

## AGENDA ITEM

14

**Title/Subject:** Falkirk Alcohol and Drug Partnership  
**Meeting:** Integration Joint Board  
**Date:** 1 June 2018  
**Submitted By:** Chair of Falkirk Alcohol and Drug Partnership  
**Action:** For Noting

## **1. INTRODUCTION**

- 1.1 This report is to inform the Integration Joint Board of the activity and outcomes of the work of Falkirk Alcohol & Drug Partnership (FADP) in 2016- 2017. It will outline the content of the FADP Annual Report and the Scottish Government's response to this.

## **2. RECOMMENDATION**

The Integration Joint Board is asked to:

- 2.1 note the progress being made by the FADP as acknowledged by the Scottish Government
- 2.2 note the broad range of activity which is taking place to address the challenges we have in our communities related to substance misuse
- 2.3 note that where there are areas of particular concern, such as Drug Related Deaths, every effort is being made at a multi-agency level to address this
- 2.4 note Drug Related Deaths reduced significantly in 2017 and in-depth analysis of this is currently taking place.

## **3. BACKGROUND**

- 3.1. The Scottish Government outlined a range of ministerial priorities for Alcohol & Drug Partnerships in 2016-2017. FADP is required to report on its progress toward achieving the improvements and outcomes related to these priorities. The priorities link directly to Falkirk Council's Strategic Outcomes and Local Delivery Plan (SOLD) substance misuse priorities. They also support the vision of Falkirk's Health and Social Care Partnership, "to enable people to live full, independent and positive lives within supportive communities."
- 3.2. The priorities are underpinned by a number of national strategies, including "The Road to Recovery – a new approach to tackling Scotland's drug problem," 2008 and "Changing Scotland's Relationship with Alcohol – a framework for action," 2009. Both of these strategies are currently being refreshed.

#### **4. FALKIRK ALCOHOL & DRUG PARTNERSHIP ANNUAL REPORT 2016 - 17**

- 4.1. The FDAP Annual Report 2016 – 17 is attached at Appendix 1 for information. The report provides information against:
- Financial Framework
  - Ministerial Priorities
  - Additional Information.
- 4.2. There is clear evidence that FADP has achieved improvements and positive outcomes in relation to many of the priorities. These include:
- sustaining our performance on the Waiting Times target, with 98.7% of individuals being seen and referred to appropriate treatment within 3 weeks (target is 90% within 3 weeks);
  - exceeding the target in relation to the delivery of Alcohol Brief Interventions within priority settings;
  - funding a specialist midwifery post to provide pre-birth support for women who are consuming alcohol at harmful and hazardous levels;
  - having an action plan in place in preparation for the new Drug and Alcohol Information System;
  - expanding our Overdose Awareness and Naloxone training;
  - increasing the supply of Naloxone (a drug which can be administered to reverse the effects of an opioid i.e. heroin overdose);
  - We took part in the National Alcohol & Drug Partnership Self Evaluation process undertaken by the Care Inspectorate. Overall, the feedback from the Care Inspectorate was positive. We have devised an improvement plan to strengthen the areas identified by the Care Inspectorate as requiring further development;
  - Continuing to invest in Workforce Development;
  - Ensuring a proactive approach to responding to the needs of prisoners affected by problem drug and alcohol use;
  - We engaged in activities to reduce Alcohol Related Deaths, targeting both the whole population and specific groups. Latest available data (2016) suggests that Falkirk is in line with the national average rate of Alcohol Related Deaths.
- 4.3. One priority where we did not achieve our target was around Drug Related Deaths (DRDs). In 2016, 35 people died a Drug Related Death. There has been and there continues to be significant activity in relation to trying to reduce Drug Related Deaths.
- 4.4. In 2017 we lost 15 people to a Drug Related Death, which is a significant reduction.

#### **5. FEEDBACK FROM SCOTTISH GOVERNMENT**

- 5.1. The feedback for the Scottish Government on FADP Annual Report was positive and constructive. It praised the work FADP is doing in relation to preparing for the new Drug and Alcohol Information System. It was appreciative of the work being taken forward in relation to tackling both alcohol and drug related deaths. It also highlighted the robust processes we have in place for meeting the needs of prisoners affected by

problematic substance use. FADP's strategic approach to workforce development was also received positively. This is attached at Appendix 2 for information.

- 5.2. The feedback encouraged FADP to continue to build on our connections with the Community Planning Partnership and Integration Joint Board.

## **6. CONCLUSIONS**

- 6.1. In conclusion, FADP oversees a broad range of activity in relation to minimising the harms caused by substance misuse. The 2016/17 Annual Report highlights the progress and improvements being made in relation to national priorities for Alcohol & Drug Partnerships. Feedback from the Scottish Government is overall positive in relation to this. There are on-going challenges in relation to reducing Drug Related Deaths; however, the numbers of people who died in 2017 was significantly less than in 2016. Conclusions will be drawn as to the reasons for this once all the data is analysed.
- 6.2. The FADP annual report for 2017/18 will be presented to a future IJB for information.

### **Resource Implications**

There are no resource implications.

### **Impact on IJB Outcomes and Priorities**

The work of FADP contributes to and has links across all the outcomes areas and priorities of the IJB. FADP priorities all support the aims and principles of the IJB:

- improving health, early intervention and prevention
- reducing prevalence of alcohol and drug use
- promoting and providing opportunities for recovery
- supporting children and families affected by substance use
- reducing the impact of substance use on communities
- providing high quality treatment and support services.

FADP continue to build a Recovery Oriented System of Care (ROSC), where treatment and aftercare are integrated and priority is given to empowering people to sustain their recovery. Features of a ROSC also link and contribute to the work of the IJB. These include:

- Being person-centred
- Being inclusive of family and significant others
- Keeping people safe and free from harm
- The provision of individualised and comprehensive services – such as housing, employability and education
- Services that are connected to the community
- Services that are trauma informed.

### **Legal & Risk Implications**

FADP has a statutory duty to deliver an Alcohol & Drug Partnership Plan. Failure to do this would be a failure to comply with its duties.

**Consultation**

This is not necessary – consultation has taken place as part of the development of the FADP Delivery Plan.

**Equalities Assessment**

There has been no EPIA in relation to this action plan. FADP will work in the forthcoming year to progress this.

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Approved for submission by: Fiona Campbell, Head of Policy, Technology and Improvement, Falkirk Council, Chair of the Falkirk Alcohol and Drugs Partnership

**Author** – Ruth McDonald, Policy Officer, Falkirk Council

**Date:** 22 May 2018

**List of Background Papers: The papers that may be referred to within the report or previous papers on the same or related subjects.**

IJB Annual Report

The Road to Recovery- <http://www.gov.scot/Publications/2008/05/22161610/0>

Changing Scotland's Relationship with Alcohol –  
<http://www.gov.scot/Publications/2009/03/04144703/3>



# **FALKIRK ALCOHOL & DRUG PARTNERSHIP 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

<b>Income</b>	<b>Substance Misuse (Alcohol and Drugs)</b>
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
<b>Total</b>	<b>£9,119,107</b>

### Total Expenditure from sources

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



**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
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)	<ul style="list-style-type: none"> <li>• 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.</li> <li>• No one will wait longer than 6 weeks to receive appropriate treatment.</li> <li>• 100% data compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland.</li> </ul>	<ul style="list-style-type: none"> <li>• 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 was that 98.7% of individuals were seen within 3 weeks. 100% were seen within 6 weeks.</li> <li>• We continue to manage waiting times within the Prison Healthcare setting for Forth Valley establishments via the same processes.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• We have extended SCI Gateway access to Third Sector Services to enhance patient flow.</li> <li>• We continue to encourage services to utilise the DCAQ methodology. The results of which will be used to inform our forthcoming capacity planning meeting.</li> <li>• We will continue to compile reports on Waiting Times performance which will be circulated to all services.</li> </ul>

		<ul style="list-style-type: none"><li>We continued to ensure that anonymous records are entered on an exceptional basis only, in accordance with the guidance provided by ISD.</li></ul>																					
2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)	<ul style="list-style-type: none"><li>Maintain performance within priority settings.</li><li>Improve the uptake of ABI within the non-HEAT settings with a particular focus on the Mental Health and Criminal Justice settings.</li></ul>	<ul style="list-style-type: none"><li>We have continued to exceed the Forth Valley target in relation to ABI Delivery within priority settings.</li><li>In total, 9081 ABIs were delivered across Forth Valley: 6302 within priority settings and 2779 in wider settings. The target was 3410.</li></ul> <p>Local Authority breakdown as follows (Priority Settings):</p> <table><tr><th>Local Authority</th><th>Annual Standard</th><th>Primary Care</th><th>A&amp;E</th><th>Antenatal</th></tr><tr><td>Clackmannanshire</td><td>682</td><td>1294</td><td>34</td><td>1</td></tr><tr><td><b>Falkirk</b></td><td><b>1705</b></td><td><b>2543</b></td><td><b>72</b></td><td><b>2</b></td></tr><tr><td>Stirling</td><td>1023</td><td>2314</td><td>42</td><td>0</td></tr></table> <ul style="list-style-type: none"><li>Low rates of ABI delivery in the Antenatal setting remain low. Screening data indicate 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 weeks. This will allow comparisons to be made at two time points.</li></ul>	Local Authority	Annual Standard	Primary Care	A&E	Antenatal	Clackmannanshire	682	1294	34	1	<b>Falkirk</b>	<b>1705</b>	<b>2543</b>	<b>72</b>	<b>2</b>	Stirling	1023	2314	42	0	<ul style="list-style-type: none"><li>Increase understanding of barriers to ABI delivery within Mental Health Settings.</li></ul>
Local Authority	Annual Standard	Primary Care	A&E	Antenatal																			
Clackmannanshire	682	1294	34	1																			
<b>Falkirk</b>	<b>1705</b>	<b>2543</b>	<b>72</b>	<b>2</b>																			
Stirling	1023	2314	42	0																			

		<ul style="list-style-type: none"><li>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.</li><li>Local Authority breakdown within wider settings is as follows:</li></ul> <table><tr><th>Local Authority</th><th>ABIs Delivered</th></tr><tr><td>Clackmannanshire</td><td>588</td></tr><tr><td><b>Falkirk</b></td><td><b>1576</b></td></tr><tr><td>Stirling</td><td>615</td></tr></table> <ul style="list-style-type: none"><li>Training for Trainers was delivered within the Criminal Justice setting. A total of 204 ABIs were also delivered in Custody Settings across Forth Valley through 2016/17.</li></ul>	Local Authority	ABIs Delivered	Clackmannanshire	588	<b>Falkirk</b>	<b>1576</b>	Stirling	615	
Local Authority	ABIs Delivered										
Clackmannanshire	588										
<b>Falkirk</b>	<b>1576</b>										
Stirling	615										

- 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
<b>Falkirk</b>	<b>38</b>
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
<b>Falkirk</b>	<b>80</b>
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
<b>Falkirk</b>	<b>15</b>
Stirling	11

		<ul style="list-style-type: none"> <li>We have revised the Local Enhanced Service for ABIs for General Practitioners who continue to support delivery of the target.</li> </ul>	
3. Increasing Data Compliance SDMD: SMR25 A and B.	<ul style="list-style-type: none"> <li>Continue to monitor compliance with the SMR database.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>We have worked with ISD to improve the data quality within the current SMR system which supports the National SDMD report.</li> <li>We worked with ISD to recode local services in relation to geographic position to ensure accurate data reporting of patient flow.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
4. Preparing Local Systems to comply with the new Drug & Alcohol Information System (DAISy)	<ul style="list-style-type: none"> <li>Continue to implement and monitor local DAISy implementation plan.</li> <li>Continue to raise awareness of the DAISy system amongst staff.</li> <li>Prepare local systems for implementation date.</li> </ul>	<ul style="list-style-type: none"> <li>We have devised an action plan in preparation for the new information system – DAISy.</li> <li>We will develop the workforce as required in using the ROW on line training module. This will include Prisons.</li> <li>We identified Super Trainers from within local provision who will support local workforce development post implementation of the DAISy system.</li> <li>We have contributed to the national DADA meetings.</li> </ul>	

		<ul style="list-style-type: none"><li>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.</li></ul>									
5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison.	<ul style="list-style-type: none"><li>Increase the local penetration of Naloxone supply in line with drug prevalence rates.</li><li>Continue to deliver overdose prevention training to service users within Forth Valley Substance Misuse services.</li></ul>	<ul style="list-style-type: none"><li>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.</li><li>Overdose awareness training was delivered to 66 participants from families affected and staff working within homeless and supported accommodation settings.</li><li>Our Naloxone penetration for this reporting period can be summarised as:<table><tr><th>Local Authority</th><th>Total</th></tr><tr><td>Clackmannanshire</td><td>76</td></tr><tr><td><b>Falkirk</b></td><td><b>203</b></td></tr><tr><td>Stirling</td><td>112</td></tr></table></li><li>We continue to work with the three local prisons to ensure that Prison Healthcare performance is also in line with the national target.</li></ul>	Local Authority	Total	Clackmannanshire	76	<b>Falkirk</b>	<b>203</b>	Stirling	112	<ul style="list-style-type: none"><li>We continue to audit prescribing systems to identify and address gaps in naloxone provision.</li><li>We explore storage of Naloxone within our network of Recovery Cafes and Peer Support Network.</li><li>We will work with local Young People’s Services to develop an appropriate policy with a view to Naloxone being stored on the premises.</li></ul>
Local Authority	Total										
Clackmannanshire	76										
<b>Falkirk</b>	<b>203</b>										
Stirling	112										

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

Local Authority	Total
Clackmannanshire	73
<b>Falkirk</b>	<b>58</b>
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
<b>Falkirk</b>	<b>36</b>
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"><li>• We have developed Corporate Naloxone policies in both Falkirk and Stirling Local Authority areas. These allow for Naloxone to be stored in key risks areas such as Housing / Homelessness Units. Preliminary discussions have also taken place with Clackmannanshire Council.</li><li>• We understand the ratio of Naloxone provision within the ORT population and are addressing improvements required through the IEP / Naloxone Sub Group.</li></ul>									
6. Tackling drug related deaths (DRD)/risks in your local ADP.	<ul style="list-style-type: none"><li>• Reduce Drug Related Deaths by 10%.</li></ul>	<ul style="list-style-type: none"><li>• 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"><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><b>Falkirk</b></td><td><b>35</b></td></tr><tr><td>Stirling</td><td>11</td></tr></tbody></table></li></ul>	Local Authority	Total Number of Drug Related Deaths (2016)	Clackmannanshire	11	<b>Falkirk</b>	<b>35</b>	Stirling	11	
Local Authority	Total Number of Drug Related Deaths (2016)										
Clackmannanshire	11										
<b>Falkirk</b>	<b>35</b>										
Stirling	11										

		<ul style="list-style-type: none"> <li>• 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).</li> <li>• 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.</li> <li>• The PAG was stood down in December 2016 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• We complied with the request from SDF and completed the return from the Staying Alive in Scotland fact find. Any identified gaps have been incorporated into appropriate local action plans.</li> <li>• We 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.</li> <li>• 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.</li> <li>• 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. A member of the Harm Reduction team regularly patrols the Falkirk area with the Community Wardens. This has led to the Community Wardens increasing their knowledge and skills in identifying drug paraphernalia.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Work is planned to scope out further locations in the Falkirk area.</li> </ul>
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		<ul style="list-style-type: none"> <li>• 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.</li> <li>• Forth Valley has recognised the potential value of a Drug Trend Monitoring Group and has 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.</li> <li>• We continue to with Public Health to ensure consistency with the current Forth Valley alert / warning system.</li> <li>• We continued to operate a Holiday Period protocol which allows us to manage risk in relation to the impact of Pharmacy closures during holiday periods.</li> <li>• 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 communities are protected.</li> <li>• 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.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• 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 circulated to all Substance Misuse Services, all GP surgeries and local Police Stations.</li> <li>• We continue to mark International Overdose Awareness Day on an annual basis and invite staff, service users and family members to join us.</li> <li>• Where appropriate, we continue to place appropriate harm reduction messages within Community Pharmacy medicine bags to raise awareness of current issues causing concern and to promote the recovery support available locally.</li> <li>• 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.</li> </ul>	
7. Implementing improvement methodology including implementation of the <i>Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services</i> .	<ul style="list-style-type: none"> <li>• Embed local improvement targets as detailed within QIFB plan.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• We have plans to re-audit local services in relation to NQP audits by the end of 2017.</li> </ul>

		<ul style="list-style-type: none"> <li>• 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.</li> <li>• We have devised an improvement plan to strengthen the areas identified by the Care Inspectorate as requiring further development.</li> <li>• 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.</li> <li>• We continue to operate our Quality Improvement Board and Integrated Clinical Governance Group which include actions relating to improvement methodology.</li> <li>• 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.</li> <li>• 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 the evidence based practice and the National Quality Principles Care Standard.</li> </ul>	
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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"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• We continue to monitor the Clinical aspects of our treatment system via our Integrated Clinical Governance Group (ICG).</li> <li>• 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.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• 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. Falkirk ADP is also involved in this area of work.</li> <li>• The ADP Support Team will be represented on the national PADS CAPSM group and the PADS Communities Group.</li> <li>• 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.</li> </ul> <p style="text-align: center;"><b><u>Workforce Development</u></b></p> <ul style="list-style-type: none"> <li>• 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 below:</li> </ul>	
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		<b>SDF Course</b>	<b>Total Number of Participants</b>	<ul style="list-style-type: none"><li>Planned Adult Protection training for all Substance Misuse Services.</li></ul>
		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	
		<ul style="list-style-type: none"><li>Locally we have also commissioned and helped develop a number of courses. This includes:</li></ul>		

		<table><tr><th>SDF Course</th><th>Total Number of Participants</th></tr><tr><td>Getting Our Priorities Right (GOPR)</td><td>190</td></tr><tr><td>ROSC</td><td>31</td></tr><tr><td>Community Pharmacy GOPR</td><td>26</td></tr><tr><td>Community Pharmacy ROSC</td><td>16</td></tr><tr><td>ARBD</td><td>87</td></tr><tr><td>NPS</td><td>50</td></tr></table> <ul style="list-style-type: none"><li>• 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.</li><li>• Health Promotion colleagues also deliver a programme of training to a wide range of partners. Some of these</li></ul>	SDF Course	Total Number of Participants	Getting Our Priorities Right (GOPR)	190	ROSC	31	Community Pharmacy GOPR	26	Community Pharmacy ROSC	16	ARBD	87	NPS	50	
SDF Course	Total Number of Participants																
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Community Pharmacy GOPR	26																
Community Pharmacy ROSC	16																
ARBD	87																
NPS	50																

		<p>courses have already been highlighted throughout the report. Additional training relating to Substance Misuse, can be summarised as:</p> <table><tr><th>Course Topic</th><th>C</th><th>F</th><th>S</th><th>Total</th></tr><tr><td>Volatile Substance Abuse (VSA)</td><td>7</td><td>21</td><td>19</td><td>47</td></tr><tr><td>FASD</td><td>7</td><td>17</td><td>15</td><td>39</td></tr><tr><td>Social Influence Education &amp; Prevention Programme</td><td>13</td><td>15</td><td>2</td><td>30</td></tr><tr><td>Drug and Alcohol Awareness for Managers</td><td>6</td><td>8</td><td>7</td><td>21</td></tr><tr><td>Mental Health Awareness for Managers</td><td>10</td><td>17</td><td>19</td><td>46</td></tr></table>	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 for Managers	10	17	19	46	
Course Topic	C	F	S	Total																													
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		Reducing Substance Use by encouraging positive coping strategies to deal with stress.	200	<b>600</b>	400	1200	
		Provision of update information materials on drugs and / or alcohol.	Alcohol – 1353 Drugs – 1789	<b>Alcohol – 3373</b> <b>Drugs – 4471</b>	Alcohol – 2019 Drugs – 2683	Alcohol = 6745 Drugs = 8943	
		<ul style="list-style-type: none"><li>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 look at Public Protection issues across the lifespan. This was the second Public Protection conference held locally and was attended by 107 delegates.</li></ul>					

		<p style="text-align: center;"><b><u>Forth Valley Recovery Community (FVRC)</u></b></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> <p>Since May 2016, two Peer Supporters have found employment within one of our local Substance Misuse Services, another</p>	
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		<p>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>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 – 31<sup>st</sup> March 2017 was 1,691.</p> <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>	
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		<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. There is also a residential rehab support group for people preparing for residential rehabilitation and for those who have completed residential treatment. This is run by FVRC.</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;"><b><u>National Recovery Walk</u></b></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 who donated financial and physical support to aid the event.</p> <p>These partners included:</p> <ul style="list-style-type: none"> <li>• The Rotary Club</li> <li>• Local Authorities</li> <li>• Local ADPs</li> <li>• Police Scotland</li> <li>• Tobacco Action Group (NHS Forth Valley)</li> <li>• BBV Strategy Group (NHS Forth Valley)</li> <li>• Health Promotion (NHS Forth Valley)</li> <li>• CVS Stirling</li> </ul>	
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		<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 population and Recovery Community.</p> <p style="text-align: center;"><b><u>Forth Valley Recovery Olympics</u></b></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. We hope that this helps to 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;"><b><u>PADS Communities Group – Local Visit</u></b></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</p>	
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		<p>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>Forth Valley ADP Support Team are represented on the national PADS Communities Group.</p> <p style="text-align: center;"><b><u>Other Developments</u></b></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. 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>	
9. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by	<ul style="list-style-type: none"> <li>Embed ICP for Prisons and support effective liberation for Forth Valley prisoners.</li> </ul>	<ul style="list-style-type: none"> <li>The Prison establishments continue to report Waiting Times and SMR activity to the ADP.</li> <li>The local Prisons are also engaged in local preparation</li> </ul>	We are actively pursuing discussion about involving our community based peer supporters to assist with the

<p>problem drug and alcohol use and their associated through care arrangements, including women.</p>	<ul style="list-style-type: none"> <li>• Continue to invest in Substance Counsellors within Forth Valley prisons.</li> <li>• Manage Waiting Times for the Prison Healthcare setting.</li> <li>• Monitor SMR activity and compliance within the Prison Healthcare settings.</li> <li>• Include Prison Healthcare in local National Quality Principles audit.</li> </ul>	<p>for DAISy implementation.</p> <ul style="list-style-type: none"> <li>• We are represented within the three local Community Justice structures. Substance Misuse has been identified as a priority area for all three.</li> <li>• We are working with partners to ensure that holistic recovery focussed services are offered within our Criminal Justice settings.</li> <li>• 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. There continues to be a high rate of referral. This post allows for criminal justice oriented assessment, liaison, support, psycho-social interventions and recovery planning. The positive working relationship between Signpost Recovery and Falkirk Criminal Justice Social Work has enabled staff to liaise, plan and co-ordinate client care in a more informed manner.</li> <li>• From April 2016, Falkirk Criminal Justice Services provided new premises at Graham’s Road in Falkirk. This has enabled Women’s Services to be developed in such a way that they can meet the varied needs of the women within the Criminal Justice system. The Criminal Justice Link Nurse worked collaboratively with other team members including the Woman’s Development worker, Health Care Assistant and the Criminal Justice Substance Misuse Link Worker and they were supported by management to develop a</li> </ul>	<p>Smoke Free Prisons agenda as well as SMART provision within SPS establishments.</p>
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		<p>comprehensive package of support for women. This was acknowledged by the 'Celebrating Success Awards' held by Falkirk Council where the Grahams Road services came runner up in 'Initiative of the Year' category.</p> <ul style="list-style-type: none"> <li>• In Falkirk, a Criminal Justice Substance Misuse Link Worker post was created following it being identified that there was a gap within Criminal Justice provision whereby it was difficult for clients to access both mutual aid support and the wider recovery community. In order to encourage more clients to become actively involved, a Self-Management and Recovery Training (SMART) meeting was developed specifically for the criminal justice population and was based at the Falkirk Criminal Justice Brockville Office. This is facilitated jointly by the Criminal Justice Substance Misuse Link Worker and Social Work colleagues. This has given clients an introduction to group work and encouraged them to access wider recovery support such as counselling, recovery cafes and peer mentoring training.</li> <li>• <b>Social Inclusion Project</b> – the Social Inclusion Project is continuing to work with people who are extremely vulnerable and among the hardest to reach and most excluded people in our communities. The partnership between the Signpost Recovery, the Police, Criminal Justice Social Work, Falkirk ADP, Forth Valley ADP, Scottish Fire &amp; Rescue Service and the Richmond Fellowship is strong and effective. The project can evidence a range of positive outcomes and has an</li> </ul>	
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		<p>excellent record in engaging successfully with its service users, with attendance rates of over 90%. A full report is being compiled for this project.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <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</p>	
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		are also involved in outreach, in order to maximise the opportunity to contact and engage this service user group.	
10. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).	<ul style="list-style-type: none"> <li>• Develop a proportionate and evidence informed plan to prevent and reduce the harm associated with NPS.</li> <li>• Deliver NPS Training to 40 participants during 2016/17.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• We continue to develop the workforce to ensure the appropriate competencies required to support individuals using NPS.</li> <li>• A decision was made to stand down the local NPS Steering Group and incorporate the actions into the work plan of the DRD group.</li> <li>• 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.</li> <li>• We commissioned a significant number of NPS training sessions from Scottish Drugs Forum. This was delivered to 50 participants.</li> </ul>	

		<ul style="list-style-type: none"> <li>We continue to share information as appropriate with the Police Scotland representative with a remit for NPS.</li> </ul>	
<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"> <li>Continue to support and promote communication campaigns such as FASD and Safer Drinking Campaigns.</li> <li>Progress with plans to expand the Social Influence approach.</li> <li>Re-establish the ADP role within Licensing.</li> </ul>	<ul style="list-style-type: none"> <li>We are in early discussions with Public Health around the necessity to update our local Substance Use Needs Assessment.</li> <li>Our branded communications programme “Rethink Your Drink” is targeted at three specific points in the calendar year:               <ol style="list-style-type: none"> <li>“Rethink Your Drink on Holiday” – Summer Campaign</li> <li>Foetal Alcohol Spectrum Disorder (September)</li> <li>“Rethink Your Drink at Christmas” – Festive Campaign.</li> </ol> </li> <li>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.</li> </ul> <p>We have previously reported on the various resources we produce. Items refreshed or developed in the 2016/17 reporting period are:</p> <ol style="list-style-type: none"> <li>ADP Jumpers and T shirts</li> <li>Bookmarks</li> <li>Mugs</li> <li>Ice scrapers</li> <li>Promotional banners / flags</li> </ol>	<ul style="list-style-type: none"> <li>Continue to provide training and public awareness events for FASD as well as update available materials for distribution.</li> </ul>

		<ul style="list-style-type: none"> <li>• We continue to distribute our resources as previously reported and to ensure their wide distribution throughout local community outlets including Community Centres, Food Banks, Libraries and Nurseries. Specific settings include: <ol style="list-style-type: none"> <li>1. A&amp;E Department Plasma Screen support messages.</li> <li>2. GP Surgery Plasma Screen support messages.</li> <li>3. One Stop Shop Plasma Screen support messages.</li> <li>4. Local Authority Plasma Screen support messages</li> <li>5. Support messages on pay slips within Local Authorities and NHS.</li> </ol> </li> <li>• We continue to rotate our support banners around many community outlets and they remain a static presence within the three main local Police Stations.</li> </ul> <p style="text-align: center;"><b><u>VPD Pilot</u></b></p> <ul style="list-style-type: none"> <li>• 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. This is also to be explored in Falkirk.</li> </ul>	
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		<p style="text-align: center;"><b><u>Clinical Developments</u></b></p> <ul style="list-style-type: none"> <li>• Work has been undertaken to develop a neurological pathway which will support the earlier identification of FASD.</li> </ul> <p style="text-align: center;"><b><u>Social Influence Programme</u></b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p style="text-align: center;"><b><u>Social Influence Programme – Youth Justice Setting</u></b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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).</li> <li>• However, the evaluation concluded that the programme <i>could</i> work successfully in Polmont if the</li> </ul>	<ul style="list-style-type: none"> <li>• Expand the Social Influence Approach to include 3 further schools in 2017/18.</li> </ul>
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		<p>recommendations for further enhancement were able to be implemented. This included institutional as well as programme changes.</p> <p style="text-align: center;"><b><u>Safer Streets</u></b></p> <ul style="list-style-type: none"> <li>• Signpost Recovery staff are part of a partnership which FVADP and Falkirk ADP helped develop. The partnership aims to reduce the fear of crime, preserve and restore public order, increase public reassurance and support the delivery of safer communities. One of the activities is running a SafeZone/Base on key evenings over the festive season. Intoxication is a common feature of the people coming into contact with the initiative. Over the period SafeZone ran this year, over 150 contacts were made with members of the team and 27 people were treated in the safe base.</li> </ul> <p style="text-align: center;"><b><u>Recovery Projects</u></b></p> <ul style="list-style-type: none"> <li>• We continued to invest in a number of Recovery Projects. This included: <ol style="list-style-type: none"> <li>1. The CAB Advice Project</li> <li>2. Veterans Project</li> <li>3. Dedicated Support for Looked After and Accommodated Children.</li> <li>4. Early Intervention Service for Young People.</li> <li>5. Family Support – within the reporting period, we commenced procurement processes for the Forth Valley Family Support Service. The new contract will commence 1<sup>st</sup> September 2017.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• There are plans to consider extending this initiative to include day time provision.</li> </ul>
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		<ul style="list-style-type: none"> <li>• 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.</li> <li>• <b>Licensing</b> – 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.</li> <li>• We attended events hosted by Alcohol Focus Scotland and also plan to meet with the new AFS Policy and Development Co-ordinator.</li> <li>• In Falkirk, the <b>Strategic Outcomes and Local Delivery Plan</b> has identified substance misuse as one of its priorities. In relation to alcohol, it has a focus on the prevention of FASD and support for children affected. It also has a focus on support for those affected by Alcohol Related Brain Injury and challenging social norms.</li> <li>• Falkirk ADP supported an Early Intervention service for young people beginning to experience difficulties in relation to substance misuse. FADP also supported a service for young people who are Looked After and Accommodated and experiencing substance related issues. Both the Early Intervention and the Looked After services are able to evidence a range of positive outcomes and full reports are available for these</li> </ul>	
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		services.	
12. ADP Engagement in improvements to reduce alcohol related deaths.		<ul style="list-style-type: none"> <li>• 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.</li> <li>• The ARBD team is now in place. People are being actively supported, some of whom are very 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.</li> </ul> <p>Caseloads are high and early indications from CHI analysis undertaken indicate high use of hospital beds days over a period of 6 months. This usage reduced post intervention offered by the ARBD team.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• We continue to develop the Social Care and Addiction workforce to recognise the signs of ARBD and to encourage early referral.</li> </ul>	

		<ul style="list-style-type: none"> <li>A&amp;E Referral Pathway (for individuals under 16) – the referral pathway for young people presenting at A&amp;E as a result of drug and / or alcohol misuse with the aim of identifying people earlier and offering an appropriate level of support is still operational.</li> </ul>	
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### 3. ADDITIONAL INFORMATION 1 APRIL 2016 - 31 MARCH 2017

1	<b>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)</b>	<ul style="list-style-type: none"> <li>• External evaluation of Third Sector Core Provision.</li> <li>• Review of the effectiveness of the Forth Valley Recovery Community.</li> <li>• 2016 Drug Related Death Research</li> <li>• Social Influence Prevention Programme Research</li> <li>• Evaluation of Social Influence Programme within Polmont Young Offenders Institution</li> </ul>
2	<b>What is the formal arrangement within your ADP for working with local partners to report on the delivery of local outcomes?</b>	<ul style="list-style-type: none"> <li>• Falkirk ADP reports quarterly to the Public Protection Chief Officer's Group. This group then reports to the Community Planning Partnership Executive group.</li> <li>• The ADP Support Team is represented on the strategic planning groups for the local IJBs and has presented the work of the ADP to local leaders.</li> </ul>
3	<b>A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise on the current status of your ROSC.</b>	<p>Forth Valley continues 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 provide 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	<b>Is there an ADP Workforce Development Strategy in Place, if <u>no</u>, are there plans to develop?</b>  <b>What additional supports have you leveraged to facilitate this and are you working with the NCOs?</b>	<ul style="list-style-type: none"> <li>• Workforce Strategy in place <u>Yes</u></li> </ul> <p>Workforce Development features heavily in all our governance and work plans. This has helped streamline the number of 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>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>

## 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.

### Glossary of Terms

Acronym	Definition
ABI	Alcohol Brief Intervention
ARBD	Alcohol Related Brain Damage
BBV	Blood Borne Virus
CAB	Citizens Advice Bureau
CAPSM	Children Affected by Parental Substance Misuse
DADA	Drug and Alcohol Data Action Group
CPC	Child Protection Committee
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
ICG	Integrated Clinical Governance
IEP	Injecting Equipment Provision
ISD	Information Services Division
PADS	Partnership for Action on Drugs in Scotland
ISP	Information Sharing Protocol
LDP	Local Delivery Plan
NFO	Non-Fatal Overdose
NPS	New Psychoactive Substances
NQP	National Quality Principles
ORT	Opioid Replacement Therapy
PAG	Problem Assessment Group
QIFB	Quality Improvement Framework Board
RCGP	Royal College of General Practitioners
ROSC	Recovery Oriented System of Care



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

## SCOTTISH GOVERNMENT FEEDBACK TO FALKIRK ADP

### ADP ANNUAL REPORT 2016-17

#### 1. FINANCIAL FRAMEWORK

<b>Financial Framework: SG Earmarked Allocations</b>	Thank you for providing clear and detailed information throughout this section in your Annual Report.
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#### 2. MINISTERIAL PRIORITIES

PRIORITY	FEEDBACK
Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	Thank you for your feedback and for completing the recent DAISy implementation checklist. It is encouraging that the ADP is working collaboratively with partners, has an action plan and an implementation process in place. Further support to assist the ADP with its implementation plan is available from the DAISy project board and via the DAISy implementation meetings.
Tackling drug related deaths (DRD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison.	Thank you for the useful summary, which clearly demonstrates the work being taken forward by your ADP. This is welcomed by Ministers.  The Report shows clearly the continued work being undertaken relating to Naloxone distribution, including working with prisons. You have also detailed the continued work being taken forward in relation to drug related deaths with education and prevention. It will be interesting to hear about the continued work through the local DRD action plan.

ADP Engagement in improvements to reduce alcohol related deaths.	Thank you for sharing the work you have undertaken on a whole population approach over the previous year. We welcome being sighted on the wide range of activities you have demonstrated, targeting both the whole population and specific groups. We look forward to hearing your continued success in this area. It would be helpful to know if there are any plans to case review those who have died from an alcohol related death to identify new opportunities to intervene earlier.
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.	Thank you for the information you have provided. It shows evidence of robust processes in place for dealing with the needs of prisoners affected by problematic substance misuse. You have also detailed the good work relating to the Arrest Referral Scheme and Assertive Outreach approach, including for those in custody.

### 3. ADDITIONAL INFORMATION

What is the formal arrangement within your ADP for working with local partners to report on the delivery of local outcomes?	Your governance/accountability routes are well defined, and it's helpful to see your connections to your CPP and IJB. We would encourage you to continue building on this.
Is there an ADP Workforce Development Strategy in Place, if <u>not</u> , are there plans to develop? What additional supports have you leveraged to facilitate this and are you working with our NCOs?	Thank you for sharing you have a workforce development plan in place. It is good to know that workforce development features in all your governance and work plans.