ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

**I. Delivery progress**

**II. Financial framework**

This form is designed to capture your **progress during the financial year 2021/22** against the of the [Rights, Respect and Recovery strategy](https://www.gov.scot/publications/rights-respect-recovery/) including the Drug Deaths Task Force [emergency response paper](https://www.gov.scot/publications/rights-respect-recovery/) and the [Alcohol Framework 2018](https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/). This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. 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 ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. 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 drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published 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 Reporting 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 **Friday 5 August 2022** to:

alcoholanddrugsupport@gov.scot

**NAME OF ADP: Falkirk ADP**

**Key contact:**

**Name: Phil Heaton**

**Job title: ADP Lead Officer**

**Contact email: Phillip.heaton@falkirk.gov.uk**

**I. DELIVERY PROGRESS REPORT**

**1. Education and Prevention**

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

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

Leaflets/ take home information ☒

Posters ☒

Website/ social media ☒

Apps/webchats

Events/workshops

Please provide details…

Accessible formats (e.g. in different languages) ☒

Please provide details…

Other ☒

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 *(E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk)*.

Campaign theme International National Local

General Health ☐ ☐ ☒

Overdose Awareness ☒ ☒ ☒

Seasonal Campaigns ☐ ☐ ☒

Mental Health ☒ ☒ ☒

Communities ☐ ☒ ☒

Criminal Justice ☐ ☐ ☒

Youth ☐ ☒ ☒

Anti-social behaviour ☐ ☒ ☐

Reducing Stigma ☒ ☒ ☒

Sexual Health ☐ ☐ ☒

Other ☐ ☐ ☒

Please specify…

In addition to all national and international campaigns, Falkirk ADP’s Social influence Project delivered 3 PSE lessons devoted to drug and alcohol awareness and messaging. Research suggests a 50% drop in substance use among pupils, reduced crime and antisocial behaviour.

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

Teaching materials ☒

Youth Worker materials/training ☒

Promotion of naloxone ☒

Peer-led interventions ☒

Stigma reduction ☒

Counselling services ☒

Information services ☒

Wellbeing services ☒

Youth activities (e.g. sports, art) ☐

Other ☐

1.4 Please provide details of where these measures / services / projects were delivered.

Formal setting such as schools ☒

Youth Groups ☐

Community Learning and Development ☐

Via Community/third Sector partners or services ☒

Online or by telephone ☐

1.5 Was the ADP represented at the alcohol Licensing Forum?

Yes ☒

No ☐

1.6 What proportion of license applications does Public Health review and advise the Board on?

All ☒

Most ☐

Some ☐

None ☐

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

Click or tap here to enter text.

**2. Treatment and Recovery**

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

Fibro scanning ☒

Alcohol related cognitive screening (e.g. for ARBD) ☒

Community alcohol detox ☒

Inpatient alcohol detox ☒

Alcohol hospital liaison ☒

Access to alcohol medication (Antabuse, Acamprase etc.) ☒

Arrangements for the delivery of alcohol brief interventions

in all priority settings *☐ Not presently, though increasing priority delivery was a priority of our delivery plan, this has been affected by COVID-19. We intend to return to this as soon as practicable. We also fund a local enhanced service for ABIs in primary care*

Arrangements of the delivery of ABIs in non-priority settings ☒

Psychosocial counselling ☒

2.2 Please indicate which of the following approaches services used to involve lived experience / family members *(select all that apply).*

*For people with lived experience:*

Feedback / complaints process ☒

Questionnaires / surveys ☒

Focus groups / panels ☒

Lived experience group / forum ☒

Board Representation within services ☒

Board Representation at ADP ☐

Other ☒ *The ADP routinely engaged with the Recovery Community and this connection will be enhanced and developed going forward with the implementation of an ADP Lived Experience Panel*

*For family members:*

Feedback/ complaints process ☒

Questionnaires/ surveys ☒

Focus groups / panels ☒

Lived experience group/ forum ☒

Board Representation within services ☒

Board Representation at ADP ☐

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

*All feedback is used to evidence and underpin ADP strategic plans and is routinely collected via the Recovery Community as well as from families. The ADP conducted a survey with family members which returned a reasonable level of engagement, and this feedback will be incorporated into the ADP Whole Families Approach.*

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

Planning, I.E. prioritisation and funding decisions ☒

Implementation, I.E. commissioning process, service design ☒

Scrutiny, I.E. Monitoring and Evaluation of services ☒

Other ☐ Please provide details…

Please give details of any challenges (max 300 words)

*Falkirk ADP recognises the excellent resource and relationship it has with the Recovery Community across Forth Valley but also that there is work still to be done to enable the partnership to work more effectively and meaningfully. A priority for the ADP is to develop a Lived & Living Experience Panel which would have active representation on the ADP Executive Committee and will be key to developing ADP strategy and commissioning services which address locality need. The ADP understands the challenges involved with the development and maintenance of this group and intends to link in with ADPs who have already implemented this approach.*

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

1. Yes ☒

No ☐

1. If yes, please select all that apply:

Peer support / mentoring ☒

Community / Recovery cafes ☒

Naloxone distribution ☒

Psychosocial counselling ☒

Job Skills support ☒

Other ☐

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.6 Which of these settings offered the following to the public during 2021/22? *(select all that apply)* | | | | |
| *Setting:* | *Supply Naloxone* | *Hep C Testing* | *IEP Provision* | *Wound care* |
| Drug services Council | ☐ | ☐ | ☐ | ☐ |
| Drug Services NHS | ☒ | ☒ | ☒ | ☒ |
| Drug services 3rd Sector | ☒ | ☒ | ☒ | ☒ |
| Homelessness services | ☒ | ☒ | ☒ | ☒ |
| Peer-led initiatives | ☒ | ☒ | ☒ | ☒ |
| Community pharmacies | ☒ | ☐ | ☒ | ☒ |
| GPs | ☒ | ☐ | ☒ | ☐ |
| A&E Departments | ☒ | ☒ | ☐ | ☐ |
| Women’s support services | ☐ | ☐ | ☐ | ☐ |
| Family support services | ☒ | ☐ | ☐ | ☐ |
| Mental health services | ☒ | ☐ | ☐ | ☐ |
| Justice services | ☒ | ☒ | ☒ | ☒ |
| Mobile / outreach services | ☒ | ☒ | ☒ | ☒ |
| Other … *(please detail)* | ☐ | ☐ | ☐ | ☐ |
|  | | | | |

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

*NHS Forth Valley have a shared care protocol which was developed to ensure that people who require both services to be involved in their care and treatment will be at the earliest opportunity to agree who is best placed at that time in collaboration with the person to provide the care and treatment following a joint service assessment*

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes ☐

No ☒

Please provide details (max 300 words)

*The shared care protocol is active only within our secondary care service currently, however as evidence demonstrates that a robust joint working approach improves outcomes for our people – therefore it would be appropriate to consider including primary care services within the scope of this protocol at the next review*

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

*As set out above the shared care, protocol is currently in place and offers guidance to all staff.*

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

Yes ☒

No ☐

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

*Falkirk ADP contributes the funding of Forth Valley Recovery Community. This has been another successful year for FVRC with consistent growth in attendances and impact through their delivery of peer naloxone, the Recovery Olympics and organising events to commemorate national and international dates such as Overdose Awareness Day.*

2.11 What proportion of services have adopted a [trauma-informed approach](https://transformingpsychologicaltrauma.scot/) during 2021/22?

All services ☒

The majority of services ☐

Some services ☐

No services ☐

Please provide a summary of progress (max 300 words)

*All statutory and commissioned services are continuing the development of a trauma-informed approach. This includes trauma walkthroughs and relating trauma informed approaches to the MAT standards. Our consultant clinical psychologist in addictions is advising us in relation to the MAT standards.*

2.12 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 ☐

Alcohol death audits (work being supported by AFS) ☐

Drug death review group ☒

Drug trend monitoring group / Early Warning System ☒

Other ☒ *Locally, the drug trend monitoring group was amalgamated with a divisional Police Drug Harm meeting. This is a now a multi-agency meeting where detailed reviews of individual deaths are carried out and current trends, patterns and concerns are shared and actioned as required. Information is gathered from a range of services to support the review process and coordinated by the DRD & Suicide Prevention Team.*

2.13 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. If none, please detail why (max 300 words)

*Alcohol deaths of individuals known to statutory mental health or substance use services in the twelve months before death are considered for review through NHS Forth Valley’s Mental Health Adverse Review Group. We fully recognise the importance of reviewing all alcohol deaths and, as part of the additional investment noted below, plans will be developed as to the most effective model for doing so. It is anticipated that a plan will be agreed by the end of 2022 and will include the process for sharing learning and implementing change where required.*

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

*Across Forth Valley, we have reviewed drug related deaths for many years. As well as individual case reviews, we have also produced an annual research report providing a richer analysis of key demographic information relating to local deaths. This is shared via a multi-agency seminar to support learning and raise awareness.*

*Over recent months, there has been investment in dedicated posts to support the DRD review process and wider DRD prevention agenda. Aligned to Public Health, the Strategic Prevention Coordinator for Suicide & Drug Deaths oversees the DRD review process as well as leading the development of a Forth Valley Suicide and Drug Related Death Prevention Plan (planned completion date = October 2022).*

*We have further developed our local DRD review process and now operate a geographical model – one bimonthly meeting for the Falkirk area and a separate bimonthly meeting for the Clackmannanshire and Stirling area. All DRDs are now reviewed through one multi-agency process and a range of partners participate in each review including NHS Forth Valley (various partners including Primary Care), Social Work, HSCP, ADP, Housing. SPS, SAS, Substance Use Services and the Forth Valley Recovery Community. Multi-agency reports are prepared in advance of each meeting and shared with partners to support the identification of discussion points and related action / learning points.*

*As the number of outstanding cases requiring review reduces, it is prudent to consider the model and ensure that it meets all needs. For example, the importance of including family members is fully recognised and needs to be considered as part of future planning.*

*In addition, it is acknowledged that it is important to ensure that any actions are appropriately recorded and progressed with clear governance processes for review and escalation where required. There must be a strong quality assurance focus to monitor progress and a direct correlation to the performance framework aligned to the Prevention Plan.*

*Participants were recently surveyed to gather views after the first six months of the revised model being implemented. Feedback was positive with partners particularly recognising the value of the geographical model and the multi-agency reports prepared in advance.*

*A presentation was recently delivered to the Falkirk Chief Officers Group outlining the latest developments and the plans moving forward. The COG endorsed the direction of travel and will receive a six-monthly update on the themes being identified through review. The COG has also agreed that issues can be escalated to them as considered necessary.*

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

*A national development that has been very welcomed locally has been the quicker return of post-mortem reports. This should support the more timeous review of future cases.*

**3. Getting it Right for Children, Young People and Families**

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

1. Yes ☒

No ☐

1. If yes, please select all that apply below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Setting:* | *0-5* | *6-12* | *12-16* | *16+* |
| Community pharmacies | ☐ | ☐ | ☒ | ☒ |
| Diversionary Activities | ☐ | ☐ | ☒ | ☒ |
| Third Sector services | ☐ | ☐ | ☒ | ☒ |
| Family support services | ☐ | ☐ | ☒ | ☒ |
| Mental health services | ☐ | ☐ | ☒ | ☒ |
| ORT | ☐ | ☐ | ☒ | ☒ |
| Recovery Communities | ☐ | ☐ | ☐ | ☒ |
| Justice services | ☐ | ☐ | ☒ | ☒ |
| Mobile / outreach | ☐ | ☐ | ☒ | ☒ |
| Other  Check from last year. | ☐ | ☐ | ☐ | ☐ |

3.2 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?

1. Yes ☒

No ☐

1. If yes, please select all that apply below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Setting:* | *0-5* | *6-12* | *12-16* | *16+* |
| Support/discussion groups | ☐ | ☐ | ☒ | ☒ |
| Diversionary Activities | ☐ | ☐ | ☒ | ☒ |
| School outreach | ☐ | ☐ | ☒ | ☒ |
| Carer support | ☐ | ☐ | ☒ | ☒ |
| Family support services | ☐ | ☐ | ☒ | ☒ |
| Mental health services | ☐ | ☐ | ☒ | ☒ |
| Information services | ☐ | ☐ | ☒ | ☒ |
| Mobile / outreach | ☐ | ☐ | ☒ | ☒ |
| Other | ☐ | ☐ | ☐ | ☐ |
| Check last years |  |  |  |  |

3.3 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? (max 300 words)

*Falkirk ADP is connected to the work of the child protection committee and wider children’s services work to implement the Whole Family Approach for Substance Use with colleagues’ initiatives to keep the Promise.*

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved ☐

Stayed the same ☒

Scaled back ☐

No longer in place ☐

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved ☐

Stayed the same ☒

Scaled back ☐

No longer in place ☐

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

1. Yes ☒

No ☐

1. If yes, please select all that apply below:

Signposting ☒

One to One support ☒

Support groups ☒

Counselling ☒

Commissioned services ☒

Naloxone Training ☒

3.7 How did services for adult family members change in the 2021/22 financial year?

Improved ☐

Stayed the same ☒

Scaled back ☐

No longer in place ☐

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

Family survey – working on the outcomes of that survey

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

Click or tap here to enter text.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

Click or tap here to enter text.

b) If no, when do you plan to do this?  
*Funding allocations under this stream will be carried forward in line with budget expectations and developments of service planning is anticipated to be undertaken in early 2023*

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

*Services: Family member in treatment Family member not in treatment*

Advice ☒ ☒

Mutual aid ☒ ☒

Mentoring ☐ ☐

Social Activities ☒ ☒

Personal Development ☒ ☒

Advocacy ☒ ☒

Support for victims of gender

based violence ☒ ☒

Other  ☐ ☐

**4. A Public Health Approach to Justice**

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

Yes ☒

No ☐

No prison in ADP area ☐

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

*Naloxone is offered to all prisoners on release. We also have practice in place for people leaving prison on a Friday to ensure continuity of medications through the weekend. We are also developing standard operating procedures here.*

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

Information sharing ☒

Providing advice/ guidance ☒

Coordinating activities ☒

Joint funding of activities ☐

Access is available to non-fatal overdose pathways upon release ☒

Other ☐ Please provide details

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? *(select all that apply)*

Information sharing ☒

Providing advice/ guidance ☒

Coordinating activities ☒

Joint funding of activities ☐

Other ☐ Please provide details

4.4 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 (please select all that apply)

*Arrest referral delivered by CGL in custody setting. This aims to link people into a range of appropriate services and offers holistic interventions based on need.*

Diversion From Prosecution ☒

Exercise and fitness activities ☒

Peer workers ☒

Community workers ☒

Other ☐ Please provide details…

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed…….

Diversion From Prosecution ☒

Exercise and fitness activities ☒

Peer workers ☒

Community workers ☒

Naloxone ☒

Other ☐ Please provide details…

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

*Falkirk ADP is working with HMP Low Moss on a Standard Operating Procedure to reduce risk of late Friday liberations in terms of accessing meds and OST and reduce the risk of DRD on liberation.*

**II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)**

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 | 1,406,384 |
| 2021/22 Programme for Government Funding and National Mission Funding | 201,051 |
| Additional funding from Integration Authority | 1,412,465 |
| Funding from Local Authority |  |
| Funding from NHS Board | 1,817,036 |
| Total funding from other sources not detailed above | 3,595 |
| Carry forwards |  |
| Other |  |
| Total | 4,840,531 |

**B) Total Expenditure from all sources**

|  |  |
| --- | --- |
|  | £ |
| Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions) | 397,523 |
| Community based treatment and recovery services for adults | 4,004,603 |
| Inpatient detox services |  |
| Residential rehabilitation (including placements, pathways and referrals) | 144,214 |
| Recovery community initiatives | 124,284 |
| Advocacy services |  |
| Services for families affected by alcohol and drug use (whole family Approach Framework) | 74,490 |
| Drug and Alcohol treatment and support specifically for children and young people |  |
| Drug and Alcohol treatment and support in Primary Care | 55,724 |
| Outreach | 5,780 |
| Other |  |
| Total | 4,806,618 |

**Additional finance comments**

Click or tap here to enter text.