

West Dunbartonshire Alcohol & Drug Partnership

***West Dunbartonshire
Alcohol and Drug Partnership***

Delivery Plan 2012-2015

May 2012

West Dunbartonshire ADP Delivery Plan 2012 – 2015

Introduction

The West Dunbartonshire Alcohol and Drug Partnership's aim is, through efficient and effective partnerships with key stakeholders, to reduce the harmful effects of alcohol and drugs and promote recovery in local communities.

This Delivery Plan is designed to reflect the goals of the Partnership, as contained within the West Dunbartonshire Alcohol and Drug Strategy 2011 – 2013. It supports a needs-led approach to the planning, delivery and monitoring of local addiction services and indicates the direction of travel for alcohol and drug related supports and services available to individuals across the short, medium and long term.

Using a logic modelling approach, and with support from colleagues from NHS Health Scotland, partners have confirmed high level and local outcomes (LOs). These, along with measurable targets, contribute towards the delivery of the West Dunbartonshire Single Outcome Agreement (SOA) and National Core Outcomes (NCOs).

By working in partnership to deliver person-centred services it is envisaged that the harmful effects of alcohol and drugs on individuals, families, friends and indeed whole communities will be reduced. Ultimately, the West Dunbartonshire ADP vision is for a local community where alcohol and drug misuse is being addressed and all residents feel healthier, happier and safer.

Local Need

West Dunbartonshire is experiencing a steadily decreasing shift in population numbers and this trend is expected to continue at a rate of 3.2% over the next 10 years. This will see the local population drop from 93,388 in 2001 to 90,570 in mid-2010 and a projected to fall to 87,834 by 2020.

At the same time the age of the population is increasing. As of mid-2010, 75% of West Dunbartonshire's population was aged 16-74 years, of those 48% are men and 52% are women.

National and local evidence indicates that the population of West Dunbartonshire is ageing due to a combination of factors; the numbers of live births are dropping; the number of people migrating to other council areas within the 15 – 44 age group is increasing; and the number of deaths registered annually is falling. This mirrors the situation for Scotland as a whole.

West Dunbartonshire has a significantly higher than average number of people affected by alcohol and drug misuse. As of mid-2010, 75% of West Dunbartonshire's population was aged 16-74 years. Of these 67,543 people, 8% (5,653) were identified as dependent on alcohol, drugs or both; with the majority of those individuals being alcohol dependent (4,053).

Both alcohol and drug-related deaths are amongst the highest in Scotland although the average for both has started to drop over a five-year period. The number of alcohol-related deaths in West Dunbartonshire showed a downward trend from an average of 42.8 for the period the 2003 – 2007 to an average of 39 for the period 2005 – 2009.

The five-year average of drug-related deaths in West Dunbartonshire between 2005 and 2009 was 16. Interrogation of annual data covering 2008 – 2010 indicated a spike of 23 in 2008 dropping to 13 in 2009 and maintenance of 13 drug related deaths recorded in 2010.

Service demand has grown substantially since 2006, in part as a consequence of additional resources and increased capacity in service provision. That increase in demand for services is starting to slow down, with local interrogation of data suggesting that a plateau may have been reached. However local analysis also indicates that there is a large group of people - probably more than 2,500 - who do not seek help (i.e. who have needs but do not express demands) alongside a significant fall-out from service interventions.

Given the changing context, challenges and financial constraints the only way such unmet need can be addressed will be through the re-modelling of services (both those directly managed and those delivered via a service level agreement/contract by other organisations) and re-apportioning of available resources accordingly.

Based on prevalence data, service usage and service fallout, it is likely that the current level of demand for services is likely to continue over the next 3 – 5 years. What is anticipated to change is the nature of the needs within the population, the types of demands that are expressed, the expectations concerning how best to meet them and the reduced finances available to resource them.

ADP Partner Organisations

West Dunbartonshire Alcohol and Drug Partnership members include West Dunbartonshire Community Health and Care Partnership, West Dunbartonshire Council, specifically Education, Homelessness Services, Children and Family Services, Criminal Justice Services, Strathclyde Police, Strathclyde Fire and Rescue Service, third sector partners i.e. Dumbarton Area Council on Alcohol, Alternatives Community Drug Service, Y Sort-It, Tulloch Trust and Richmond Fellowship.

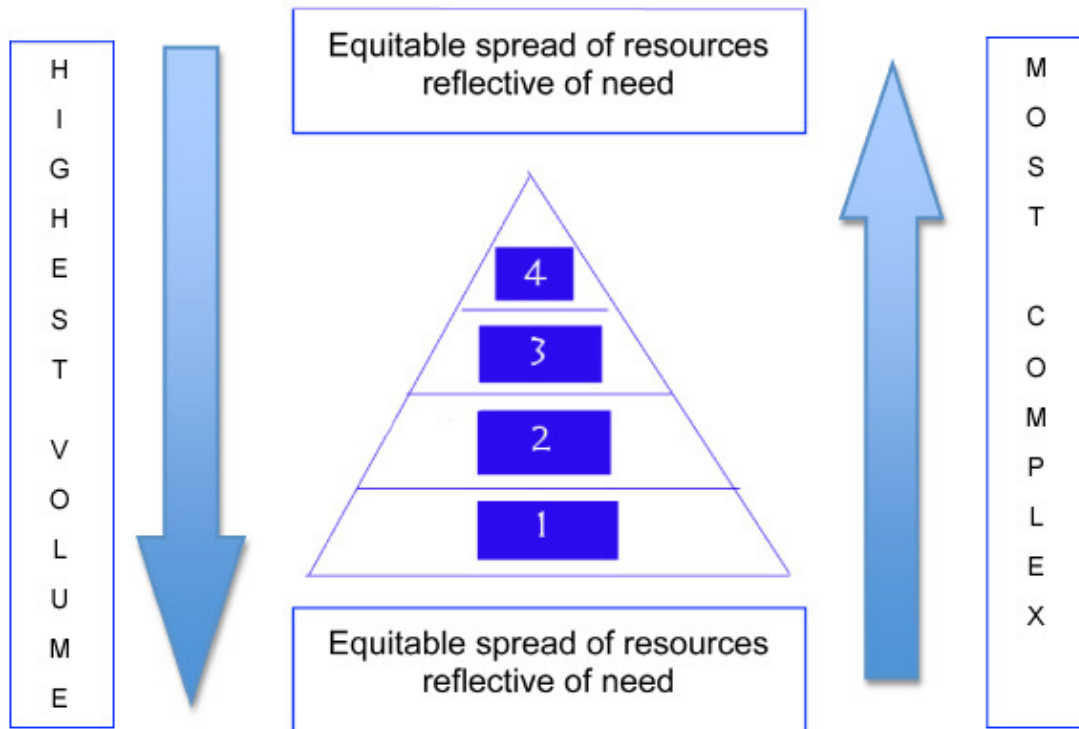
West Dunbartonshire Licensing Board and forum, Service Users and representatives of both the Clydebank and Dumbarton Community Councils are also members of the West Dunbartonshire ADP and its associated substructures.

NAME	ORGANISATION	POSITION IN ORGANISATION
ADP CHAIR:		
Keith Redpath	WD CHCP	Director
ADP VICE-CHAIR:		
John Russell	WDC CHCP	Head of Mental Health, Addictions and Learning Disability
MEMBERS:		
Anne Marie McDonald	WDC CHCP	Area Manager
Fergus Byrne	Strathclyde Police	Superintendent - Operations
Norman Firth	WDC Criminal Justice	Partnership Manager
Terry Lanagan	WDC Education	Executive Director
Vacant	WD CHCP	Joint Manager Addiction Services
Ailsa King	WD CHCP	Health Improvement Senior
Donnie McGiliveray	Alternatives Community Drug Project	Manager
Janice Lockhart	WDC Housing - Homelessness	Section Head
Cathie Dennett	Dumbarton Area Council on Alcohol	Manager
Sheila Urquhart	Dumbarton Community Forum	Community Representative

MEMBERS CONTINUED:		
Neil Etherington	Clydebank Community Forum	Community Representative
John Smillie	Future of Addiction Services Team (FAST)	Client Involvement Representative
Thomas Paton	Future of Addiction Services Team (FAST)	Client Involvement Representative

Tiered Service Delivery

The current tier system being used is linked to service-needs our long-term aim is to re-model this so addiction services are developed and delivered with a “needs-led” ethos as identified in the Quality Alcohol Treatment Support Report (QATS) March 2011, which is centred on the client and not the service.



Annual service user surveys combined with focus groups, integrated care planning, the establishment of integrated teams across Social Work & Health and ongoing service level agreements and partnership working with third sector organisations offer clients choice and access to a raft of holistic services relevant to individual need as detailed below.

Tier 1 Available to the Whole Community

- Alcohol Brief Interventions
- Prevention and education activities
- Identification and referral to other services

- General information about alcohol and drug use, associated harms, treatment options and related matters

Local Tier 1 Services

- GP services – provide information and refer on to specialist services commissioned to deliver Alcohol Brief Interventions
- Y Sort-It – Youth information service commissioned to run the Wrecked/Wasted Campaigns and various diversionary activities for young people in West Dunbartonshire. See www.ysortit.com and www.wreckedwd.co.uk
- Tulloch Trust

Tier 2 Available to People with Drug and Alcohol Problems

- Group work and recovery
- Relapse management
- Therapeutic interventions (non-clinical)
- Harm reduction

Local Tier 2 Services

- Dumbarton Area Council on Alcohol (DACA) - a local charity established in 1976 to support people affected by alcohol misuse. Their core activity is 1-1 counselling with specialist young person and family counsellors. Also provide daily group work programme and open five evenings a week across West Dunbartonshire. See www.daca.org.uk
- Alternatives Community Drug Service - offers a wide range of support services to people with drug misuse problems and their families. These include an Intensive Recovery Programme, children and family support workers, counselling, young persons worker, group work, complimentary therapies and outdoor and leisure activities. See www.alternativeswd.org
- HEAR - offers confidential help and advice, Wednesday to Sunday, from 5pm - 11.30pm. Additional hours are provided over holidays. The service is open to anyone concerned about their own, or someone else's, drinking or drug use and offers a free ring back service.

Tier 3 Available for People with More Complex Needs

- Advice/information about alcohol and drug use, associated harm, Blood Borne Viruses, treatment options and other clinical treatment matters
- Post residential rehab/detox support
- Drug/alcohol testing
- Maintenance/stabilisation/substitute prescribing and titration

Local Tier 3 Services

- Clydebank Community Addiction Team and Leven Addiction Services –specialist nursing and social work staff work together to provide comprehensive community based services for people with drug and alcohol problems. Specific services include home detox programmes as an alternative to hospital admission, treatment for mental health problems such as anxiety and depression, counselling and support.

Tier 4 Available for People with Highly Complex Alcohol or Drug Needs

- Inpatient/residential alcohol and drug detoxification and stabilisation
- Residential Rehabilitation
- Community Rehabilitation/Home Detox

High Level Summary of Key Changes to be Achieved 2012 - 2015

In March 2008, Scotland's drug strategy, *The Road to Recovery*, was published. This national strategy signalled the imperative to embrace a cultural shift focusing on the concept of recovery. The Strategy incorporates the principle that recovery is most effective when service user needs and aspirations are placed at the centre of their care and treatment. A range of appropriate treatment and rehabilitation services that integrate effectively with generic services to fully address the needs of individuals with problem drug use not just their addiction must be available locally. Alongside the wider effort to promote recovery from problem drug use, specific action to prevent drug related deaths must be further developed.

Key actions identified in the Road to Recovery include:

- a. Promoting Recovery
- b. Delivering the Recovery Model
- c. Preventing Drug Use
- d. Enforcement
- e. Children Affected by Substance Misusing Families

In March 2009 the Scottish Government published *Changing Scotland's Relationship with Alcohol: A Framework for Action*. This national Framework sets out the strategy for tackling alcohol misuse in Scotland, and adopts a population approach with specific interventions targeting particular groups.

Key actions identified in *The Framework for Action*:

- a. Reduced Alcohol Consumption
- b. Supporting Families and Communities
- c. Positive Attitudes, Positive Choices
- d. Improve support and treatment

A set of seven National Core Outcomes (NCOs) were established by Scottish Government, these NCOs were included in ADP funding letters issued in 2011 and form the basis on which ADPs will be expected to plan, deliver, monitor and report their progress.

This Development Plan takes into account the strategic priorities of both *The Road to Recovery* and the *Framework for Action* and builds on the seven national core outcomes in identifying High Level (HLOs) and Local Outcomes (LOs) to meet the needs of the local populations of West Dunbartonshire.

Also within the Safe and Strong Communities theme of West Dunbartonshire's Single Outcome Agreement the ADP is tasked with reducing the impact of alcohol and drug misuse on communities.

The Scottish Government's Core Outcomes (1-7) and our High Level Outcomes (a – g) for 2012 – 2015 are detailed below:-

- 1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use**
 - a. Reduce acceptability of hazardous drinking and drug misuse
- 2. PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others**
 - b. Reduce impact of alcohol/drug misuse on communities in West Dunbartonshire
- 3. RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use**

- c. People affected by alcohol/drug misuse make positive life choices that sustain their long term recovery

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

- d. Reduce the harmful impact of alcohol/drug misuse on children and young people

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

- e. Reduce alcohol and drug related violence and offences in West Dunbartonshire

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

- f. Increased knowledge and change attitudes to alcohol, drinking and drug misuse

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

- g. Individuals in need receive timely, sensitive and appropriate support

As an ADP we recognise it is important that, not only are we achieving our outcomes, but we are also communicating this effectively. This requires us to be able to participate fully in local and national arenas and report on our progress at a strategic level to local and national policymakers. We also need to demonstrate that the investment made by the Scottish Government into local alcohol and drug services is making a real difference to individuals, families and communities in West Dunbartonshire and ensure that when someone needs support they know where to find it.

The key milestones we have set for 2012 – 2013 are as follows:-

1. June 2012 – Review the progress we have made towards achieving our local outcomes in 2011 – 2012. We will produce an Annual Report detailing the progress achieved by partners over the past year which will be submitted to the Scottish Government by the end of June 2012.
2. August 2012 – Establish processes for monitoring and commissioning of services or activities to ensure we are able to deliver the agreed outcomes for 2012 – 2015 and confirm regular reporting processes. Set targets and baselines for each local outcome.
3. September 2012 – Establish mechanisms to ensure effective involvement in developing the West Dunbartonshire Single Outcome Agreement to reflect progress being achieved by ADP partners.
4. September 2012 The development of a community and residential intensive recovery programme in partnership with CPP; WD Housing; Alternatives Drug Project and the Big Lottery
5. September 2012 – Confirm reporting arrangements and methods with West Dunbartonshire Community Planning Partnership.
6. October – Art of Recovery event, this will provide a creative opportunity to showcase the progress that individuals affected by alcohol or drug misuse are making towards their personal recovery and also highlight the positive impact local services are having in West Dunbartonshire.
7. April/May 2013 – Review progress towards outcomes and forward plan for the coming year.

Local Outcomes 2012 – 2015

Using logic modelling, West Dunbartonshire ADP has linked local outcomes and targets, including those from within the SOA, to the delivery of the high level and national outcomes.

These local outcomes are in turn linked to a wide range of local actions and we have established performance indicators by which these can be monitored. See Appendix I.

The outcomes listed below illustrate how West Dunbartonshire ADP aims to address the harmful impact of alcohol and drug misuse on individuals, families and communities in West Dunbartonshire, change attitudes to alcohol and drug use and promote healthy lifestyle choices.

High Level and Local Outcomes

- 1. Reduce acceptability of hazardous drinking and drug misuse**
 - a. Reduce alcohol-related mortality
 - b. Reduce drug-related mortality
 - c. Reduce alcohol-related hospital discharges
 - d. Maintain level of ABIs in NHS settings
 - e. Reduce no. drug/alcohol-related deaths where suicide or attempted self harm is a factor
- 2. Reduce impact of alcohol/drug misuse on communities in West Dunbartonshire**
 - a. Reduced alcohol consumption by young people
 - b. Reduced drug consumption by young people
 - c. Reduce alcohol/drug use
- 3. People affected by alcohol/drug misuse make positive life choices that sustain their long term recovery**
 - a. Service users are fully involved in planning their own sustainable recovery
 - b. More people in recovery from alcohol/drug misuse will be in training/ volunteering/ employment
- 4. Reduce the harmful impact of alcohol/drug misuse on children and young people**
 - a. Increase no. parent/carers receiving support for alcohol/drug problem
 - b. Increase support for family members affected by alcohol/drug misuse
 - c. Increase support for young carers living in families where substance misuse is the reason that "caring" is required
- 5. Reduce alcohol and drug related violence and offences in West Dunbartonshire**
 - a. Reduce no. alcohol-related house fires
 - b. Reduce reported incidents of street drinking
 - c. Reduce number people detected for drug supply crimes
 - d. Reduce availability of alcohol
- 6. Increased knowledge and change attitudes to alcohol, drinking and drug misuse**
 - a. More people are aware of risks of alcohol consumption and drug misuse
 - b. Young people are equipped to make informed and positive choices about alcohol/drug misuse
- 7. Individuals in need receive timely, sensitive and appropriate support**
 - a. Improve access to local addiction services
 - b. Increase positive outcomes for people accessing local addiction services
 - c. Service users are fully involved in improving the quality of local addiction services
 - d. Deliver faster access to mental health services (by Dec 2014)

Addiction Related Health Improvement Targets

To help meet the outcomes identified above all ADPs have been set 2 NHS HEAT targets which form part of the Key Performance Indicators (KPI's) for West Dunbartonshire Community Care Health Partnership. These are reflected within both the West Dunbartonshire Council Corporate Plan and West Dunbartonshire Community Planning Partnership's Single Outcome Agreement (SOA).

The HEAT Targets are:

- H4: Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines for 2011/12, and,
- A11: By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery

One further HEAT target that comes into place during the term of this Development Plan is:

- Deliver faster access to mental health services by delivering 18 weeks referral to treatment for Psychological Therapies from December 2014

During the first year of this Development Plan we will also be setting local targets and baselines for each of the Local Outcomes identified above. This will help us monitor our progress towards achieving both our local and high level outcomes and we will report on this each year in our Annual Report which will be submitted to the Scottish Government and used locally to report progress to ADP partners, including annual submission to the Community Planning Partnership.

Priority Actions & Interventions to Improve Outcomes

With the national move towards outcomes focused planning and delivery of services we have decided to choose milestones for the coming year which will strengthen the processes we use to monitor and commission services and activities in West Dunbartonshire. These are detailed above in the section entitled high level summary of key changes.

For some of our partners and service providers outcomes-focused reporting is a new approach and we recognise that demonstrating progress towards achieving outcomes can be challenging. However, we believe it is important that staff can see the benefit this approach will have for service users in that it will lead to more effective service delivery and use of resources. One of a range of initiatives will be an intensive residential and community based recovery programme aimed at those wishing to become abstinent and maintain a sober lifestyle and who have or are experiencing homelessness issues. This initiative will be piloted over the next five years and will assist in defining forward planning within our drug and alcohol strategy and homelessness strategy in West Dunbartonshire.

During the coming year we will establish a timetable for reviewing and reporting on progress towards each of the local outcomes and provide opportunities for partners to share their experiences of both the achievements and challenges they face. We believe that by learning from each other we can provide the people of West Dunbartonshire with a range of robust, person-centred services that meet the needs of our local communities.

Over the next three years we will progress from a service-orientated tier model of delivery to a more person-centred, recovery-orientated approach, as outlined in the Quality Alcohol Treatment and Supports Report (QATS) March 2011. To ensure this change in approach is successful we will require greater input from our service users to reflect what works, and what doesn't work for them. As part of our planning mechanisms we will utilise regular service user focus groups to develop services that are accessible, person-centred and support people at every stage of their recovery journey.

Funding Streams

Addiction is recognised as an issue of concern across Scotland, and as such has, in recent years, attracted new funding streams from the Scottish Government. The development of new services and/or improved access will result in higher expectations; expectations from individuals for enhanced access and broader service choice as well as expectations from central government regards performance.

Service planning needs to recognise these expectations, particularly where these expectations are linked to performance contracts with the Government. Failure to link performance to investment will lead to a withdrawal of funding streams.

Work on mapping partner contributions and access to external funding to support specific areas of work has been undertaken via our local Commissioning Group, whilst further work is required to enable us to reflect this across the full 3 years of the Delivery Plan the information contained within **Chart I** (below) reflects some of that work. However, this will be further developed and reflected within future Delivery Plans and Annual Reports. It should be noted that this information includes some data regarding external funding which if successful will support the delivery of local third sector services.

Chart I Financial Framework 2010 - 2013

Service Provision and Lead Partner / Service Provider	Actual 2011 / 2012 £'000	Allocated 2012/ 2013 £'000	Indicative 2013/14 £'000	Indicative 2014/15 £'000
Alcohol Services				
West Dunbartonshire Council	£1,202.0	£1,324.0	£1,324.0	£1,324.0
NHS Greater Glasgow & Clyde	£1,028.0	£1,028.0	#£1,082.0	#£1,139.1
External Services:				
WDC Licensing	£78.0	*£78.0	*£78.0	*£78.0
DACA (non NHS/non WDC funds)	£27.0	*£130.0	*£130.0	*£130.0
Employability (addictions part of SSVG programme)	£18.0			
ADP Expert Team	£44.0	£44.0	£44.0	£44.0
Total Financial Framework for Alcohol Services	£2,397	£2,604.0	#*£2,658.0	#*£2,715.1
Drug Services				
West Dunbartonshire Council	£641.0	£595.0	£595.0	£595.0
NHS Greater Glasgow & Clyde	£935.0	£935.0	#£984.2	#£1,136.0
External Services:				
Alternatives (non NHS/non WDC funds)	£180.0	*£260.0	*£260.0	*£260.0
Employability (addictions part of SSVG programme)	£18.0			
Criminal Justice - DTTO, Prison Through care	£328.0	£328.0	£328.0	£328.0
ADP Expert Team	£44.0	£44.0	£44.0	£44.0
Total Financial Framework for Drug Services	£2,146.0	*£2,162.0	#*£2,211.2	#*£2,363.0
Total Financial Framework for Alcohol & Drug Services	£4,543.0	*£4,766.0	#*£4,869.2	#*£5,078.1

*Awaiting confirmation from funders/source

NB: Within recently received funding allocation letters Scottish Government have confirmed the level of funding allocated, at an NHS Board Level, for 2012/2013 and have provided indicative allocations for 2013/14 and 2014/15.

In the 2012/13 financial year allocations will be maintained, however, the sum will include an amount for ADP Support, which was previously indicated separately.

Similarly additional one off funding was made available for ADP's in last year's allocation. This funding has now been folded into the overall allocation and should be used to meet the needs of offenders.

Indicative allocations for the 2013/14 and 2014/15 will be increased by 5% in each year.

Where feasible, this information has been reflected in **Chart I** above.

Financial Framework

Core & Local Indicators to enable progress to be measured

Our Delivery Plan includes short, medium and long term actions that will help us achieve our local and high level outcomes. For each of the actions we have identified local performance indicators by which we will be able to monitor and report on progress (See Appendix I).

We have set some targets by which we will measure progress towards achieving our high level and local outcomes. These will be developed further in the coming year so that by April 2013 we will have set targets and baselines for all high level and local outcomes.

Governance & financial accountability arrangements

West Dunbartonshire ADP has responsibility, for directing the use of specific alcohol and drug funding. However, funding recommendations are considered within the ADP substructures i.e. via the Treatment and Support Group and Addiction Prevention and Education Group. Final recommendations are thereafter submitted to the ADP for ratification.

In line with the ongoing development of Outcomes and outcomes measures, further work regarding the establishment of clear and transparent funding structures is ongoing and will be reflected within future Delivery Plans and Annual Reports.

The current efficient and effective means of reporting to the Community Planning Partnership (CPP) will be maintained; i.e. the ADP Chair sits on CPP Executive Group and Board, other members of the ADP sit on the Safer and Stronger Communities Thematic Group and there are strong links with most, if not all, other groups i.e. Employment, Education and Life Long Learning, Regeneration, Environmental and Health.

Regular reports, using covalent information are submitted to the Safer and Stronger Communities Thematic Group and the CPP Executive and Board. Similarly the ADP Alcohol and Drug Strategy and associated progress reports are submitted annually to the CPP.

Request for National Support

We welcome the confirmation that ISD will assist ADP's through the preparation of annual profiles; similarly, support from ISD in relation to the ongoing monitoring of waiting times against HEAT targets is welcomed.

Work with colleagues from NHS Health Scotland has enabled West Dunbartonshire ADP to develop a draft logic model for prevention and recovery. Further work in 2012 – 2013 will be required to complete this exercise.

Short, Medium and Long Term Outcomes: West Dunbartonshire ADP Delivery Plan 2012 – 2015 – Draft April 2012

National Outcomes	High Level Outcomes	Local Outcomes	Individual Outcomes	Performance Indicators	Targets
<p>Health: People are healthier and experience fewer risks as a result of alcohol and drug use</p>	<p>Reduced acceptability of hazardous drinking and drug misuse</p>	<ol style="list-style-type: none"> 1. Reduce alcohol-related mortality in WD 2. Reduce drug-related mortality in WD 3. Reduce alcohol-related hospital discharges 4. Maintain level of ABIs in NHS settings 5. Reduce no. drug/alcohol-related deaths where suicide or attempted self harm is a factor 	<ol style="list-style-type: none"> 1. Reduce risk-taking behaviour 2. Improve physical health 3. Improve psychological health/well-being 4. Improve sexual health 5. Improve personal hygiene 6. Improve nutrition 	<ol style="list-style-type: none"> 1. No. ABIs in NHS settings (ongoing) 2. No. ABIs in non-NHS settings (ongoing) 3. No. clients receiving free healthy meals (2013-2015) 4. No. attending Naloxone training events (2011-12) 5. No alc/drug related suicides (2012-2015) 6. No. staff received ASIST/Safe Talk training 7. No. cases Naloxone is used successfully 	<ol style="list-style-type: none"> 1. Reduce alcohol-related deaths by 3 in 5 years 2. Reduce drug-related deaths by 3 in 3 years 3. Maintain number of ABI screenings in NHS settings 4. Set baseline and target for alcohol/drug related deaths where suicide is a factor

Short, Medium and Long Term Outcomes: West Dunbartonshire ADP Delivery Plan 2012 – 2015 – Draft April 2012

National Outcomes	High Level Outcomes	Local Outcomes	Individual Outcomes	Performance Indicators	Targets
<p>PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others</p>	<p>Reduce impact of alcohol/drug misuse on communities in West Dunbartonshire</p>	<ol style="list-style-type: none"> 1. Reduced alcohol consumption by young people in contact with services 2. Reduced drug consumption by young people in contact with services 3. Maintain no. young people in contact with services 4. Reduce alcohol/drug use across the whole population of West Dunbartonshire. 	<ol style="list-style-type: none"> 1. Reduce use of illicit drugs 2. Cease use of illicit drugs 3. Reduce replacement prescribing 4. Cease using replacement prescribing 5. Reduce consumption of alcohol 6. Reduce binge drinking 7. Not consuming alcohol 	<ol style="list-style-type: none"> 1. No. training sessions provided to staff in schools etc (2012-2013) 2. No. alc/drug education sessions delivered to YP in school and/or youth setting (2012 -15) 3. Estimated no. people drinking to excess in WD (2012-2015) 4. Estimated no. people misusing illicit drugs in WD (2012-2015) 5. No. community-based substance misuse awareness sessions delivered to identified target group 	<ol style="list-style-type: none"> 1. Set baselines and targets for Local Outcomes

Short, Medium and Long Term Outcomes: West Dunbartonshire ADP Delivery Plan 2012 – 2015 – Draft April 2012

National Outcomes	High Level Outcomes	Local Outcomes	Individual Outcomes	Performance Indicators	Targets
<p>RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use</p>	<p>People affected by alcohol/drug misuse make positive life choices that sustain their long term recovery</p>	<ol style="list-style-type: none"> 1. Service users are fully involved in planning their own sustainable recovery 2. More people in recovery from alcohol/drug misuse will be in training/ volunteering/ employment 	<ol style="list-style-type: none"> 1. Improve employability skills 2. Improve employment status (moved into volunteering, training, education or employment) 3. Reduce chaos in daily living 4. Improve personal relationships 5. Improve or sustain accommodation status 6. Improve financial situation 7. Increase personal safety 8. Person's social network with people in recovery is increased 9. Increase participation in community activity 	<ol style="list-style-type: none"> 1. No. service users utilising FAST (2012-13) 2. No. clients accommodated in supported accommodation (2013-2015) 3. No. people attending Comeback Café (2012-13) 4. No. befrienders/ befriendees recruited/ supported (2012-13) 5. No. clients accessing education/ training/ employment (2012 -2015) 6. No of clients moved to mainstream housing. 7. No of clients with sustained tenancies i.e. beyond 6, 12 and 18 months. 	<ol style="list-style-type: none"> 1. Set baselines and targets for Local Outcomes

Short, Medium and Long Term Outcomes: West Dunbartonshire ADP Delivery Plan 2012 – 2015 – Draft April 2012

National Outcomes	High Level Outcomes	Local Outcomes	Individual Outcomes	Performance Indicators	Targets
<p>FAMILIES: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances</p>	<p>Reduce the harmful impact of alcohol/drug misuse on children and young people</p>	<ol style="list-style-type: none"> 1. Increase no. parent/carers receiving support for alcohol/drug problem 2. Increase support for family members affected by alcohol/drug misuse 3. Increase support for young carers living in families where substance misuse is the reason that “caring” is required. 	<ol style="list-style-type: none"> 1. Improve parenting skills 2. Children attend schools regularly 3. Children are safe from harm 4. Healthy routines/ boundaries are in place 5. Improve personal relationships of parent/carers 6. Increase confidence/ self worth of parent/carers 7. Increase self efficacy of parent/ carers 8. Improve or sustain accommodation status of parent/carers 	<ol style="list-style-type: none"> 1. No. YP (under 18) receiving support for drug/alc misuse 2. No YP (18-25) receiving support for drug/alc misuse 3. No. family members receiving support for their own drug/alc misuse (Oct 2011-12) 4. No. YP reducing alcohol/drug use 5. No. family members reducing alcohol/drug use 6. No. family members receiving support for someone else’s drug/alc misuse 7. No. parents accessing parenting support 8. No. referrals to specialist YP Mental Health support 9. No of YP placed on the Child Protection Register as a result of parental/carer substance misuse. 10. No of children moved to LAC as a result of parental/carer substance misuse. 	<ol style="list-style-type: none"> 1. Set baselines and targets for Local Outcomes

Short, Medium and Long Term Outcomes: West Dunbartonshire ADP Delivery Plan 2012 – 2015 – Draft April 2012

National Outcomes	High Level Outcomes	Local Outcomes	Individual Outcomes	Performance Indicators	Targets
<p>COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour</p>	<p>Reduce alcohol and drug related violence and offences in WD</p>	<ol style="list-style-type: none"> 1. Reduce no. alcohol-related house fires 2. Reduce reported incidents of street drinking 3. Reduce number people detected for drug supply crimes 4. Reduce availability of alcohol 	<ol style="list-style-type: none"> 1. Reduce criminal activity 2. Reduce exposure to violence and domestic abuse 3. Increase referrals for fire safety checks from at risk target groups 	<ol style="list-style-type: none"> 1. No. alc-related house fires (pa) 2. No. reported incidents of street drinking (pa) 3. No. people detected for drug supply crimes (pa) 4. No. people referred into services via Arrest Referral (2012-13) 5. Community feedback on community safety initiatives 6. No. off trade license holders attending events – target 70% 7. No. people referred for fire safety checks 	<ol style="list-style-type: none"> 1. Set baselines and targets for Local Outcomes

Short, Medium and Long Term Outcomes: West Dunbartonshire ADP Delivery Plan 2012 – 2015 – Draft April 2012

National Outcomes	High Level Outcomes	Local Outcomes	Individual Outcomes	Performance Indicators	Targets
<p>LOCAL ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less readily available</p>	<p>Increased knowledge and change attitudes to alcohol, drinking and drug misuse</p>	<p>1. More people are aware of risks of alcohol consumption and drug misuse 2. Young people are equipped to make informed and positive choices about alcohol/drug misuse</p>	<p>1. Increase attitudinal changes towards alcohol and harmful substances 2. Increase community involvement in prevention activities</p>	<p>1. APG guide produced 2. No. diversionary activities run via Wrecked/Wasted campaigns and The Pulse (2012-13) 3. No. YP participating in positive diversionary activities (2012-13) 4. No. people referred into services via Alc Community Safety pilot (2013-14) 5. No. people accessing community outreach support (2012-15) 6. No. community awareness-raising activities run by ADP partners 7. No. people participating in community awareness events</p>	<p>1. Set baselines and targets for Local Outcomes</p>

Short, Medium and Long Term Outcomes: West Dunbartonshire ADP Delivery Plan 2012 – 2015 – Draft April 2012

National Outcomes	High Level Outcomes	Local Outcomes	Individual Outcomes	Performance Indicators	Targets
<p>SERVICES: Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery</p>	<p>Individuals in need receive timely, sensitive and appropriate support</p>	<ol style="list-style-type: none"> 1. Improve access to local addiction services 2. Increase positive outcomes for people accessing local addiction services 3. Service users are fully involved in improving the quality of local addiction services 	<ol style="list-style-type: none"> 1. Increase motivation and feeling of responsibility 2. Increase confidence and self-worth 3. Higher personal and career aspirations 4. Increased resilience to setbacks 5. More effective joint cross-agency working 6. Increase access to a wide range of treatment and other therapeutic interventions 7. Increase testing for BBV 8. Increase service user involvement 9. Significant progress in redesign 	<ol style="list-style-type: none"> 1. No. people achieving positive outcomes after attending CAT Therapeutic Groups (2012-13) 2. No. frontline addiction workers complete accredited training (2015) 3. Complete workforce development plan (by Dec 2015) 4. Report on annual client satisfaction surveys and focus groups 5. Continue FAST representation on ADP 6. No. calls to HEAR (p.a) 7. No referrals from HEAR (p.a) 8. Report on annual SSA audit 9. No. people accessing CJ group work programmes reporting positive outcomes 10. All new service level procurement agreements to be monitored against ADP outcomes 	<ol style="list-style-type: none"> 1. Ensure 90% of clients referred for alcohol or drug treatment receive their first appointment within 14 days from referral 2. No more than 18 weeks referral to treatment for Psychological Therapies by Dec 2014 3. Set baselines and targets for other Local Outcomes 4. 90% of clients to access alcohol or drug treatment within 28 days of referral (2012 – 13 target) 5. 90% of clients to access alcohol or drug treatment within 21 days of referral (2013 – 14 target)

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National Outcomes	High Level Outcomes	Local Outcomes	Individual Outcomes	Performance Indicators	Targets
<p>SERVICES: Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery</p>	<p>Individuals in need receive timely, sensitive and appropriate support</p>	<ol style="list-style-type: none"> 1. Improve access to local addiction services 2. Increase positive outcomes for people accessing local addiction services 3. Service users are fully involved in improving the quality of local addiction services 	<ol style="list-style-type: none"> 1. Increase motivation and feeling of responsibility 2. Increase confidence and self-worth 3. Higher personal and career aspirations 4. Increased resilience to setbacks 5. More effective joint cross-agency working 6. Increase access to a wide range of treatment and other therapeutic interventions 7. Increase testing for BBV 8. Increase service user involvement 9. Significant progress in redesign 	<ol style="list-style-type: none"> 1. No. people accessing DACA group work programme reporting positive outcomes 2. Report on alternative clinical interventions 3. Report on secondary care services in WD 4. No. people receiving alcohol specialist home detox 5. No. people attending DACA's informal drop-in 6. No. 1-1 CBT counselling sessions provided 7. No. people achieving positive outcomes following 1-1 counselling 8. No people accessing Alternatives intensive residential and community based recovery programme and reporting positive outcomes 	