



falkirk
COMMUNITY PLANNING
PARTNERSHIP



**FALKIRK
ALCOHOL & DRUG PARTNERSHIP**

Annual Report

2013/14

Document Details:

ADP Reporting Requirements 2013/14

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Appendix 1

- Guidance Notes and Commissioning Diagram**

1. PARTNERSHIP DETAILS

Alcohol & Drug Partnership:	Falkirk
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The content of this template has been agreed as accurate by the Alcohol and Drug Partnership, and has been shared with our Community Planning Partnership:

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ADP Chair

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

Alcoholanddrugdelivery@scotland.gsi.gov.uk

2. ADP Self-Assessment 1 April 2013 – 31 March 2014

	Theme	R A G See 1	Evidence See Note 2
ANALYSE			
1	<p>ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment of need, which takes into consideration the changing demographic characteristics of substance misusers in your area. Please also include here any local research that you have commissioned</p> <p>See Note 3</p>	A	<p>Substance Use Healthcare Needs Assessment completed by NHS Forth Valley Public Health Department in 2012.</p> <p>FV ADPs commissioned an Alcohol Related Brain Damage needs assessment during reporting period for the whole of Forth Valley. This will report in Autumn 2014.</p> <p>An external evaluation of the Forth Valley ADPs strategy was commissioned to measure distance travelled and outcomes achieved by the ADPs. The output indicated good overall progress against the strategy objectives.</p> <p>FV ADP strategy has also been revised during the reporting period (appendix 1).</p> <p>We continued with our Drug Related Death research which examines in detail the circumstances of Forth Valley deaths. This ensures that more information is available to us than is covered by the national report.</p> <p>Family support needs assessment completed and the Forth Valley Family Support service was commissioned. This was achieved through the Public Social Partnership Approach. We externally evaluated the pilot model and we then fully commissioned a new service based on the learning from the pilot evaluation.</p> <p>The Staff Attitudes to Recovery survey conducted with staff from both statutory and third sector addiction services. The findings from this work will aid us in developing our workforce plans.</p>
2	<p>An outcomes based ADP Joint Performance Framework is in place that reflects the ADP National Outcomes.</p>	A	<p>FV ADP Outcomes Framework / Data Set is in the operational testing phase. All statutory and third sector services are contributing. A new database has been created to support this work and the framework reflects ADP outcomes. We worked in partnership with the Scottish Drug Forum Quality Team to further refine the data set and definitions (appendix 2).</p>

	Theme	R A G See 1	Evidence See Note 2
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3	<p>Integrated Resource Framework - Process</p> <p>Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.</p> <p>Note 5</p>	A	<p>An Integrated Resource Framework is not yet in place in Forth Valley. This is a projected action from the emerging Health and Social Care Developments. We fully expect this to include alcohol and drug costs.</p> <p>We have good information from partners regarding the global spend on alcohol and drugs within the area and we have scoped out additional expenditure to a degree. This work is indicated within our financial plans.</p>
4	<p>Integrated Resource Framework - Outcomes</p> <p>Note 5</p> <p>A coherent approach has been applied to selecting and prioritising investment and disinvestment options – building prevention into the design and delivery of services.</p>	A	<p>For the last few years we have had a Service Redesign Board in place. This group have had oversight and approval to allocate ADP funds for the whole of the Forth Valley area. We have ensured that we have the right capacity in the right place to deliver on the expectations of the HEAT A11 agenda.</p> <p>In recent months we have been refocusing our effort and concentrating more on service quality. We have prioritised investment towards creating a Recovery Orientated System of Care.</p>

PLAN

	Theme		Evidence
5	<p>We have a shared vision and joint strategic objectives, which is aligned with our local partnerships, e.g child protection committees, violence against women, community safety etc.</p>	A	<p>FADP Workplan reflects activity in pursuit of aligned plans (Child Protection, Domestic Abuse, Community Safety) including National Outcomes for Alcohol and Drug Partnerships, Falkirk Single Outcome Agreement</p> <p>Forth Valley ADPs are also represented on the planning groups for Homelessness, BBV Sexual Health Strategy Groups in their local areas and have progressed joint workforce development tasks in these areas.</p>

PLAN

<p>6</p>	<p>A. Our strategic commissioning work is clearly linked to Community Planning priorities and processes.</p> <p>Please include your ADP Commissioning Plan or Strategy if available.</p> <p>Please include information on your formal relationship to your local child protection committee and Criminal Justice Adult Services.</p> <p>B. What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route.</p> <p>See note 6</p>	<p>A</p>	<p>In Forth Valley we currently do not have an ADP commissioning strategy. To date, and for the last decade, we have had a joint approach to commissioning across the area. In the future it is planned that we will be included in the Health & Social Care joint planning arena and will adopt the same strategic processes.</p> <p>Falkirk Lead Officer Child Protection member of FADP. Child Protection a standing item on FADP agenda and ADP updates provided to CP Committee.</p> <p>Criminal Justice Adult Services Head of Service member of FADP. Head of Service attends FVADP Quality Improvement Board</p> <p>Annual Reports and Delivery Plans are shared with Community Planning Partnership, Community Safety Partnership and other forums as well as with Elected Members via Portfolio Holder and Scrutiny Committee.</p>
<p>7</p>	<p>Service Users and carers are embedded within the partnership commissioning processes</p>	<p>A</p>	<p>Forth Valley Family Support service has been commissioned by Forth Valley ADPs using the Public Social Partnership Approach (PSP). This involved established Family Support Services / Groups which included users and carers assisting us in creating a Forth Valley service model based on their experiences both personally and professionally. We hope to build on this experience by engaging families, carers and service users in any future service commissioning we undertake.</p> <p>We plan to employ a Recovery Coordinator for Forth Valley. It is hoped that those in recovery will apply for this position – they will be actively encouraged to do so.</p>
<p>8</p>	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning.</p>	<p>A</p>	<p>Workforce Development – within the stretch aim pledge to Scottish Government during the reporting period we undertook to train our entire addiction workforce on Recovery Orientated Systems of Care. This training was commissioned from and delivered by STRADA. A future report will be available on the learning outcomes achieved.</p>

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	<p>Describe the progress your ADP has made in implementing a ROSC, please include what your priorities are in implementing this during 2014-15. This may include:</p> <ul style="list-style-type: none"> • Recovery Orientated System of Care service review and redesign • Identify and commission against key recovery outcomes • Recovery outcome reporting across alcohol and drug services eg. Outcome STAR. Other • Individual recovery care plan and review • Involved mutual aid and recovery communities <p>Please include your outcomes for all individuals within your alcohol and drug treatment system for 2013/14 if available.</p>		<p>We also undertook to participate in the DAIG (Drug and Alcohol Improvement Game). This will focus on a particular aspect of work that we wish to improve on.</p> <p>Outcomes Star – plans are in place to implement the Outcomes Star to aid staff in services to measure recovery progress with clients.</p> <p>Service redesign work in Forth Valley was predicated on delivering the principles of recovery within all services. The Addiction Recovery services were designed with the aim of delivering a lower tier provision within local communities.</p> <p>The ICP work that we have undertaken within addiction services has focussed thinking on recovery. We have been training staff to adopt a recovery focussed approach to care planning thus enabling client movement within treatment and support services through joint working to enhance the delivery of desired care plan outcomes.</p> <p>During this reporting period, an extensive review of service outcomes data was undertaken. The revised service outcomes data set is now in the testing phase. The data set being used is attached.</p> <p>As noted, an extensive review of service outcomes data was undertaken. The revised service outcomes data set is now in the testing phase.</p> <p>A Forth Valley Recovery Café was developed in partnership with the Scottish Recovery Consortium. This included key partners such as Elected Members, Strategic Managers, Service Users and family members. The evaluation of this event was hugely positive and there are plans to roll this approach out across the area to galvanise support for recovery/</p> <p>Recovery Champions identified with Job Centre Plus and training delivered to Job Centre staff by ADP Support Team.</p>
9	<p>All relevant statutory requirements regarding Equality Impact assessments have been addressed during the compilation of our ADP Strategy and Delivery Plan</p>	G	<p>All Forth Valley addiction services have completed an EQIA as part of the recent revision of their service specifications for the Integrated Care Pathway work.</p> <p>The FV ADP strategy has been subject to the EQIA process also.</p>

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DELIVER

10	<p>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. (see note 7)</p>	A	<p>FV ADPs have worked with STRADA and NHS Health Scotland over the last 2 years to define a workforce development logic model. The logic model will aid the development of the revised ADP delivery plans.</p> <p>ROSC training has also been commissioned.</p> <p>The following has also taken place:</p> <ul style="list-style-type: none"> Child Protection Interagency training GIRFEC training Volatile Substance Use training SMART recovery care planning CRAFT Families training Naloxone training – Service Users Naloxone training - Families Foetal Alcohol Spectrum Disorder (FAS / FASD) training Alcohol Brief Intervention New Psychoactive Substances training Recovery Café Recovery Conference – staff Information sessions with Job Centre Plus CSE pilot area
11	<p>A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision</p>	G	<p>Quarterly monitoring meetings are in place for the services commissioned from the Voluntary sector.</p> <p>Recovery interventions are also monitored through the outcomes database / framework.</p>

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12	ADP Delivery Plan is reviewed on a regular basis.	G	FADP Plan is an agenda item at ADP meetings. Our plan is due to be reviewed by the partnership at a special meeting in November 2014 in preparation for 2015/18plan
13	Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services, which incorporates recommendation 6 from the Delivering Recovery Report (see note 8)	A	Outcomes are clearly identified through the contract development process and progress is being made towards integrating a recovery focussed commissioning approach for future purchasing
14	A schedule for service monitoring and review is in place, which includes statutory provision	G	<p>Voluntary sector services commissioned by the ADPs are monitored by a group which comprises of ADP Support Team Officers as well as representatives from partner agencies.</p> <p>Statutory services are monitored through outcomes as well as the local Quality Improvement Board. Early discussions have taken place in relation to how we can improve this process going forward.</p> <p>Services (Statutory and Voluntary) operating with Falkirk Council area are also subject to scrutiny by Elected Members within linked portfolio committees.</p> <p>Statutory services are not subject to monitoring however in some cases annual reports/reviews are submitted for information of ADP e.g. Criminal Justice Social Work, Child Protection</p>
15	Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.	A	<p>Quarterly monitoring reports include reference to service user's views either through ongoing treatment reviews with the service or by exit interviews.</p> <p>Service users undertook a peer survey within the reporting period and an action plan was developed accordingly.</p> <p>Service Users and Bus Passes – in this period Forth Valley have been in discussion with service users regarding access to this scheme. The matter has been raised with Scottish Government.</p> <p>Forth Valley Family Support Service was commissioned to develop quality support for family</p>

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			<p>members.</p> <p>International Overdose Awareness Day is marked annually in Forth Valley. A tree and bulbs were planted in memory of those who have died locally from drugs overdose. Families and service users are invited to join us at this event.</p>
16	<p>A. There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.</p> <p>See note 9</p> <p>B. Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please also include your Key Aim Statement and a specific update on your progress in implementing.</p>	A	<p>The Redesign Project Board that has overseen the strategic planning relating to service access in Forth Valley has now evolved to become the Quality Improvement Framework Board. The focus will now be centred on delivering quality services to our service users and their families.</p> <p>All services that are funded by the ADPs are subject to contract monitoring. Monitoring reports from services are produced on a quarterly basis. All services in FV are required to comply with the service outcomes data collection system.</p> <p>Integrated Clinical Governance Group – this group is set up to provide assurance to FV ADPs in relation to clinical practice and workforce competency. There is a work plan which is tabled quarterly at ADP meetings.</p> <p>Key Aim Statement:</p> <p>We will train 100% of the Forth Valley addictions services workforce in the core elements of Recovery Orientated Systems of Care (ROSC) by July 2014.</p> <p>As stated, within the stretch aim pledge to Scottish Government during the reporting period we undertook to train our entire addiction workforce on Recovery Orientated Systems of Care. This training was commissioned from and delivered by STRADA. A future report will be available on the learning outcomes achieved.</p> <p>Progress in regard to delivering on the themes within the ORT review:</p> <p>It was agreed that we would commission four independent external evaluations of our ORT provision – statutory and third sector. These evaluations have now reported and we are putting in place improvement plans for each service. It is planned that we will undertake the same process of evaluation of the ORT support within the three Prison Healthcare settings.</p> <p>A new model of delivery of pharmaceutical care for patients prescribed substitute opiate</p>

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		<p>replacement therapy is being tested in Forth Valley. The patient centred model embraces a recovery focus where community pharmacy will be reimbursed for providing a package of care rather than payment per item for dispensing/supervision for buprenorphine. The service includes monitoring of compliance and progress in treatment, overdose awareness and naloxone provision, oral health promotion, sexual health promotion, signposting to BBV and other appropriate services. A baseline survey was completed and further evaluation is ongoing</p> <p>Statutory ICP work has been extended to third sector drug and alcohol services and the three prison establishments within Forth Valley.</p> <p>We have employed a Service Improvement Worker to progress areas of the Quality Improvement Framework Board plans. The main area of focus is currently ICP development and implementation across third sector, SPS Healthcare and Statutory services.</p> <p>Third sector services and prison establishments are now able to use the FACE (Functional Analysis of the Care Environment – an NHS electronic care planning system. There is a robust Information Sharing Protocol that underpins this information sharing between services. It is envisaged that a single shared assessment will now follow individuals throughout their journey within Forth Valley addiction services.</p> <p>As previously mentioned we developed a “Staff Attitudes to Recovery” survey. We did this to help us better understand both the recovery culture within the staff group and the recovery assets that exist to support it. We intend to put in place the necessary workforce development actions to progress some of the reflections of the staff group. We held an all staff event on recovery early in the year and this evaluated very well. The findings of the survey were shared with staff at this event.</p> <p>We have worked very closely with our mutual aid partners. They are a constant at our “curry night” gatherings. We have increased the mutual aid footprint locally and have also developed a resource for staff that includes all the available groups and outlets.</p> <p>During the reporting period, the ADPs have commissioned SMART recovery to operate recovery groups across the whole of Forth Valley including the SPS setting.</p> <p>The vision is for the addiction treatment and recovery support available within the prison setting in Forth Valley to emulate what a service user would receive in the community. FV ADP monitor all Waiting Times data for the three establishments as well as SMR performance, naloxone</p>
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			<p>programme and service outcomes. The staff are also engaged in the Integrated Clinical Governance Group.</p> <p>Funding has been consistently provided to the FV Service User group. Service Users have been involved in the development of our naloxone programme through creating and distributing packs as well as supporting naloxone training sessions.</p> <p>The group undertook a peer survey which was delivered through Community Pharmacies across the area. The survey had an excellent return rate. The result of the survey were illuminating and we have taken on board all of the key points brought forward within our ADP plans. The feedback about services was in the main positive and, where necessary, we have used the information to help improve our services.</p> <p>There are plans approved and in place to recruit a Recovery Co-ordinator to support the SMART developments and the service user group.</p>
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3. Financial Framework

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

Total Income from all sources

Income	Alcohol	Drugs	Combined	Total
Earmarked funding from Scottish Government	£1,985,206	£1,151,965	£210,385	£3,347,556
Funding from Local Authority	£380,640	£1,294,128	£1,390,656	£3,065,424
Funding from NHS (excluding funding earmarked from Scottish Government)	£0	£183,779	£3,024,541	£3,208,320
Funding from other sources – Tobacco Allocation		£455,900		£455,900
Total	£2,365,846	£3,085,772	£4,625,582	£10,077,200

Total Expenditure from sources

	Alcohol	Drugs	Combined	Total
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£23,549	£14,870	£5,147,140	£5,185,559
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£170,539	£1,512,329	£1,727,942	£3,410,810
Recovery	£290,935	£153,760	£444,134	£888,829
Dealing with consequences of problem alcohol and drug use in ADP locality	£48,076			£48,076
Tobacco		£708,513		£708,513
Total	£533,099	£2,389,472	£7,319,216	£10,241,787

End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Drug	£1,151,965	£1,151,965	£0
Alcohol	£2,195,591	£2,195,591	£0
Total	£3,347,556	£3,347,556	£0

Total Underspend from all sources

Underspend £	Proposals for future use
none	

Support in kind

Provider	Description

4. Core and Local Indicators 2013/14: [ScotPHO online Profile Tool](#)

Please include progress made re-establishing baselines, local improvement goals/targets and progress using the ScotPHO website for all national outcomes. You may submit your annual update on your performance framework from your delivery plan, however please include local indicators, linkage between activities, indicators and outcomes, how you will measure if a ROSC has been successfully implemented in your area and please state how many people are in receipt of opiate replacement therapies in your area.

HEALTH					
Indicator	Baseline	Most recent Information	Target 2015	Progress	RAG
Total Number of people in Forth Valley in receipt of ORT.	Prevalence = approx. 2,000	Total Number ORT = 1176			A
Rate of drug-related hospital discharges (standardised rate per - 100,000 population)	2008/09 – 53.4 2009/10 - 64.7 2010/11 - 54.2 2011/12 - 44.1	2012/13 = 44.3 Scotland = 21.3	Decrease	Significantly more than National Average The FVADP's fund a Hospital Addiction Team which offers support to those who present in the acute setting with alcohol or drug related problems. We are actively engaging and offering links into the treatment pathway.	A
Rate of drug-related mortality (standardised rate per - 100,000 population)	2010 – 6.6 2011 -6.9	2012 – 9.1 Scotland = 11	Decrease	Not significantly different from National Average We continued with our Drug Related Death research which examines in detail the circumstances of Forth Valley deaths. This ensures that more information is available to us than is covered by the national report.	A
Number of non fatal overdoses (partnership with Scottish Ambulance Service).	2012 – 31 Forth Valley 119	2013 – 36 Forth Valley 102	Decrease number of overdoses	We continue to deliver our assertive outreach programme to those who experience a non-fatal overdose in the Community. This initiative is of interest nationally.	A
Rate of alcohol –related Hospital admission rates (standardised rate	2008/09 – 483.9 2009/10 – 503.5 2010/11 – 373.4	2012/13 = 442 Scotland = 693.3	Decrease	Significantly better than the National Average. The FVADP's fund a Hospital Addiction Team which offers	A

per - 100,000 population)	2011/12 – 423.7			support to those who present in the acute setting with alcohol or drug related problems. We are actively engaging and offering links into the treatment pathway.	
Rate of alcohol-related mortality (standardised rate, per 100,000 population)	2008 – 19.1 2009 – 24.6 2010 – 21.3 2011 – 22.5	2012 – 11.9 Scotland = 21.2	Decrease	Significantly better than Scottish Average. The FVADP's fund a Hospital Addiction Team which offers support to those who present in the acute setting with alcohol or drug related problems. We are actively engaging and offering links into the treatment pathway.	A
Prevalence of hepatitis C among injecting drug users	2008/09 – 43.4 2010 – 58.3	2011/12 - 66.7 Scotland = 53	Decrease	Not significantly different from national average. Key ADP personnel are members of the Blood Borne Virus and Sexual Health Framework Group. There is much joint planning between these strategy groups and commitment to joint workforce development. There has been a local drive to encourage more drug users to be tested for Hepatitis C. Increased testing may have led to increased prevalence. This therefore may not necessarily be a negative trend locally. Overtime, we would hope to see this reduce. We are currently revising a local resource which promotes safety in relation to discarded equipment in the community.	A
The number of screenings (using a validated screening tool) for alcohol use disorders delivered		Priority areas: 5701 Wider :536	Maintain	Forth Valley performance continues to be strong in this area. We intend to continue to drive this workforce development agenda forward in partnership	A
The number of ABI's delivered in accordance with HEAT Standard guidance	Target for Falkirk: 1838 (in priority settings)	Priority areas; 4362 Wider: 1951	Maintain	As above	A

PREVALENCE					
Indicator	Baseline	Most recent Information	Target 2014/15	Progress	RAG
Estimated prevalence of problem drug users amongst 15-64 year olds (percentage)	2006 0.9%	2010 – 1.0% Scotland 1.7%	Decrease	Not significantly different from national average	A
Male prevalence of problem drug use (percentage)	2006 = 1.3%	2009/10 = 1.6% Scotland = 2.5%	Decrease	Significantly better than national average	A
Female prevalence of drug use (percentage)	2006 = 0.5%	2009/10 = 0.5% Scotland – 1%	Decrease	Significantly better than national average	A
Percentage of 15 year old pupils who usually take illicit drugs at least once a month	2006 14%	2010 14.6% Scotland 11.4%	Decrease	Not significantly better than national average Next SALSUS due to be published November 2014.	A
Percentage of 15 year old pupils who have taken an illicit drug in the last year	2006 25%	2010 20.3% Scotland 18.5%	Decrease	Not significantly better than national average Next SALSUS due to be published November 2014.	A
Percentage of males exceeding daily/weekly drinking limits (4 year aggregate)		2008-2011 50.3% (Forth Valley) Scotland 48.3%	Decrease	Not significantly different from national average. The Forth Valley Focus on Alcohol Initiative was delivered over a 6 month period. This was a programme of communication messages and resources delivered in key settings across Forth Valley. This included a letter sent home with every school pupil highlighting young people's vulnerability in relation to alcohol and encouraging parents to be good role models in terms of alcohol intake. Communication messages were also delivered via radio, GP	A

				surgeries and pay slips. ABI performance contributes here.	
Percentage of females exceeding daily/weekly drinking limits (4 year aggregate)		2008-2011 39.7% (Forth Valley) Scotland 38.6%	Decrease	Not significantly different from national average ABI performance contributes here.	A
Percentage of individuals exceeding daily/weekly drinking limits (4 year aggregate)		2008 – 2011 44.6% (Forth Valley) Scotland 43%	Decrease	Not significantly different from national average ABI performance contributes here.	A
Percentage of males binge drinking limits (4 year aggregate)		2008 – 2011 15.5% Forth Valley Scotland 13.9%	Decrease	Not significantly different from national average ABI performance contributes here.	A
Percentage of females binge drinking limits (4 year aggregate)		2008 – 2011 17% Forth Valley Scotland 16.7%	Decrease	Not significantly different from national average ABI performance contributes here.	A
Percentage of individuals binge drinking limits (4 year aggregate)		2008 – 2011 21.5% Forth Valley Scotland 21.1%	Decrease	Not significantly different from national average ABI performance contributes here.	A
Percentage of males classed as problem drinkers (4 year aggregate)		2008 – 2011 15.5% Forth Valley Scotland 13.9%	Decrease	Not significantly different from national average ABI performance contributes here.	A
Percentage of females classed as problem drinkers (4 year aggregate)		2008 – 2011 9.8% Forth Valley Scotland 9.5%	Decrease	Not significantly different from national average ABI performance contributes here.	A
Percentage of individuals classed as problem drinkers (4 year aggregate)		2008 – 2011 12.7% Forth Valley Scotland 11.7%%	Decrease	Not significantly different from national average ABI performance contributes here.	A

Proportion of 15 year olds drinking on a weekly basis (and their mean weekly level of consumption)	2006 31% N= 124	2010 20.4% N=68	Decrease	Not significantly different from national average. Next SALSUS due to be published November 2014. Forth Valley Substance Misuse Framework and Social Influencing programme for schools to be continued 2014.	A
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RECOVERY					
Indicator	Baseline	Most recent Information	Target 2014/15	Progress	RAG
New Individuals/patients reported :SMR 25	2011/12 = 135	2012/13 = 630 Only FVHB data not local		Seek clarification from ISD re availability of data at ADP level	A
Percentage reduction in daily drugs spend during treatment		Data not available		Data not available on Scot PHo	
Reduction in the percentage of clients injecting in the last month during treatment		Data not available		Data not available on Scot PHo	
Proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow up		Data not available		Data not available on Scot PHo	
Proportion of clients receiving drugs treatment experiencing improvements in employment/education profile during treatment		Data not available		Data not available on Scot PHo	
Number of FV prisoners trained and supplied		Polmont 39 Glenochil 73	Increase		A

with Naloxone prior to being liberated		Cornton Vale 141			
Number of FV prisoners who accept TAS prior to be liberated		2013/14 = 5	Increase		A

CAPSM/FAMILIES					
Indicator	Baseline	Most recent Information	Target 2015	Progress	RAG
Rate of maternities recording drug use	2008 9.3	2010 9.4 Scotland 18.8	Decrease	Significantly better than national average. Additional progress will be the development of an indicator measuring the uptake of Smoke Free Homes. This will be developed in partnership with Women and Children's Unit at Forth Valley Royal Hospital.	A
Rate of maternities recording alcohol use		Not available			
No. of Child Protection Case Conference where parental drug or alcohol abuse has been identified as a concern/risk	2012 5%	2013 – 10.3% Scotland - 18.8	Increase	Not significantly different from national average. Time 4 Us is a local service that supports individuals and families affected by substance misuse. Care plans are developed for both the children and the parents which can cover issues such as the impact of drugs and alcohol on children through to supporting parents to develop appropriate boundaries. The three local authorities have committed to continuing to fund Time 4 Us once the current funding arrangement comes to an end. The ADP / CPC group with FVADP support is currently developing practitioner guidance on GOPR with plans to	A

				launch this at a local conference. There are outline plans for a large scale joint workforce development programme delivered jointly to both Social Work and Addiction staff.	
No. of Child Protection Case Conference where parental drug and alcohol abuse has been identified as a concern/risk	2012 4.7%	2013 – 6.6% Scotland – 7.8%	Increase	Not significantly different from national average See additional comment above	A
No. of Child Protection Case Conference where parental alcohol abuse has been identified as a concern/risk	2012 N/Av	2013 7.8% Scotland – 5.1%	Increase	Not significantly different from national average See additional comment above	A
Proportion of positive ABI screenings in ante-natal setting		2013 – 1 (ABI) 1279 (Screenings) 2 (ABI) 2558 (Screenings) - (FV)	Increase	Forth Valley continue to deliver events and workforce development opportunities to promote the prevention of FAS / FASD.	A
Number of referrals to FV Family Support Service		Forth Valley – 100 Falkirk 55	Increase	FADP continue to support this service for family and friends of those affected substance misuse. Service has been continued from April 2014 by SFAD providing local service.	A

COMMUNITY SAFETY					
Indicator	Baseline	Most recent Information	Target 2014/15	Progress	RAG
Percentage of new clients at specialist drug treatment services who report funding their drug use through crime	2010/11 19.5%	2011/12 21.7%	Decrease	Updated stats not available since last annual report. CJ SW, Police Scotland, Health and Drug and Alcohol Services to embark on a targeting programme for individuals presenting at all or most services during 2014/2015	A

Frequency rate of offenders given a DTTO who are reconvicted within one year	2008/09 191.7	2009/10 66.7	Decrease	Updated stats not available since last annual report. Data taken from 12/13 annual report.	A
Alcohol related offences recorded by Police – Serious Assault (per 10,000 population).	09/10 – 7 10/11 – 5.3 11/12 – 4.5	12/13 – 3.8 Scotland 6.1	Decrease	Significantly worse than the national average Forth Valley Custody Arrest Referral Service offers an early opportunity to break the cycle of alcohol related offending by attempting to engage those who are detained.	A
Alcohol related offences recorded by Police – Common Assault (per 10,000 population).	09/10 – 121 10/11 – 131 11/12 – 136.9	12/13 - 116.2 Scotland - 102	Decrease	Significantly worse than the national average As above	A
Alcohol related offences recorded by Police – Vandalism (per 10,000 population).	09/10 – 138 10/11 – 132 11/12 - 119	12/13 – 94.4 Scotland 100	Decrease	Significantly worse than the national average Forth Valley Custody Arrest Referral Service offers an early opportunity to break the cycle of alcohol related offending by attempting to engage those who are detained.	A
Alcohol related offences recorded by Police – Breach of the Peace (per 10,000 population).	11/12 – 90.8	12/13 = 76.4 Scotland 46.8	Decrease	Significantly worse than the national average As above	A
No. of community payback orders issued where alcohol and drug treatment is required, and proportion that are successfully completed		2013/14 60 issued 17 - successful completion 45 Forth Valley	Increase % successfully completed	Forth Valley Treatment service redesigned to meet the needs of CPOs. The service has been further refined to allow this support to be delivered.	A
Arrest Referral Stats	N/A	Alcohol Assessed – 43 Alcohol Attended – 42 Drugs Assessed – 29 Drugs Attended – 28	Increase (uptake of service)	The attrition rate for the arrest referral remains better than that for individuals referred to Signpost through other referral routes. Another positive aspect is the number of new clients	A

		Total New Clients – 31		identified through this referral route.	
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LOCAL ENVIRONMENT					
Indicator	Baseline	Most recent Information	Target 2014/15	Progress	RAG
Percentage of young people who have been offered drugs in the last month	2006 54.8%	2010 44.8% Scotland – 42.5%	Decrease	No significant difference can be calculated SALSUS due to be published November 2014	A
Percentage of people perceiving drug misuse or dealing to be common or very common in their neighbourhood	07/08 – 14.8% 09/10 – 8%	2012 5.2% Scotland 14.5	Decrease	Significantly better than Scottish average	A
Percentage of people noting 'alcohol abuse' as a negative aspect of their neighbourhood	07/08 – 18.1% 09/10 – 16.8%	12/13 – 9% Scotland 17.8%	Decrease	Significantly better than Scottish Average	A
Number of premises licences in force – On Trade (rate per 10,000 population)	12/13 – 18.4	13/14 – 17.8% Scotland – 26.6	Decrease	Significantly better than Scottish average	A
Number of premises licences in force – Off Trade (rate per 10,000 population)	12/13 – 11.1	13/14 – 11.5 Scotland – 11.4	Decrease	No significant difference from Scottish average	A
Number of personal licences in force (rate per 10,000 population)	12/13 – 95.7	13/14 – 106.9 Scotland – 123.5	Decrease	Significantly better than Scottish average	A

SERVICES					
Indicator	Baseline	Most recent Information	Target 2014/15	Progress	RAG
Percentage of clients waiting more than 3 weeks between referral to a specialist drug and alcohol service and commencement of treatment	11/12 – 3. 12/13 -	13/14 – 0.8% Forth Valley – 4.3% Scotland – 4.9%	Decrease		A
Percentage of clients waiting more than 3 weeks between referral to a specialist alcohol treatment service and commencement of treatment		13/14 – Forth Valley – 2.3% Scotland – 3.2%	Increase	No significant difference can be calculated.	A
SDMD initial completeness		12/13 = 100% Scotland 62.8%	Increase	Much work has been done within services using improvement methodology to improve compliance with all aspects of SMR recording. During the reporting period one to one training was offered to each member of the addiction team across statutory and third sector.	A
SDMD follow up completeness	11/12 – 20%	12/13 – 19% Scotland 14.9%	Increase	As above	A

5. ADP & Ministerial Priorities

ADP Priorities 2013/14

Please list the progress you have made in taking forward your ADP's five key commitments for 2013/14.

Falkirk ADP prioritised the following local needs:

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

<p>Training/Awareness – addressing acceptability/culture of alcohol and drugs within the whole community</p>	<p>Link to Workforce Development on completion of indicators and outcomes developed with NHS Health Scotland and STRADA</p> <p>Publicise STRADA Training to FADP Membership and monitor uptake by services</p>	<p>Training / Awareness - ADP Support Staff continue to meet with STRADA and Health Scotland to develop outcomes. Agreement with STRADA to provide bespoke training for 100 Housing and associated Staff in early 2014/15</p> <p>STRADA training is promoted in the area and individuals have availed themselves of these training sessions on a variety of issues.</p>
<p>Children Affected by Parental Substance Misuse (CAPSM)</p>	<p>Develop consultation with services on implementation of GIRFEC</p> <p>FVADP/CPC Refresh booklet ‘Working with Children and Families affected by Substance Misuse’ in light of GOPR (2)</p>	<p>CAPSM - Provided input to Practitioner Forums (5) for CP and Alcohol and Drug Services for practitioners to consider Alcohol and Drugs when dealing with families and impact on child and not only the adult - multi agency attendance.</p> <p>Review of booklet still ongoing and completion should be November 2014</p>

<p>Support for families and friends of those affected by substance misuse</p>	<p>Work with FVADP's to take pilot of Forth Valley Family Support Service forward to commissioned service within the area</p>	<p>Support - Forth Valley Family Support commissioned and operating in the area supporting family members and moving toward an independent support group that will be supported by the service. FVFSS is supplied by Scottish Families Affected by Alcohol and Drugs and have access to the national helpline as well as meeting in the local area where required by people seeking support. FVFSS are continually marketing their service to raise awareness among services and encourage self referral. FVFSS do not support children and would refer any young people making contact to the appropriate service. FVFSS are monitored by FVADP Monitoring Group for the service.</p>
<p>Service User Involvement</p>	<p>Encourage feedback from service users on service provided and where appropriate involve service users in design of services</p>	<p>Service User Involvement - Service User Group have recently completed Service User Survey with clients of all services being encouraged to submit questionnaires - results of the consultation will be shared with services. The Service Users Group will be took part in International Overdose Awareness Day on 31st August 2013 when a tree was planted and balloons released in memory of friends/family who had passed. Service Users have been involved in the planning of the day along with ADP Support.</p>
<p>Harm Reduction</p>	<p>Link to Communication and Access and continue to promote Harm Reduction as possible entry to treatment.</p>	<p>Harm Reduction - Signpost Recovery provide the Harm Reduction Service although this is encouraged in all services. Engagement with Harm Reduction Service can be first step for entry /preparation to enter treatment or simply advice to someone living with a chronic alcohol or drug user. The service provide outreach work and visit sites on request where information has been received about people congregating or where evidence of drug/alcohol use is apparent to other services. The harm Reduction service uplift needles/paraphernalia from identified sites and information re this is mapped. The Falkirk Council Community Safety Team and Waste Management Service also uplift needles discarded in public places in some cases discovered on patrol or where the public have made a call to the council contact centre. A Report is being prepared on finds for 2013/14 and this will be shared with partners. The provision of needles and other drugs paraphernalia by Harm Reduction Service and Local Pharmacists is being considered by a small work group including service, public health and lead pharmacist - concern over returns being low and looking a ways to encourage returns. Needles found in community do not match the non returns to places of issues.</p>

<p>Drug Deaths</p>	<p>Related</p> <p>Continued support for Take Home Naloxone Programme – encourage uptake and training for staff and friends/family.</p>	<p>Drug Related Deaths -The Drug Related Deaths in Scotland in 2013 Report was released on 14th August 2014 with a reported 526 deaths reported a reduction of 9% on the previous year. Falkirk had recorded 11 deaths in 2013 with 14 recorded in 2012 a reduction of 15.4% in 2013. DRD's are monitored by FVADP Critical Incident Group and the group consider each death looking for commonalities - the 2013 deaths reported presence of heroin in more (5) deaths than methadone (4) which was against national trend. Reports also show that others are present at the death which invites further promotion of the Take Home Naloxone Programme. The Scottish Government in a letter to ADP's on 6th August advised that the Scottish Drugs Forum have been commissioned to progress development of Death Prevention Strategies in Scotland that are to be developed locally - this will be considered by FVADP Critical Incident Group. Drug related overdoses are also monitored and this is considered in conjunction with Drug Related Deaths - all overdoses where Scottish Ambulance are called information is provided regarding availability of services and Signpost Recovery follow-up victims and encourage engagement with service where no contact has previously been made.</p>
<p>Reduction of Availability and Recovery of Drugs</p>	<p>Develop Operational Tasking Group (Alcohol and Drugs) for Falkirk Community Safety Partnership providing reporting mechanism for partners to report alcohol/drug related activity</p>	<p>Reduction of Availability - Networking within Community tasking Group as well as Safe Zone / Safe Base Partners and FADP provides platform for exchange of information re current activity in the area which is shared with partners and where required involvement in tasking groups considering particular problem areas and possible joint action by services.</p>

Ministerial Priorities 2013 / 2014

Priority	Improvement Goals	Update
Waiting Times – deliver the HEAT Standard for drug and alcohol waiting times	Resolve any anomalies in recording and processing data and ensure that there are no equity issues.	Waiting Times - services provided in Falkirk continue to meet the HEAT Standard with the majority of clients entering treatment within three weeks of assessment
ABI – deliver the HEAT standard for Alcohol Brief Interventions (ABI)	Improve the uptake of ABI in the non HEAT settings.	ABI - Services within Falkirk continue to exceed the HEAT Standard for ABI
Scottish Drug Misuse Database (SDMD) – increase the level of data submitted to the SDMD so that it accurately reflects local activity and need	Implement and monitor local SMR improvement plan.	Scottish Drug Misuse Database - services delivering Alcohol and Drug Services in the area contribute to the database with submission of SMR 25a and 25b which allows tracking of individuals throughout their treatment journey

<p>Waiting Times Database (DATWTD) – increase the level of fully identifiable records submitted to the DATWTD</p>	<p>Continue to maintain current performance level</p>	
<p>Naloxone – Increase the reach and uptake on national naloxone programme</p>	<p>Increase local penetration of Naloxone supply in line with local prevalence.</p> <p>Exceed the 15% target set by Scottish Government.</p>	<p>Naloxone - Training of staff continues. Staff in all services are offering naloxone to those at risk of overdose and services have started offering naloxone on issue of prescription. There is low uptake of the drug however the importance of overdose awareness training is not lost. Service Users are encouraged to have family members. friends attend for training. Training can also be offered at some of the Pharmacies who dispense methadone to clients.</p>
<p>New Psychoactive substances (NPS) / Legal Highs – Develop local understanding of the prevalence and impact of new psychoactive substances</p>	<p>Expand drug warning system to other partners including further education establishments, door staff within licensed premises and Street Pastors.</p>	<p>New Psychoactive Substances - Emergence of Head Shops in the area led to discussion at FADP as well as multi agency meeting and seminar held by Public Health after admissions to Emergency Department and information re aquisition/supply to which all partners were invited. Joint statement was to be prepared for press re NPS and supply in the community. NPS to be subject of Police Scotland Operation later in the year. All Alerts from Public Health had been in relation to NPS. Police Scotland report that individuals had been reported to procurator Fiscal for Reckless Conduct having been involved in the supplying NPS to young people. Information on NPS is shared with services and with those organisations staffing Safe Zone / Safe Base including British Red Cross, Scottish Ambulance Service, Street Pastors and Door Staff at local Clubs and Pubs. The Scottish Government issued an Evidence Review on NPS and this was circulated to members the Key Findings will be studied for implications for Falkirk/Forth Valley.</p>

ADP Priorities in 2014-15

Falkirk ADP will continue to prioritise the priorities identified for 2013/14 during the period 2014/15 and meet in November 2014 to decide on priorities post 2015 which will be linked to National Outcomes for Alcohol and Drug Partnerships and Falkirk SOA.

Ministerial Priorities 2014/15

ADP funding allocation letters 2014-15 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 2014/15. Please outline these below.

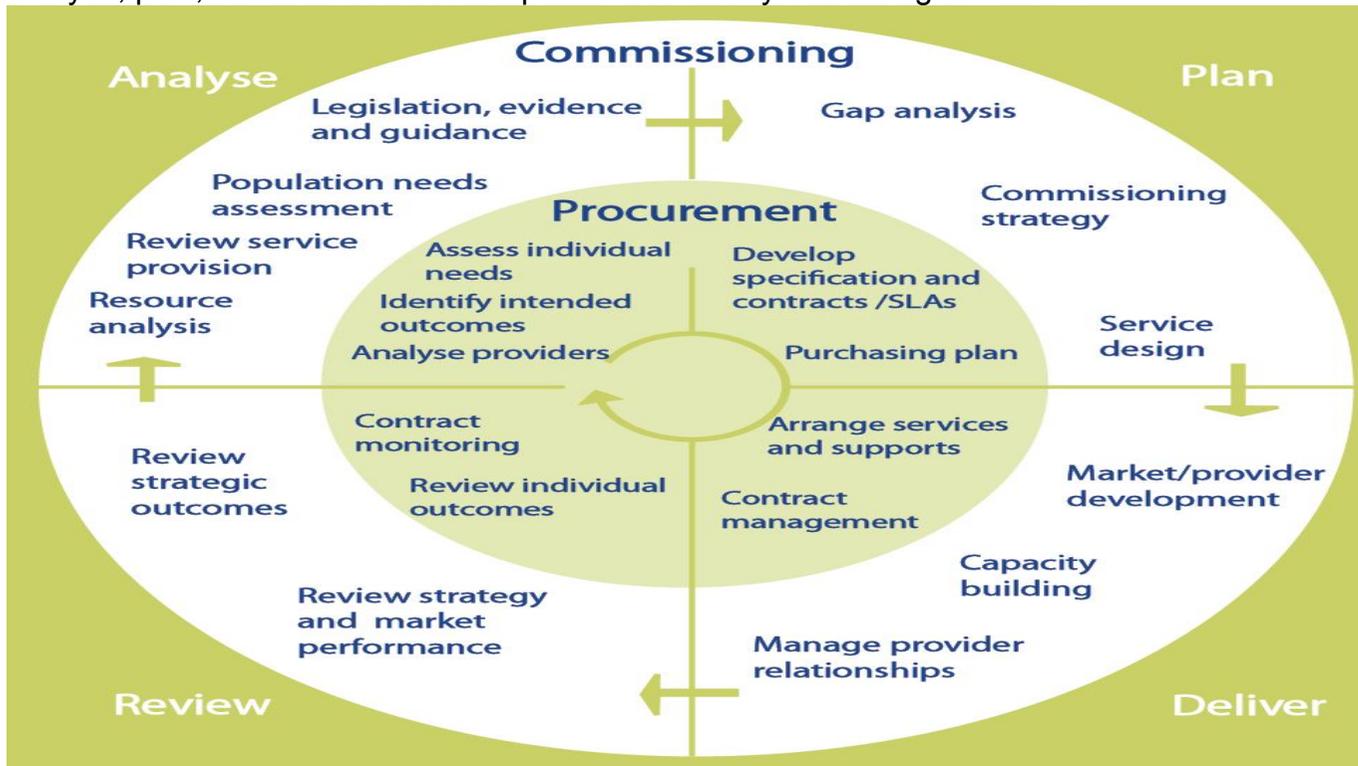
Ministerial Priority 2014/15	Local Improvement Goal
Compliance with the Alcohol Brief Interventions (ABIs) HEAT Standard	Maintain performance with priority settings. Improve the uptake of ABI within non HEAT settings.
Increasing compliance with the Scottish Drugs Misuse Database (SDMD)	Implement and monitor local SMR improvement plan.
HEAT Drug and Alcohol Treatment Waiting Times Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)	Resolve any anomalies in the recording and processing of waiting times data and ensure there are no equity issues.
Increasing the reach and coverage of the national naloxone programme and tackling drug related death(DRD)/risks in your local ADP	Increase local penetration of Naloxone supply in line with local prevalence. Exceed the 15% target set by Scottish Government.
Implementing improvement methodology at local level, including implementation of the <i>Quality Principles: Standard Expectations of Care and</i>	Through the work of the Redesign Board and Integrated Clinical Governance Group we have progressed much improvement work.

<p><i>Support in Drug and Alcohol Services</i> and responding to the recommendations outlined in the independent expert group on opioid replacement therapies</p>	<p>We also intend to examine the process for further inclusion of Scottish Government recovery indicators for measuring distance travelled.</p>
<p>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</p>	<p>Throughout this report there are many references and actions that have either been progressed or are underway within the Prisoner Healthcare setting. All relate to recovery from addiction. In Forth Valley this work was established long before the transfer of health responsibilities occurred. Prisoner health was identified as a priority within our needs assessment.</p> <p>There is a clear investment strand identified from the ADP allocation that has supported innovative practice. During the reporting period the following actions have been identified:</p> <p>Three addiction Counsellors have been appointed. Consultant Addiction Psychologist (Psych posts to be funded fully by NHS within 2 years) AFC 8 Addiction Psychologists Prisoner Healthcare staff engaged in Integrated Clinical Governance ICP extended to PHS ADP recovery grants developed SMR/naloxone/ waiting times monitored by ADP EACS staff taped into NHS – ADP third sector drug service recruits to vacancies within EACS ADP supporting outcomes development / collection SMART recovery coverage Workforce development – ROSC training offered Attitudes to Recovery questionnaire</p>
<p>Improving identification of, and preventative activities focused on, new psychoactive substances (NPS)</p>	<p>Continue to provide opportunities for partners to inform local warning system regarding legal high use across the Forth Valley area.</p>

APPENDIX 1: NOTES

1. Please complete the RAG column for each theme according to the following definitions:
Red: No action is yet underway
Amber: Action is underway but is not yet completed
Green: Action is completed
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>)
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:** this is being 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, 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/>)
6. **Please indicate in your evidence if you have received feedback on this report from your Community Planning Partnership/ 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>

The Independent Expert Review of Opioid Replacement Therapies in Scotland 'Delivering Recovery' can be found at

<http://www.scotland.gov.uk/Publications/2013/08/9760/downloads>

The Quality Principles will be published in the coming weeks. This template will be updated with a link to them upon publication.

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.