

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2019/20 – Clackmannanshire and Stirling ADP

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2019/20** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#). We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2019/20. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please also ensure all **sections in yellow** are fully completed.

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform the [monitoring and evaluation of rights, respect and recovery](#) (MERRR). This data is due to be published in 2021.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform the MERRR and excerpts and/or summary data from the submission will be used in published MERRR reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2020** to: alcoholanddrugdelivery@gov.scot



NAME OF ADP: Clackmannanshire and Stirling ADP

Key contact:

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I. DELIVERY PROGRESS REPORT

1. Representation

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership	X
Children's Partnership	X
Integration Authority	X

1.2 What organisations are represented on the ADP and who was the chair during 2019/20?

Chair (*Name, Job title, Organisation*): Lesley Gallagher, Service Manager, Regeneration and Inclusive Growth (Stirling Council)

Representation

The public sector:

Police Scotland	X
Public Health Scotland	X- Public Health – NHS Forth Valley
Alcohol and drug services	X
NHS Board strategic planning	<input type="checkbox"/>
Integration Authority	X
Scottish Prison Service (where there is a prison within the geographical area)	X
Children's services	X
Children and families social work	X
Housing	X
Employability	X
Community justice	X
Mental health services	X
Elected members	<input type="checkbox"/>
Other	X Health Promotion, Recovery Community

The third sector:

Commissioned alcohol and drug services	X
Third sector representative organisation	X
Other third sector organisations	X - Barnardo's
People with lived/ living experience	X Forth Valley Recovery Community membership
Other community representatives	<input type="checkbox"/> Please provide details.....
Other	<input type="checkbox"/> Please provide details.....



1.3 Are the following details about the ADP publically available (e.g. on a website)?

Membership	<input type="checkbox"/>
Papers and minutes of meetings	<input type="checkbox"/>
Annual reports/reviews	X
Strategic plan	X https://forthvalleyadp.org.uk/

1.4 How many times did the ADP executive/ oversight group meet during 2019/20?

The CS ADP held four meetings during 19/20.

2. Education and Prevention

2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information	X
Posters	X
Website/ social media	X
https://forthvalleyadp.org.uk/	

Accessible formats (e.g. in different languages) X
All language requirements will be met through NHS Translation Services. Polish language information routinely available via the ADP.

Other X

The Clackmannanshire and Stirling ADP and Forth Valley Recovery Community supported the development of a smart phone application known as “Forth Valley Recovers”. The app was launched on International Overdose Awareness Day in August 2019. During its first year, use has exceeded the set (KPI) Key Performance Indicators and, it is helpful to know that use of the app will be promoted during the COVID-19 lockdown period.

Our website was updated and revamped during the reporting period and is now hosted within the NHS Forth Valley web site.

The ADP Service Directory was updated and redesigned.

All ADP Services were added to the national HSCP service directory.

The ADP continued to pursue the goals of our whole population approach campaigns. Maximising our community reach through local radio stations, including hospital radio in an attempt to reach all groups within FV.



2.2 Please provide details of any specific communications campaigns or activities carried out during 19/20 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk)

We endorsed the national Count 14 campaign and promoted it widely throughout our partner agencies including the NHS and Local Authorities. This included communications via social media, website posts as well as displaying campaign literature in appropriate venues.

To compliment the above, we continued to promote our local Rethink Your Drink Campaign, which now has specific focus on a summer message, festive message and avoiding alcohol during pregnancy.

We have also developed information packs for a number of settings including Police Scotland (Drug Related Deaths, Operations to remove drugs within communities) Bereavement Support, Police Custody and Homeless Settings. This provides a range of information for people at times when they may be more vulnerable and might need it most.

Forth Valley Recovery Community has had several articles published in local newspapers, all of which promoted the work of the community and shared a message of hope and recovery.

Forth Valley Family Support Service has also been campaigning to increase referral. We triangulate information with Scottish Families Affected by Alcohol and Drugs, which comes in via their national helpline from local families.

Through the work of our Drug Related Critical Incidents Group, we started strategic discussions regarding a whole system approach to tackling substance use in order to support those who present at Forth Valley Royal Hospital. This will hopefully mean that naloxone will be more widely prescribed within the setting and that an assertive outreach model can be introduced to engage those not in treatment.

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 19/20 specifically around drugs and alcohol.

Education Setting

We provided support to education colleagues re evidence based practice, workforce development and risk management during a period of heightened concern relating to a cohort of young people who were exhibiting high risk behaviours within one of our localities. The ADP Developed a prevention plan which covered the education of staff, parents, elected members and the wider community. Research information on best practice relating to substance education was also shared. The areas concerned are currently revamping the response to substance use within the curriculum.

Social Influence Programme

For many years, the ADP have built on the success of the education and prevention programme that has been delivered within our secondary schools, in an effort to reduce risk taking behaviours in young people. The programme continues to yield excellent results and a business case was made for a permanent post to be funded to support continuation and growth of the project. There is evidence from data collated from participating schools that a reduction in tobacco, alcohol and drug use is evident post intervention.



General Practitioner Evening Event

An evening session with local General Practitioners was warmly welcomed by participants, The Director of Public Health gave an overview of drug harms and it provoked much discussion. It is planned to continue with these meetings and create a support network for those general practitioners who are involved in the delivery of Medicine Assisted Treatment (MAT).

DRD Learning Event

In October 2019, we held a multi-agency learning seminar in which partners came together to listen to the findings from the 2018 Forth Valley DRD Research. This involved a range of partners who could contribute to the recommendations within the report. The findings from this research have been incorporated into ADP work plans. We have also reviewed these work plans against the Staying Alive in Scotland document.

In addition, the ADP Support Team presented the findings of the Forth Valley DRD Report to a number of other strategic partnerships including the Community Justice Board.

Community Council Engagement

Meetings were held with a number of Community Councils in Stirling and Clackmannanshire in response to issues of concern being raised by community members. Such meetings are important not only in terms of listening to community concerns but also to challenge stigma and promote inclusion.

2.4 Was the ADP represented at the alcohol Licensing Forum?

Yes X - (Stirling)

No X – (Clackmannanshire due to meeting schedule although ADP did attempt to maintain contact with Licensing Support Officer).

2.5 Do Public Health review and advise the Board on license applications?

All

Most

Some X

None

Please provide details

Public Health is a statutory objector to licensing applications as an independent body rather than as a member of the ADP. In relation to activity within the influence of the ADP, locally arrangements are in place for the ADP Lead Officer to receive notification of license applications. These can then be considered and representations made as appropriate.

In addition, the ADP analyst is currently supporting Public Health to prepare data relating to potential over provision in the Stirling area.



3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication [Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland](#): priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2019/20 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes

No

In development

Please give details of developments

CGL, our commissioned service from October 2019, have continued with the assertive outreach service that has been in place since approximately 2006. We continue to audit and analyse the prevalence of NFO incidents and discuss this data in our drug related death prevention meetings. This allows us to dispatch harm reduction support to areas of need. We refreshed the training for Scottish Ambulance Service as well as the resources that Crews have available to leave with people who they attend.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk 19/20.

In the main, a same day or next day assessment appointment would be offered via telephone. In person assessment would be offered if the individual has no telephone access or there are significant risks where a visual assessment is required.

If the referral is from a professional, the service user is contacted on same day that the referral is received – by telephone wherever possible – and offered the above.

If the service user does not have a phone, then we need to send a letter, which presents a slight delay.

At assessment, we complete triage and AUDIT and SADQ for (alcohol) and allocate a key worker if suitable for service. If suitable for another higher tariff service, service users would then go to Single Point of Referral (SPR). However, if we feel it is urgent and the SPR is not due for a few days, we would contact the service directly for a discussion. We agreed some time ago not to delay for SPR if there is necessity to discuss urgently.

If a service user were on MAT, at present, we would need to follow the current guidelines of two positive drug tests, one week apart to evidence opiate use as part of the referral process to MAT. We try to expedite this as quickly as possible and get patients booked into the titration clinic.

We continue to exceed the expected performance levels for the access target for drug and alcohol services meaning that people can re-engage with local services quickly.

3.3 What treatment or screening options were in place to address drug harms? (mark all that apply)

Same day prescribing of OST

Methadone

Buprenorphine and naloxone combined (Suboxone)

Buprenorphine sublingual

Buprenorphine depot

Diamorphine

Other non-opioid based treatment options

Other



Our services are substance use services so will respond according to presenting need regardless of substance type. We have addiction psychology services available for substances such as cocaine in line with the evidence base. We have also continued to develop our pathway for young people and are currently working to recruit to a nursing post, which will support transitions for young people between youth and adult services as well as mental health services.

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 19/20?

Service Promotion / referral drives

As a Partnership, we continue to promote services widely to encourage referral from an array of sources. We also know from our most recent needs assessment that our treatment ratios are not as good as we would like them to be so service promotion and raising awareness of available support is one way in which we hope to address this.

Social Inclusion Project

During the reporting period, there were 102 referrals to the SIP project (60 for Clackmannanshire and 42 for Stirling). In Clackmannanshire 48% of individuals reduced their substance use and 59% improved their financial situation through being supported to address debts and set up payment plans. In Stirling, 54% reduced their substance use and 69% improved their financial situation through being supported to address debts.

Alcohol Brief Intervention

Locally, we continue to exceed the Forth Valley target in relation to ABI Delivery within priority settings. The early identification of harmful drinking patterns is part of our approach to reduce alcohol related deaths.

Throughout the reporting period, 9030 ABI screenings were delivered across Forth Valley with 7829 being within priority settings and 1210 within wider settings.

In the year 2019-2020, ABI training was delivered via online learning (Learnpro) and face-to-face training. ABI training is promoted through the Health Promotion Service Training Brochure.

Workforce Development

Workforce development continues to be a key priority for us locally. During the reporting period, we have delivered training to a wide variety of services and practitioners. Due to word constraints, it is not possible to include details around all of this but it included core SDF training, bespoke training for Libraries staff and locally resourced training around the Getting Our Priorities Right agenda. Locally, we are also able to evidence a positive uptake in the e learning modules provided through the Scottish Drugs Forum, FV being one of the best performing areas. Developing a more competent and confident workforce, supports access to specialist drug and alcohol services as more practitioners are able to identify that substance use may be an issue and how to access support.



Impact of Parental Substance Use Assessment Tool

As reported last year, the Forth Valley IPSU was formally launched on 3rd December 2018. Since then, there has been ongoing support offered to services to embed the tool within teams and organisations. The IPSU continues to be endorsed by Senior Leaders across all relevant organisations and was the main topic area in the CPC Development Day that took place during the reporting period. Over the next weeks and months, the focus is on supporting the further development of electronic recording systems in relation to IPSU. This will also be supported by a programme of workforce development for new staff and those who would benefit from a refresh.

During the reporting period, the ADP Support Team visited other ADP areas to highlight the work and offer support to implement in other local areas.

Police Packs

We have extended the range of information packs that are available to colleagues from Police Scotland to use when supporting individuals and families. We now have three packs as follow, which are available electronically as well as paper copies - Where to get help, a family support information pack and information to be left with families following a suspected drug related death.

3.5 What treatment or screening options were in place to address alcohol harms? *(mark all that apply)*

Fibro scanning	X
Alcohol related cognitive screening (e.g. for ARBD)	X
Community alcohol detox	X
Inpatient alcohol detox	X
Alcohol hospital liaison	X
Access to alcohol medication (Antabuse, Acamprase etc.)	X
Arrangements for the delivery of alcohol brief interventions in all priority settings	X
Arrangements of the delivery of ABIs in non-priority settings	X
Other	X Alcohol Related Brain Injury Team

People engage in effective high quality treatment and recovery services

3.6 Were Quality Assurance arrangements in place for the following services (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles)?

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	X	<input type="checkbox"/>
Public sector	X	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>



3.6 Please give details on how services were Quality Assured including any external validation e.g. through care inspectorate or other organisations?

Locally, we have an Integrated Governance Group for commissioned and statutory adult substance use services, which oversees governance and quality assurance. A Quality Improvement Framework Group is also in place. We await the national Quality Assurance template that has been discussed for some time that will support more structured audits of quality assurance.

The local ADP does not commission Children's Substance services but does provide advice to Children and Families colleagues where appropriate.

3.7 Were there pathways for people to access residential rehabilitation in your area in 2019/20?

Yes

No

Please give details below (including referral and assessment process) (max 300 words)

Access to residential rehabilitation is open and available to our services with the protocol having been refreshed in 2019. Forth Valley Recovery Community (FVRC) attend liaison meetings to support individuals about to enter residential rehabilitation and to aid transition plans for people returning home to Forth Valley. The assessments for rehabilitation placements are based on clinical assessment, there is a clear defined process re when this treatment modality would be utilised.

3.8 How many people started a residential rehab placement during 2019/20? (If possible, please provide a gender breakdown) 1 male accessed residential rehab during the reporting period.

People with lived and living experience will be involved in service design, development and delivery

3.9 Please indicate which of the following approaches services used to involve lived / living experience (mark all that apply).

For people with lived experience:

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups
- Lived/living experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other

Please provide additional information (optional)

Forth Valley Recovery Community as a key asset to the ADPs in respect of involving people with lived and living experience. This has included conducting surveys on behalf of the ADP, being represented on the ADP partnership and building more effective links and relationships with local services. In addition to this influence at a local level, the FVRC has also contributed to a number of national consultations and reviews including the Scottish Affairs Committee inquiry into drug use in Scotland.



For family members:

Feedback/ complaints process	<input checked="" type="checkbox"/>	
Questionnaires/ surveys	<input checked="" type="checkbox"/>	
Focus groups	<input checked="" type="checkbox"/>	
Lived/living experience group/ forum	<input checked="" type="checkbox"/>	
Board Representation within services	<input type="checkbox"/>	
Board Representation at ADP	<input type="checkbox"/>	
Other	<input type="checkbox"/>	Please provide details.....

Please provide additional information (optional)

As noted, we have a commissioned Family Support Service who supports family members both on a one to one basis and through group work provision. The service operates a robust complaints policy and supports individuals to complete exit questionnaires when their contact with the service is ending. The service provide a level of advocacy support to families to ensure that they and their loved ones are aware of their rights and responsibilities. Families are made aware of the complaints processes of all statutory and commissioned services. We plan to survey families across the area and will feed back the findings in the next reporting period. The ADP have provided additional help and support to family members to partake in well-being activities to support and sustain them during periods of high stress.

3.10 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2019/20 financial year?

Improved	<input checked="" type="checkbox"/>
Stayed the same	<input type="checkbox"/>
Scaled back	<input type="checkbox"/>
No longer in place	<input type="checkbox"/>

Please give details of any changes

FVRC continues to grow and develop to maintain its position as one of the most visible and valued Recovery Communities in Scotland. The FVRC is represented on the national Drug Death Taskforce with staff also presenting at the Scottish Drug Death Summit towards the end of the reporting period.

A vast array of recovery activities is now available across the Forth Valley area, seven days per week.

The Recovery Cafes continue to evidence steady and sustained growth with attendance figures of 5958 individual visits during the reporting period.

In addition, a range of additional recovery activity continues to provide holistic health and wellbeing opportunities for Community members including walking groups, Tai Chi and fitness circuits.

The FVRC won a local volunteering award in Stirling, which recognised the dedication and commitment of staff and volunteers to develop a comprehensive sports and physical activity programme.



3.11 Did services offer specific volunteering and employment opportunities for people with lived/living experience in the delivery of alcohol and drug services?

Yes
No

Please give details below (max 300 words)

Although not established as an employability project, it is one of FVRC's aims to develop suitable pathways for people to develop personally and professionally. All community members are encouraged to progress from considering a career to acquiring suitable education, experience and then, where desired, to commence relevant employment. In the reporting period, 12 community members from the Clackmannanshire and Stirling area moved into a positive destination through either further education or work. We have found over the years that many people have naturally transitioned into substance service as workers after a positive engagement with FVRC. It is reported by management that these workers are exemplar employees.

Local substance services employ a number of people with lived experience and this is set to increase within the 2020/21 reporting period

People access interventions to reduce drug related harm

3.12 Which of these settings offered the following to the public during 2019/20? (mark all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council – we do not have these locally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	X	X	<input type="checkbox"/>	X <input type="checkbox"/>
Drug services 3rd Sector	X	X	X	X
Homelessness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	X	X	X	X
GPs	X	X	<input type="checkbox"/>	X
A&E Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Women's support services – at this time we do not have gender specific services locally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	X	X	X	X
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Click or tap here to enter text.



A person-centred approach is developed

3.13 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred on recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

Fully embedded
Partially embedded
Not embedded

Please provide details (max 300 words)

Clackmannanshire and Stirling ADP and the associated partners continue to deliver priority actions, which contribute to the ongoing development of our local ROSC. While we have all components of a ROSC in place, with some well-developed activity, we believe that our ROSC cannot be considered complete if treatment ratios are still lower than we would hope and alcohol and drug related deaths continue to rise.

3.14 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?

Yes
No

Please provide details

Locally, there are protocols in place but we acknowledge that improvements are still required. Work is currently underway to address these issues, which includes revising and reinvigorating formal referral processes and pathways. To support colleagues working in mental health, during the reporting period we developed resource boxes for mental health nurses working within primary care settings. Improvements in this area are also a key priority for the Health and Social Care Partnership Strategic Plan.

The recovery community achieves its potential

3.15 Were there active recovery communities in your area during the year 2019/20?

Yes
No

3.16 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes
No



3.17 Please provide a short description of the recovery communities in your area during the year 2019/20 and how they have been supported.

The FVRC Annual Report is included as an Appendix to this report. This provides a full over view of activity. The ADP continued to support the FVRC financially as well as ongoing support to develop FVRC activity etc.

A trauma-informed approach is developed

3.18 During 2019/20 have services adopted a [trauma-informed approach](#)?

- All services
- The majority of services
- Some services
- No services

Please provide a summary of progress.

All ADP commissioned services and the NHS statutory service for addiction are operating within a trauma informed model and are supported by our local Lead Consultant in Addiction Psychology. Services follow the recommendations that were made within the LPASS report. We have also undertaken workforce development with the wider workforce through programmes provided by SDF and wider NES modules. Prisoner Healthcare staff are included equally as partners and are included in all that we plan for community services, as they are a key part of our local workforce.

We were also able to offer personal development opportunities for staff from Forth Valley Recovery Community who undertook placements within the NHS Addiction Psychology Team to develop their knowledge in Trauma Informed Care.

An intelligence-led approach future-proofs delivery

3.19 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? *(mark all that apply)*

- Alcohol harms group
- Drug death review group
- Drug trend monitoring group
- Other ARBI Steering Group, Family Support Monitoring Group, Tobacco

Action Group, Forth Valley Recovery Community Steering Group. All these groups can provide us with local information and intelligence as to current issues within our local communities. The communication process is mutual in that the ADP Support Team can also communicate trends, issues, opportunities direct to services to provoke a response.



3.20 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice.

The ARBI teams reviews all alcohol related deaths for people who have died whilst accessing that service. Furthermore, we also review alcohol related deaths for people who have died within our wider service portfolio. We are also currently preparing a business case which outlines the need for additional resource to include all suicide deaths in Forth Valley and to extend to review any additional alcohol deaths once the resource is identified and in place.

3.21 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice.

Locally we have two groups – a Strategic DRD Group and a Case Review Group. These are multi agency meetings, which support the examination of the deaths and oversee the development plan, which contains any actions, which have been identified from the deaths. The strategic group is chaired by the Director of Public Health. The DRD work plan is based on the Staying Alive document and is monitored through the Strategic Group. We utilise the evidence gleaned in our DRD review meetings to populate the national database for DRDs. Each year, we commission external research to review of our local deaths to further deepen our understanding and identify potential improvement and development areas.



4. Getting it Right for Children, Young People and Families

4.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

Yes

No

Please give details (E.g. type of support offered and target age groups)

The local ADP does not commission services for young people with alcohol and/or drug problems. These are commissioned directly by Children's Services. The ADP does offer support to these services in terms of strategic development, access to workforce development and other opportunities. We also advise colleagues in Children's Services as to the evidence base for YP services. During the reporting period, we also undertook an audit of the caseloads of the local YP services. From that, we identified that a nursing post would be beneficial to further support YP with concerning substance use and mental health concerns. For those young people aged 18 – 25, the expectation is that all of these young people will be co worked between the NHS Nurse and the YP service. Some young people under the age of 18 may also require this support dependent on need and risk assessments.

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes

No

Please give details (E.g. type of support offered and target age groups)

Forth Valley Family Support Service offers support for individuals age 16+ affected by another person's substance use. In addition, Young Carer's projects are available locally.

4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes

No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee?

The ADP has contributed to the refresh of the Children's Services Plans in both Clackmannanshire and Stirling. This has included submissions made in relation to a strategic needs assessment. Substance use is identified as a priority within both plans.

The ADP has been an active member of the Child Protection Committee (CPC) for some time. At the most recent CPC Development Day, substance use was the theme for discussion with the ADP delivering a presentation highlighting some of the main challenges. Furthermore, the ADP has led the development of the IPSU Risk Assessment Tool to date, which was endorsed by the CPC.



4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2019/20 financial year?

- Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information (max 300 words)

Funding for drug and alcohol services for young people is provided directly from the Local Authority. However, the ADP does provide support in terms of workforce development activity, advice and guidance as well as respond to and offer strategic development opportunities in relation to the support offered to young people.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2019/20 financial year?

- Improved
Stayed the same
Scaled back
No longer in place

Please provide additional information

Local investment in Forth Valley Family Support stayed the same. The ADP is not aware of any reductions to the provision of Young Carer services. Locally, we have heavily promoted the national provision for family members including the bereavement service. We also ensured promotion of family support within the local custody setting.

4.6 Did the ADP have specific support services for adult family members?

- Yes
No

Please provide details

Our Forth Valley Family Support Service is a tri authority agreement between the three Local Authorities in Forth Valley and has been in place for many years. The service supports individuals age 16+ and investment has been maintained during the 19/20 reporting period.

4.7 Did services for adult family members change in the 2019/20 financial year?

- Improved
Stayed the same
Scaled back
No longer in place



Please provide additional information.

We secured agreement to continue with funding for the Family Support Service during this period. This has provided stability for the Family Support Service for a further three years.

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice? (mark all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	X	X
Mutual aid	X	X
Mentoring	X	X
Social Activities	X	X
Personal Development	X	X
Advocacy	X	X
Support for victims of gender based violence	X	X
Other (Please detail below)	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information.

The bespoke benefits and advice service provided by CAB continued to be funded during the reporting period. In the four years that the service has operated, there has been £1,130,242 of financial gain for Stirling service users and £943,811 for service users from Clackmannanshire. In addition to this, CAB has provided advocacy support and advice for service users including during medical assessments and tribunals.

The ADP also provides Police Scotland with Family Packs. These can be left with families affected by alcohol and drug related harm through Police Scotland operations, as well as those families who are directly impacted by drug related death. The information provides detail on a range of services including those for bereavement and advocacy support. Our local commissioned Family Support Service also provides advice, information and guidance as required as well as signpost individuals to relevant community based supports.

In terms of mutual aid, details of mutual aid support are available within our service directory as well as being regularly promoted by services and the Forth Valley Recovery Community. The SMART Recovery licence is funded by the ADP and SMART Recovery meetings are available at every Recovery Café. The SMART Recovery Group network in Forth Valley is reported by FVRC to be the biggest in Scotland.

The Recovery Community offer a full range of social activities, which promote and support holistic health and well-being. In addition, they have a group of Recovery Volunteers and Peer Supporters who not only support the smooth running of recovery activity but who also provide a peer support network. Other recovery activity also includes the annual Recovery Olympics, Recovery Ramblers walking groups, yoga classes and cookery classes. Also, where appropriate, social events are family inclusive.



5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)

Forth Valley has three prison establishments in the area; excellent working arrangements exist between the ADP and these settings. Prisoner healthcare staff and their commitment to the naloxone programme have always been exemplary in Forth Valley. The data on naloxone is shared quarterly with ADP for national reporting. Within the Prisons in Forth Valley we have commissioned Change Grow Live (CGL) to deliver the same level of interventions as are available in the community, working in partnership within the Prisoner Healthcare Service.

5.2 Has the ADP worked with community justice partners in the following ways? *(mark all that apply)*

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other Please provide details

Please provide details.

The ADP has been active contributors to the two Community Justice Partnerships across Clackmannanshire and Stirling. Services have also been involved at an operational level. A particular example is the establishment of Stirling Transitions and Re-Integration Support (STARS), a co-ordinated multi-agency approach to supporting the needs of individuals transitioning from custody to community. Community Justice led this group with substance services quickly asked to support due to the presenting needs of many of the individuals being discussed.

This co-ordinated approach added significant value to the early custody release planning process to support the mitigation of COVID 19 impact on the prison population.

Furthermore, these closer working relationships help to identify pathway concerns. For example, repeated issues were identified when individuals were transitioning from one particular SPS establishment. This issue was flagged to the ADP who co-ordinated a meeting with the relevant people and improvement actions identified. The outcome from this will be reported in the 2020/21 return.



5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

Information sharing	<input checked="" type="checkbox"/>
Providing advice/ guidance	<input checked="" type="checkbox"/>
Coordinating activities	<input checked="" type="checkbox"/>
Joint funding of activities	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please provide details.

At present, Community Justice Partnerships do not have dedicated funding. However, locally, the ADP has ensured that the design and outcomes of commissioned alcohol and drug services are of mutual benefit to the Community Justice Partnerships.

The ADP have been involved in the regional custody improvement work which has included improving the uptake of Arrest Referral through co-location of the team, bringing Forth Valley Recovery Community into the custody setting to pro-actively engage people into the Forth Valley recovery network.

The ADP provided resources for the public areas and recovery resources for the charge bar area within the suite. We also worked to improve the uptake of naloxone and implement the provision of IEP within the custody setting. Custody nursing staff provides the ADP with ABI data and naloxone data for national reporting purposes.

5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest

A pathway for direct referral to local services is in place through the Arrest Referral Service. NHS Custody nurses are aware of local services and make referrals to the service as required. Throughout the year meetings were held to improve the treatment and care of those who are held in Police Custody. This included audit of referrals from Custody Nurses and piloting a new system of referral, co – location of workers on site has enhanced relationships.

b) Upon release from prison

Contingency planning is undertaken to continue treatment in the community post release from prison. Good relationships are in place with local Justice Services who are fully aware of the services available to support recovery.

We developed a FV resource for those individuals eligible for early release during the pandemic in an attempt to maximise engagement with community support upon liberation. This was widely distributed across the SPS Estate to all of those who were being liberated to FV



6. Equalities

Please give details of any specific services or interventions, which were undertaken during 2019/20 to support the following equalities groups:

6.1 Older people *(please note that C&YP is asked separately in section 4 above)*

Workforce development opportunities offered to Adult SW workforce to include ABI, Older People's Drinking (National Project) and our local Rethink Your Drink Campaign.

These opportunities were also offered to the new mental health nurses within Primary Care. This work was underpinned by the provision of ADP resource in the form of a Recovery Tool Box, to aid their engagement with those affected by substance use who present in GP practice.

6.2 People with physical disabilities

We provide inclusive services that adapt to the needs of those who present for support. Our service directory captures accessibility information and the steps that can be taken to support and enable accessibility for all.

Our staff within services are expected to undertake equality and diversity training to ensure that their awareness relating to our legal responsibility is fully understood. Informed and equipped staff that enables swift action to be taken where required.

6.3 People with sensory impairments

As above.

6.4 People with learning difficulties / cognitive impairments.

As above.

6.5 LGBTQ+ communities

The ADP Support Team actively engages in the work of the Blood borne Virus and Sexual Health Managed Care Network. The work has a focus on those marginalised communities who may require additional support services to meet their needs. .

6.6 Minority ethnic communities

As above. Services all have access to interpreter services.

6.7 Religious communities

As above.

6.8 Women and girls (including pregnancy and maternity)

As above.

In addition, there is a Women's only Recovery Café. Our commissioned service is currently considering potential gender sensitive practice and developments that can be progressed.



We have recently worked on a revised pathway for pre-birth planning for women which offers earlier support to pregnant women who may be experiencing multiple disadvantages.



II. FINANCIAL FRAMEWORK 2019/20

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	2,653,555
2019/20 Programme for Government Funding	87,600
Additional funding from Integration Authority	144,424
Funding from Local Authority	3,535,320
Funding from NHS Board	3,087,042
Total funding from other sources not detailed above	0
Carry forwards	0
Other	0
Total	9,507,941

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	62,672
Community based treatment and recovery services for adults	6,024,229
Inpatient detox services	6,750
Residential rehabilitation services	1,918,587
Recovery community initiatives	224,515
Advocacy Services	52,130
Services for families affected by alcohol and drug use	385,830
Alcohol and drug services specifically for children and young people	180,889
Community treatment and support services specifically for people in the justice system	384,152
Other	252,719
Total	9,492,472



7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29th May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2019/20 Programme for Government Funding

Yes

No

Please provide details

All new / reviewed investments are proposed, discussed and agreed in partnership with the ADP members, all are based on our local assessment of need. Final approval is granted by the Chief Officer of the HSCP.

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes

No

Please provide details

All new investments for alcohol and drug services would be discussed with other local partnerships where there is a direct interest/ impact. As the key members of these partnerships are ADP members, their interests would be reflected in any planning.