact find. Any identified gaps have been incorporated into appropriate local action plans. • We have developed family information packs and service user information packs which are utilised during Police operations and when people are taken into Police custody. These packs provide information on the local support services available for those affected and their families. • Training was delivered to local Police Officers by the National Family Support Service outlining the support available to families and in particular when a family is bereaved by a drug related death. • We continue to develop our assertive outreach approach in relation to the mobile Harm Reduction Vehicle. We continue to dispatch this response to areas of need across Forth Valley. • In preparation for the development of an assertive outreach model, we have undertaken analysis of our non-fatal overdose data to ensure that any response is appropriate and measured and in line with data guardianship. • We continue to invest in research into Forth Valley drug deaths. It is envisaged that a local conference will take place in November 2017 to convey the results to local partners. 	
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		<ul style="list-style-type: none"> • Forth Valley have recognised the potential value of a Drug Trend Monitoring Group and have campaigned for this to be taken forward at a national level. Discussions with Scottish Government and SDF have identified that this should be a national function. Until a national approach is in place for drug warnings, we will continue to work with Public Health at a local level to reduce harm. • We continue to work with Public Health to ensure consistency with the current Forth Valley alert / warning system. • We continued to operate a Holiday Period protocol which allows us to manage risk in relation to the impact of Community Pharmacy closures during holiday periods. • We continue to work in partnership with Local Authorities to address any Community Safety issues that may arise as a result of alcohol and/or drug misuse (e.g. street drug litter) to ensure that individuals and communities are protected. • We developed a leaflet to raise awareness of the dangers of misusing depressant drugs. This leaflet was widely circulated across Community outlets including all GP surgeries across Forth Valley. • We developed a poster outlining the dangers and legalities associated with the diversion of prescribed medication to those it is not prescribed for. This was 	
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		<p>circulated to all Substance Misuse Services, all GP surgeries and local Police Stations.</p> <ul style="list-style-type: none"> • We continue to mark International Overdose Awareness Day on an annual basis and invite staff, service users and family members to join us. • Where appropriate, we continue to place appropriate harm reduction messages within Community Pharmacy medicine bags to raise awareness of any current issues causing concern and to promote the recovery support available locally. • We continue to work with Unpaid Work Services within Criminal Justice Social Work who manufacture the safe medication storage boxes that we provide to our ORT Services Users. These can also be made available to partner agencies upon request. 	
<p>7. Implementing improvement methodology including implementation of the <i>Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services</i>.</p>	<ul style="list-style-type: none"> • Embed local improvement targets as detailed within QIFB plan. 	<ul style="list-style-type: none"> • We took part in the National Self Evaluation process undertaken by the Care Inspectorate. This was an intensive and focussed piece of work which included a file read of 30 Forth Valley files. We utilised the evidence gleaned from previous local NQP audits which had been undertaken. Our local partners were extremely supportive and responsive to our requests during this exercise. 	<ul style="list-style-type: none"> • We have plans to re-audit local services in relation to NQP audits by the end of 2017.

		<ul style="list-style-type: none"> • The feedback from the Care Inspectorate Self-Evaluation was, overall, positive in relation to the strategic and operational aspects of our service provision. The reports commended local leadership, partnership working, governance and that self-evaluation was well embedded into local practices. • We have devised an improvement plan to strengthen the areas identified by the Care Inspectorate as requiring further development. • We have revised our internal NQP audit process in line with the Care Inspectorate suite of tools. This will enable consistency of performance reporting from future audits. • We continue to operate our Quality Improvement Framework Board (QIFB) and Integrated Clinical Governance Group (ICG) which include actions relating to improvement methodology. • We plan to revise all of our key work plans to incorporate Care Inspectorate Improvement Actions. This includes the Integrated Clinical Governance Plan and the Drug Related Death Plan. • We undertook external evaluations of our Third Sector Core Provision which completes the external evaluation review programme of all Substance Misuse Services across Forth Valley. This work measured compliance with evidence based practice and the National Quality Principles Care Standard. 	
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<p>8. Responding to the recommendations outlined in the independent expert group on opioid replacement therapies.</p>		<ul style="list-style-type: none"> • We have developed an outline for a Forth Valley Recovery Strategy which will be taken forward by the Recovery Community in the current reporting period. • We continue to build on our vision of having one Care Planning System for all service despite the challenges of Information Technology and the interface between Statutory and Third Sector IT system. • We continue to utilise the developed ADP Performance Framework which provides information and evidence of need to aid strategic planning. This data is also shared with other strategic partnerships such as the IJB. • We continue to monitor the Clinical aspects of our treatment system via our Integrated Clinical Governance Group (ICG). • In February 2016, we participated in a Children Affected by Parental Substance Misuse (CAPSM) Audit across Clackmannanshire and Stirling following a request from the local Child Protection Committee. Adult Substance Misuse Services were heavily involved in this piece of work including the development of an audit template for adult files. Areas for Improvement were identified through the audit and are being taken forward by a multi-agency group. 	
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		<ul style="list-style-type: none"> • Clackmannanshire and Stirling ADP have refocussed a CAPSM sub group to take forward specific pieces of work relating to risk assessment and workforce development. This group first met early April 2017 so slightly out with the reporting period for this report. A more detailed update will be provided in the 2017/18 annual report. • The ADP Support Team will be represented on the national PADS CAPSM group and are already active members of the PADS Communities Group. • We continue to invest in the Time 4 Us Service which supports children and families affected by parental substance use. In 2016/17, there was a 24% increase in referrals to the service. • Time 4 Us has continued to build on the positive partnership developed with Active Stirling. 22 children from Stirling who have accessed the Time 4 Us service, participated in Active Stirling activities including swimming lessons, football, and ice skating. <p>Participation in the programme has resulted in a number of successful outcomes for children and families, including improved mental health and well-being and increased activity levels. This collaboration has improved social inclusion for children and families in their local communities, thus reducing social anxieties, stigma and discrimination, whilst also changing local attitudes and promoting equality.</p>	
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		<ul style="list-style-type: none"> The ADP continues to be represented on the Child Protection Committee, the Adult Support and Protection Committee and the local Violence Against Women Partnerships. The links between the local Public Protection thematic areas continue to be beneficial and include a programme of workforce development, a quarterly Public Protection newsletter and regular Public Protection Leads meeting chaired by the Chief Social Work Officer. <p style="text-align: center;"><u>Workforce Development</u></p> <ul style="list-style-type: none"> A competent workforce is a critical element of a Recovery Oriented System of Care (ROSC). We continue to invest significant resource in developing both the traditional and non-traditional workforce. We envisage that this will grow as the ADP relationship with the IJBs develops. Within the reporting period training has been delivered and commissioned from SDF as well as local training. Details of this are highlighted on the next page: 	<ul style="list-style-type: none"> Planned Adult Protection training for all Substance Misuse Services.
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The table below represents the core provision offered to ADPs from SDFs national programme:

SDF Course	Total Number of Participants
Introduction to Motivational Interviewing	20
Recovery Outcomes Web Tool	23
Intermediate Motivational Interviewing Practice Based Workshop	8
Understanding Stigma: Promoting Inclusive Attitudes and Practice	21
Working with People Who Use Alcohol & Other Drugs	12

- Locally we have also commissioned and helped develop a number of courses. This includes:

SDF Course	Total Number of Participants
Getting Our Priorities Right (GOPR)	190
ROSC	31
Community Pharmacy GOPR	26
Community Pharmacy ROSC	16
Young People and Substance Misuse	19
ARBD	87
NPS	50

- All commissioned training is backed up by extensive evaluation reports which record pre and post learning. These courses have consistently delivered on all expected learning outcomes. 90.2% of participants on SDF courses said that the training had increased their knowledge.

- Health Promotion colleagues also deliver a programme of training to a wide range of partners. Some of these courses have already been highlighted throughout the report. Additional training relating to Substance Misuse, can be summarised as:

Course Topic	C	F	S	Total
Volatile Substance Abuse (VSA)	7	21	19	47
FASD	7	17	15	39
Social Influence Education & Prevention Programme	13	15	2	30
Drug and Alcohol Awareness for Managers	6	8	7	21
Mental Health Awareness	10	17	19	46

		for Managers					
		Reducing Substance Use by encouraging positive coping strategies to deal with stress.	200	600	400	1200	
		Provision of update information materials on drugs and / or alcohol.	Alcohol – 1353 Drugs – 1789	Alcohol – 3373 Drugs – 4471	Alcohol – 2019 Drugs – 2683	Alcohol = 6745 Drugs = 8943	
		<ul style="list-style-type: none"> As noted, the ADP has also supported the delivery of Public Protection Training sessions. These are delivered to a wide multi-agency audience. In addition, a Forth Valley Public Protection Conference took place in November 2017. This was called “Working Together in Public Protection – Getting Better at Getting it Right” and focussed on Public Protection issues across the lifespan. This was the second Public Protection conference held locally and was attended by 107 delegates. 					

		<p><u>ADP Awareness Sessions – Clackmannanshire and Stirling</u></p> <ul style="list-style-type: none"> In addition to the training described above, the Clackmannanshire and Stirling ADP Support Team continue with a rolling programme of ADP Awareness sessions. These sessions cover issues such as local prevalence, referral pathways and promotion of the Recovery agenda and the local Recovery Community. <p>Throughout 2016 / 17 this included sessions delivered in the following settings:</p> <ol style="list-style-type: none"> 1. Integrated Mental Health Team (Clackmannanshire) 2. Clackmannanshire Community Well Being and Safety Partnership 3. Scottish Fire & Rescue Service (Clackmannanshire and Stirling Stations) – x 4 sessions 4. Police Scotland (Stirling) – x 5 sessions 5. Housing Service (Stirling) 6. Scottish Ambulance Service (Forth Valley Crews) 7. Social Services Briefings – x 2 sessions 8. Contribution to Scottish Government ADP Co-ordinators event. 9. Stirling Conversation Recovery Café – December 2016 10. Fresher’s Week – x 3 Campus Sites 	
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		<p style="text-align: center;"><u>Forth Valley Recovery Community (FVRC)</u></p> <p>The Recovery Development Workers continue to support and further develop the Forth Valley Recovery Community. The FVRC is a geographical and virtual community of people who are committed to making recovery happen and it is a community based on weekly events and regular activities that supports people in various stages of recovery from substance misuse.</p> <p>Peer Supporters have been active within services and continue to develop and enhance opportunities for engaging people in treatment services and the Recovery Community.</p> <p>Over the 12 month reporting period, a total of 23 Peer Supporters were deployed throughout Forth Valley with 27 Peer Supporters being active in total since March 2015.</p> <p>17 new Peer Supporters were trained over the past 12 months.</p> <p>The work undertaken to develop a training and development pathway is now generating positive outcomes for people in recovery who are actively volunteering to deliver interventions such as SMART recovery to their peers. The training programme has been designed to enhance volunteer's personal recovery and development whilst increasing their efficacy as front line assets within the Forth Valley Recovery Community.</p>	
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		<p>Since May 2016, two Peer Supporters have found employment within one of our local Substance Misuse Services, another with a partner agency and three Peer Supporters found long term employment out with the Forth Valley area. In addition, three Peer Supporters are now engaged in full time education.</p> <p>In Clackmannanshire, two of the current Peer Supporters received Volunteer Awards through the Clackmannanshire Third Sector Interface (CTSi). In addition, the FVRC team of Volunteers who run the Recovery Café have also been nominated for a volunteer award.</p> <p>Four Recovery Cafes operate across the Forth Valley area which are well supported by the increasing network of Recovery Volunteers. Each Café provides recreational activities such as music and entertainment through to circuit training and Yoga. There is a mutual aid meeting available at each Café which is either a SMART meeting or a 12 step fellowship meeting.</p> <p>The Cafes provide good geographical spread across the area and opening times include one café at the weekend. During the reporting period, there have been a total of 2707 individual entries to Forth Valley Cafes, a total of 3119 since the first café opened in February 2016.</p> <p>There has been an increase in the number of SMART groups available locally. These are facilitated by Peer Supporters which has created a sustainable SMART Recovery network. The total number of people who attended SMART Recovery meetings in Forth Valley from June 2016 – 31st March 2017 was 1,691.</p>	
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		<p>All other Mutual Aid options are operational within the Forth Valley boundary and are supported as appropriate by both the ADP and the Recovery Community.</p> <p>The total number of people who attended FVRC facilitated mutual aid / recovery support during the reporting period is 2653.</p> <p>In Stirling, a strong relationship has been developed with Active Stirling (the local Leisure Trust). Recovery Volunteers have been trained as walk leaders and four weekly Recovery Ramblers walks are now operating, run completely autonomously by volunteers who are walk leaders.</p> <p>There is now an option for those leaving residential rehab to be directly connected to the Recovery Community via the Recovery Workers attending meetings at the treatment facility when aftercare is being planned.</p> <p>We continue to support the Recovery Community with the Recovery Steering Group and continue to provide financial support to the Recovery Cafes and associated activity.</p> <p style="text-align: center;"><u>National Recovery Walk</u></p> <p>During the reporting period, Forth Valley was approached to host the National Recovery Walk. This opportunity was grasped with enthusiasm and a plan put in place to bring the walk to Falkirk. The success of the walk has been well reported at a National level and this is testament to the support offered from a wide range of Forth Valley partners</p>	
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		<p>who donated financial and physical support to aid the event. These partners included:</p> <ul style="list-style-type: none">• The Rotary Club• Local Authorities• Local ADPs• Police Scotland• Tobacco Action Group (NHS Forth Valley)• BBV Strategy Group (NHS Forth Valley)• Health Promotion (NHS Forth Valley)• CVS Stirling <p>The ADP Support Team and FVRC have been thanked by the SRC Board and staff for its commitment to this event. Their observations were that our partnerships commitment to recovery was palpable and contributed to the success of the event.</p> <p>Local staff and partners also supported the Recovery Walks within Forth Valley prisons. In addition, we participated in and contributed to the group discussions around recovery with FVRC Peer Supporters sharing their experiences with a variety of groups within the Prison population. This resulted in reports of individuals from the Prison feeling more connected to the wider Forth Valley Recovery Community.</p>	
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		<p style="text-align: center;"><u>Forth Valley Recovery Olympics</u></p> <p>In August 2016, the first Forth Valley Recovery Olympics was held. Teams came from across Scotland to participate in this event alongside the Forth Valley Recovery Community, the profile of which was visible within wider local community. Our intention is for this to help promote a message of hope and to reduce the stigma often felt by individuals and families. It is hoped that the Recovery Olympics will become an annual event in Forth Valley.</p> <p style="text-align: center;"><u>PADS Communities Group – Local Visit</u></p> <p>In March 2017, the Scottish Government National PADS Communities Group visited Stirling and met with members of the Forth Valley Recovery Community. This was well attended by FVRC members who gave a very honest overview of the challenges they have faced in their recovery to date including stigma. The feedback from the Chair of the PADS group was extremely positive and this was fed back to the Recovery Community.</p> <p>As noted, the Forth Valley ADP Support Team are represented on the national PADS Communities Group.</p>	
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		<p style="text-align: center;"><u>Other Developments</u></p> <p>We continue to offer ROSC training to all new Substance Misuse staff and any other interested partners.</p> <p>The Community Pharmacists entered the Pharmacy ROSC as a poster entry to the National Pharmacy Conference in 2017. This was awarded second prize for innovative practice.</p> <p>We continue to develop a non-medical prescribing model which is critical to the future capacity of our ORT provision.</p> <p>We have supported GPs and Specialist Doctors (within Primary Care and Prison Healthcare) to undertake the RCGP qualification to ensure the appropriate competencies are applied when delivering ORT within the community.</p>	
<p>9. Ensuring 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, including women.</p>	<ul style="list-style-type: none"> • Embed ICP for Prisons and support effective liberation for Forth Valley prisoners. • Continue to invest in Substance Use Counsellors within Forth Valley prisons. 	<ul style="list-style-type: none"> • The Prison establishments continue to report Waiting Times and SMR activity to the ADP. • The local Prisons are also engaged in local preparation for DAISy implementation. • We are represented within the three local Community Justice structures. Substance Misuse has been identified as a priority areas for all three. 	<ul style="list-style-type: none"> • Work continues to expand the Social Inclusion Project to Clackmannanshire and Stirling. This would provide support to those who are disengaged from treatment or who are treatment resistant.

	<ul style="list-style-type: none"> • Manage Waiting Times for the Prison Healthcare setting. • Monitor SMR activity and compliance within the Prison Healthcare settings. • Include Prison Healthcare in local National Quality Principles audit. 	<ul style="list-style-type: none"> • We are working with partners to ensure that holistic recovery focussed services are offered within our Criminal Justice settings. • A Criminal Justice Link Nurse continues to focus on the mental health needs of women within the Criminal Justice system across Forth Valley. This includes the provision of the “Survive and Thrive” group programme for survivors of complex trauma. • We have investigated an opportunity to enhance information sharing with all ADPs across Scotland in relation to drug related death. This means that we will proactively share information as part of an ISP pertaining to the treatment and support delivered during incarceration in a Forth Valley prison. • We continue to operate an Arrest Referral Scheme in partnership with the Third Sector. A new follow up system has been introduced to increase the opportunity to make contact with individuals who have been in custody but are not seen in cells. For individuals who may have presented to custody out with the hours of the service, who initially declined the service when asked by custody staff, or are too intoxicated to be seen when the Arrest Referral worker is available, they will be asked to complete a follow up slip at liberation. This captures their contact details and consent to be contacted following their time in custody. The follow up slips are collected daily by Arrest Referral staff and each individual is contacted and an assessment appointment is arranged at the earliest opportunity. 	<ul style="list-style-type: none"> • We are actively pursuing discussion around utilising our community based Peer Supporters to assist with the Smoke Free Prisons agenda as well as SMART provision with SPS establishments.
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		<p>For those individuals who have been referred into the service and have not attended, the Arrest Referral team will adopt an Assertive Outreach approach to engagement. This approach will link with the Social Inclusion Project and the Harm Reduction Service who are also involved in outreach, in order to maximise the opportunity to contact and engage this service user group.</p>	
<p>10. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).</p>	<ul style="list-style-type: none"> • Develop a proportionate and evidence informed plan to prevent and reduce the harm associated with NPS. • Deliver NPS Training to 40 participants during 2016/17. 	<ul style="list-style-type: none"> • Forth Valley ADPs continue to collect data from the acute hospital and the Scottish Ambulance Service which relates to NPS use and admissions for the same. • We work closely with Police Scotland to ensure that a measured approach is taken where any potentially harmful drug is identified. This would come, in the first instance via our Critical Incident / Drug Related Death Group. • We continue to develop the workforce to ensure the appropriate competencies required to support individuals using NPS. • A decision was made to stand down the local NPS Steering Group and incorporate the actions into the work plan of the DRD group. • We continue to utilise our Social Influencing prevention model within the Education Setting to open up discussion on the issue of NPS within the young person cohort. 	

		<ul style="list-style-type: none"> • We commissioned a significant number of NPS training sessions from Scottish Drugs Forum. This was delivered to 50 participants. • We continue to share information as appropriate with the Police Scotland representative with a remit for NPS. 	
<p>11. On-going Implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.</p>	<ul style="list-style-type: none"> • Continue to support and promote communication campaigns such as FASD and Safer Drinking Campaigns. • Progress with plans to expand the Social Influence approach. • Re-establish the ADP role within Licensing. 	<ul style="list-style-type: none"> • We are in early discussions with Public Health around the necessity to update our local Substance Use Needs Assessment. • Our branded communications programme “Rethink Your Drink” is targeted at three specific points in the calendar year: <ol style="list-style-type: none"> 1. “Rethink Your Drink on Holiday” – Summer Campaign 2. Foetal Alcohol Spectrum Disorder (September) 3. “Rethink Your Drink at Christmas” – Festive Campaign. • Throughout 2016/17, the Campaign reached across all Public and Third Sector service outlets including pay slips, websites, plasma screens, libraries and Forth Valley Workplaces. 	<ul style="list-style-type: none"> • Continue to provide training and public awareness events for FASD as well as update available materials for distribution.

		<ul style="list-style-type: none">• We have previously reported on the various resources we produce. Items refreshed or developed in the 2016/17 reporting period are:<ol style="list-style-type: none">1. ADP Jumpers and T shirts2. Bookmarks3. Mugs4. Ice scrapers5. Promotional banners / flags • We continue to distribute our resources as previously reported and to ensure their wide distribution throughout local community outlets including Community Centres, Libraries and Nurseries. Specific settings include:<ol style="list-style-type: none">1. A&E Department Plasma Screen support messages.2. GP Surgery Plasma Screen support messages.3. One Stop Shop Plasma Screen support messages.4. Local Authority Plasma Screen support messages5. Support messages on pay slips within Local Authorities and NHS. • We continue to rotate our support banners around many community outlets and they remain a static presence within the three main local Police Stations.	
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		<p style="text-align: center;"><u>VPD Pilot</u></p> <ul style="list-style-type: none"> In Stirling, we completed the VPD pilot in partnership with Police Scotland. This generated a number of new referrals to our Tier 1 service and increases opportunities for early identification of vulnerability. This will now be rolled to Clackmannanshire in the 2017/18 reporting period. <p style="text-align: center;"><u>Clinical Developments</u></p> <ul style="list-style-type: none"> Work has been undertaken to develop a neurological pathway which will support the earlier identification of FASD. <p style="text-align: center;"><u>Social Influence Programme</u></p> <ul style="list-style-type: none"> The Forth Valley Social Influence Approach has now been delivered to 7 Secondary Schools across Forth Valley. Important reductions in alcohol and cannabis use were reported across the S1 – S3 year groups. Evaluation reports are available upon request. <p style="text-align: center;"><u>Social Influence Programme – Youth Justice Setting</u></p> <ul style="list-style-type: none"> The pilot Social Influence Programme in Polmont Young Offenders Institute presented many challenges in terms of both developing and delivering a programme that is suitable to transfer from the community to the custodial setting. 	<ul style="list-style-type: none"> Expand the Social Influence Approach to include 3 further schools in 2017/18.
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		<ul style="list-style-type: none"> • Significant learning was gained through the process of adapting the programmes to suit the needs of learners in this environment. This finally led to positive indicators that the project has started to achieve some shorter term outcomes (e.g. positive shifts in attitudes and behaviours occurring across a number of areas). • However, the evaluation concluded that the programme <i>could</i> work successfully in Polmont if the recommendations for further enhancement were able to be implemented. This included institutional as well as programme changes. <p style="text-align: center;"><u>Safe Base</u></p> <ul style="list-style-type: none"> • The Stirling ADP provided resource and staff to run Safe Base 2016. This project forms part of our Whole Population Approach and supports individuals who have become vulnerable due to excessive alcohol consumption. This initiative ran for a shorter period in 2016 but it is hoped to return to the usual pattern in 2017. <p style="text-align: center;"><u>Recovery Projects</u></p> <ul style="list-style-type: none"> • We continued to invest in a number of Recovery Projects. This included: <ol style="list-style-type: none"> 1. The CAB Advice Project 2. Veterans Project 3. Dedicated Support for Looked After and Accommodated Children. 	
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		<p>4. Family Support – within the reporting period, we commenced procurement processes for the Forth Valley Family Support Service. The new contract will commence on the 1st September 2017.</p> <ul style="list-style-type: none"> • We have continued to build positive working relationships with our local Food Bank providers. This activity has ranged from providing training to Food bank staff and volunteers, through to packaging food parcels in bags which have the contact details for local substance misuse support on them. • Licensing – we have continued to contribute to the local Licensing processes and are represented on the local Licensing Forums. Future presentations are planned for new Licensing Board members. <p>In Clackmannanshire and Stirling, we have continued to maintain our working relationships with the local Licensing Standards Officers. This includes support to disseminate ADP promotional materials to both on sales and off sales premises.</p> <p>We also contributed to the refresh of the Stirling Licensing Statement.</p> <p>We attended events hosted by Alcohol Focus Scotland and also plan to meet with the new AFS Policy and Development Co-ordinator.</p>	
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<p>12. ADP Engagement in improvements to reduce alcohol related deaths.</p>		<ul style="list-style-type: none"> • Much of the activity already noted will contribute to our response to reducing alcohol related deaths (ABI, Whole Population Approach, Licensing, SIP project etc.). Other activity of note is as detailed below. • The ARBD team is now in place. People are being actively supported, some of whom are young, and were at great risk of further harm from this condition. Since its inception in December 2016, the ARBD Service has received a high number of referrals which has remained consistent. This demonstrates a significant demand for the specialist support provided by the multi-disciplinary team. <p>Caseloads are high and early indications from CHI analysis undertaken indicates high use of hospital beds days over a period of 6 months. Data has also shown that this usage reduced post intervention offered by the ARBD team.</p> <ul style="list-style-type: none"> • We are investigating further the social care costs for supported packages offered to those with ARBD with a view to informing commissioning processes going forward. • We continue to develop the Social Care and Addiction workforce to recognise the signs of ARBD and to encourage early referral. 	
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		<ul style="list-style-type: none">• A&E Referral Pathway (for individuals under 16) – we continue to operate the referral pathway for young people presenting at A&E as a result of drug and / or alcohol misuse with the aim of identifying people earlier and offering an appropriate level of support.	
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3. ADDITIONAL INFORMATION 1 APRIL 2016 - 31 MARCH 2017

1	<p>Please <u>bullet point</u> any local research that you have commissioned e.g. hidden populations, alcohol related deaths. (the actual research is not required)</p>	<ul style="list-style-type: none"> • External evaluation of Third Sector Core Provision. • Review of the Effectiveness of the Forth Valley Recovery Community. • 2016 Drug Related Death Research • Social Influence Prevention Programme Research • Evaluation of Social Influence Programme within Polmont Young Offenders Institution
2	<p>What is the formal arrangement within your ADP for working with local partners to report on the delivery of local outcomes?</p>	<ul style="list-style-type: none"> • The Clackmannanshire and Stirling ADP reports quarterly to the Public Protection Forum (PPF). This group comprises of the Chief Executives from the two Local Authorities and NHS Forth Valley. There is also representation from the Chief Superintendent of Forth Valley Division as well as the Chief Social Work Officer. The PPF then reports to the CPP Leadership Groups within each Local Authority Area and to the Integration Joint Board for Clackmannanshire and Stirling. • The ADP Support Team is represented on the strategic planning groups for the local IJBs and have presented the work of the ADP to local leaders.
3	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise on the current status of your ROSC.</p>	<p>Forth Valley continue to strive to put in place the key elements of a ROSC to aid the recovery of our communities. There are some key development areas which are emerging which provides the ADP with reassurance that the grass roots work is starting to flourish. There are more people involved with the recovery community than ever before and there are clear emerging employability pathways which are encouraging.</p> <p>The workforce continues to be developed in an attempt to reduce stigma and we campaign tirelessly to ensure that anyone who requires support can access it.</p>
4	<p>Is there an ADP Workforce Development Strategy in Place, if <u>no</u>, are there plans to develop?</p>	<ul style="list-style-type: none"> • Workforce Strategy in place <u>Yes</u> <p>Workforce Development features heavily in all our governance and work plans. Workforce Development has become part of our local culture and is an integral part of our work and planning.</p>

<p>What additional supports have you leveraged to facilitate this and are you working with the NCOs?</p>	<p>We continue to offer a full suite of training which is available to all partners. We commission bespoke courses where we identify gaps.</p> <p>We regularly work with a number of NCOs. This includes SDF and SFAD. We are also represented on a number of PADS groups.</p>
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APPENDIX 1: NOTES

1. **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>

Please provide any feedback you have on this reporting template.

The consistency and continuity of the template from last year's report is welcomed.

Glossary of Terms

Acronym	Definition
ABI	Alcohol Brief Intervention
ARBD	Alcohol Related Brain Damage
CAB	Citizens Advice Bureau
CAPSM	Children Affected by Parental Substance Misuse
CPC	Child Protection Committee
DADA	Drug and Alcohol Data Action Group
DAISy	Drug & Alcohol Information System
DATWTD	Drug & Alcohol Waiting Times Database
DCAQ	Demand, Capacity, Access, Queue
DRD	Drug Related Death
FASD	Foetal Alcohol Spectrum Disorder
FVRC	Forth Valley Recovery Community
GOPR	Getting Our Priorities Right
HEAT	Health improvement, Efficiency & Governance, Access, Treatment targets

Acronym	Definition
ICG	Integrated Clinical Governance
IEP	Injecting Equipment Provision
ISD	Information Services Division
ISP	Information Sharing Protocol
LDP	Local Delivery Plan
NFO	Non-Fatal Overdose
NPS	New Psychoactive Substances
NQP	National Quality Principles
ORT	Opioid Replacement Therapy
PADS	Partnership for Action on Drugs in Scotland
PAG	Problem Assessment Group
QIFB	Quality Improvement Framework Board
RCGP	Royal College of General Practitioners
ROSC	Recovery Oriented System of Care

Acronym	Definition
ROW	Recovery Outcomes Web
SDF	Scottish Drugs Forum
SDMD	Scottish Drug Misuse Database
SMART	Self-Management and Recovery Training
SMR	Scottish Morbidity Record
SMS	Substance Misuse Services
SPS	Scottish Prison Service
VPD	Vulnerable Persons Database