

STANDARD REPORTING TEMPLATE

West Dunbartonshire ADP Annual Report 2014-15

Document Details:

ADP Reporting Requirements 2014/15

- 1 Partnership Details
- 2 Self-Assessment:
- 3 Finance Framework
- 4 Performance Framework
- 5 ADP & Ministerial priorities

Appendix 1

- **Guidance Notes and Commissioning Diagram**

1. PARTNERSHIP DETAILS

Alcohol & Drug Partnership	West Dunbartonshire
ADP Chair	Keith Redpath
Contact name(s): See note 1	Helen Weir
Contact telephone	01389 776886
Email:	helen.weir@west-dunbarton.gov.uk
Date of Completion:	14 th September 2015
Date published on ADP website(s)	HSCP Website is not up and running yet – go live date is 21 st September 2015; the ADP Annual Report will be published on the site then.

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

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ADP Chair

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

Alcoholanddrugdelivery@scotland.gsi.gov.uk

2. ADP Self-Assessment 1 April 2014 – 31 March 2015

ANALYSE – Please evidence your ADPs Analysis activities/progress

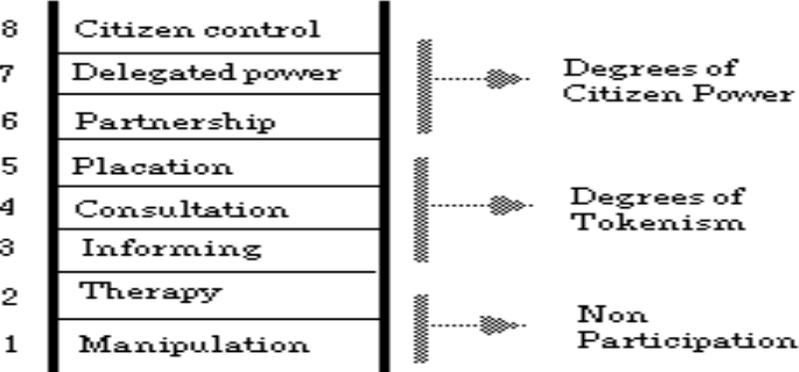
	Theme	Evidence See Note 2	R A G See 1
1	<p>ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment/ analysis of need, which takes into consideration the changing demographic characteristics of people (and their families and local communities) affected by problem drug and/or alcohol use in your area. Please state when this was undertaken and when it is planned next</p> <p>Please also include here any local research that you have commissioned e.g. hidden populations, alcohol related deaths.</p> <p>See Note 3</p>	<p><u>Strategic Needs Assessment/ Commissioning Strategy: Alcohol and Drugs 2011 – 2021</u> - Strategic needs assessment was used to inform the development of the Alcohol and Drug Services Commissioning Strategy 2011 – 2021 and ADP Delivery Plan 2013/15.</p> <p><i>Our local Commissioning Plan follows the strategic commissioning process i.e. Analyse, Plan Deliver and Review; to be updated in 2015/16 in line with the agreed work in relation to Workforce Development. A review of demographic data used to inform the development of the 2015/18 Delivery Plan will be used as the basis for the updated Commissioning Strategy.</i></p> <p><i>Needs assessment was undertaken as part of the process linked to the development of the ADP Delivery Plan 2015/18; this process commenced in February 2015; as part of that process a review of the demographic characteristic of the area and those who access local services was undertaken to ensure that the updated Delivery Plan was truly reflective of local need (see Analysis of local Demographic below).</i></p> <p><i>As we go forward the ADP will hold 6 monthly planning and review sessions, with needs assessments forming part of those events. A process of formal needs assessment will commence in 2015/16. (See whole population needs assessment below).</i></p> <p><u>Whole Population Needs Assessment</u> - The ADP Sub-Groups have undertaken comprehensive analysis of population data to ensure that work plans are contributing to a whole population approach. To build on the established work focussing on young people, work to target adults and older people has been highlighted for further development and activity during 2015/16.</p> <p><i>A total of 338 young people participated in the West Dunbartonshire Youth Alliance Survey 2013/14; 91% of participants sited alcohol as the biggest issue for young people followed by smoking 85% and drugs 78%. A follow on Alcohol, Drugs and Young People Survey was carried out by Y Sort It via their Wrecked and Wasted Peer Education Group; over 200 young people participated in that survey. Analysis of the findings provided further supporting evidence of the need for improved and better provision to support young people living with their own or someone else's alcohol and drug misuse problems.</i></p>	G
1	<p>ADP Joint Strategic Needs Assessment (continued)</p>	<p><u>Whole Population Needs Assessment</u> - A full Needs Assessment will be undertaken in 2015/16 and updated in 2017/18 to inform the future development of local strategic/delivery plans and associated performance frameworks. Annual reviews, linked to the Scottish Government's Annual Reporting requirements, will enable future planning to be reflective of the changing needs of those who access or provide local supports and services as well as the needs of the wider communities of West Dunbartonshire.</p>	A

1	ADP Joint Strategic Needs Assessment (continued)	<p>The outcome of the welfare benefits work has been driven via a Welfare Reforms Action Group (sitting within the ADP structure); and linked to the Action Research Study commissioned (noted above) established to identify what impact the welfare reform changes were having on people affected by drug/alcohol problems and the knock on impact this is having on local services. The information from the survey; and the facilitation of multiagency workshops has enabled key partners, including Job Centre Plus and DWP, to work in a way that enables appropriate information to be shared across and between services; that clients can to access appropriate advice and support which encourages them to make responsible choices regarding their recovery from addiction and the requirement for them to meet the criteria established by DWP; ensuring that their access to benefits is maintained.</p> <p>The report was presented to the ADP in February; the undernoted recommendations were completed by March 2015 i.e.:</p> <ul style="list-style-type: none"> • a Research Report was Published and distributed to ADP partners in March 2015 • a client focussed Survival Guide was produced and distributed in March 2015. <p>The remaining recommendations i.e.:</p> <ul style="list-style-type: none"> • Welfare Rights input to weekly Recovery Café facilitated by FAST • development of a joint information sharing protocol • establishment of Welfare Rights surgeries within statutory and third sector addiction services • establishment of communication links and joint training between and across DWP and local Addiction Services <p>Are on target for delivery during the 2015-16 fiscal year.</p> <p>Quantifying the Availability of and Access to NPS - An initial survey aimed at quantifying the availability of and access to NPS was carried out in 2014. The outcome of that survey confirmed that people are seeking support from local services, however, to enable us to gather a detailed picture this survey is being further developed, with support from our Drug Related Deaths Group, and will be rolled out to all services in 2015/16.</p> <p>Overprovision - the information contained within the Overprovision; What Does the Evidence Tell us Report produced by the ADP, in conjunction with local partners, including. License holders, LSO's Police, Environmental Health, Fire Service, Public Health, AFS, Health Improvement and local Women's Aid, is reflective of all socio-economic data for the 18 intermediate zones that constitute the West Dunbartonshire area. This information is used as part of the annual ADP planning and reporting arrangements; and affects changes in practice depending on the individual needs of each of the 18 IDZ's.</p> <p>The ADP Lead Officer supports, where appropriate any objections from the local community by assisting them to access and translate the overprovision data for their own area (Intermediate Data Zone)/objections.</p> <p>Further work on reviewing the health and socio economic information in line with the requirements to produce a robust overprovision policy will be on-going in 2015/16.</p>	G G
1	ADP Joint Strategic Needs Assessment (continued)	<p>Work with Pharmacies to Address the Needs of the "Hidden Population" - The participants in regular Community Pharmacy Locality meetings; the main purpose of this is to identify ways in which the ADP and local service providers can engage with the hidden population, particularly those who do not access local services or who are on long-term medication. This work will be on-going in 2015/16.</p>	A

2	<p>An outcomes based ADP Joint Performance Framework is in place that reflects the ADP Local Outcomes and the National Core Outcomes. See note 4</p>	<p><i>The ADP's Performance Framework is outlined in the ADP Delivery Plan 2012/15, key links to the 7 National Core Outcomes for ADPs and the local SOA are evidenced throughout the document; local high level and intermediate outcomes are also reflected within both the Delivery Plan and Performance Framework, however, a need to ensure that performance against all outcomes is measured and reported appropriately as we go forward.</i></p> <p><i>To this end a planning event was held in February 2015; this, along with facilitated focus groups has enabled our updated Delivery Plan 2015–2018 to be developed in a way that enables greater measurement of performance against the actions contained within the Framework.</i></p> <p><i>An update on local performance for the 2014/15 fiscal year is detailed in section 4 of this report.</i></p> <p><i>Benchmarking against Scotland, Glasgow City and Inverclyde, as it relates to all the National PI's is demonstrated within section 4 of this report.</i></p>	A
3	<p>Integrated Resource Framework Process</p> <p>Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation. Note 5</p>	<p><u>Financial Resources from HSCP (including Scottish Government Funding)</u> - As part of the annual reporting process information is gathered from both NHS Greater Glasgow and Clyde and West Dunbartonshire Council to provide a picture of financial resources available for the strategic delivery/commissioning of needs led services within the local area.</p> <p><u>Allocation of Non-Recurring Funding</u> - It has been agreed that the ADP supports non-recurring initiatives that can clearly demonstrate an ability to address the key priorities linked to the delivery of the 7 Core Outcomes for ADP's. All stakeholders are enabled to access that funding via a formal application and monitoring process. (Copies of the application form, scoring criteria and monitoring form are attached as an appendix to this report).</p> <p><i>To facilitate that process a funding subgroup has been established; a process including application forms assessment and scoring criteria, linked to ADP priorities, have been developed and tested; these have been further reviewed, and amended to ensure that the allocation of funds is needs led, transparent and assists in the delivery of national and core ADP outcomes and indicators</i></p> <p><i>Representatives of the CPP are involved in the work of the Funding Sub-Group; they participated in the establishment of the Groups processes in relation to the allocation and monitoring of funding; these have been acknowledged as being an open and transparent allocation of funding and have been held us as an example of good practice locally</i></p> <p><i>The process was further reviewed in late 2014 and amended to ensure its on-going transparency; at this point it was agreed that shortlisted applicants would be invited to deliver a formal presentation. All members of the Sub-Group and applicants agreed that this was a positive addition to the process. As a result funding has been awarded to 7 local initiatives; six monthly monitoring against that spend ensures that the key priority areas are being effectively delivered.</i></p> <p><u>Monitoring and Reporting</u> - As part of the application process, all applicants are expected to identify appropriate Performance Indicators; ensuring that they are firmly linked to the delivery of both national and local core outcomes. All organisations supported via the ADPs Funding Sub-Group are required to submit quarterly progress reports against their identified PI's.</p> <p><i>The funding sub group have an established process which enables funding to be clawed back if funded organisations are not able to demonstrate progress against their agreed Performance Indicators. This funding will, via the same process, be used to support other measurable initiatives.</i></p>	G G G

3	<p>Integrated Resource Framework Process (Continued)</p>	<p><i>This was used once in 2014/15, however, it was not a reflection on an inability to deliver but more a need to continue with planning across key partners to enable the initiative to be delivered in a mutually beneficial/efficient and effective manner. This reallocation process was used to ensure best use of the funding in line with National and local core outcomes.</i></p> <p><i>The funding allocated via this process is managed by the ADP's Funding Sub-Group, which is chaired by the ADP Vice Chair. Information about all applications and any subsequent allocations are reported, along with quarterly monitoring information, to the ADP.</i></p> <p><i>The process linked to the allocation of the ADP non-recurring Fund was established in partnership and consultation with all key stakeholders; it has been reviewed and changed to ensure that any funding allocated is undertaken in an open and transparent manner and very clearly demonstrates the initiatives role in the delivery of local and national core outcomes.</i></p> <p><u>External Funding</u> - Additional information in relation to External Funding, in kind contributions, including the quantification of volunteer input, is also used to provide a full picture of the resources available to support those living with their own or someone else's drug and or alcohol problems.</p> <p><u>Scoping of Activity</u> - Mapping of health and social care data has been undertaken to scope activity, costs and variation in service delivery to inform option appraisal and service redesign to support ROSC; an internal redesign of statutory services commenced in 2014/15 and will be continued in 2015/16 in line with Strategic Workforce Development.</p>	<p>G</p> <p>G</p>
4	<p>Integrated Resource Framework – Outcomes Note 5</p> <p>A coherent approach has been applied to selecting and prioritising investment and disinvestment options – building prevention into the design and delivery of services.</p>	<p><u>Funding Sub-Group Outcomes</u> - A funding subgroup, as indicated above, has been established, and a process including application forms assessment and scoring criteria, linked to ADP priorities, have been developed and tested; these have been further reviewed, and amended to ensure that the allocation of funds is needs led, transparent and assists in the delivery of national and core ADP outcomes and indicators.</p> <p><i>As part of the application process, all applicants are expected to identify appropriate Performance Indicators; ensuring that they are firmly linked to the delivery of both national and local core outcomes.</i></p> <p><i>All organisations supported via the ADPs Funding Sub-Group are required to submit quarterly progress reports against their identified PI's.</i></p> <p><i>As indicated previously the funding sub group have an established process which enables funding to be clawed back if funded organisations are not able to deliver their identified Performance Indicators.</i></p> <p><i>This was used once in 2014/15, however, it was not a reflection on an inability to deliver but more a need to continue with planning across key partners to enable the initiative to be delivered in a mutually beneficial/efficient and effective manner.</i></p> <p><u>Partnership Outcomes</u> - A review of SLA's is on-going and will continue into 2015/16; all services have detailed service specifications; each organisation is expected to deliver quarterly reports and each of their service provision sites receive a monitoring visit to review care plans, meet with clients and ensure the requirements of the SLA are being adhered to.</p> <p><i>Key officers from the ADP, Addiction Services and Quality Assurance are involved in all monitoring visits.</i></p>	<p>G</p> <p>G</p>

5	<p>We have a shared vision and joint strategic objectives for people affected by problem substance use and those affected, which are aligned with our local partnerships.</p>	<p><i>Similarly, representation from the ADP is reflected within the CPP Management Group, Safe, Stronger and Involved DIG and on the West Dunbartonshire Child Protection Committee; reciprocal representatives from each of those strategic areas is evident within the ADP and its sub-structures.</i></p> <p><i>All key stakeholders, including those representing the CPP, CPC Education, Police/Service, Users, Carers, Health Improvement are invited/participate in the ADP's annual planning events and subsequent consultations; thus ensuring alignment across and through all partnership strategies and objectives.</i></p> <p><i>As part of the process of developing the Delivery Plan 2015/18 all key stakeholders participated in an event (March 2015) which allowed them to reassess local outcomes and indicators, in line with the requirement to deliver against the 7 National Core Outcomes for ADP's and the fit with the SOA these will be reflected within the updated Delivery Plan and its associated Performance Framework.</i></p>	
6	<p>A. Our planned strategic commissioning work is clearly linked to Community Planning and local integrated health and social care plans, preparing to support improved outcomes, priorities and processes jointly.</p> <p>Please include your ADP Commissioning Plan or Strategy if available</p>	<p><i>The Alcohol and Drug Commissioning Strategy 2011 – 2021 demonstrates clear links with the Community Planning Partnership and in particular the Single Outcome Agreement (SOA) (copy attached).</i></p> <p><i>The ADP has been involved in the consultation regarding the HSCP Scheme of Integration; the HSCP formally commenced on 1st July 2015 therefore more detail in relation to accountability within that sphere will form part of the reporting for 2015/16. However, the ADP Chair is the HSCP Chief Officer and as such will play a significant role in the IJB as we go forward.</i></p> <p><i>Key representatives from the wider ADP and indeed HSCP and CPP participate in local planning and consultation as it relates to the development of partners strategic plans and identification and reporting against improved outcomes.</i></p> <p><i>Representatives from the CPP participated in the ADP's planning session in March 2015 to ensure tie in with the SOA.</i></p> <p><i>Representatives of the CPP are involved in the work of the Funding Sub-Group; they participated in the establishment of the Groups processes in relation to the allocation and monitoring of funding; these have been acknowledged being an open and transparent allocation of funding and have been held us as an example of good practice locally</i></p>	G
	<p>B. What is the formal arrangement within your ADP for reporting on Annual Reports/ Delivery Plans/shared documents, through your local accountability route.</p> <p>Please include information on the level and frequency of feedback you have received through your local accountability route/ CPP/ Joint Integration Board. See note 6</p>	<p><i>The ADP lead officer presents the draft Annual Report, Quality Improvement Framework to the CPP's Management Group and the Safe, Stronger and Involved Development and Implementation Group (SSI DIG). Feedback was received from the CPP Management Group in relation to previous Annual Reports; the timeline for meetings in 2015 does not align with Scottish Government reporting, therefore the 2014/15 report will be submitted with feedback from the West Dunbartonshire CPP to follow.</i></p> <p><i>The ADP regularly reports progress against outcomes during meetings of the SSI DIG, which meets quarterly, more formal reporting to the CPP Management Group is undertaken at least once a year. Formal feedback is received annually and is tied into the submission of the ADP's Annual Report</i></p> <p><i>The ADP participated in consultation regarding the HSCP's Scheme of Integration; the HSCP Chief Officer Chair's the ADP and will direct the reporting and accountability between it and the IJB. Annual Reports will form part of that reporting process and any formal feedback will be reflected within future Annual Reports.</i></p>	G

7	<p>Service Users and carers are embedded within the partnership commissioning processes</p>	<p><i>The involvement of service users within West Dunbartonshire was initially reviewed in line with the framework established via Arnstein's Ladder of Participation i.e.:</i></p>  <p>The diagram shows Arnstein's Ladder of Participation with 8 levels. Levels 8, 7, and 6 are grouped as 'Degrees of Citizen Power'. Levels 4, 5, and 6 are grouped as 'Degrees of Tokenism'. Levels 1, 2, and 3 are grouped as 'Non Participation'. The levels are: 8 Citizen control, 7 Delegated power, 6 Partnership, 5 Placation, 4 Consultation, 3 Informing, 2 Therapy, 1 Manipulation.</p> <ul style="list-style-type: none"> • <i>using this as the basis of our work with service users we are able to ensure that a process is in place to support and enable service user involvement across all stages of local planning, design and delivery of services; specifically:</i> • <i>Service users are full members of the ADP and participate in numerous ADP Sub-Groups.</i> • <i>A specific group (FAST) was established and has been running for a number of years, one of the main purposes of this group is to advocate for changes in services to reflect identified need.</i> • <i>A service user steering group has been established, representation from FAST and all service providers ensure that service user involvement is at the key to the planning and delivery of all our services.</i> • <i>There is service user representation and wider consultation on the local service redesign group; through this group service users play an integral role in the internal redesign of services</i> • <i>Service users and community representatives participate in all planning and review sessions ensuring that they help agree the direction of travel for the ADP in terms of service delivery and meeting the needs of individuals.</i> • <i>Third sector organisations encourage input from service users, carers and family members in the design of the services they provide and the premises they operate from.</i> • <i>Wrecked and Wasted (alcohol and drug initiative for young people) is managed via a youth led management board that make all key decisions about service delivery and spend</i> • <i>Service users are formally involved in the selection and appointment of ADP staff</i> 	G
		<p><i>The involvement of Carers and Family members in the planning and delivery of services is being enhanced, via the development of links with services, service users and the local Carers Centre. This work was identified, via our Client (Service User) Satisfaction Survey as an area where additional effort was required; it has been confirmed as a priority area for progression during 2015/16.</i></p> <p><i>The Membership of the Funding Sub-Group will be reviewed in 2015/16; as a result Membership will be enhanced by the inclusion of individuals in recovery.</i></p>	A

8	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise if your ROSC is 'in place'; 'in development'; or in place and enhancing further.</p> <p>Describe the progress your ADP has made in implementing a ROSC; please include what your priorities are in implementing this during 2015-16. This may include:</p> <ul style="list-style-type: none"> • ROSC service review and redesign • Identify and commission against key recovery outcomes • Recovery outcome reporting across alcohol and drug services (Please outline what current/planned recovery tool you are using) • Individual recovery care plan and review • Involved mutual aid and recovery communities <p>Please include your recovery outcomes for all individuals within your alcohol and drug treatment system for 2014/15 if available</p>	<p><u>Commissioning Strategy</u> - Our current commissioning strategy confirms our commitment to the on-going development of person centred and recovery focussed services. As we develop our new commissioning strategy we will use the ROSC strategic workforce development work, being taken forward in 2015/16, to inform and shape the strategy as we go forward. It is anticipated that the Commissioning Strategy will be reviewed and updated in 2015/16.</p> <p><u>Monitoring ROSC within Services and Client Outcomes</u> - All service level agreements have been reviewed using the provision of Recovery Orientated Systems of Care and the Scottish Governments Recovery Tool Kit as the baseline for how these agreements/specifications were developed. Recovery focussed outcomes are clear within both SLA's and their associated service specifications; similarly the achievement of recovery focussed outcomes is tied into our local monitoring processes.</p> <p>As part of the monitoring process; 6 monthly monitoring visits are undertaken, during these visits case files are audited to ensure a clear care plan is in place, that client's recovery focussed outcomes have been identified and are being monitored. Staff and clients, either individually or in group work sessions, are interviewed as part of that process; formal feedback, highlighting any learning points for the organisation is prepared by the Monitoring Officers i.e. an NTL from Addiction Services, the ADP Lead Officer and a Quality Assurance Officer from the HSCP, this is fed back to the service.</p> <p>The recovery outcomes as identified within the Drug & Alcohol Information System (DAISy) i.e. Drugs & Alcohol; self-care & nutrition; relationships; physical health; mental health and emotional well-being; occupying time and fulfilling goals; housing and independent living; offending; money matters and children Recovery Outcomes are an integral element of the way in which we monitor local SLA's.</p> <p>Additional recovery outcomes monitored via SLA's, specifically related to Dumbarton Area Council on Alcohol (DACA), include:</p> <ul style="list-style-type: none"> • clients achieved abstinence/reduced alcohol use at the end of counselling – 75% • reported increased coping skills – 96% • group work clients volunteering in some capacity – 51% • clients achieving positive outcomes through group work programmes – 13% • clients involved in volunteering, training, education – 37% <p>DACA reported the above noted performance for the 2014/15 fiscal year.</p> <p><u>Monitoring Tools</u> - The outcome star is currently being used in third sector organisations; a pilot within the statutory sector has been completed and will feed into the redesign of internal services.</p> <p>A pilot of the Recovery Outcomes Tool Kit was carried out within a local voluntary sector provider; the Tool Kit will be rolled out to all service providers and a system of monitoring its use will be undertaken by our Recovery and Involvement Sub-Group. Reviewing the use of the Tool Kit and the Quality Principles will form part of our outcome monitoring processes as we go forward. The Outcomes Tool Kit is part of the process of monitoring SLA's locally.</p> <p><u>Individual Recovery Focused Care Plans</u> - are developed and reviewed across all service providers, individuals can access a range of services and supports to move them into sustained recovery.</p> <p>Nursing staff carryout monthly case file reviews and the Recovery and Involvement Sub-Group will be undertaking an additional 6 reviews per quarter specifically looking at individual care plans as we go forward.</p>	<p>G</p> <p>G</p> <p>G</p> <p>G</p>
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8	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning. (Continued)</p>	<p><i>As part of our local service user satisfaction survey it was determined that clients misunderstood the term “Care Plan” Focus groups, Facilitated by FAST and supported by the ADP’s Recovery Coordinator are redressing that misunderstanding. These focus groups are targeting both staff and clients.</i></p> <p><u>Recovery Focused Communities</u> - <i>A ROSC pilot commenced in 2014, the pilot finished in March; the outcomes of that pilot were presented to the ADP and used to inform the on-going development of ROSC throughout local services.</i></p> <p><i>A subsequent application was submitted to the Funding Sub-Group enabling the pilot to continue for at least another 6 months i.e. until September 2015.</i></p> <p><i>An internal redesign of statutory services has commenced; this is linked specifically to ROSC.</i></p> <p><u>Recovery Champions</u> - <i>Our first recovery focussed conversation café took place in 2013/14; this led to the provision of recovery matters training for service users and staff members; a second locally led recovery focussed conversation café was held in 2014/15.</i></p> <p><i>The Alternatives Peer Recovery Coaching Team supports a proactive coaching programme designed to promote & strengthen recovery between recovery peers and community recovery participants. The Coaching Team includes a Recovery Coordinator (with lived experience) and 6 Volunteer Recovery Coaches.</i></p> <p><i>This linked support also offers a bridge towards mutual aid and self-help groups out with traditional office hour; the volunteer team offer a first base contact for community members entering programmes, meeting and greeting and supporting through the early stages of introduction to service provision The Peer Coaching Team offers the opportunity for recovery role models to champion recovery within West Dunbartonshire area from a lived experience angle while at the same time up skilling and growing in their personal journey. In 2015/16; the role of the Recovery Coordinator will change and a focus on peer focused initiatives will be developed.</i></p> <p><u>Mutual Aid Groups</u> - <i>Whilst individuals have access to various mutual aid groups stronger links with mutual aid organisations have been developed; regular slots within our local recovery café’s (every Tuesday and monthly on a Saturday) have enabled greater access to mutual aid for those in recovery. If required individuals are supported to access mutual aid meetings by the ADP’s Recovery Coordinator, those meetings do not necessarily need to be within the West Dunbartonshire area if the client feels more comfortable to go to meetings out-with the area.</i></p> <p><i>Turning Point Scotland has recently trained 4 members of staff as SMART Recovery facilitators; these sessions will commence in 2015/16.</i></p>	<p>G</p> <p>G</p> <p>G</p>
9	<p>All relevant statutory requirements regarding Equality Impact Assessments have been addressed during the compilation of your ADP Strategy and Delivery Plan.</p> <p>Please advise when this was undertaken and is next planned.</p>	<p><i>Equality is key to all that is planned and delivered via the CHCP/HSCP/WDC; all strategic reports, including those linked to the ADP are processed via local EQIA systems. Specific areas linked to the ADP assessed via that process are:</i></p> <ul style="list-style-type: none"> <i>• The ADP Delivery Plan was reviewed via local equality impact assessment processes in 2013.</i> <i>• The ADP Funding subgroup application, scoring and monitoring processes were assessed in 2013/14.</i> <i>• The West Dunbartonshire Licensing Policy statement, including the overprovision element was assessed in 2013</i> <i>• The annual report will go through local EQIA processes in September/October 2015; any necessary amendments will be made to the layout, content, consultation or means of final distribution will be made as required.</i> 	<p>G</p>

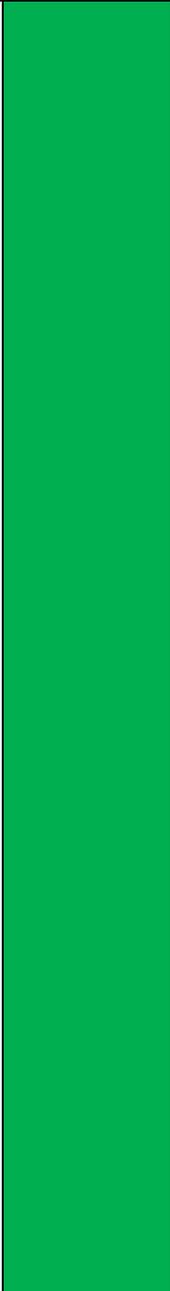
DELIVER – Please evidence your ADP’s Delivery Activities/Priorities

10	<p>Delivery of Joint Workforce plans, as outlined in ‘Supporting The Development of Scotland’s Alcohol and Drug Workforce’ statement are in place across all levels of service delivery which are based on the needs of your population. see note 7</p>	<p><i>An alcohol and drugs workforce development needs assessment had been undertaken and an alcohol and drugs workforce development plan had been prepared. However, this work was undertaken a few years ago; senior staffing have changed and whilst workforce development is supported by performance review processes, personal development and supervision arrangements the view is that further workforce development work is required.</i></p> <p><i>Initial discussion has taken place with STRADA, the ADP Lead and the Joint Manager for Addiction Services and an initial presentation has been delivered to the ADP; a phased approach has subsequently been agreed and will facilitate delivery of a local Strategic Workforce Development Plan in 2015/16, the following activity was progressed in 2014:</i></p> <ul style="list-style-type: none"> • <i>project Brief has been compiled and presented to the ADP, and</i> • <i>a Short Life Working Group was established to support the day to day requirements of the initial scoping exercise.</i> 	<p style="text-align: center; background-color: #008000; color: white; font-weight: bold; font-size: 24px;">G</p> <p style="text-align: center; background-color: #FF8C00; color: white; font-weight: bold; font-size: 24px;">A</p>
11	<p>Please provide a bullet point summary of your ADP’s Alcohol and Drug Provision, to demonstrate the range of prevention, treatment/recovery and support interventions (including early interventions) commissioned by the ADP which have been delivered in the reporting period. We recognise there will be overlaps – please use local definitions.</p> <p>Please provide a bullet point summary of your ADP’s Alcohol and Drug Provision, to demonstrate the range of prevention, treatment/recovery and support interventions (including early interventions) commissioned by the ADP which have been delivered in the reporting period.</p> <p>We recognise there will be overlaps – please use local definitions.</p>	<p>DACA</p> <ul style="list-style-type: none"> • <i>Assessment,</i> • <i>Minimal Interventions,</i> • <i>Counselling (person centre CBT)</i> • <i>Group work (including social drop in, women only, gardening, fishing, music, diversionary activities, complementary therapies, outdoor activities)</i> • <i>Client Involvement Group</i> • <i>Out of Hours Counselling/Support</i> • <i>Telephone Counselling/Advice</i> • <i>Employee Assistance Programme</i> • <i>Criminal Justice Assessments/Support</i> • <i>Client Volunteer Programme</i> • <i>Glow Active Programme (health and fitness activities, support for medication reviews)</i> <p>Alternatives</p> <ul style="list-style-type: none"> • <i>Community Recovery Programme built around DAISy Recovery outcome tool (3 stage development programmes)</i> • <i>Social Enterprise – Heritage Project, Hospitality & Woodcraft (skill based learning)</i> • <i>Community Green Initiatives</i> • <i>Peer Support Team</i> • <i>Volunteer Programme</i> • <i>Through care prison project</i> • <i>Safe as houses recovery supported accommodation programme</i> • <i>Family Support Group</i> • <i>Youth Project (intensive youth support initiative)</i> <p>Addiction Services – <i>will support people to regain and sustain a stable lifestyle, access education, training and employment services enabling individuals to participate in meaning activities as members of their community, improve family and other relationships , access counselling services and provide parental support for families and children. To enable this they provide the following services:</i></p>	<p style="text-align: center; background-color: #008000; color: white; font-weight: bold; font-size: 24px;">G</p>

11	<p>Please provide a bullet point summary of your ADP's Alcohol and Drug Provision. (Continued)</p>	<ul style="list-style-type: none"> • <i>Assessment and Care Management</i> • <i>Information and Advice</i> • <i>Recovering, rehabilitation and relapse prevention</i> • <i>Harm Reduction, including Hep C Clinics, Cervical Screening,</i> • <i>Detoxification programmes, including inpatient care, home detoxing</i> • <i>Comprehensive joint assessment of an individual's health and social care needs</i> • <i>Naloxone training for client's cares and family members.</i> • <i>Administer Intramuscular Pabrinex injections</i> • <i>Assess suitability for, prescribe and monitor protective medications such as Antabuse and Acamprosate</i> • <i>Link node mapping</i> • <i>Alcohol assessment clinic (including physical assessment)</i> • <i>Supported Home Detox from alcohol</i> • <i>Venepuncture</i> • <i>Audits - including Community Nursing Standards</i> • <i>Social work meetings and reports</i> • <i>Dry blood spot tests (BBV), pre and Post Blood Bourne Virus (BBV) test counselling</i> • <i>Check and monitor Liver Function Tests (LFT's) for patients with chronic Hepatitis C</i> • <i>Vaccinations for Hepatitis A and B (Twinrix)</i> • <i>Provision of Foil as well as Naloxone</i> • <i>Cognitive Behavioural Therapy (CBT)</i> • <i>Anxiety Control Therapy</i> • <i>Crisis management</i> • <i>Contribute to Special Needs in Pregnancy Service SNIPS)</i> • <i>Regular liaison with DACA and Kershaw day and in patient units</i> • <i>Joint working with Community Mental Health Team (CMHT)</i> • <i>Support GP Shared Care Clinic</i> <p>Addiction Services staff have input to various groups, including the Clinical Effectiveness Group, Locality Planning Group (Hep C), Service Users Involvement, Equality Scotland (LGBT), Pathfinder Project (Domestic Abuse).</p> <p><u>Future of Addiction Services (FAST)</u> - a local client involvement/recovery group established to support and encourage client involvement in all aspects of the ADP; it enables client's views to be used effectively to affect change within local alcohol and drug service provision in a way that reflects local need and supports individuals sustained recovery from alcohol and/or drug misuse problems.</p> <ul style="list-style-type: none"> • <i>Weekly Recovery Café – provides lunch; delivers a 6 week programme of activities, including Mutual Aid i.e. AA, NA, Complimentary Therapies, Beauty Therapies, Meeting "what works for us" , Ask it Basket (feedback and discussion re specific issues raised by that clients) and Newsletter (The Journey) (copy attached for information).</i> • <i>Monthly, Family focussed Recovery Café – this social event is held on a Saturday afternoon/evening and is accessible to those in recovery, their families, friends and carers. An early evening meal is provided with some themed social activities.</i> 	
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11	<p>Please provide a bullet point summary of your ADP's Alcohol and Drug Provision. (Continued)</p>	<ul style="list-style-type: none"> Quarterly, social evenings i.e. Easter (Spring Ball), Summer (Beach Party), Halloween Party and Christmas Play – most of these events are open to all in recovery, including families and carers etc.; they are usually held in a local community centre, entertainment, hot food and alcohol free refreshments are provided. <p><u>Criminal Justice Social Work Service</u> - delivers Drug Treatment and Testing Order (DTTO). This is achieved via partnership working within a multi-disciplinary team comprising of Social Work and Health professionals. It should be noted that the service based in Dumbarton covers Argyll and Bute and East Dunbartonshire within the context of a wider CJSW Partnership.</p> <ul style="list-style-type: none"> The Turnaround Service (provided by Turning Point Scotland) take referrals from Supervising Officers and work with individuals and small groups via the ECHO programme which addresses a range of issues, including addiction, associated with offending and desistance. Through Turnaround we have access to a residential unit in Renfrewshire. Turnaround staff are co-located with the CJSW team. Alternatives provide a through-care addiction service for short term prisoners not subject to post custodial supervision in the community. This involves a close working relationship with local prisons through their respective link centres. CJSW works closely with and regularly refer to Alternatives and DACA (local Drug and Alcohol, community based/third sector recovery services). <p><u>Turning Point Scotland</u></p> <ul style="list-style-type: none"> Turnaround Service SMART Recovery ART Group Yoga Sessions Peer Support (including NA and CA) Construction Skills Certification (CSCS) <p><u>Work Connect</u> - is designed to support people with learning disabilities, mental ill health, in recovery from substance misuse and those on the autistic spectrum into training, supported unpaid work experience, volunteering and employment. Work Connect provides person centered support that is flexible and ongoing for individuals e.g.:</p> <p>Support</p> <ul style="list-style-type: none"> Help to prepare a CV and assistance with job application forms Regular job searches and interview techniques Access to local colleges and training providers Vocational Profiling Benefits Advice and Better Off Calculations Supported unpaid work experience and volunteering opportunities Support in employment and return to work 	
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11	<p>Please provide a bullet point summary of your ADP's Alcohol and Drug Provision. (Continued)</p>	<p>Opportunities Work Connect Catering provides two community cafes which offer training, supported unpaid work experience, and voluntary opportunities in catering for people with support needs.</p> <p>1. Slipway Fast service Kiosk style food outlet situated beside Loch Lomond in Balloch Park. Opening hours April – October, 7 days per week. 2. T in the Park Sit in table service, beside Dalmuir Park Municipal Golf Course. Opening hours 6 days per week, Monday - Saturday</p> <p>Work Connect at Levensgrove provides opportunities for people interested in horticulture and gardening to move into meaningful activity and training. Based at Levensgrove Park, people can receive hands on support and training in all aspects of horticulture, health and safety training, and instruction in the safe use of hand tools and powered machinery.</p> <p>Levensgrove Plus provides opportunities for people interested in culture, art, writing, craft work and participation in committee/planning skills.</p> <p>Levensgrove Learning provides opportunities for people to attain accredited SQA qualifications. Working in partnership with WDC Community Learning and Development Levensgrove offers accredited learning on a wide range of learning experiences including Gardening, Landscaping, Arts and Personal development.</p>	
12	<p>Please provide a brief summary of the interventions your ADP has delivered to support communities:</p> <p>a) Prevention of developing problem alcohol/drug use</p>	<p>Alternatives</p> <ul style="list-style-type: none"> • <i>Three tier community based programme involving progressing 10 recovery outcomes.</i> • <i>Social Enterprise projects involving catering and wood work skills.</i> • <i>Environmental projects within the local community.</i> <p><u>Y-Sort-It Wrecked and Wasted</u> - <i>Wrecked and Wasted host a number of diversionary activities for young people aged 12-25 including Friday Night Zone utilising the MISC (mobile cyber station bus), the MISC also targets specific areas for outreach work in areas that have been highlighted as having anti-social behaviour with young people. During this outreach work within communities young people are encouraged to undertake an ABI.</i></p> <p><i>Each week Wrecked and Wasted offer young people the opportunity to attend Friday Night youth café providing a safe haven from alcohol and drug misuse. A number of diversionary activities also offered are DJ nights, Battle of the Band events, themed nights.</i></p> <p><i>The Peer Education group deliver alcohol and drug awareness sessions to peers in the community and in school settings. These workshops have been specifically designed by the Peer Education group and contribute to raised awareness via experiential learning events. Peer educators consult with local young people about influencing material, design and messages portrayed for Wrecked and Wasted campaigns. This provides awareness of national and local support services and accessibility along with increased knowledge and understanding of the impact of alcohol and drug misuse.</i></p> <p><i>Young people are offered 121 support to access specialist addiction services locally and sustaining their contact and recovery. Attitudes are behaviour linked to excessive substance misuse is challenged.</i></p>	G

<p>12</p>	<p>Please provide a brief summary of the interventions your ADP has delivered to support communities:</p> <p>a) Prevention of developing problem alcohol/drug use (continued)</p>	<p>Increased support opportunities are offered to young carers aged 12-18 giving them an opportunity to increase participation in social activities, reduce social isolation and improved relationships with peers. Young carers feel better supported, have improved confidence and gain new skills improving their personal development and ability to make positive life choices.</p> <p><u>The View from Here Project</u> -, established in the Westcliff area of West Dunbartonshire, is targeting the whole community; working with local people, voluntary and statutory service providers (including Police Scotland, local Church, the Red Cross, Community Learning and Development etc.) to enable greater equality, provide opportunities for meaningful activity and engagement, people are enabled to feel safe and secure and an increased sense of community is being developed.</p> <p>Within this initiative a number of local people have been supported to complete an accredited Health Issues in the Community (HIIC)</p> <p>Work is progressing, alongside the Green Space, from within the local housing department, to develop an unused building into a productive site for community use; the aim in 2015/16 is to have the ownership of that building transferred to the Raising Havoc Initiative.</p> <p>A Bicycle Recycling initiative is being developed; and access to work space, linked to a local garden centre has been donated until the transfer of ownership, of the Havoc building, has been completed.</p> <p>A number of agencies are involved in this initiative which as a pilot will work with 2 individuals in recovery, from local statutory addiction services, the Future of Addiction Services Team (FAST), Alternatives and DACA. 2 qualified bike mechanics have volunteered to support the initiative, which will enable clients to work on donated bikes learning bike mechanic, task orientated and team building skills which will enhance future employment possibilities. At the end of the pilot all individuals will be given the bikes they have worked on. If successful, this will be continued beyond the initial pilot.</p> <p><u>Alcohol Awareness Sessions</u> -DACA facilitated 2 Alcohol Awareness sessions with Vale of Leven Hospital staff with an average of 70 staff attending each.</p> <p><u>All 4 Youth</u> - supports young people away from problematic alcohol and/or drug misuse before their dependency became persistent. ALL 4 YOUTH's aim is to provide support to these young people aged 12 – 18 in West Dunbartonshire who are experiencing difficulty due to their substance misuse and associated emotional wellbeing.</p> <p>ALL 4 YOUTH offer a holistic service which is client led, flexible and focuses on the individual needs of each young person. We work on a 1-2-1 basis with additional group activity. We aim to equip the young people with the knowledge, skills and information to enable them to make informed life choices and divert them away from harmful behaviours.</p> <p>We have a committed, knowledgeable team who are persistent and consistent in their approach. This enables us to build strong, trusting professional relationships. Our specialist GP service offers a full medical check and referral into community addiction/mental health services. This project's success has been possible thanks to the support and partnership working with external agencies, the young people themselves and their families.</p>	
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12	<p>Please provide a brief summary of the interventions your ADP has delivered to support communities:</p> <p>a) Prevention of developing problem alcohol/drug use (continued)</p>	<p><i>ALL 4 YOUth provide a Rapid Response Initiative. This provides a wraparound service to young people 16 – 21 who are displaying harmful behaviours and who are putting themselves at risk in their community. They will be supported within a temporary flat for a sustained period as he/she move through a critical period. Rapid Response will be supported by a multi-agency forum that seeks to identify and put in place early intervention packages that involve all appropriate statutory and third sector agencies to divert young people away from harmful behaviours.</i></p>	
12	<p>b) Community Safety/ Violence Against Women/ Reducing Reoffending</p>	<p><u>The Criminal Justice Social Work Service</u> - works closely with a range of service providers, including the Criminal Justice System i.e. Procurator Fiscal, Police Scotland, Social Work, Health, Statutory Addiction Services, the Future of Addiction Services Team (FAST), in addition to direct in house service provision to address the issue of addiction as it effects re-offending and desistance. As a result of the temporary availability of project funding to support the recommendations of the Commission on Women Offenders (2012), the CJSW service in 2014-15 was able to enhance an existing service provision/programme for women offenders, developing relationships with partners and delivering intensive support to a critical few whose complex needs typically include addiction related issues. A further years funding has enabled this to continue in 2015-16. This and other interventions link in with and compliment the work being undertaken through the national Public Service Partnership initiatives, in particular Shine (women offenders).</p> <p><u>Cannabis Cultivation Inputs – Police Scotland</u> - Within the period of this report Police Scotland arranged presentations/inputs to West Dunbartonshire Council Housing Officers.</p> <p><i>These inputs/presentations were on drug production within properties and were conducted by Police Scotland’s specialist drugs department – STOP unit. The West Dunbartonshire Council Housing Officers were educated in identifying the vital signs of drug productions, namely cannabis cultivation. These inputs/presentation will help in partnerships working together in tackling drug misuse within the local authority area.</i></p> <p><u>NightZone West initiative</u> - for the festive period 2014 – 15 was organised through the Safety and Environment group, which is a multi-agency group reporting to both the ADP and the Antisocial Behaviour Task Group. Grant funding was provided by the ADP and other resources including staffing were provided by WDC Community Safety and other partners.</p> <p><i>The NZW initiative has the overall aim of ensuring that town centres in West Dunbartonshire are safe and enjoyable areas for a night out over the festive period. Traditionally more people go out at this time of year, and therefore the ‘feel’ of our town centres is important both in actual incidents of crime or disorder, and in terms of public perceptions of safety.</i></p> <p><i>Multi agency actions over the past years have concentrated on ensuring that the environment is as safe as possible, for example by improving provision of litter bins or taxi ranks. The original introduction of CCTV to Dumbarton was as a result of NZW and has now become a permanent feature. As well as the environment, the group have recognised that most problems occur when people are hanging about after they have left a pub or club. The use of taxi Marshalls is designed to ensure that people leave the areas as quickly as possible, and that any problems during the waiting period are minimised. This year, the pilot SafeZone initiative provided outreach and support during the evening in one area to the public attending pubs or clubs.</i></p>	G

12	b) Community Safety/ Violence Against Women/ Reducing Reoffending (continued)	<ul style="list-style-type: none"> • There was an overall reduction in the number of crimes of violence and disorder as well as incidents involving disorder in the 2014/15 festive period compared to the same period in 2013/14. • There was an overall reduction in disorder crimes of 20.1%, which was 28 less crimes than the same period last year. The largest reduction was for Criminal Justice and Licensing Scotland Act 2010 s.38 crimes which reduced by 56.9% against 2013/14 figures. There was an increase of eight vandalism crimes during this period and also two more willful fire raising crimes. • In total the number of drug possession and supply crimes decreased by 14.5% compared to last year, with there being a decrease of 14 drug possession charges and an increase of four drug supply crimes. The most common drug recovered during this period was cannabis which was recovered in 62% of crimes with diazepam being the second most common drug. • The total number of disorder incidents during the reporting period reduced by 12% in comparison to the festive period in 2013/14 which is equivalent to 36 fewer incidents recorded. There were reductions across most incident types with the largest decrease being 22 fewer public nuisance calls. Disturbance calls did increase during the reporting period by a total of 13. 	
12	b) Community Safety/ Violence Against Women/ Reducing Reoffending	<p>Violence Against Women – Work on identification of specific ADP lined priorities has been identified as a gap. Detailed work will be taken forward on this issue in 2015/16.</p>	A
12	c) Children/CAPSM	<p>Alternatives - Parenting programme using CAPSM toolkit to support parents/carers within community based group work programme delivered by third sector organisations.</p> <p>Addiction Services -CAPSM Guidelines have been finalised through the Addictions Clinical Services Review and whilst these guidelines offer a framework for NHS GG&C they offer some flexibility for local partnerships of this group to adapt for their own areas.</p> <p>Work is underway to finalise CAPSM guidelines for West Dunbartonshire. These guidelines will provide a framework and checklist for staff supporting families where there are issues of parental substance misuse</p> <p>Addiction Services work within the framework of Getting It Right for Every Child (GIRFEC). The addictions Specialist Assessment now incorporates a parenting assessment that is undertaken with every adult in the service. This assessment considers parenting ability in view of presenting addiction difficulties and the impact this may have on the child. The assessment balances risk factors as well as protective factors to ensure a fair outcome.</p> <p>Addiction Team staff have devised a training course that is now recognised as relevant training part of the Child Protection Training Calendar. This course is delivered by a Nurse Team Leader and Senior Social Worker from Addiction Services and provides information on Addiction issues, presentations, medications and effect of addiction as well as parenting ability.</p> <p>Addictions staff contributes to the multi-agency SNIPS (Special Needs in Pregnancy) meetings. A template has been created specifically for Addiction staff to complete across both team localities. This ensures that consistent and relevant information is provided to the SNIPS Forum as part of the wider assessment and support framework.</p>	A

12	c) Children/CAPSM	<p>Addiction staff are involved in regular joint working with child care teams. They work jointly with Social Workers across the service area, particularly where a child is an open case to children and families. Staff attend child care reviews and child protection case discussions as required.</p> <p>In the past we have reviewed Service Level Agreements (SLA's) with partner agencies. One agency currently delivering a group-work programme has now included a parenting module as part of the development of the CAPSM agenda within Addiction services.</p>	
		<p><u>Drug Related Deaths Group</u> - One function of the local Drug Related Deaths Group is to analyse background information to identify, amongst other things, if a child has been present or involved in a drug death. If a child has been present then contact with Children and Families Services would be made to advise appropriate Social Work staff; a supportive intervention would then be offered to the child. This would be discussed and planned in conjunction with relevant trained staff, the child and their family.</p>	G
12	d) Supporting People in moving on from treatment and care services for on-going recovery (e.g. Self Directed Support, mutual aid/ recovery communities)	<p><u>FAST</u> - At our recovery café we will support service users who would like to move on in their recovery to training, education or mutual aid. Our service user involvement group enables service users to voice their opinions on services and to volunteer at our café which runs on a six weekly programme which includes therapies, training, volunteering opportunities. These FAST group members will also attend recovery communities in other areas of Scotland; this enables us to share good practice with other agencies. We also assist service users to attend mutual aid meetings as we will introduce them to their peers who have already been through our services and have moved on.</p> <p>Fast run a safe social environment free from drugs and alcohol within the West Dunbartonshire area, for service users and their families on a Saturday afternoon. We also run quarterly evening events open to service users, friends and families and provide a social network when local services are closed.</p> <p><u>Work Connect</u> - is designed to support people with learning disabilities, mental ill health, in recovery from substance misuse and those on the autistic spectrum into training, supported unpaid work experience, volunteering and employment. Work Connect provides person centered support that is flexible and ongoing for individuals e.g. Pre-employment Support and accessing volunteering and employment opportunities (see section 11 above).</p> <p><u>Alternatives Peer Recovery Coaching Team</u> supports a proactive coaching programme designed to promote & strengthen recovery between recovery peers and community recovery participants. The Coaching Team includes a Recovery Coordinator (with lived experience) and 6 Volunteer Recovery Coaches (see section 8 above).</p> <p><u>Safe as Houses Supported Accommodation</u> - is a joint venture between Alternatives and West Dunbartonshire Housing Services and will provide a service solely for people from West Dunbartonshire.</p> <p>The premises in the Drumry area of Clydebank has been adapted specifically for needs and consist of 4 flats, each with 3 bedrooms. This provides accommodation for 12 service users. There are shared bathroom and kitchen facilities in these flats. In addition to this there is a room for group-work, a counselling room and space for staff.</p> <p>The service is designed to provide a structured environment where you can explore issues relating to substance misuse. You will be encouraged to learn new skills that will enable you to develop a healthy lifestyle and return to independent living in the community.</p> <p>Key features of the Safe as Houses Project include structured group work programme, 1:1 keyworking, individualised care plans; through-care model with supported housing options.</p>	G

13	<p>A. A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision.</p> <p>B. Describe how all ADP Partners contribute to delivering outcomes identified in the Joint Strategic Needs Assessment (Box 1) which includes prevention, recovery, treatment, support and throughcare services through ROSC provision, where in place.</p>	<p><i>As part of our funding application process, initiatives are asked to identify key performance indicators which link directly to ADP and national core outcomes; any initiative successful in their application is monitored, against those PI's, on a 6 monthly basis.</i></p> <p><i>If there is difficulty in delivering the key activities of any initiative a process of negotiation has been established to realign the initiative's PI's, however, if that is not feasible, then there is scope for the funding to be clawed back and redirected to support another area of work.</i></p> <p><i>As part of a review of the Funding Sub-Group it has been confirmed that the monitoring of such initiatives will be undertaken quarterly in 2015/16.</i></p> <p><i>A review of SLA's and establishment of robust monitoring processes has commenced, one of our larger third sector organisations signed off that SLA and a similar exercise will be rolled out to other providers in 2015/16. All commissioned services are monitored against previously agreed, recovery related outcomes, quarterly progress reports are submitted and 6 monthly monitoring visits are carried out in all service provision sites.</i></p> <p><i>All service providers, including statutory services, participate in annual reviews of progress; this information is submitted to the ADP and included within Annual Reports to Scottish Government. As part of that process all key stakeholders are also invited to participate in annual planning events, during these events, progress is once again reviewed, key information about the needs of the clients and staff are reviewed and information about the changing demographics of the area is shared. That information is then used to enable partners to identify potential gaps in service delivery and agree any priority actions for going forward.</i></p> <p><i>This process was used to inform the development of the updated Delivery Plan 2015/18; in feedback about an initial event held in March 2015 it was indicated that partners welcomed this inclusive approach and suggested that all key stakeholders should be invited to similar events, locally, on a more regular basis.</i></p> <p><i>The ADP Expert Team facilitated workshop sessions for all ADP Sub-Groups to ensure that appropriate actions were identified by each group, how they would be monitored, and which partner was responsible for ensuring delivery of individual actions. This process will be used to report progress against the ADP's updated performance framework.</i></p>	G
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REVIEW

14	<p>ADP Delivery Plan is reviewed on a regular basis, which includes a review of provision of prevention activity, recovery, treatment and support services (ROSC).</p>	<p><i>The Delivery Plan is reviewed on a 6 monthly basis; reports are submitted to the ADP/CCP. These reports include progress made, variance against plans, remedial actions required, changed priorities, reporting arrangements which demonstrate the impact of services and whether or not any necessary strategic adjustments are in place.</i></p> <p><i>As part of this process wider key stakeholder events are planned on an annual basis, feedback from the event in March 2015 indicated that partners wanted similar events twice per annum; this will be taken forward in 2015/16.</i></p> <p><i>As indicated earlier the ADP structure has been reviewed and Sub-Groups established to enable a focus on specific key priority areas i.e. Health and Prevalence, Treatment and Support, Recovery and Involvement, Safety and Environment and Funding; each of these groups have developed individual action/implementation plans to ensure that key local and national ROSC specific outcomes are delivered and monitored appropriately. (A copy of the ADP Role and a pictorial description of the ADP structure with key partnerships identified is attached for information).</i></p>	G
15	<p>Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services, which incorporates recommendation 6 from the Delivering Recovery Report</p> <p>(see note 8)</p>	<p><i>Contract monitoring is undertaken via an SLA monitoring officer; additional monitoring visits are undertaken by the CHCP's Quality Assurance Team, the ADP Lead Officer also participates in these visits. This currently happens with one third sector organisation; others will follow the same process, however, their SLA's will only be signed off in 2015/16.</i></p> <p><i>On-going monitoring is carried out in line with requirements of the Funding Sub-Group, as above.</i></p> <p><i>All services, including statutory providers are required to report progress against targets on a 6 monthly basis; these are reported to the ADP/CCP.</i></p> <p><i>Reports linked to the delivery of HEAT Targets are made to the ADP and relevant sub-groups regularly. Similarly, reports are regularly shared with the CPP's Safe and Stronger Communities Thematic Group and annually with the CPP management Group. .</i></p> <p><i>All performance is monitored on an individual outcomes focussed basis.</i></p>	A G
16	<p>A schedule for service monitoring and review is in place, which includes statutory provision</p>	<p><i>All statutory providers are required to submit 6 monthly progress reports; these are in turn presented to the ADP and used to enable forward planning of needs led services.</i></p> <p><i>All third sector providers are, in line with SLA's and the requirements of the Funding Sub-Group, are expected to submit quarterly reports.</i></p> <p><i>6 monthly monitoring visits, involving the ADP Lead Officer, an NTL from statutory addiction services and a Quality Assurance Officer from the HSCP are carried out in all services commissioned via the ADP. Follow up reports are shared with the service and any learning points noted for action. (An example of an anonymised, monitoring report is attached for information).</i></p>	G
17	<p>Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.</p>	<p><i>A process is in place to ensure service user involvement across all stages of local planning, design and delivery of services.</i></p> <p><i>There is service user involvement/consultation on service redesign; service users are an integral element of the internal redesign of services which will be progressed further in 2015/16.</i></p> <p><i>Service users are full members of the ADP and participate in numerous ADP Sub-Groups.</i></p>	G

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17	<p>Service Users and their families play a central role in evaluating the impact of our statutory and third sector services. (Continued)</p>	<p><i>There is an annual service user consultation and evaluation of service provision; subsequent focus groups take place to address specific issues identified as a result of these surveys, service delivery is changed, if appropriate, as a result of service user consultation. (A copy of the most recent adult based survey report is attached for information).</i></p> <p><i>The Service User Satisfaction Survey was developed, along with young people, for specific use within young people's services, 2014/15 is the first year that this was specifically carried out with young people. Like wider services focus groups are being used to delve deeper into the outcome of the Survey; on the whole however, young people and those accessing adult services felt that their needs were being met and confirmed that staff made people feel welcome and that their involvement in the planning and delivery of their individual care plans is welcomed. (A copy of the young person specific survey report is attached for information).</i></p> <p><i>A specific group (FAST) has been running for a number of years, one of the main purposes of this group is to advocate for changes in services to reflect identified need.</i></p> <p><i>Service users, community representatives and young people, participate in all planning and review sessions ensuring that they help agree the direction of travel for the ADP in terms of service delivery and meeting the needs of individuals.</i></p> <p><i>There is a Service User Steering Group which is made up of service providers and service users; this group is responsible for steering the direction of service user involvement across the ADP.</i></p> <p><i>Our third sector organisations encourage input from service users, carers and family members in the design of the services they provide and the premises they operate from.</i></p> <p><i>Our Wrecked and Wasted (alcohol and drug initiative for young people) is managed via a youth led management board that make all key decisions about service delivery and spend.</i></p> <p><i>The involvement of Carers and Family members in evaluating local services is being enhanced with closer working between services, service users, carers (including young carers)</i></p>	G
18	<p>A. There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.</p>	<p><i>Local staff are trained to delivery PSIF (Public Service Improvement Framework) this self-assessment mechanism has been used to assess local alcohol and drug services. This has been superceded by the use of the Quality Improvement Framework required by Scottish Government as a means of self-assessment. However, access to PSIF trained staff is still feasible if required.</i></p> <p><i>Six case files, picked randomly from all individuals accessing statutory services, are audited on a monthly basis. This audit looks at the quality of the service provided, the quality of the data recorded within case files, the quality of the outcomes identified and how the client assesses their own progress toward achieving individual outcomes. In addition, these audits look at the needs of the client and the evidence of partnership working across and through services.</i></p> <p><i>It is proposed, in 2015/16, that the Recovery and Involvement Sub-Group will supplement this internal audit by carrying out another 6 audits per quarter; this has been put in place as a result of the findings from the 2014 Client Satisfaction Survey and is specifically to review the case files from a client's recovery perspective, including their involvement in setting and reviewing their care plan, and including the identification and monitoring of individual recovery focussed outcomes.</i></p>	G

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<p>18</p>	<p>B. Please advise when (and how) your ADP has/plans to undertake an assessment of local implementation of the <u>'Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services'</u>. See note 9 and 10</p>	<p><i>The ADP receive support from the CHCP Quality Assurance Team in the development of recovery orientated service level agreements (SLA's) associated service specifications and on-going monitoring of those SLA's. Whilst some SLA's are now in place using this support further work is required to enable this to be mirrored across other providers.</i></p> <p><i>Representatives from Statutory Addiction Services, the CHCP's Quality Assurance Team and the ADP carryout 6 monthly monitoring visits to all commissioned services. As part of monitoring visits a random number of open and closed case files are audited, clients are interviewed, and staff are involved in the monitoring visit.</i></p> <p><i>A protocol to enabled case file audits, carried as part of that monitoring process, to be carried out in consistent manner has been produced. (A copy of that protocol is attached as an appendix to this report). Feedback is provided to the Service after every monitoring visit.</i></p> <p><i>The quality principles were reviewed by all ADP Partners, including client representatives sitting on the ADP or accessing local alcohol and drug related supports and services and via the FAST Group. They have subsequently been rolled out across, and are being used by all local services.</i></p>	<p>G</p>
		<p><i>The use of the Quality Principles will be further promoted/monitored via our Recovery and Involvement Sub-Group; which has been indicated as an action within the ADP's 2015/18 Delivery Plan and will be reported via our local ADP structures and included within our 2015/16 Annual Report.</i></p> <p><i>Similar to the monitoring of the use of the Quality Principles, the use of the ROSC Outcomes Toolkit will be monitored, by the Recovery and Involvement Sub-Group, as we go forward into 2015/16. Information in relation to this will be reflected in our Annual Report for the 2015/16 fiscal year.</i></p>	<p>A</p>
<p>19</p>	<p>Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following:</p> <ul style="list-style-type: none"> Detail of any ORT focussed groups operating in the area 	<p><i>ORT Working Sub-Group - was established to look specifically at the recommendations from the Independent Expert Review of ORT in Scotland; and how those recommendations are being addressed within West Dunbartonshire. Membership of that group consisted of the Senior Medical Officer for Alcohol and Drug Services Lead for Prescribing and Clinical Pharmacist, 2 Nurse Team Leaders, Senior Social Worker, the ADP Lead Officer and the ADP Information Analyst. Under the auspices of that group a review of the recommendations was undertaken and it was confirmed that work to progress the said recommendations had been taken forward locally; however, as they had never been badged under ORT Review the connections had not been made. It was noted by members of the Group that some of this work should be exemplified within the ADP's Annual Report for 2014/15; those examples are:</i></p> <ul style="list-style-type: none"> <i>Pharmacists - The majority of the Community Pharmacies in West Dunbartonshire (21/22) provide an Opiate Substitution Service – primarily through the dispensing of methadone. Pharmacists are in an ideal place to assess the day to day wellbeing of these clients and although communication between pharmacists and prescribers is good it was recognised that this could perhaps be enhanced further. As a result a summary guidance document was distributed to all community pharmacies in an attempt to standardise communication between these groups. It is hoped to further explore utilising the community pharmacy network to further enhance the pharmacists' role in the care of patients who require ORT or have an on-going drug related problem.</i> <i>Hep C - A new community based outreach, Nurse-led clinic was set up at the Leven Addiction Services; enabling the Hep C Clinic to be integrated into local services, ensuring that the patient journey was seamless, particularly important for those individuals who find it difficult to access medical care. The services continues to develop and now has a team of 3 full time Nursing staff providing clinics from Leven Addiction Service, The vale Centre for Health & Care, Alexandria and Clydebank Health Centres.</i> 	<p>G</p>

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<p>19</p> <p>Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. (continued)</p> <p>Please include any information around the following:</p> <ul style="list-style-type: none"> • Detail of any ORT focussed groups operating in the area • Your (updated, if applicable) Key Aim Statement A specific update on your progress in implementing it – have you achieved it/ when do you plan to do so 	<ul style="list-style-type: none"> • <i>ORT Structured Detox - there is no structured programme for opiate detox and reductions are done ad hoc with support given as and when possible; 2 nurses in the CAT have been developing proposals to establish an ORT Structured Detox; they have been gathering information to help inform the potential development and implementation of a dedicated ORT detox programme</i> • <i>Questionnaires have been drafted; these will be given to patients accessing Clydebank CAT and at the Shared Care Clinic based in the Yellow practice in Clydebank Health Centre. The purpose of the questionnaire is to find out what supports and structures clients feel would be helpful to them if they were to decide to detox from their substitute medication (Methadone or Suboxone).</i> <p><i>This work will be taken forward in 2015/16; an update on progress with this work will be included within the ADPs 2015/16 Annual Report.</i></p>	<p>A</p>
	<p>Drug Related Death Group - consists of representatives from NHS GG&C, local statutory addiction service, Police Scotland and the ADP, has specific responsibility for reviewing, on a case by case basis, every death where drugs are indicated as the primary cause of death. Information is gathered from local case files, both health and social care, and via any third sector service the individual is linked into, specific toxicology is obtained from NHS GG&C and any criminal related behaviour from Police Scotland. The Group meets on a 6 weekly basis and a log of any key learning aspects of every death is completed during these meetings.</p>	<p>G</p>
	<ul style="list-style-type: none"> • <i>Substitute Prescribing and Management of Prescriptions - The Standards for the Supervision of Substitution Therapies in Community Pharmacies have been reissued; and input to strategic Pharmacy development sessions has been agreed.</i> 	<p>A</p>
	<ul style="list-style-type: none"> • <i>New Psychoactive Substances (NPS) - a local survey of the number of clients/patients who have used NPS has been carried out within Leven Addiction Services; this survey will be carried out again; on this occasion, however, it will be carried out in both statutory service provision sites across the area.</i> • <i>An NPS campaign has been developed to raise awareness of the dangers associated to the use of New Psychoactive Substances; ensuring that appropriate contact details for local services where information and advice and support can be obtained is accessible to all.</i> 	<p>G</p>
	<ul style="list-style-type: none"> • <i>Statutory and third sector staff participated in general training and information gather exercise organised by NHS GG&C and supported by the Scottish Drugs Forum.</i> • <i>Naloxone - Naloxone - Roll out of the national Naloxone Programme continues, with West Dunbartonshire currently exceeding the 25% national target with 35% delivery, ahead of all GGC based ADP areas.</i> <p><i>Specific training for families and carers of injecting drug users, with the patients permission, is being provided by nurses from within local addiction services</i></p> <p>The ADP's Key Aim Statement developed in response to the ORT Report is: "West Dunbartonshire ADP will develop fit for purpose information systems which will record, track and measure individual recovery based outcomes which are supported, at any stage, by Opioid Replacement Therapies.</p>	<p>A</p>

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<p>19</p>	<p>Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland.</p> <p>Please include any information around the following:</p> <ul style="list-style-type: none"> • GP engagement – how drug and alcohol treatment is being delivered in primary care settings • How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March 2015 • Information on length of time on ORT and dose See note 10 (Continued) 	<p><i>Local information systems will be reviewed and redesigned by a short-life working group which will also consider any necessary staff training required to facilitate the operation of the redesigned system. Any redesign will link into current care first systems, ensuring streamlining of data collection sources. The Short-life working group will hold its initial meeting before the end of December 2013 and will pilot the redesigned and fit for purpose system by October 2014. Data for all new clients will be recorded on the system and an initial report will be run, to test the system, in February 2015. The system will go live on 1st April 2015”.</i></p> <p><i>The introduction of the DAISy system has superseded the above as has the collation of substitute prescribing by NHS GG&C at a central level. However, the DAISy system is being piloted within a local third sector service provider. Key stakeholders have been involved in discussions regarding the data required via DAISy and series of local workshops will be rolled out in 2015/16 to ensure that local systems are in place to meet DAISy requirements (thus addressing the aforementioned Key Aim Statement).</i></p>	
		<p><u>Outline of the work of the ORT Accountable Officer</u> - The Accountable Officer for ORT in NHS GG&C health board associated ADPs is the Associate Medical Director (AMD) for NHS GG&C Addiction Services.</p> <p>The AMD is co-chair of the board wide Alcohol and Drug Clinical Services Review (CSR), which includes a review of ORT in NHS GG&C. The review was driven by priorities including addressing unmet need, reducing variations in standards of practice and increasing the recovery orientation of services. The review of ORT in NHS GG&C was also informed by the Independent Expert Review of ORT in Scotland (as well as other key documents). The CSR is now entering an implementation phase, which includes the implementation of recommendations in Glasgow city community addiction teams and GP shared care schemes. The Accountable Officer is a member of the Implementation Board for this phase of service redesign.</p> <p>The AMD chairs the board wide Addictions clinical governance system, which includes the following remits pertaining to ORT:</p> <ul style="list-style-type: none"> • The board wide Substitute Prescribing Management Group (SPMG), currently chaired by an addiction consultant psychiatrist. This multi-disciplinary group includes representation from contracted services (GPs and pharmacists) and all ADP areas. The group monitors ORT prescribing within the board, reported at ADP level, and co-ordinates development of best practice advice and guidelines. Currently, the group is updating the GG&C Prescribing Guidelines in relation to ORT and benzodiazepines. The group reports to the Governance Group, chaired by the AMD. • Critical incident reporting and investigations, including adverse incidents in relation to ORT. Learning from investigations is disseminated through the SPMG and other governance sub-groups such as Person Centred Care • Record of Audits relevant to ORT <p>The AMD chairs the Glasgow City Alcohol and Drug Deaths Prevention sub-group of the Glasgow city ADP and manages the work of the Alcohol and Drug Deaths Research Associate and Assistant.</p> <p>The AMD co-ordinates CPD opportunities for staff involved in ORT by organising a quarterly “Shared Care Conference” aimed primarily at GPs, pharmacy staff and addiction staff. This is currently delegated to a Senior Medical</p>	

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<p>19</p>	<p>Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following:</p> <ul style="list-style-type: none"> • How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March 2015 • Information on length of time on ORT and dose (Continued) 	<p>Officer and a planning team to ensure appropriate learning needs are addressed in a programme covering relevant topics. In addition, GP practices contracted to the Drug Misuse NES undergo an annual support and monitoring visit.</p> <p>The NHS GG&C Accountable Officer was a member of the Independent Expert Review of ORT and is Vice-Chair of the Scottish Government's National Forum on Drug Related Deaths.</p>	
		<p>GP Engagement - Shared Care - Almost all GP practices within the area provide some form of Shared Care Clinic which is aimed at more stable patients, without significant psychiatric/social co-morbidities, this arrangement is seen as part of the recovery process; each clinic receives support from either an Addiction Worker or an Addiction Nurse. It is envisaged that all practices would be supported to participate in the delivery of shared care</p>	<p>A</p>
		<p>Individuals in receipt of ORT - A total of 710 individuals were in receipt of Opiate Substitute Treatment during the 2014/15 fiscal year.</p> <p>Information from Shared Care Services, which account for 360 of those individuals in receipt of OST (Methadone), indicates that:</p> <ul style="list-style-type: none"> • 34 individuals had been in receipt of Methadone for less than one year • 128 individuals had been in receipt of Methadone for between 1 – 4 years • 153 individuals had been in receipt of Methadone for 5 years and over <p>Information from Shared Care services, which account for 360 of those individuals in receipt of OST (Suboxone), indicates that:</p> <ul style="list-style-type: none"> • 7 individuals had been in receipt of Suboxone for less than one year • 28 individuals had been in receipt of Suboxone for between 1 – 4 years • 10 individuals had been in receipt of Suboxone for 5 years and over <p>Information from local Addiction Services i.e. Clydebank CAT and Leven Addiction Services, which accounts for 350, of those individuals in receipt of OST (methadone) indicates that:</p> <ul style="list-style-type: none"> • 48 individuals had been in receipt of Methadone for less than one year • 139 individuals had been in receipt of Methadone for between 1 – 4 years • 55 individuals had been in receipt of Methadone for 5 years and over <p>Information from Addiction Services i.e. Clydebank CAT and Leven Addiction Services, which accounts for 350, of those individuals in receipt of OST (suboxone) indicates that:</p> <ul style="list-style-type: none"> • 31 individuals had been in receipt of Suboxone for less than one year • 62 individuals had been in receipt of Suboxone for between 1 – 4 years • 15 individuals had been in receipt of Suboxone for 5 years and over • <p>Information from all local Addiction Services i.e. Clydebank CAT, Leven Addiction Services and Shared Care Clinics for those individuals in receipt of OST (methadone and suboxone) indicates that:</p> <p>The dosage of prescriptions for Methadone range from 2mls – 150 mls; specifically:</p> <ul style="list-style-type: none"> • 112 individuals received prescribed daily doses for between 1 – 30mls • 176 individuals received prescribed daily doses for between 31 – 5mls 	<p>G</p>

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19	<ul style="list-style-type: none"> • How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March 2015 • Information on length of time on ORT and dose (Continued) 	<ul style="list-style-type: none"> • 252 individuals received prescribed daily doses for between 50 – 120mls • 17 individuals received prescribed daily doses for 121mls and over <p>The dosage of prescriptions for Suboxone range from 0.4mg – 25mgs and over; specifically:</p> <ul style="list-style-type: none"> • 75 individuals received prescribed daily doses for between 0.4mg – 7mgs • 78 individuals received prescribed daily doses for between 8mgs – 24mgs • 0 individuals received prescribed daily doses for 25mgs and over <p>It should be noted that the information source for ORT in terms of those services previously covered under the old Argyll and Clyde may be flawed in terms of the length of time on ORT.</p>	
20	<p>Please describe in brief bullet points how your ADP and partners are contributing to delivery of a Whole Population Approach for Alcohol</p>	<p><u>Overprovision</u> - The ADP has established a Group to consider a collective response to Licensing Applications; this enables us to review the information contained within the Overprovision; What Does the Evidence Tell us Report produced by the ADP in 2013, in conjunction with local partners, including Licensing i.e. License holders, LSO's Police, Environmental Health, Fire Service, Public Health, AFS, Health Improvement and local Women's Aid, against any liquor licence applications. These are viewed in terms of the statutory responsibility to consult with health; the Vice Chair of the ADP submits formal objections and either he or the ADP Lead Officer present those objections to appropriate meetings of the Licensing Board.</p> <p>The ADP Lead Officer supports, where appropriate any objections from the local community by assisting them to access and translate the overprovision data for their own area (Intermediate Data Zone)/objections.</p> <p>Discussions regarding the collation of updated demographic information in line with licensing policy will take place in 2015/16.</p> <p><u>Work with Pharmacies to Address the Needs of the "Hidden Population"</u> - The ADP's Recovery Co-ordinator met with Pharmacists at their regular Community Pharmacy Locality meeting to identify ways in which the ADP and local service providers can engage with the hidden population, particularly those who do not access local services or who are on long-term medication.</p> <p><u>Alcohol Brief Interventions</u> - The national program to deliver Alcohol Brief Interventions for hazardous drinkers is a key plank of the strategy aiming to reduce population consumption and complements legislative measures to tackle price and availability. During 2014/15 the target in West Dunbartonshire priority settings and for wider settings were both exceeded. Work will continue during 2015/16 to build capacity to ensure maintenance in priority settings and begin to evaluate impact in wider settings as well as scope possible areas for further development in wider settings.</p> <p><u>Workplace Settings</u> - West Dunbartonshire Council and West Dunbartonshire Health and Social Care Partnership have recently been successful in maintaining the Gold Healthy Working Lives Award for 2014/15. The programme reaches over 9,000 staff, many of whom also live in West Dunbartonshire.</p> <p>An essential element of maintaining the award involves implementation of an externally assessed written policy on alcohol and drugs, which give employees clear guidance around the use of, or operation under the influence of, alcohol and drugs in the workplace. In addition, each year there is at least one information campaign to raise awareness of the alcohol and drugs policy. In May 2014 interactive events were held with staff in two different venues focussing on "home drinking" over the summer period. The event was advertised on the Intranet and on payslips. To widen reach,</p>	<p>G</p> <p>G</p> <p>G</p> <p>G</p>

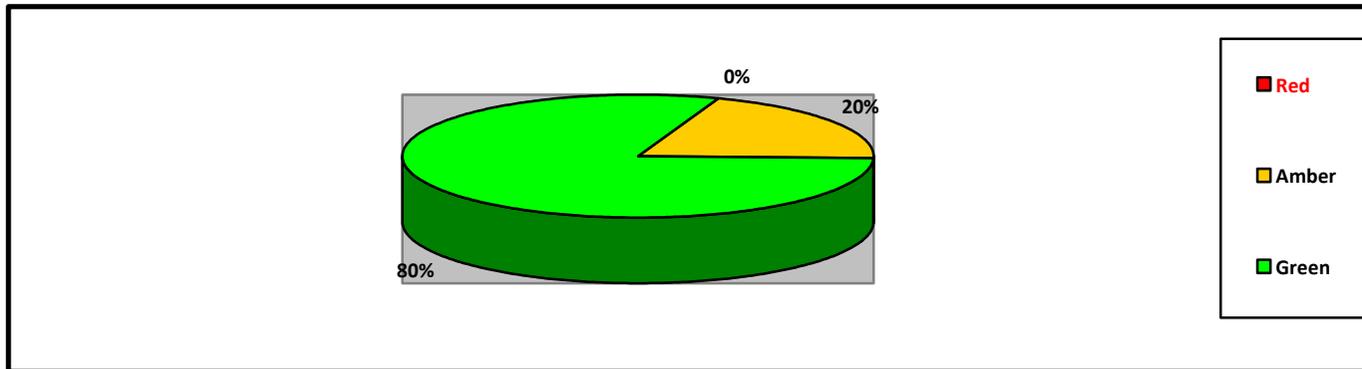
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20	<p>Please describe in brief bullet points how your ADP and partners are contributing to delivery of a Whole Population Approach for Alcohol</p>	<p><i>activities for 2015/16 will focus on staff who are based in depots.</i></p> <p><u>Alcohol Awareness Sessions</u> -DACA facilitated 2 Alcohol Awareness sessions with Vale of Leven Hospital staff with an average of 70 staff attending each.</p> <p><u>Home Care</u> - Training needs analysis carried out with Care at Home staff has identified a need to raise awareness and develop skills in discussing alcohol. During 2014/15, significant progress has been made towards the development of proposals to train over 600 staff (Home Carers, Sheltered Housing Supervisors and Mobile Attendants) in alcohol and raising the issue with clients. This will include distribution of the 'Alcohol and Later Life' magazine. Initial activities with Care at Home staff in early 2015/16 will focus on their own health, as part of the Healthy Working Lives programme. Pilot training will then be undertaken and evaluated before a full roll out. A partnership approach to delivery is currently being explored.</p> <p><u>Suicide Awareness - Police Scotland</u> - Suicide awareness inputs were delivered to the majority of frontline Police Officers within West Dunbartonshire. The training of frontline Police Officers helped complement the ADP outcomes by identifying a significant number of vulnerable people who are intent on self harm and through partnership working, appropriate service providers will engage with these individuals.</p> <p><u>Oh Lila</u> - The Oh Lila Learning Resource is a programme for 3 to 5 year old children which aims to build resilience and protective factors. Alcohol Focus Scotland was commissioned by West Dunbartonshire Alcohol & Drug Partnership to deliver the Oh Lila programme to early learning and childcare centres within the local authority area. A total of 4 training sessions were delivered throughout this period with all establishments taking part as well as some of the partnership nurseries. All Early Learning and Childcare Centre's now have a resource pack to deliver this programme to the children in their establishment.</p> <p>The training enabled the participants to:</p> <ul style="list-style-type: none"> • Have an enhanced awareness and understanding of the problems caused by alcohol in Scotland. • Be more able aware of early years policies and strategies and how to use the resource. • Be able to identify ways to use the resource and feel more confident using it when working within their working environment. • Be more confident to manage disclosures from children. 	<p style="text-align: center;">A</p> <p style="text-align: center;">G</p> <p style="text-align: center;">G</p>
21	<p>How many service users are in receipt of prescriptions for problem alcohol use?</p>	<p><i>During 2014/15 a total of 153 clients accessing statutory addiction services or shared care received prescriptions for problem alcohol use.</i></p>	<p style="text-align: center;">G</p>
22	<p>How many service users are receiving counselling/ support through ADP commissioned services?</p>	<p><i>During 2014/15 a total of 1,760 individuals were referred to local addiction services; of that number 1,137 (64.6%) received treatment – as the nature of a client's first appointment takes the format of a structured preparatory interview it is fair to say that all 1,137 of those who accessed services last year received some form of counselling. However, using a formal definition of counselling to review those numbers would indicate that :</i></p> <ul style="list-style-type: none"> • 358 DACA clients in counselling (249 new clients and 109 on-going clients) 	<p style="text-align: center;">G</p>

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		<ul style="list-style-type: none"> • 101 DACA clients received counselling within a in group support programme <p>Addiction Nurses offer a post Naloxone counselling/support service to those clients who have had to administer Naloxone in the community where this intervention has been unsuccessful or where a service user has witnessed an unsuccessful Naloxone attempt.</p>	
23	<p>How many service users have received treatment for ARBD in the reporting period</p>	<p>There are 10 service users receiving treatment for ARBD within one statutory service provision site.</p> <p>A review of the Alcohol Related Brain Injury (ABI) service is has been undertaken. This review will be completed during 2015/16 and will consider the need to have more robust care management, including care reviews, confirmation of ARBD as a primary diagnosis and appropriate psychological input and advice.</p> <p>Review of the workforce, linked to the on-going workforce development will ensure that staff are appropriately skilled in cognitive rehabilitation work which underpins legislation relative to ARBD and ABI diagnosed as a result of historical alcohol abuse.</p> <p>Issues re access to date to confirm the number of clients who have received treatment for ARBD were flagged up during the collation of information for the Annual Report; this will be reviewed in line with data systems work linked to DAISy and the ADP's Key Aim Statement during 2015/16.</p>	A

Chart 1: Percentage RAG Score across all performance areas



West Dunbartonshire ADP's RAG Score in Summary

West Dunbartonshire ADP; and its constituent partners, have assessed local performance; from that assessment, which involved critical analysis of local activity. Whilst there are 23 distinct areas within the framework; for the purposes of our assessment we have reviewed 75 separate issues, against a RAG Score. That assessment of performance indicated that there are 0 (0%) areas where we consider no action to have been taken; there are insert number 15 (20%) areas where it has been confirmed that work has commenced and is on-going, however, it is the opinion of the writer of this assessment and the wider ADP partners that many of these areas were continuous improvement would be expected, therefore whilst we consider our performance to have been of a high standard we have left scope for that continuous improvement to be recognised. A total of 60 (80%) areas of performance are deemed to be Green; these are areas where, although we need to keep abreast of local need, we feel that our performance has been above standard; it is the opinion of the ADP partners that this work will continue to be of a high standard, however, will change to reflect the developing needs of those who either access or provide local supports and services made available via the ADP and its partner organisations.

3. Financial

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

Total Income from all sources

Income	Alcohol	Drugs	Total
Earmarked funding from Scottish Government	166,911.75	500,735.25	667,647
Funding from Local Authority	446,685.50	1,340,056.50	1,786,742
Funding from NHS (excluding funding earmarked from Scottish Government)	310,388.25	931,164.75	1,241,553
Funding from other sources	185,795.75	557,387.25	743,183
Total	1,109,781.25	3,329,343.75	4,439,125

Total Expenditure from sources

	Alcohol	Drugs	Total
Prevention (include community focussed, early years, educational inputs/ media, young people, licensing objectives, ABI's)	41,800.00	41,800.00	83,600.00
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	622,459.00	2,325,612.00	2,948,071.00
Recovery	445,522.25	961,931.75	1,407,454.00
Dealing with consequences of problem alcohol and drug use in ADP locality	*	*	*
Total	1,109,781.25	3,329,343.75	4,439,125.00

*subsumed within the 3 Prevention, Treatment and Supports and Recovery totals above

End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Drugs	3,329,343.75	3,329,343.75	Nil
Alcohol	1,109,781.25	1,109,781.25	Nil
Total	4,439,125	4,439,125	Nil

Total Underspend from all sources

Underspend £	Proposals for future use

Support in kind

Provider	Description	Financial Equivalent
Future of Addiction Services FAST (Recovery Café)	Volunteer support for the FAST Recovery Café, every Tuesday and monthly on a Saturday afternoon	9,891
Alternatives	Volunteer Supports	5,743.50
Dumbarton Area Council on Alcohol (DACA)	Volunteer counselling supports	38,500
Total In-Kind Support		54,134.50

4. Core and Local Indicators 2014/15

The RAG score noted against these outcomes is a self-assessment of West Dunbartonshire's progress. However, where possible, we have scored against the Scottish average. (However, it is also based on a local means of assessment is based on our Covalent System i.e. if we are under target then the RAG would be **Red**, if we are meeting target the RAG would be **Amber** and if targets are being exceeded the RAG would be **Green**).

National Core Outcome – Health (People are healthier and experience few risks as a result of alcohol and drug use)								
Local High Level Outcome – Health (Raise awareness of the dangers, and reduce hazardous behaviours, associated to alcohol and drug misuse)								
Local Outcomes (What do we need to change?)	Measures	West Dun Baseline	Benchmarking		Local Targets/Scottish Average	Timescales (By when?)	Data Source/s	RAG Score
			Glasgow City	Inverclyde				
Reduce the number of alcohol/drug related deaths (mortalities)	Rate of alcohol related deaths (per 100,00 HoP)	Rate of 30.7 ARDs	37.0	22.5	Rate of 21.4 ARDs	Mar-18	National Records for Scotland (NRS) 2013	R
	Rate of drug related deaths (per 100,00 HoP)	Rate of 9.6 DRDs	16.9	13.6	Rate of 10.0 DRDs			G
	Number of people who participated in healthier lifestyle activities	83	Not applicable		60	2014-2015	DACA – Glow Active Programme	G
	Number of healthy lifestyle activity sessions offered by the Glow Active Programme	157			0	2014-15	DACA – Glow Active Programme	G
Reduce the number of alcohol/drug related hospital admissions	Rate of alcohol /drug related hospital admissions/emergency hospital admissions (per 100,00 HoP)	829 (972.3 Rate) AR hospital admissions (HA) 2013/14	1259.1	1021.8	Rate of 696.9 AR (HA)	Mar-18	ISD AR Hospital Statistics 2013/14	A
		718 (86.6%) AR emergency hospital admissions (EHA) 2013/14	89.9%	89.8%	88.7% AR (EHA)		ISD AR Hospital Statistics 2013/14	G
		112 (131.7 Rate) DR hospital admissions (HA)	168.9	240.4	Rate of 124.6 DR (HA)		ISD DR Hospital Statistics 2014	A
		100 (89.3%) DR emergency hospital admissions (EHA)	86.8%	97.1%	92.2% DR (EHA)		ISD DR Hospital Statistics 2014	A

National Core Outcome – Health (People are healthier and experience few risks as a result of alcohol and drug use)								
Local High Level Outcome – Health (Raise awareness of the dangers, and reduce hazardous behaviours, associated to alcohol and drug misuse)								
Local Outcomes (What do we need to change?)	Measures	West Dun Baseline	Benchmarking		Local Targets/Scottish Average	Timescales (By when?)	Data Source/s	RAG Score
			Glasgow City	Inverclyde				
Maintain HEAT Standard for Alcohol Brief Interventions (ABI's) in priority settings	Proportion of GP practices signed up to deliver Alcohol Brief Interventions	17	Not available		18	March 2017	SMID/ISD	A
Increased access to Psychological Therapies	Mean number of weeks for referral to treatment for Psychological therapies	Clients to access psychological services within 18 weeks of referral (provisional figure) (Covalent 2011/12)	Not available		All clients to receive psychological services within 18 weeks of referral (Covalent 2011/12)	<i>No longer reported</i>	(Covalent)	A
	Percentage of patients who started Psychological therapies treatments within 18 weeks of referral	92.4%	Not available		93%	March 2016 and annually thereafter	Scot Pho (Covalent 2014/15)	G
	Percentage of people who waited more than 18 weeks for Psychological Therapies treatment	10.3%	Not available		4%	<i>No Longer measured in covalent</i>	Scot Pho (Covalent 2013/14)	R
	Proportionate access to psychological therapies – percentage waiting no longer than 18 weeks	93.3%	Not available		85%	<i>No Longer measured in covalent</i>	Scot Pho (Covalent 2013/14)	R
	Proportionate access to psychological therapies – percentage waiting no longer than 18 weeks male	94.0%	Not available		85%	March 2016 and annually thereafter	Scot Pho (Covalent 2014/15)	G
	Proportionate access to psychological therapies – percentage waiting no longer than 18 weeks female	91.0%	Not available		85%	March 2016 and annually thereafter	Scot Pho (Covalent 2014/15)	G

National Core Outcome – Health (People are healthier and experience few risks as a result of alcohol and drug use)								
Local High Level Outcome – Health (Raise awareness of the dangers, and reduce hazardous behaviours, associated to alcohol and drug misuse)								
Local Outcomes <i>(What do we need to change?)</i>	Measures	West Dun Baseline	Benchmarking		Local Targets/Scottish Average	Timescales <i>(By when?)</i>	Data Source/s	RAG Score
			Glasgow City	Inverclyde				
Service users are fully involved in planning their own sustainable recovery	Number of individuals referred into the Glow Action Programme	70	<i>Not applicable</i>		70	2014-2015	DACA – Glow Active Programme	G
More people in recovery from alcohol/ drug misuse will be in training/ volunteering/ employment	Number of volunteers recruited to support healthy lifestyle activities in the future	3	<i>Not applicable</i>		4	2014-2015	DACA – Glow Active	G
	Certified training courses awarded to participants for completing training course in Aromatherapy and Everyday First Aid through the Glow Active Programme	14	<i>Not applicable</i>		10	2014-2015	DACA – Glow Active	G
	Number of individual's supported in recovery and life skills enhancement through Peer Recovery Programme,	41	<i>Not applicable</i>		10	2014-2015	Alternatives – Peer Recovery	G
	Number of recovery coaches supported in role as recovery champions and established in maintaining healthy life style choices through peer recovery programme	18	<i>Not applicable</i>		0	2014-2015	Alternatives – Peer Recovery	G
	Number of people in recovery supported into employment and further education through the Peer Recovery Programme	8	<i>Not applicable</i>		0	2014-2015	Alternatives – Peer Recovery	G
	Prevalence of hepatitis C among people who inject	Information not available						

National Core Outcome – Prevalence (Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others)								
Local High Level Outcome – Prevalence (Using whole population approaches measure and reduce the impact of alcohol and drugs on the health and well-being of communities in West Dunbartonshire)								
Local Outcomes <i>(What do we need to change?)</i>	Measures	West Dun Baseline	Benchmarking		Local Targets/Scottish Average	Timescales <i>(By when?)</i>	Data Source/s	RAG Score
			Glasgow City	Inverclyde				
Local people (including children young people and the wider population) are equipped to make informed and positive choices about alcohol/drug consumption	Percentage of 15 year olds who have ever been offered drugs	31.7% 32%	36.5%	32.7%	35.6% 38%	2014-2015	Scot Pho 2013 SALSUS	G
	Percentage of 15 year olds who have ever been offered alcohol	14.6%	9.7%	16.2%	11.9%	2014-2015	Scot Pho 2013	R
	The proportion of individuals who are alcohol dependent					2014-2015	SCOTTISH HEALTH SURVEY 2013	
	Proportion of 15 year olds drinking on a weekly basis (and their mean weekly consumption)	23%			18%	2014-2015	SALSUS	R
	The proportion of individuals drinking above daily and/or weekly recommended limits					2014-2015	SCOTTISH HEALTH SURVEY 2013	
	The proportion of individuals drinking above twice daily (“binge” drinking) recommended limits					2014-2015	SCOTTISH HEALTH SURVEY 2013	
People are equipped to make informed and positive choices about alcohol/drug misuse	Number of young people participating in positive diversionary activities through Wrecked and Wasted	1073	<i>Not applicable</i>		502	2014-2015	Y Sort It – Wrecked and Wasted	G
	Number of young people attending Wrecked and Wasted DJ Nights	1056	<i>Not applicable</i>		847	2014-2015	Y Sort It – Wrecked and Wasted	G
	Number of young people accessing Friday Night Youth Cafe	141	<i>Not applicable</i>		0	2014-2015	Y Sort It – Wrecked and Wasted	G

National Core Outcome – Prevalence (Fewer adults and children are drinking or using drugs at levels of patterns that are damaging to themselves or others)								
Local High Level Outcome (Using whole population approaches measure and reduce the impact of alcohol and drugs on the health and well-being of communities in West Dunbartonshire)								
Local Outcomes <i>(What do we need to change?)</i>	Measures	West Dun Baseline	Benchmarking		Local Targets/Scottish Average	Timescales <i>(By when?)</i>	Data Source/s	RAG Score
			Glasgow City	Inverclyde				
Reduce the prevalence of problem drug users	Estimated prevalence of problem drug use amongst 15-64 year olds	2.50%	2.8%	3.2%	1.7%	On-going	Scot Pho 2012	R
	Estimated prevalence of male problem drug use amongst 15-64 year olds	3.50%	4.1%	4.4%	2.4%			R
	Estimated prevalence of female problem drug use amongst 15-64 year olds	1.60%	1.5%	2.1%	1.0%			R
Levels of drug use amongst young people are reduced	Percentage of young people engaged in the services who have significantly reduced their drug or alcohol misuse	97%	Not available		75% (Covalent 2013/14)	No Longer measured in covalent	Covalent 2013/14	G
Reduce impact of alcohol/drug misuse on communities in West Dunbartonshire	Alcohol and drug training using Oh Lila resource delivered to staff in all early years educational establishments	44 staff members	Not applicable		0	2014-2015	HIT	G
	Number of alcohol/drug education sessions delivered to 3-5 year old in early years centres (1 session per establishment)	32 early years centres	Not applicable		0	2014-2015	HIT	G
Reduce alcohol/drug consumption by young people in contact with services	Number of alcohol/drug sessions delivered to young people in school	15	Not applicable		10	2014-2015	Y Sort It – Wrecked and Wasted	G
	Number of young people reached through P7 experiential learning event held over 2 weeks	943	Not applicable		880	2014-2015	Y Sort It – Peer Education Group	G
	Number of young people reached through other settings i.e. youth clubs	197	Not applicable		123	2014-2015	Y Sort It – Peer Education Group	A
	Number of community based substance misuse awareness sessions held	5	Not applicable		0	2014-2015	Y Sort It – Wrecked & Wasted	G

National Core Outcome – Recovery (Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use)								
Local High Level Outcome – Recovery (Enable local communities to positively acknowledge and support people affected by alcohol/drug misuse to make positive life choices that sustain their recovery)								
Local Outcomes <i>(What do we need to change?)</i>	Measures	West Dun Baseline	Benchmarking		Local Targets/ Scottish Average	Timescales <i>(By when?)</i>	Data Source/s	RAG Score
			Glasgow City	Inverclyde				
People affected by alcohol/drug misuse make positive life choices that sustain their recovery	Percentage reduction in daily drugs spend during treatment		<i>Not applicable</i>				ISD SMDM	
	Reduction in the percentage of clients injecting in the last month during treatment		<i>Not applicable</i>				ISD SMDM	
	Proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow up		<i>Not applicable</i>				ISD SMDM	
	Proportion of clients receiving drugs treatment experiencing improvements in employment/education profile during treatment		<i>Not applicable</i>				ISD SMDM	
People affected by alcohol/drug misuse make positive life choices that sustain their recovery	Everyday First Aid training course provided to those living in supported accommodation	2	<i>Not applicable</i>		0	2014-2015	ROSC Project	G
Recovery Orientated System of Care	Successful asset mapping event held bringing together partners and local champions from the community	40	<i>Not applicable</i>		0	2014-2015	ROSC Project	G
	Health Issues in the Community Course undertaken	7	<i>Not applicable</i>		0	2014-2015	ROSC Project	G
People affected by alcohol/drug misuse make positive life choices that sustain their recovery	Number of orientation interviews successfully undertaken. Successful network and introduction of the ROSC project	20	<i>Not applicable</i>		0	2014-2015	ROSC	G

National Core Outcome – Recovery (Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use)								
Local High Level Outcome – Recovery (Enable local communities to positively acknowledge and support people affected by alcohol/drug misuse to make positive life choices that sustain their recovery)								
Local Outcomes <i>(What do we need to change?)</i>	Measures	West Dun Baseline	Benchmarking		Local Targets/ Scottish Average	Timescales <i>(By when?)</i>	Data Source/s	RAG Score
			Glasgow City	Inverclyde				
People affected by alcohol/drug misuse make positive life choices that sustain their recovery	Number of local champions identified through the above process to support the development of the project	6	Not applicable		0	2014-2015	ROSC	G
	Number of local people who undertook HIIC taster course from the community	10	Not applicable		0	2014-2015	ROSC	G
	Number of HIIC attendees who completed certified training	7	Not applicable		0	2014-2015	ROSC	G
Better community relationships positive attitudes, stigma reduced, improved resilience and citizenship in Westcliff	Raising Havoc Partnership Event which took place to raise profile of the area and gain intelligence.	77	Not applicable		0	2014-2015	ROSC	G
	Number of questionnaires completed. Number of people expressing an interest to becoming more fully involved	26	Not applicable		0	2014-2015	ROSC	G
Service users are fully involved in planning their own sustainable recovery	Number of individuals referred into Glow Active Programme	70	Not applicable		0	2014-15	Glow Active Programme	G
More people in recovery from alcohol/drug misuse will be in training/ volunteering/ employment	Number of client volunteers recruited to support healthy lifestyle activities in the future	3	Not applicable		0	2014-15	Glow Active Programme	G
	Number of clients completed certificated training	11	Not applicable		0	2014-15	Glow Active Programme	G

National Core Outcome – CAPSM/FAMILIES (Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life chances)								
Local High Level Outcome – CAPSM/FAMILIES (Reduce the harmful impact of alcohol/drug misuse on children, young people, families and carers)								
Local Outcomes <i>(What do we need to change?)</i>	Measures	West Dun Baseline	Benchmarking		Local Targets/Scottish Average	Timescales <i>(By when?)</i>	Data Source/s	RAG Score
			Glasgow City	Inverclyde				
Maternities with Drug Use	Aggregate 3 year rate (per 1,000 maternities) of maternities recording drug use	15.4	12.3	23.6	19.7	2018	(Scot Pho 2013)	G
Child protection with parental alcohol/drug misuse	Number of child protection cases conference where parental drug and alcohol abuse has been identified per 10,000 HoP	9.0	5.8	12.0	10.9	2018	(Scot Pho 2014)	A
Child protection with parental alcohol/drug misuse	Rate of child protection cases with parental drug misuse per 10,000 HoP	5.6	4.2	8.0	6.7	2018	(Scot Pho 2014)	G
Child protection with parental alcohol/drug misuse	Rate of child protection cases with parental alcohol misuse per 10,000 HoP	4.5	1.9	8.0	6.2	2018	(Scot Pho 2014)	A
	Number of families affected by parental addiction provided with support	309	<i>Not available</i>		321	2018	(Scot Pho 2012/13)	G
	Number of parents engaged with addiction services provided with support	334	<i>Not available</i>		333	2018	(Scot Pho 2012/13)	A
	Proportion of positive ABI screenings in ante-natal settings		<i>Not available</i>					

National Core Outcome – Community Safety (People are healthier and experience few risks as a result of alcohol and drug use)								
Local High Level Outcome – Community Safety (Raise awareness of the dangers, and reduce hazardous behaviours, associated to alcohol and drug misuse)								
Local Outcomes <i>(What do we need to change?)</i>	Measures	West Dun Baseline	Benchmarking		Local Targets/Scottish Average	Timescales <i>(By when?)</i>	Data Source/s	RAG Score
			Glasgow City	Inverclyde				
Drug use funded by crime	Percentage of clients at specialist drug treatment services who report funding their drugs through crime	24.5%	21.5%		20.9%		(Scot Pho 2011)	R
	Alcohol related offences – serious assaults record by police (rate per 10,000 HoP)	6.6	13.3	11.3	6.1		(Scot Pho 2013)	A
	Alcohol related offences – common assaults recorded by the police (rate per 10,000 HoP)	113.3	165.8	75.2	111.1		(Scot Pho 2013)	R
	Alcohol related offences – vandalism recorded by the police, rate per 1000 population (rate per 10,000 HoP)	118.4	134.4	96.5	97.4		(Scot Pho 2013)	R
	Alcohol related offences – breach of the peace recorded by the police (rate per 10,00 HoP)	194.7	267.9	132.5	133.8		(Scot Pho 2013)	R
	Rate of Anti-Social behaviour orders per 1,000 population: Serious assault, common assault, vandalism and breach of the peace.	Recorded Crime Data, Scottish Government (Table 8)	Information not available					
CPO's with alcohol/drug treatment	Number of community payback order requirements issued with drug or alcohol treatment required, and percentage that are successfully completed	17 Issued. 11 (64.7%) completed. 6 (35.3%) on-going	Information not available					
	One year reconviction frequencies rate (per 100 offenders), for offenders given a Drug Treatment and Testing Order		Information not available					
Alcohol/drug fuelled offences	Percentage of victims of a crime who reported that offender was under the influences of alcohol and/or drugs	Scottish Crime and Justice Survey (table 14, page 16)	Information not available					
	Percentage of people reporting 'alcohol abuse' as a negative aspect of their neighbourhood	23.4%	21.5%	8.7%	12.6%	Annually	(Scot Pho 2013)	R

National Core Outcome – Community Safety (People are healthier and experience few risks as a result of alcohol and drug use)								
Local High Level Outcome – Community Safety (Raise awareness of the dangers, and reduce hazardous behaviours, associated to alcohol and drug misuse)								
Local Outcomes <i>(What do we need to change?)</i>	Measures	West Dun Baseline	Benchmarking		Local Targets/Scottish Average	Timescales <i>(By when?)</i>	Data Source/s	RAG Score
			Glasgow City	Inverclyde				
Reduce alcohol and drug related violence and offences in West Dunbartonshire	Number of taxi marshals used in 3 town centres	10	<i>Not available</i>		10	2014-2015	ASB Task Group	G
	Number of people who required taxi marshal assistance	11,002	<i>Not available</i>			2014-2015	ASB Task Group	G
	Percentage of town centre licensed premises were provided with information on taxi marshals	100%	<i>Not available</i>			2014-2015	ASB Task Group	G
	Percentage of licensed premises outwith town centres provided with safety materials	75%	<i>Not available</i>			2014-2015	ASB Task Group	A
	Percentage of licensed premises provided with beer mats	100%	<i>Not available</i>		100%	2014-2015	ASB Task Group	G
	Number of positive safety messages distributed through a variety of mediums to residents of West Dunbartonshire	4	<i>Not available</i>		4	2014-2015	ASB Task Group	G
	Number of advertising mediums used to distribute safety messages	6	<i>Not available</i>		4	2014-2015	ASB Task Group	G
	Number of Safezones held in Balloch over the festive period	2	<i>Not available</i>		0	2014-2015	ASB Task Group	G
	Number of people who engaged with Safezone and required assistance	230	<i>Not available</i>		0	2014-2015	ASB Task Group	G

National Core Outcome – Community Safety (People are healthier and experience few risks as a result of alcohol and drug use)									
Local High Level Outcome – Community Safety (Raise awareness of the dangers, and reduce hazardous behaviours, associated to alcohol and drug misuse)									
Local Outcomes <i>(What do we need to change?)</i>	Measures	Current Value/Target	Benchmarking		Local Targets/ Scottish Average	Timescales	Data Source/s	RAG Score	
			Glasgow City	Inverclyde		<i>(By when?)</i>			
Drug use funded by crime	Percentage of clients at specialist drug treatment services who report funding their drugs through crime	24.50%	21.50%		20.90%		Scot Pho 2011	R	
	Alcohol related offences – serious assaults record by police (rate per 10,000 HoP)	6.6	13.3	11.3	6.1		Scot Pho 2013	G	
	Alcohol related offences – common assaults recorded by the police (rate per 10,000 HoP)	113.3	165.8	75.2	111.1		Scot Pho 2013	A	
	Alcohol related offences – vandalism recorded by the police, rate per 1000 population (rate per 10,000 HoP)	118.4	134.4	96.5	97.4		Scot Pho 2013	R	
	Alcohol related offences – breach of the peace recorded by the police (rate per 10,00 HoP)	194.7	267.9	132.5	133.8		Scot Pho 2013	R	
	Rate of Anti-Social behaviour orders per 1,000 population: Serious assault, common assault, vandalism and breach of the peace.	Recorded Crime Data, Scottish Government (Table 8)	Information not available						
CPO's with alcohol/drug treatment	Number of community payback order requirements issued with drug or alcohol treatment required, and percentage that are successfully completed	17 Issued. 11 (64.7%) completed. 6 (35.3%) ongoing	Information not available						
Alcohol/drug fuelled offences	Percentage of victims of a crime who reported that offender was under the influences of alcohol and/or drugs	Scottish Crime and Justice Survey (table 14, page 16)	Information not available						
	Percentage of people perceiving drug misuse or dealing to be a very of fairly common in their neighbourhood	28.50%	19.30%	13.00%	11.90%	Annually	(Scot Pho 2013)	R	

National Core Outcome – Local Environment (People live in positive, health-promoting local environments where alcohol and drugs are less readily available)								
Local High Level Outcome – Local Environment (Increase the knowledge and change attitudes to alcohol, drinking and drug misuse)								
Local Outcomes <i>(What do we need to change?)</i>	Measures	West Dun Baseline	Benchmarking		Local Targets/Scottish Average	Timescales <i>(By when?)</i>	Data Source/s	RAG Score
			Glasgow City	Inverclyde				
Alcohol/drug fuelled offences	Percentage of people perceiving drug misuse or dealing to be a very of fairly common in their neighbourhood	28.50%	19.30%	13.00%	11.90%	Annually	Scot Pho 2013	R
	Percentage of people reporting 'alcohol abuse' as a negative aspect of their neighbourhood	23.40%	21.50%	8.70%	12.60%	Annually	Scot Pho 2013	R
	Percentage of people spontaneously reporting 'alcohol abuse' as a negative aspect of their neighbourhood	23.40%	21.50%	8.70%	12.60%	Annually	Scot Pho 2013	R
Licensing	Number of premises licenses in force per annum	241 (33.4%)	1745 (35.9%)	2015 (31.4%)	38.0%	September 2015 annually thereafter	Scot Pho 2013	G
	On Sales	148 (20.4%)	123 (25.3%)	137 (21.0%)	26.6%			G
	Off Sales	93 (12.9%)	515 (10.6%)	68 (10.4%)	11.4%			G
	Number of new application for premises or application licenses	241	<i>Not available</i>		Levels maintained or reduced	2015	Regulatory Services	A
	Proportion refused on ground of overprovision	8	<i>Not available</i>		Levels maintained or reduced	2015	Regulatory Services	A
	Number of personal liquor licenses issued	82	<i>Not available</i>		Levels maintained or reduced	2015	Regulatory Services	A
Young people are equipped to make informed and positive choices about alcohol/drugs misuse	<i>Percentage of young people who have been offered drugs in the last year</i>	13%	<i>Not available</i>			2015	SALSUS 2013	G
	<i>Number of diversionary activities run via Wrecked and Wasted</i>	914	<i>Not available</i>			2014-2015	Wrecked and Wasted Extra	G
	Percentage of people perceiving drug misuse or dealing to be a very of fairly common in their neighbourhood	480	<i>Not available</i>			2014-2015	Wrecked and Wasted Extra	G
Increased knowledge and change of attitudes to alcohol, drinking and drug misuse	<i>Diverse range of participants including service providers engaged in Health Issues in the Community course</i>	10	<i>Not available</i>			2014-2015	View from Here Project	G

National Core Outcome – Services (Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people more through treatment into sustained recovery)								
Local High Level Outcome – Health (Raise awareness of the dangers, and reduce hazardous behaviours, associated to alcohol and drug misuse)								
Local Outcomes <i>(What do we need to change?)</i>	Measures	Current Value	Benchmarking		Local Targets/Scottish Average	Timescales <i>(By when?)</i>	Data Source/s	RAG Score
			Glasgow City	Inverclyde				
Maintain HEAT Standard for Alcohol Brief Interventions (ABI's) in priority settings	The number of screenings (using a validated screening tool) for alcohol use disorders delivered and the percentage screening positive with the breakdown of i) % eligible for ABI and ii) % eligible for referral to treatment services	Information Not available						
	Proportion of GP practices signed up to deliver Alcohol Brief Interventions	17	Not available		18		SMID/ISD	A
Maintain HEAT Standard for Drug or Alcohol Treatment Waiting Times	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatments that supports their recovery	93.0%	96.6%	95.3%	90.0%	Annually	SDMD ISD 2014/15	G
	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery	93.3%	94.8%	89.6%	90.0%	Annually	SDMD ISD 2014/15	G
	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery	92.6%	97.3%	97.0%	90.0%	Annually	SDMD ISD 2014/15	G
	Number of treatments drug service clients receive at 3 month and 12 month follow up (and annually after that)	Not available					SMDM ISD	
Increase positive outcomes for people accessing local addiction service	Number of clients reported reduced alcohol consumption through GLOW Active Programme	79%	NA	NA	65%	2014-2015	DACA – Glow Active Programme	G

National Core Outcome – Services (Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people more through treatment into sustained recovery)								
Local High Level Outcome – Health (Raise awareness of the dangers, and reduce hazardous behaviours, associated to alcohol and drug misuse)								
Local Outcomes <i>(What do we need to change?)</i>	Measures	Current Value	Benchmarking		Local Targets/Scottish Average	Timescales <i>(By when?)</i>	Data Source/s	RAG Score
			Glasgow City	Inverclyde				
Service users are fully involved in the improving the quality of local addiction services	Percentage of clients who participated in service user planning and development through GLOW Active Programme	15 Clients	NA	NA	22 Clients	2014-2015	DACA – Glow Active Programme	G
Diverse range of people are involved in improving the quality of local recovery orientated services and support	Number of people who participated in the Action Plan Event for Westcliff area	40	NA	NA	0	2014-2015	ROSC Project	G
	Improved perception of Westcliff through Raising Havoc event	77	NA	NA	0	2014-2015	ROSC Project	G

5. ADP & Ministerial Priorities

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

- **Internal redesign of alcohol and drug services to ensure fit with ROSC (this will include issues linked to Workforce Development)**

Addiction Services have embarked on a continuous improvement programme as an inclusive approach to support how we review, shape, develop and redesign the service in a way that ensures that it developing in a way that ensures its appropriateness in the future.

The programme will be led by the Joint Manager for Addiction Services and supported by the organisational development and change team. The programme will provide a framework and structured approach for all employees in the service to be involved in identifying what the service strengths are and where the team feel that improvement activity and energy should be focussed to provide an even better service to client groups, whilst building a positive working environment.

The programme is underpinned by the Scottish Government's "Quality Principles – Standards and Expectations of Care and Support in Drug and Alcohol Services. This quality improvement framework promotes 5 main principles all of which we will address as we work through the above continuous improvement framework. The purpose of the framework is to ensure quality in care, treatment and recovery as well as ensuring the need for quality in the data that we record to evidence outcomes for people in recovery.

The outcome for Addiction Services is that we are able to undertaken an inclusive self-assessment approach that will ensure practice and protocols across both team localities are aligned; the development of health and social care integrated working is developed whilst considering workforce development needs.

The outcome objective is that Addiction Services will be recognised as a cohesive service that delivers modern, professional, effective recovery orientated systems of care to support the needs of service users, their families and carers in West Dunbartonshire.

- **Quantification of availability and access to NPS; within that identification of uptake of services and possible changes to service delivery as a result of this work, and using intelligence develop appropriate information and training for young people and their families regarding the dangers of new psychoactive substances.**

Specific, tailored training, for nursing staff was commissioned from SDF; this training was widened out and included officers from Police Scotland.

Staff from both statutory and third sector organisations participated in general training and information sharing facilitated by NHS GG&C, in partnership with the Scottish Drugs Forum.

An initial survey of clients who access Leven Addiction Services identified that there were a number of current clients who had used NPS; further work to quantify the availability and accessibility of NPS will be carried is on-going; the initial survey will be rerun across both Statutory Services i.e. Leven Addiction Services and Clydebank CAT during 2015/16.

Group work with local young people, linked to the Wrecked and Wasted Commissioned Work, will enable a focussed approach to NPS as we go forward in 2015/16.

An awareness raising campaign is being developed via the Safety and Environment Sub-Group and the Drug Related Deaths Group. This work will be rolled out in 2015/165 and delivered as part of the Nightzone West Campaign.

- **Work with Children and Families**

Work is underway to finalise CAPSM guidelines for West Dunbartonshire. These guidelines will provide a framework and checklist for staff supporting families where there are issues of parental substance misuse.

CAPSM Guidelines have been finalised through the Addictions Clinical Services Review and whilst these guidelines offer a framework for NHS GG&C they offer some flexibility for local partnerships of this group to adapt for their own areas.

Addiction Services work within the framework of Getting It Right for Every Child (GIRFEC). The addictions Specialist Assessment now incorporates a parenting assessment that is undertaken with every adult in the service. This assessment considers parenting ability in view of presenting addiction difficulties and the impact this may have on the child. The assessment balances risk factors as well as protective factors to ensure a fair outcome.

Addiction Team staff have devised a training course that is now recognised as relevant training part of the Child Protection Training Calendar. This course is delivered by a Nurse Team Leader and Senior Social Worker from Addiction Services and provides information on Addiction issues, presentations, medications and effect of addiction as well as parenting ability.

Addictions staff contributes to the multi-agency SNIPS (Special Needs in Pregnancy) meetings. A template has been created specifically for Addiction staff to complete across both team localities. This ensures that consistent and relevant information is provided to the SNIPS Forum as part of the wider assessment and support framework.

Addiction staff are involved in regular joint working with child care teams. They work jointly with Social Workers across the service area, particularly where a child is an open case to children and families. Staff attend child care reviews and child protection case discussions as required.

In the past we have reviewed Service Level Agreements (SLA's) with partner agencies. One agency currently delivering a group-work programme has now included a parenting module as part of the development of the CAPSM agenda within Addiction services.

One function of the local Drug Related Deaths Group is to analyse background information to identify, amongst other things, if a child has been present or involved in a drug death. If a child has been present then contact with Children and Families Services would be made to advise appropriate Social Work staff; a supportive intervention would then be offered to the child. This would be discussed and planned in conjunction with relevant trained staff, the child and their family.

- **Review and redesign local data systems to enable access to specific information i.e. use of methadone and children moved into LAAC as a direct result of a parent or carers alcohol or drug misuse problems**

General NHS systems (EMIS) enables access to detailed information specific information in relation to methadone, naloxone, Hep C; it was agreed, via discussions with the Chief Social Work Officer, and the CPP's Safe, Stronger and Involved Communities Development and Implementation Group that the LAAC information be removed

Further work to review data systems in line with the requirements of DAISy will be undertaken in 2015; ensuring that all stakeholders have the capacity to support those requirements when DAISy is formally introduced in 2016.

- **Roll our review of Service Level Agreements, associated service specifications and establishment of robust monitoring procedures**

Service Level Agreements and their associated service specifications have been progressed; monitoring criteria has been established and a schedule of monitoring visits has been put in place; representatives from Alcohol and Drug Services, Quality Assurance and the ADP are involved in all monitoring visits. A written report is compiled following each visit; any key learning points are identified and subsequent visits confirm that those learning points are acted upon. As part of the monitoring visits clients are interviewed, case files are audited against a locally agreed monitoring framework (Copy attached for information).

- **The ADP and Community Planning Partnership indicated that the need to review the impact of Welfare Benefits on local service users/providers is something that needs to be addressed locally. This therefore has been included as a 6th local priority which, linked to the issue of employability, will be address in 2014/15**

The ADP commissioned a piece of action research to look at the impact the changes to the Welfare Benefits were having on both those accessing and those providing alcohol and drug specific supports and services.

Key partnership working has enabled the identification of key recommendations which will be delivered as we go forward into 2015/16 (a copy of the full report is attached as Appendix I of this report). This included the publication of a "Survival Guide" which has been shared with all service provision sites and distributed to all clients across the ADP area.

An information sharing protocol, newsletter and establishment of Welfare Rights Surgeries within local services will be progressed in 2015/16/

ADP Priorities in 2015/16

- *Undertake a robust needs assessment across all services and the wider population of West Dunbartonshire to ensure that services remain focussed on the needs of the individual, and how that relates to the wider ROSC agenda, within that to review the use of the Recovery Outcomes Tool Kit and Quality Principles*
- *Whole Population continues to be a priority within the West Dunbartonshire ADP and within that a review local alcohol related deaths is required to ensure appropriate action, to reduce those numbers, is identified*
- *Children Affected by Parental Substance Misuse (CAPSM) and wider family supports, including work with carers*
- *Review data systems in line with requirements of DAISy ensuring that services and systems are able to address the additional information needs of DAISy*
- *Continue to deliver the recommendations from the ORT Review; including access and use of NPS locally*

Ministerial Priorities

ADP funding allocation letters 2015-16 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2015/16. Please outline these below.

- **Compliance with Drug and Alcohol Treatment Waiting Times Local Delivery Plan (LDP) Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Waiting Treatment Times Database;**

100% compliance with Drug and Alcohol Treatment Waiting Times; all records are fully identifiable

- **Implementation of improvement methodology at the local level, including implementation of the *Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services* and responding to the recommendations outline in the independent expert group on opioid replacement therapies**

All services are using the Quality Principles and (Detail from ORT Group to be inserted here). Regular monitoring of the use of the quality principles and the recovery outcomes tool kit will form the basis of reporting in 2015/16 (see section 18b).

- **Preparation of local systems to comply with the new Drug & Alcohol Information System (DAISy), expected to be operational by autumn 2016. For DAISy to function effectively and reach its full potential, it is clear that we will require a facility where information can be shared between services in instances where a client is receiving care across multiple services or when they are transferred to the care of another service provider. There are a few areas in Scotland, in the drugs and alcohol field, where this currently happens through an Information Sharing Protocol (ISP), e.g. Fife, and Glasgow City. Fife developed their ISP based on the Scottish Accord on the Sharing of Personal Information (SASPI) template and all local services involved in the treatment of alcohol and drug clients have signed up to this. To meet the requirements of our stakeholders and to ensure the success of DAISy it is proposed that an ISP be developed and adopted in each ADP area;**

Work on the development of an information sharing protocol was begun in relation to Welfare Reforms; this will be reviewed and rolled out generally in 2015/16.

- **A proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated throughcare arrangements. It is expected that ADP's (including Health Board partners) and the Scottish Prison Service will work more closely to ensure a consistent process and sharing of information before, during and after an individual is in custody. A further key priority area for Scottish Government is effectively supporting women who offend;**

Addiction services work in close collaboration with Police Scotland in terms of managing offenders who have addition issue. A pathway between the Police and Addiction Services is currently underway that will identify people with an underpinning alcohol and drug issue and offer support to move them from risk of offending to having the option of accessing the service for treatment.

Addiction Services are currently working with Police Scotland to provide an Addiction Social Worker to support work between services and consider an assessment framework to reduce cycles of offending through signposting to services following assessment. Group Work options and social supports will also be considered to support the service use with options to break offending cycles of behaviour as a direct result of alcohol and/or drug misuse.

- **Compliance with the Alcohol Brief Interventions Local Delivery Plan (LDP) Scotland;**

We continue to meet and exceed the national HEAT Standard for ABI's

- **On-going implementation of a Whole Population Approach for alcohol, recognising hard to reach groups and supporting a focus on communities where deprivation is greatest;**

Overprovision - *The ADP has established a Group to consider a collective response to Licensing Applications; this enables us to review the information contained within the Overprovision; What Does the Evidence Tell us Report produced by the ADP in 2013, in conjunction with local partners, including Licensing i.e. License holders, LSO's Police, Environmental Health, Fire Service, Public Health, AFS, Health Improvement and local Women's Aid, against any liquor licence applications. These are viewed in terms of the statutory responsibility to consult with health; the Vice Chair of the ADP submits formal objections and either he or the ADP Lead Officer present those objections to appropriate meetings of the Licensing Board.*

The ADP Lead Officer supports, where appropriate any objections from the local community by assisting them to access and translate the overprovision data for their own area (Intermediate Data Zone)/objections.

Discussions regarding the collation of updated demographic information in line with licensing policy will take place in 2015/16.

Work with Pharmacies to Address the Needs of the “Hidden Population” - The ADP’s Recovery Co-ordinator met with Pharmacists at their regular Community Pharmacy Locality meeting to identify ways in which the ADP and local service providers can engage with the hidden population, particularly those who do not access local services or who are on long-term medication.

Workplace Settings - West Dunbartonshire Council and West Dunbartonshire Health and Social Care Partnership have recently been successful in maintaining the Gold Healthy Working Lives Award for 2014/15. The programme reaches over 9,000 staff, many of whom also live in West Dunbartonshire. An essential element of maintaining the award involves implementation of an externally assessed written policy on alcohol and drugs, which give employees clear guidance around the use of, or operation under the influence of, alcohol and drugs in the workplace. In addition, each year there is at least one information campaign to raise awareness of the alcohol and drugs policy. In May 2014 interactive events were held with staff in two different venues focussing on “home drinking” over the summer period. The event was advertised on the Intranet and on payslips. To widen reach, activities for 2015/16 will focus on staff who are based in depots.

Alcohol Awareness Sessions -DACA facilitated 2 Alcohol Awareness sessions with Vale of Leven Hospital staff with an average of 70 staff attending each.

Home Care - Training needs analysis carried out with Care at Home staff has identified a need to raise awareness and develop skills in discussing alcohol. During 2014/15, significant progress has been made towards the development of proposals to train over 600 staff (Home Carers, Sheltered Housing Supervisors and Mobile Attendants) in alcohol and raising the issue with clients. This will include distribution of the 'Alcohol and Later Life' magazine. Initial activities with Care at Home staff in early 2015/16 will focus on their own health, as part of the Healthy Working Lives programme. Pilot training will then be undertaken and evaluated before a full roll out. A partnership approach to delivery is currently being explored.

Suicide Awareness - Police Scotland - Suicide awareness inputs were delivered to the majority of frontline Police Officers within West Dunbartonshire. The training of frontline Police Officers helped complement the ADP outcomes by identifying a significant number of vulnerable people who are intent on self harm and through partnership working, appropriate service providers will engage with these individuals.

Oh Lila - The Oh Lila Learning Resource is a programme for 3 to 5 year old children which aims to build resilience and protective factors. Alcohol Focus Scotland was commissioned by West Dunbartonshire Alcohol & Drug Partnership to deliver the Oh Lila programme to early learning and childcare centres within the local authority area.

A total of 4 training sessions were delivered throughout this period with all establishments taking part as well as some of the partnership nurseries. All Early Learning and Childcare Centre’s now have a resource pack to deliver this programme to the children in their establishment.

The training enabled the participants to:

- Have an enhanced awareness and understanding of the problems caused by alcohol in Scotland.
- Be more able aware of early years policies and strategies and how to use the resource.
- Be able to identify ways to use the resource and feel more confident using it when working within their working environment.
- Be more confident to manage disclosures from children.

- **ADP engagement in improvements to reduce alcohol-related deaths;**

Alcohol Brief Interventions - The national program to deliver Alcohol Brief Interventions for hazardous drinkers is a key plank of the strategy aiming to reduce population consumption and complements legislative measures to tackle price and availability. During 2014/15 the target in West Dunbartonshire priority settings and for wider settings were both exceeded. Work will continue during 2015/16 to build capacity to ensure maintenance in priority settings and begin to evaluate impact in wider settings as well as scope possible areas for further development in wider settings.

This has been identified as a priority area; initial discussion has taken place with the Drug Related Deaths Group and NHS GG&C Research Analyst with responsibility for Drug Related Deaths this will be taken forward in 2015/16

- **Tackle Drug Related Death risks in your local ADP;**

The Drug Related Deaths Group, has specific responsibility for reviewing, on a case by case basis, every death where drugs are indicated as the primary cause of death. Information is gathered from local case files, both health and social care, and via any third sector service the individual is linked into, specific toxicology is obtained from NHS GG&C and any criminal related behaviour from Police Scotland. The Group meets on a 6 weekly basis and a log of any key learning aspects of every death is completed during these meetings. As a result of these key learning aspects the following actions have been progressed:

Allocation Meetings - Both statutory services i.e. Clydebank CAT and Leven Addiction Services have established regular meetings to enable staff to review all new referrals. These meetings identify and confirm reason for referral; care manager and assigned officer, identification of key relationships and any potentially disruptive relationships with others, particularly also be accessing local services.

Care Management - Care managers (or in the case of self-referrals – the duty worker) will make contact with the primary health providers to ensure that any medical records are accessed.

Information Sharing - Establish an information sharing protocol with local primary care services via links with the HSCP's Clinical Director. Use of GCC transfer protocols; to ensure information about cross boundary deaths and learning from those deaths is shared appropriately.

Substitute Prescribing and Management of Prescriptions - The Standards for the Supervision of Substitution Therapies in Community Pharmacies have been reissued; and input to strategic Pharmacy development sessions has begun.

New Psychoactive Substances (NPS) - A local survey of the number of clients/patients who have used NPS has been carried out within Leven Addiction Services; this survey will be carried out again; on this occasion, however, it will be carried out in both statutory service provision sites across the area.

An NPS campaign has been developed to raise awareness of the dangers associated to the use of New Psychoactive Substances; ensuring that appropriate contact details for local services where information and advice and support can be obtained is accessible to all

All front line statutory staff, with some representation from Police Scotland, participated in tailored NPS training commissioned by the ADP/Addiction Services

Statutory and third sector staff participated in general training and information gathering exercise organised by NHS GG&C and supported by the Scottish Drugs Forum.

Naloxone - Roll out of the national Naloxone Programme continues, with West Dunbartonshire currently exceeding the 25% national target with 32% delivery, ahead of all GGC based ADP areas.

Specific training for families and carers of injecting drug users, with the patient's permission, is being provided by nurses from within local addiction services.

Addiction Nurses offer a post Naloxone counselling/support service those clients who have had to administer Naloxone in the community where this intervention has been unsuccessful or where a service user has witnessed an unsuccessful Naloxone attempt.

- **Continue to prioritise the reach and coverage of Naloxone kits for people at risk of opiate overdose, including on release from prison;**

Roll out of the national Naloxone Programme continues, with West Dunbartonshire currently exceeding the 25% national target with 35% delivery, ahead of all GGC based ADP areas.

Specific training for families and carers of injecting drug users, with the patient's permission, is being provided by nurses from within local addiction services.

Addiction Nurses offer a post Naloxone counselling/support service those clients who have had to administer Naloxone in the community where this intervention has been unsuccessful or where a service user has witnessed an unsuccessful Naloxone attempt.

- **Improving identification of, and preventative activities focused on, New Psychoactive Substances;**

A local survey of the number of clients/patients who have used NPS has been carried out within Leven Addiction Services; this survey will be carried out again; on this occasion, however, it will be carried out in both statutory service provision sites across the area.

An NPS campaign has been developed to raise awareness of the dangers associated to the use of New Psychoactive Substances; ensuring that appropriate contact details for local services where information and advice and support can be obtained is accessible to all

All front line statutory staff, with some representation from Police Scotland, participated in tailored NPS training commissioned by the ADP/Addiction Services

Statutory and third sector staff participated in general training and information gathering exercise organised by NHS GG&C and supported by the Scottish Drugs Forum.

The DRD Group, in conjunction with the Safety and Environment Group will be running a specific NPS awareness raising campaign (from a whole population and young people specific perspective) in 2015/16.

Work with Y Sort It will enable a focussed approach to NPS, this approach will be informed by young People currently involved with Y Sort It and used to develop a young people specific campaign, to be used in conjunction with the roll out of the campaign in 2015/15 (see above).

- **Increasing compliance with the Scottish Drugs Misuse Database, both SMR25 (a) and (b)**

West Dunbartonshire drug services continue to complete SMR25a forms for all new clients, and SMR25b follow-ups as prompted for clients still in service.

- **Increasing compliance with the Scottish Drugs Misuse Database (SDMD) Waiting times for alcohol and drugs;**

West Dunbartonshire Alcohol and Drug services continue to exceed the National HEAT Standard for treatment waiting times - clients to receive appropriate first treatment within 21 days of referral being received by the service.

100% of all service providers across the ADP area are compliant with the requirement to submit data on to the Scottish Drug Misuse Database (SDMD).