



**CLACKMANNANSHIRE ALCOHOL & DRUG PARTNERSHIP
DELIVERY PLAN
2012 – 2015**

Submitted May 2012

CLACKMANNANSHIRE ADP PARTNER ORGANISATIONS

Forth Valley covers the geographical areas of Falkirk, Stirling and Clackmannanshire. Clackmannanshire Alcohol and Drug Partnership, is one of three alcohol drug partnerships with in Forth Valley and reports to the Alliance, Clackmannanshire's community planning partnership. In recognition of the considerable progress made through a joined up Forth Valley wide approach and previous Forth Valley SAT, the FVADP structure has been maintained which continues to provide strategic and financial direction to support and guide the developing local partnerships. The Clackmannanshire ADP delivery plan therefore reflects the priorities of the Forth Valley ADP strategy which is currently under review, gives due regard to the collaborative areas of work of partner agency in respect of the substance misuse agenda as well as the Clackmannanshire Single Outcome Agreement supported by key documents and strategies listed in **Appendix A**, but in particular the Offenders statement on Alcohol, Hidden Harm and GIRFEC. Work to implement these will be at the appropriate Forth Valley and more local level. CADP has also developed a Recovery pledge.

The CADP membership is representative of the range of strategic partners and is supported by a reference group of operational partners. At present this includes

Clackmannanshire Council – Employability and Community learning	Clackmannanshire Council -Social work
Clackmannanshire Council – Housing	Clackmannanshire Council – Education
Clackmannanshire Council – Community Planning Partnerships	Clackmannanshire Council- Health Improvement
Central Scotland Police	NHS Forth Valley CHP
Violence against women partnership	Scottish Prison Service
Clackmannanshire Licensing Forum	Third Sector service providers

CLACKMANNANSHIRE GENERAL PROFILE

Clackmannanshire's population stood at 50,630 in 2010. It has grown by 2,460 (5%) since 2000, due to increased net immigration, increased birth rates, decreased death rates and improved life expectancy. Population growth in Clackmannanshire is expected to

be among the largest across all Council areas. The population of Clackmannanshire in 2008 was 50, 480 persons. This is projected to rise by 24% by 2033, to 62, 577 persons. This population growth is much higher than the national average of 7.3%.

Compared with population growth across Scotland and neighbouring Council areas Clackmannanshire expects to see high increases in broad age groups - the number of children aged 0-15 will increase by 16.7%, the third highest local authority in Scotland and the working age population in Clackmannanshire will increase by 20.2% (3rd highest). As the rest of Scotland Clackmannanshire also has a rapidly increasing older population, with the pensionable age is projected to increase by 44% (6th highest) with over 75's in particular more than doubling (112.9% increase).

Deprivation

Performance across economy indicators (in the Clackmannanshire Community Health Profile 2010) Population income deprived; Working age population employment deprived; Working age population claiming Jobseekers allowance show Clackmannanshire to be worse than the Scottish average.

Overall, inequalities in Clackmannanshire have been improving in recent years with the county currently ranked 17th out of the 32 local authority areas in terms of overall deprivation, an improvement from 15th in 2006 and 14th in 2004. Clackmannanshire has seen improvements in terms of the number of communities considered health-deprived as measured by the Scottish Indices of Multiple Deprivation. Improved education and employment figures have contributed to the positive movement. Despite these improvements the positions of the most deprived areas worsen in the past six years. Two areas which are in the 5% most deprived areas in Scotland are Bowmar and Hawkhill, both in Alloa South and East. Alloa South and East - Bowmar is the most deprived area in Clackmannanshire. This data zone falls within the 5% most deprived on the Income domain with a rank of 59 and the 5% most deprived on the Crime domain with a rank of 40. This data zone is also within the 5% most deprived on the Employment domain. The ranks for this data zone have fallen significantly from 2006, showing continued levels of multiple deprivations. Alloa South and East - Hawkhill is the second most deprived area in Clackmannanshire with a rank of 117. It is the most deprived data zone in Clackmannanshire on the Employment domain with a rank of 188 and is the most deprived data zone on the Education domain with a rank of 41.

Health

The health of Clackmannanshire has seen general improvements between the 2008 and 2010 Community Health and well being profiles. Compared with the national context, Clackmannanshire is in the top percentile for cancer mortality rates and patients hospitalised with alcohol conditions and the lowest percentile for smoking prevalence and children and maternal health indicators. While the Clackmannanshire teen pregnancy rate in under 18's is similar to the Scottish average, the rates in Alloa South and east are almost double that of the Scottish Average. Life expectancy rates amongst males are also significantly worse than the national

average. Clackmannanshire also fares worse than the Scottish average in numbers of people prescribed drugs for depression/anxiety/psychosis.

Crime and Community Safety

In 2010/11 a total of 3378 crimes were recorded by Central Scotland Police for Clackmannanshire, which represents a 1.6% increase from 2009/10 but 15% below the 3 year average. The rate for drug related offences in Clackmannanshire at 890 per 100,000 populations are higher than the national rate of 759, and significantly higher than in Falkirk 587 and Stirling 646. The level of ASB and disorder calls decreased over the last year with Clackmannanshire experiencing a fall of around 419 calls (6%). However compared with neighbouring areas, where in Stirling calls fell by 9% and Falkirk by 17%, ASB and disorder remains a problem in Clackmannanshire. The perceptions of Fear of crime affect all people and public perception of crime is often much higher than the reality. Over the last few years, and significantly over the last year, the perception of fear of crime and fear of becoming a victim of crime has fallen.

Clackmannanshire Substance Misuse Profile.

The prevalence of problem substance use in Forth Valley in 2009/10 is broadly similar to that for 2006, to some extent against a trend of slightly increasing prevalence in Scotland. The total estimated number of people with problem drug use in Forth Valley is 2,200. There has been no statistically significant change in prevalence. The prevalence rate in Forth Valley (1.15%) is significantly less than that for Scotland as a whole, where there has been an increase to 1.71% from 2006. Clackmannanshire has seen a slight decrease in prevalence to 1.52% but continues to have the highest prevalence of substance misuse in Forth Valley.

With in Clackmannanshire the median age of service users is 29 years, with two thirds being aged between 20-34 years. Figures over the four year period to 2010/11 suggest that there were on average 124 new presentations for treatment per annum. Interestingly self referral at a rate of 18% is considerably lower than the national average of 37%. Self-referral rates in Falkirk and Stirling are more in keeping with the national average. Criminal justice and health account for almost half the referrals to services. Information gathered by local service providers suggest that a significant number of individuals are presenting to mental health services in Clackmannanshire with substance misuse issues and substance misuse services in Clackmannanshire are providing more mental health assessments than to service users across other areas of Forth Valley. Clackmannanshire has a higher proportion of looked after children and child protection referrals than the Scottish average with incidents of emotional and physical neglect continuing to increase. Local snapshot figures from 2010 suggested that 45% of the people presenting for treatment in Forth Valley, had dependent children at time of seeking treatment.

KEY CHALLENGES

- High levels of income, employment and education deprivation and health deprivation, with low life expectancy, poor child and maternal health and high teenage pregnancy rates.
- Group 1 crimes (crimes of violence) increased in Clackmannanshire in 2010/11 and the level of improvement in relation to ASB was smaller in Clacks than in Falkirk and Stirling with up to 800 calls a month to Police.
- Communities in Clackmannanshire which are not improving in line with improvements across the rest of Clackmannanshire. Higher levels of unemployment in communities which are shown to have the greatest inequalities, as well as among the 18-24 year age group

GOVERNANCE AND FINANCIAL ACCOUNTABILITY

The CADP although directly accountable to the Community planning partnership, is also held to account through the FVADP and its Chief Officer's. This enables economies of scales with respect to commissioning services, sharing resources affectively whilst being able to bring specific local concerns to the discussions and planning process. The continuation of FVADP has allowed for consistency in treatment service delivery and a robust system of partner accountability for the financial planning and spends. The Community planning partnership, the Clackmannanshire Alliance is undergoing a change in structure which in turn will impact upon the way partnerships are held accountable and report on progress. In recognition of importance of meaningful and accountable partnerships, the Alliance will move from the current seven partnerships teams to two. It is anticipated that this will result in a shift in emphasis from SOA level work to priority action -based work, provide a more rationale and effective structure to help support outcomes-based partnership work and provide a clearer focus on work which has to be done in partnership and avoid duplication of partners effort elsewhere. The two partnerships teams, Well-being Partnership and business, jobs and skills, are expected to

- Allow better focus on strategic priorities
- Be able to address the current short term priorities
- Help partners identify and address gaps in services
- Show 'collaboration', not 'silo working'
- Channel information from community engagement
- Maintain a solid connection between strategy and delivery, not focus on operational issues
- Show clear accountability for delivery
- Incorporate cross-cutting themes
- Accommodate changes in membership as required by strategy

- Improve efficiency
- Not vary significantly from each other in their respective levels of operation
- Not focus on pieces of work which are the responsibility of one service alone

The Well-being Partnership Team Terms of Reference states:

"The Community Wellbeing Partnership Team is an integration of the previous Alcohol and Drugs Partnership, Children and Young People Partnership, Community Safety Partnership, Environment Partnership, Community Health Partnership and Community Learning and Development Partnership. It has cross-cutting themes around early years (prevention/early intervention), health inequalities, community cohesion and quality of life.

The Partnership team has the opportunity to think differently about the shape of public service delivery, and, together, with the Business, Jobs and Skills Partnership Team enable the Clackmannanshire Alliance to refocus and drive outcomes based improvements for our local communities".

This will afford the opportunity to imbed the alcohol and drug partnership agenda further into the community planning process and ensure that substance misuse is becoming part of the broader agenda of well-being with the link across to the Business, jobs and skills partnership will be more routinely considered. By considering the impact of substance use as one of the range of difficulties affecting individuals, families and neighbourhoods and not setting it apart, this has the potential to reduce some of the stigma attached to substance users and allow for a more person centred and recovery focussed approach within the partnerships.

KEY CHANGES

Within Clackmannanshire we can evidence the damage that substance misuse causes to individuals, children and families and the wider community. Specifically we have seen a rise in the number of children affected by parental substance use and recognise that in order to reduce the harm we must identify children at risk of harm earlier and effectively intervene. We can build upon the existing model of enhancing substance workers knowledge and skills in working with children and children's workers knowledge and skills in working with substance users. Substance misuse features as a cause of offending and anti-social behaviour. Alcohol as a feature in offending amongst those serving custodial sentences is high. Reducing substance related offending is a longer term ambition but in the first instance maintaining strong pathways from sentencing to treatment underpinned by building recovery capital will be the focus of attention. Given the current economic climate partnership working between Treatment services, Criminal Justice and Employability will be ever more critical to avoid this already disadvantaged group falling further behind.

Amongst young people in Clackmannanshire unemployment is rising in order to reverse the trend we must provide relevant diversionary activities and support to remain in education/training and employment. Shifts in attitudes to poly substance use amongst young people can be built upon through an approach which recognises that substance use is linked to a set of behaviours amongst young people which can impede them growing up emotionally and physically well. There remain inequalities in health, for example, smoking prevalence amongst young people in Clackmannanshire is higher than the Scottish average. Mental health and well-being which underpins a range of risk factors including Substance misuse, has been identified by a process of stakeholder discussions and Consultations with Clackmannanshire residents as a priority. Substance misuse exacerbates prevailing risks of poor outcomes for individuals, communities and wider society, the CADP therefore has a significant contribution to make in

- Tackling poor health, whether as a direct consequence of substance misuse or associated life style.
- Tackling inequality and underachievement amongst the people of Clackmannanshire giving particular attention to children and young people.
- Improving the quality of neighbourhood living reported by Clackmannanshire residents
- Reducing the numbers of households living in poverty and dependent upon benefits.
- Reducing the number of children and young people affected by parental substance use

KEY MILESTONES

In the first instance during 2012 -2013 we would seek to achieve the following

- **Development of systems to report back on Local Indicators**
- **An action plan for work force development in partnership with Health Scotland and STRADA to develop competent confident work-force across both specialist and frontline universal services**
- **Timely, effective intervention for children, YP and families affected by impact of own or others substance misuse**
- **Delivery of ABIs in non clinical settings**

CORE AND LOCAL OUTCOMES TO BE ACHIEVED.

The ADP will work through the Clackmannanshire Alliance and as part of the FVADP to contribute to the specific national outcomes identified in **APPENDIX B**. The CADP is committed to enhancing and improving partnership working in Clackmannanshire, collaborating across agency and service boundaries by identifying cross cutting core indicators and outcomes for the individual, families and communities. We fully accept this requires a responsive and needs led approach. It is fair to say that Clackmannanshire like many other areas is data rich and information poor. Equally the development of closer working links between strategic partners and community planning partnerships has highlighted the need for greater accountability for and to each other not only in identifying the core partnership outcomes and the joint outcomes but also the development of joint outcomes. To this end activity is underway to provide a clearer, more effective and robust set of indicators. The changes to the community planning processes outlined above should facilitate this well.

Some work has been undertaken in aligning the ADP core national outcomes with the wider national outcomes of partners and the SOAs but this is a work in progress, **APPENDIX C** Through consultation with a wide range of stakeholders, the Alliance has agreed four short term priority action areas to which effort will be particularly directed. These are:

- Attracting more jobs
- Developing skills especially for young people (aged up to 24)
- Early intervention, with an emphasis on pre-5s and the impact of parental substance misuse on children
- Community empowerment and supporting communities to find solutions

The recently completed Substance misuse health care needs assessment also concludes that resources should be focussed on the most deprived communities, in particular families where the parents are known to be substance users, pregnant women and prisoners. In addition overall work should aim to reduce substance use across the whole population. Clackmannanshire ADP has agreed that the delivery plan for 2012-2015 recognising that this may change as part of the annual review process as the SOA is developed and agreed for 2013 onwards.

FINANCIAL INVESTMENT

CADP covers a small geographical area and small population with disproportionate indices of deprivation. The correlation between substance misuse and budget pressures is recognised. Partners have increasingly worked together out with the ADP appreciating the longer term benefits of addressing substance use. Further work is needed to establish in greater detail what the actual resources and monetary spend across all areas of the L.A in prevention, treatment, recovery or dealing with the consequences of problem alcohol and drug use. Equally whilst we are more able quantify the extent to which the financial investment in treatment services is producing outcomes this is less developed in areas such as education, employment, general health and well-being and housing. Work on local indicators should assist in quantifying this better. Finance officers meet regularly to consider the budget pressures with the FVADP co-ordinator. The CADP lead support Officer also meets with the Local Authority accountant. The FVADP chief Officers have agreed the attached financial report, **APPENDIX D**.

PRIORITY ACTIONS AND INTERVENTIONS TO IMPROVE OUTCOMES

We will continue to adopt an approach which in recognising the complexities as to the causes of substance misuse, co-ordinates consistent responses which promote recovery, free from stigma for the individual, the family members and the community. Such responses will also uphold the values of participation and engagement, choice and empowerment and a person centred approach to service delivery. Examples of this to date include involvement of service users in the redesign of services, support to the FV Service users Group including facilitation to develop their constitution, a small budget to develop participants skills, the Recovery Conference, ADP/CPC child protection, regular provider/commissioner meetings, support to providers to develop practice, contributing to the development and implementation of the asset based approach in Hawkhill, raising the profile of the needs of substance users and their children across the local authority and providing Alcohol Brief interventions to targeted staff groups across council partners. Tackling substance misuse has been one of nine priority outcomes for the Clackmannanshire Alliance, with alcohol being a very high priority. It is not anticipated that this will change significantly in the foreseeable future.

Given that we are aware of that we must undertake further work in developing systems for routinely measuring success against outcomes, we are not in a position to set targets on all indicators at present. To provide context for this delivery plan the relevant national indicators have been selected which illustrate the needs of the individuals, families and communities in Clackmannanshire. The local indicators selected are intended to link with the CADP priorities previously highlighted as well map out some cross cutting outcomes. **APPENDIX E** illustrates the position from which we are starting. The CADP will concentrate efforts in ways which will contribute to the cross cutting themes which

Break the causal intergenerational factors which perpetuate the cycle of drug use, thereby reducing the resultant numbers of problem drug users in Clackmannanshire. The CADP will support the asset based model of community engagement and disseminate learning. Engage with professionals and community groups to promote services to increase the numbers of substance users not only referring but engaging with service. Identify with the service users group how to improve self-referral. Promote opportunities to improve life skills for those at risk of offending and establish an action plan with employability services, including job centre plus, to improve engagement between services and substance misusers. This will contribute to

- **More people in Clackmannanshire seeking relevant services to support their recovery**
- **Reduction in numbers of long term substance misusers claiming benefits**
- **Increase in people reporting succeeding in recovery.**

Improve the capacity of the individual's living in Clackmannanshire to make healthy life style choices thus reducing the incidence of drug and alcohol related disease. A considerable amount of work has already been undertaken through the FVADP. Priority is given to the achievement of Heat Targets including significant improvements in waiting time for treatment in line with the target and exceeding the target for delivery of ABI's which will continue. As more information becomes available regarding the impact of ABIs we will work to increase the numbers of interventions in non clinical settings. As part of the FVADP and also taking account of the Clackmannanshire needs we will develop a more planned and joined up approach with partners to promote healthy /moderate drinking in the general population and specifically those over 35 years.

- **Increasing smoking cessation rates.**
- **Reduction in levels of harmful alcohol consumption amongst older people**
- **Maintain waiting times for treatment**
- **Less people reporting binge drinking.**

Safeguard children in Clackmannanshire from the risks and harm of living with parental substance use by working with parents and carers to improve their parenting capacity thus improving life chances and positive outcomes for children and young people. This will include developing reflective training in managing the risks and impact of substance misuse on parenting capacity as part of the work force development action plan. Providing opportunities for those working in non specialist substance misuse services, e.g. children and families, mental health and Housing support and those working with substance users to shadow each other. Disseminate practice and learning to enhance and improve multi-agency identification of concerns and child protection and update referral process. Providing support and training to foster carers on impact on substance use on children, thereby contributing to

- **Increasing the numbers of children/YP effectively safeguarded from adverse effects of parental substance misuse**
- **Children and young people affected by parental substance use report improved well-being and feeling safer.**
- **Timely identification of children and young people requiring support.**
- **Increase in successful placements for those children LAAC owing to parental substance use.**

Promote a safe, healthy and well informed relationship with substances amongst children and young people in Clackmannanshire so that fewer of them will become substance misusing adults. This will include linking up strategies and practice through ADP reference group, particularly with respect to substance misuse and sexual health. Linking into Teachers professional development programme. Contributing to the review of the newly implemented Substance Misuse framework in schools and supporting School Health Hotspots. We will also consider the learning from a recent pilot in social norms and apply this as appropriate. This will contribute to achieving

- **an reduction in the numbers of 15 year olds reporting using substances in last year**
- **Decrease in 13 year olds reporting smoking**
- **Reduction in school exclusions for substance misuse**
- **reduction in teenage pregnancies**

Provide a range of interventions for parents and family members affected by substance misuse to enhance their understanding of the harm to themselves and others and to develop skills to deal with their own or others substance use. This will be achieved through supporting the implementation of new family support service pilot and linking this into universal services in Clackmannanshire. Shared training in Domestic abuse and substance misuse as part of Workforce development plan. Identifying joint concerns for young women, alcohol and vulnerability and agree action plan for engagement to promote messages of keeping safe. This will contribute to

- **An increase in the numbers of family members receiving support in line with prevalence rates**
- **A reduction in substance related domestic abuse**
- **keeping women safe**

Deirdre Cilliers
Chair
Clackmannanshire Alcohol Drug Partnership

NATIONAL AND LOCAL STRATEGIES AND PLANS

- Mental Health Delivery Plan 2009-2012
- Violence Against Women Strategy & Action Plan 2011-2014
- Integrated Children's Services Plan 2011-2013 & Early Years Framework
- Alcohol And Offenders Statement
- The Road To Recovery
- GIRFEC
- Hidden Harm
- Clackmannanshire Single Outcome Agreement
- Forth Valley Alcohol Drugs Partnership Strategy
- Clackmannanshire Alcohol Drug Partnership Delivery/ Action Plan 2010-2012
- Clackmannanshire Community Safety Strategy 2011-14
- Community Safety Strategic Assessment
- Integrated Children's Services Plan 2011-2013 & Early Years Framework
- Fife and Forth Valley Criminal Justice Authority plan
- QATS Reports

CORE NATIONAL INDICATORS

1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use.
2. PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.
3. RECOVERY: Individuals are improving their health, well being and life chances by recovering from problematic drug and alcohol use.
4. FAMILIES: Children and family members of people misusing alcohol and drugs are safe and supported and have improved life chances.
5. COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour.
6. LOCAL ENVIRONMENT: People live in positive, health promoting local environments where alcohol and drugs are less readily available.
7. SERVICES: Alcohol & drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence based and responsive, ensuring people move through treatment and into sustained recovery.

Rate of drug related hospital admissions per 100,000 population

Source ISD

Comparison	2005 / 08	2006 /09	2007 /10
Scotland	108	113	116
Clackmannanshire	77	74	80

Rate of alcohol related hospital admissions per 100,000 population

Source ISD

Comparison	2005 / 08	2006 /09	2007 / 10
Scotland	752	743	715
Clackmannanshire	514	505	460

Rate of Alcohol Related Mortality (per 100,000 population)

Source ISD

Comparison	2006 / 08	2007 /09	2008 / 10
Scotland	27	25	19
Clackmannanshire	25	23	22

Estimated prevalence of problem drug use amongst 15 – 64 year olds.

Comparison	2006	2009 / 10	SOURCE
Scotland	1.6%	1.7%	ISD
Clackmannanshire	1.5%	1.5%	ISD

%prevalence of injecting drug users testing positive for HVC antibody (based on all on injecting drug users tested)

Comparison	2008 / 09	2009 / 10	Source
Scotland	53.5	n/a	ISD
Clackmannanshire	34.2	n/a	ISD

%15 year olds who report consuming alcohol in the last 7 days.

Source SALSUS

Comparison	2008	2010
Scotland	24.9	20.4
Clackmannanshire	36.6	18

%of 15 year olds that report using an illicit drug at least once in the last month.

Source SALSUS

Comparison	2008	2010
Scotland	12.8	11
Clackmannanshire	23.1	15

%of 15 year olds that report using an illicit drug at least once in the last year

Source SALSUS

Comparison	2008	2010
Scotland	20.1	18.5
Clackmannanshire	23.1	30.8

% of 15 yr old pupils offered drugs in last year

Source SALSUS

comparison	2008	2010
Scotland	52.3	49.4
Clackmannanshire	48.7	57.5

% of people perceiving drug misuse/dealing to be very or fairly common in neighbourhood

Source Scottish Household Survey

Comparison	2007/08	2009/10
Scotland	12.5	11.6
Clackmannanshire	24.8	11.2

% of people spontaneously reporting 'alcohol abuse' as a negative aspect of neighbourhood

Source Scottish Household Survey

Comparison	2007/08	2009/10
Scotland	4.0	4.0
Clackmannanshire	2.0	11.0

% of crimes where offender was under the influence of alcohol

Source ISD

Police force area	2009/10	2010/11
Scotland	26.0	29.0
Central Scotland Police	23.0	22.0

% of crimes where offender under influence of drugs

Source ISD

Police force area	2009/10	2010/11
Scotland	12.0	13.0
Clackmannanshire	26.0	14.0

ASBO reported by police per 1000 population

Source ISD

Police Force Area	2009/10	2010/11
Scotland	42.4	37.2
Clackmannanshire	41.4	35.5

Rate of maternities recording drug use per 1000 maternities

Source ISD

Comparison	2007 / 08	2008 / 09	2009 / 10
Scotland	9.5	9.9	11.9
Clackmannanshire	12.0	10.8	10.0

%of people waiting more than 3 weeks between referral to a specialist drug and alcohol service and commencement of treatment.

Comparison	June 2011	December 2011	Source
Scotland	17.2	15.1	ISD
Clackmannanshire	0.8	0.8	ISD

LOCAL INDICATORS to be developed and reported on from 2013**ADP Outcome: Health**

Local Indicator	Source
Number of referrals for Keep Well Assessment.	Service Outcomes Database
Number of service user's reduced risk-taking behaviour.	Service Outcomes Database
Number of people commencing smoking cessation	NHS Forth Valley

ADP Outcome: Prevalence

Local Indicator	Source
Number of new referrals attending first appointment	Service Outcomes database
Number of initial assessments carried out.	Service Outcomes Database.

ADP Outcome: Recovery

Local Indicator	Source
Number of Service Users moved from maintenance phase of treatment to reduction.	Service Outcomes Database
Number of service users moved from Harm Reduction to treatment.	Service Outcomes Database.
Number of service users reporting reduced illicit drug use / problematic alcohol use.	Service Outcomes Database.

Number of service users reporting a reduction in injecting.	Service Outcomes Database.
Number of service users experiencing improved life skills during treatment.	Service Outcomes Database.
Number of service users reporting a reduction in chaotic behaviour.	Service Outcomes Database.
Number of service users who undertake Naloxone training.	Local Naloxone programme
Number of Forth Valley prisoners from Glenochil who undertake Naloxone training prior to liberation.	HMP Glenochil
Number of Forth Valley prisoners who are offered TAS upon liberation.	HMP Glenochil.
Number of Forth Valley prisoners who accept TAS support.	HMP Glenochil.

ADP Outcome: Families

Local Indicator	Source
Number of family members referred to family support services.	Family Support Service.
Number of family members reporting increased well being.	Family Support Service.
Number of Child Protection Case Conferences where parental drug / alcohol abuse has been identified as a concern / risk.	COVALENT
Number of referrals to Reporter where parental drug misuse has been identified as a concern / risk.	COVALENT

ADP Outcome: Community Safety

Local Indicator	Source
Number of supply & possession with intent to supply drugs offences recorded (for Class A.)	Central Scotland Police

Number of substance related incidence of violence (victim/perpetrator, gender).	Central Scotland Police
Number of substance related incidence of Domestic violence	Central Scotland police
Arrest Referral statistics – number of individuals referred, number of individuals engaging with community support.	Central Scotland Police / Signpost
Number of underage young people found in possession of alcohol in a public place	Community Wardens

ADP Outcome: Local Environment

Local Indicator	Source
% of people perceiving drug misuse or dealing to be very or fairly common in their neighbourhood	Clacks 1000 Scottish household survey
% of local residents citing alcohol misuse as a dislike about their neighbourhood	Clacks 1000 Scottish household survey

ADP Outcome: Services

Local Indicator	Source
Time from referral to assessment.	Waiting Times Database
Time from assessment to treatment / intervention.	Waiting Times Database
Time from treatment / intervention to discharge.	Waiting Times Database
Service compliance with National Quality Standards.	Local audits.
Proportion of services where an EQIA has been carried out in the last 3 years.	Local audit.
Completion of SMR data in accordance with guidelines	ISD

Finance Budget

Forth Valley Alcohol & Drug Partnership (FVADP) Financial Position to 31st March 2012 Report

An adverse variance of £0.160m is reported for the period to 31st March 2012 against a total budget of £9.899m which equates to - 1.62% of the available budget.

The cumulative position reported is derived from a number of factors within each partner organisation and these are outlined below in more detail:

	FVADP Allocations 11/12	Budget 11/12	Total Budget 11/12	Expenditure 11/12	Variance 11/12
NHS Forth Valley	£3,800,988	£2,480,405	£6,281,393	£6,518,895	-£237,501
Falkirk Council	£0	£1,025,193	£1,025,193	£1,002,824	£22,369
Stirling Council	£0	£959,604	£959,604	£944,917	£14,687
Clackmannans hire Council	£0	£220,150	£220,150	£218,664	£1,486
Central Scotland Police	£0	£1,412,850	£1,412,850	£1,374,190	£38,660
Total	£3,800,988	£6,098,203	£9,899,191	£10,059,491	-£160,300

FVADP Allocations 2011/12

No change from last report;

£1,924,215 Alcohol Misuse

£ 166,143 Alcohol Misuse – Prison Allocation

£1,035,345 Drug Misuse

£ 210,385 ADP Support

£ 9,000 Alcohol Brief Intervention

£ 373,000	Smoking Cessation
£ 82,900	Smoking Action Plan Implementation
£3,800,988	

FVADP Allocations 2012/13

As per Scottish Government allocation letter dated 5th April 2012;

£2,090,358 Alcohol, Prevention & Treatment

£1,035,345 Drug Services

£ 210,385 ADP Support

£ 373,000 Smoking Cessation

£ 82,900 Smoking Prevention

£3,791,988

This provides the same level of funding as 2011/12 in respect of the main strategies. There is a small reduction of £9,000 from 11/12 to 12/13 in respect of the non-recurring funding previously provided by NHS Health Scotland ending as planned; this has no adverse impact on our local financial plan.

Please note the allocation letter does not identify the resources as outlined above due to the ADP Support resource being split 50/50 and added into the Alcohol & Drug figures. This action, by Scottish Government, was taken to allow ADP's more freedom in deciding what resources they require for the ADP Support function. While this flexibility is welcomed, locally there is a recurring financial pressure still to be managed associated with the new treatment model, until this is resolved and additional savings are identified there is no scope for allocating any additional resources towards ADP support. The figures identified above provide a clear read across to our financial plan and secure resource to maintain the current service provision.

Indicative allocations have been provided for the subsequent 3 years i.e. 2012/15 these have been outlined in the 3 year financial projections within the attached detailed report; these indicative allocations are still subject to Parliamentary approval.

Please note the financial projections provided, as required within the reporting arrangements notified by Scottish Government, assume Fast-track continues as per the historical arrangements. Once the actual position is clarified and all the local issues identified have been addressed in respect Criminal Justice Drug Treatment Services these projections will be updated and changes notified to Scottish Government.

The allocated resources represent the minimum amount that FVADP should spend on these issues 12-15. It is expected that additional resources, including monetary funds, will be secured from ADP Partners. FVADP should seek to map out the total resource utilised in prevention, treatment, recovery or dealing with the consequences of problem alcohol and drug use in their locality and to reflect this in their strategies, Delivery Plans and Annual Reports.

Funding is conditional on demonstrating progress towards both national and local relevant alcohol and drug outcomes. Scottish Ministers reserve the right to withdraw all or part of the funding if funds are not used for the purpose intended; if improvement/activity is not demonstrated; or if value for money is not demonstrated.

NHS Forth Valley

An adverse variance of £0.237m is reported to 31st March 2012 in respect of Substance Misuse Services which is explained in more detail in the following paragraphs.

FVADP Support is reporting a balanced position as projected; there are no significant issues to report for the period.

Drug Services are reporting a favourable variance of £0.070m. This is a result of drug test expenditure for GPPS and Fast-track being incurred less than budgeted although this is in line with earlier projections. In addition GP Fees which underpin GPPS activity is lower than anticipated highlighting a potential inefficiency in the service, this will be raised with the Substance Redesign Board and the outcome noted in the next report. The favourable position offsets the pressure identified within Combined Alcohol & Drug Services. The review of Fast-track was undertaken as outlined in the previous report. It is the view of the F&FVCJA Chief Officer that the report to phase out Fast-track was accepted by the F&FVCJA Board with a change to the date referrals would cease being extended to end Sept 12. The minutes of the meeting on 16th December 2011 clearly note "The convenor stated that the meeting was not quorate but would continue with the recognition that no decisions could be made" this statement should stand for the meeting of the 22nd March 2012 which was also inquorate supporting the local uncertainty around processes/governance underpinning the reported outcome. Significant work is on-going to clarify the decision, the funding envelope and outline the impact on local services and resources which will form a separate paper for consideration of the FVADP. It should be noted that there would be a significant financial pressure if this decision stands which would be a minimum of £0.212m in addition to the sums identified in delivering the new treatment model and does not take into consideration additional capacity which may be required to address client needs in closing the service gap created. This process has also highlighted an inequity in the DTTO places available within Forth Valley which needs further clarification.

Alcohol Services are reporting a favourable variance of £0.016m; this is the direct result of a refund in respect of a prior year overpayment as projected. The favourable position offsets the pressure identified within Combined Alcohol & Drug Services.

Combined Alcohol & Drug Services are reporting an adverse variance of £0.045m; this is directly attributable to funding earlier expansion of group work within ASC in response to waiting times performance issues. In addition expenditure in respect of Residential Rehabilitation was higher than planned although this is underpinned by a clinical assessment of need and is by nature demand led. There have also been significant improvements in the infrastructure of services and to service user environments making effective use of the non-recurring resource opportunities as a result of the ARS delay.

Substance Redesign Project Board current projection work identified a £0.085m pressure in 2011/12 and £0.233m recurrently from 2012/13 (subject to Fast-track Service outcome). The 2011/12 pressure has been managed in year by the non-recurring resource opportunities resulting from the ARS delay as indicated above. Work is ongoing to identify efficiencies to bring 2012/13 pressure in line with the funding envelope; the main pressure is due to the recurring funding of the Tier 4 Community Rehabilitation Service, which will replace the current short-term Local Authority funded 'Introduction to Change' and Lottery funded 'Go Forth' services. Work to identify efficiencies within testing, sharing premises, staffing etc. is ongoing and will be evidenced as the 2012/13 onwards reported pressures reduce.

Tobacco Services are reporting an adverse variance of £0.279m this is a direct result of the NRT and Varenicline (Champix) prescribing costs as previously reported; the pressure has been covered by NHS General Reserves in line with previous years. The Tobacco Action Group (TAG) is currently in the process of redesigning the delivery of cessation and prevention services. The outcome will be reported as soon as possible with the updated position being reflected within future financial reports/projections.

SPS Services have incurred no expenditure to date however given the financial commitment, discussed within the SPS Addictions group, these resources have been planned forward to secure the required outcomes with updates reported at a later date.

Falkirk Council

A favourable variance of £0.022m is reported to 31st March 2012; this is a direct result of an overspend against Residential Care (Adults), Time4Us and IFSS Family Support being offset by savings against Social Work Home Support, a small unallocated resource and various Community Safety Projects. This benefit will be managed within the overall financial position of Falkirk Council resulting in no financial benefit for the FVADP.

No specific issues were raised for FVADP consideration.

Stirling Council

A favourable variance of £0.015m is reported to 31st March 2012; this is mainly attributable to a favourable out-turn in respect of CCSF projects. This benefit will be managed within the overall financial position of Stirling Council resulting in no financial benefit for the FVADP.

No specific issues were raised for FVADP consideration.

Clackmannanshire Council

A favourable variance of £0.001m is reported to 31st March 2012; this is a direct result of overspends in respect of Signpost and ASC core contracts being offset by an under spend in respect of Signpost's Alcohol proposal. This benefit will be managed within the overall financial position of Clackmannanshire Council resulting in no financial benefit for the FVADP.

No specific issues were raised for FVADP consideration.

Central Scotland Police

A favourable variance of £0.039m is reported this is a direct result favourable out-turns in respect of the Crime Management Services, Drugs & Organised Crime Unit and Drugs Education Officer. This benefit will be managed within the overall financial position of Central Scotland Police resulting in no financial benefit for the FVADP.

Financial projections have been provided for 1 year instead of the 3 years requested by Scottish Government. This is due to external factors out with our local control and relates to the creation of the New Single National Police Force from April 2013; as a result Central Scotland Police are unable to commit resources beyond 31st March 2013.

No specific issues were raised for FVADP consideration.

Appendix E

National outcomes Clacks outcomes	High level outcomes	Intermediate outcomes	ADP outcomes	Measures/indicators	target 2012 Base Line	target 2013	target 2014	Lead	Action and timescales
<p>We realise our full economic potential.</p> <p>People are better skilled, trained and ready for learning and employment</p> <p>Substance use and its effects are reducing</p>	<p>Reduction in adults on benefits due to substance related incapacity</p> <p>Core national outcome 1-7</p>	<p>Improve substance user's capacity to work.</p>	<p>Recovery Services</p>	<p>Number of referrals to training and development services</p> <p>Number of benefit assessments completed</p> <p>Proportion of clients receiving drug treatment experiencing improvement in employment/education</p>	<p>Base line to be established</p>	<p>+2%</p>	<p>+5%</p>	<p>ADP</p> <p>Treatment services</p> <p>Employability partners</p>	<p>Developing closer links with employability services and Job centre plus 2012</p> <p>Scoping exercise and sharing knowledge and skills 2012/13</p> <p>Identify barriers and agree action plan 2013/14</p>

<p>Our young people are successful learners, confident, effective and responsible</p> <p>Substance use and its effects are reducing</p>	<p>Reduced consumption in those below minimum legal purchase age</p> <p>Core national outcome 2 and 4</p>	<p>Improved school attendance in children and Young people affected by substance misuse</p> <p>More children and young people affected by parental substance misuse in touch with services</p>	<p>Families</p> <p>Prevalence</p> <p>Health</p> <p>Recovery</p>	<p>Proportion of school exclusions due to substance possession and/or use</p> <p>Numbers of substance misuse education sessions delivered</p> <p>Reduction in level of underage drinking in public place</p> <p>Level of Children under 15 year olds reporting drinking in last week</p> <p>Level of 15 year olds reporting illicit drug use in last year</p>	<p>Base Line to be established</p>	<p>-2%</p> <p>as agreed</p> <p>+3%</p> <p>-3%</p>	<p>-3%</p> <p>as agreed</p> <p>+5%</p> <p>-5%</p>	<p>Education</p> <p>ADP</p> <p>YP Services</p> <p>Community wardens</p>	<p>Working with education, community wardens and young people services colleagues to develop strategy 2012</p> <p>Implementation of strategy 2013</p> <p>Review of substance misuse framework 2014</p>
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<p>We have tackled the significant inequalities in Scottish society</p> <p>Health is improving and health inequalities are reducing</p> <p>Substance use and its effects are reducing</p>	<p>Reduction in adults on benefits due to substance related incapacity</p> <p>Reduced substance related morbidity, mortality and deaths</p> <p>Core national outcome 1, 3, 4,7</p>	<p>Increased uptake of training and employment amongst those in recovery.</p> <p>Naloxone training provided to relevant family members and community members</p>	<p>Services</p> <p>Health</p> <p>Recovery</p> <p>Prevalence</p>	<p>Numbers of substance users moving onto training/employment</p> <p>Increase of substance users in Clackmannanshire accessing treatment</p>	<p>Base Line to be established</p>	<p>+1%</p> <p>+3%</p>	<p>+2%</p> <p>+ 5%</p>	<p>Services</p> <p>ADP</p> <p>Health Promotion</p>	<p>Develop closer links with employability services and Job centre plus 2012</p> <p>Scoping exercise and sharing knowledge and skills 2012/13</p> <p>Identify barriers and agree action plan 2013/14</p> <p>Monitor impact of welfare reforms</p>
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<p>We live longer healthier lives</p> <p>Health is improving and health inequalities are reducing</p> <p>Substance use and its effects are reducing</p>	<p>Reduced substance related morbidity, mortality and deaths</p> <p>Reduced alcohol related injuries, physical and psychological morbidity and mortality</p> <p>Core national outcome 1</p>	<p>Fewer individuals drink above recommended daily and weekly guidelines</p> <p>.</p> <p>Reduction in prevalence of drug use in Clackmannanshire</p>	<p>Recovery</p> <p>Health</p> <p>Prevalence</p> <p>Comm safety</p> <p>Services</p>	<p>Number of alcohol brief interventions delivered</p> <p>Increase in substance users remaining in treatment</p> <p>Waiting times for services</p>	<p>HEAT Target</p>	<p>+ 5%</p> <p>+3%</p> <p>HEAT target</p>	<p>+10%</p> <p>+5%</p> <p>HEAT target</p>	<p>ADP Education Services Heath</p>	<p>Develop action plan to increase non clinical ABIs 2012</p> <p>Develop tracking system for non clinical ABIs screening 2013</p> <p>Review of quality standards and service delivery improved</p> <p>Maintain target and implement for alcohol</p>
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<p>We have improved the life chances for children, young people and families at risk.</p> <p>Vulnerable people and families are supported</p> <p>Substance use and its effects are reducing</p>	<p>Reduced number of children looked after and accommodated / separated from parents</p> <p>Core national outcome 4</p>	<p>Increased number of children in touch with services living in supportive and stable households/safe environments.</p> <p>Increased participation in community activities for children affected by parental substance misuse</p>	<p>Families</p> <p>Comm. safety</p> <p>Recovery services</p>	<p>Rate of maternities recording drug use</p> <p>Proportion of alcohol related domestic abuse incidents</p> <p>Number of referrals to social work/family support workers</p> <p>Number of referrals to Children's Reporter due to parental drug use</p> <p>Number of children at risk participating in community based activities</p> <p>School attendance rates of children affected by parental substance misuse where parent is in touch with services</p> <p>Attainment information of children affected by parental substance misuse.</p> <p>Number of children with parents in treatment registered with health provisions i.e. Dentist</p> <p>% of substance misusing parents engaged with services to improve parenting</p>				<p>Targets to be set pending</p> <p>ADP /CPC SHARED AGENDA</p> <p>Supporting GIRFEC implementation</p> <p>Implementing shared social work service agenda</p>
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<p>We live our lives safe from crime disorder and danger</p> <p>Our communities are safer</p> <p>Substance use and its effects are reducing</p>	<p>Less alcohol related violence/abuse/offending and anti social behaviour</p> <p>Less drug-related crime</p> <p>Core national outcome 5 and 6</p>	<p>Reduced drug dealing in local area</p> <p>Reduced alcohol and drug related violence and offences in local area</p> <p>Reduced availability of alcohol in local area</p> <p>Reduction in house fires due to excessive alcohol consumption</p>	<p>Comm. safety</p> <p>Local environ</p>	<p>Police statistics on alcohol and drug related crime.</p> <p>Number of arrests for possession with intent to supply to supply</p> <p>Number of premises licence review applications and outcomes</p> <p>Proportion of alcohol related domestic abuse incidents</p>	<p>Base Line figure</p>	<p>TBC</p>	<p>TBC</p>	<p>Work will be undertaken to set targets during 2012 and implemented in 2013-15</p> <p>Work will be undertaken through community safety, violence against women and alcohol drug partnership to develop this indicator. 2012</p>
<p>We have strong and resilient communities</p> <p>Our communities are more cohesive and inclusive</p> <p>Substance use and its effects are reducing</p>	<p>Safer and happier families and communities</p> <p>Core national outcome 4 and 6</p>	<p>Reduced acceptability of hazardous drinking and drunkenness</p> <p>Increased knowledge and changed attitudes to alcohol, drinking and drugs</p>	<p>Recovery</p> <p>Community safety</p> <p>Families</p>	<p>Incidence of people reporting satisfaction with neighbourhood</p> <p>Incidence of drunk and disorderly amongst YP under 18 years in public place</p> <p>Reduction house fires where alcohol was a contributing factor</p> <p>Alcohol related hospital Admissions</p>	<p>Base Line figure</p>	<p>TBC</p>	<p>TBC</p>	<p>Develop action plan to increase Number of home safety checks offered to substance users</p> <p>To be agreed as part of revised SOA 2013 onwards and ongoing discussions with police and community safety partners</p>