



**West Lothian
Alcohol & Drug
Partnership**

Delivery Plan 2015 - 2018

Contents

1. Introduction	3
2. Strategic Context.....	3
2a. Review of Joint Commissioning Plan.....	4
2b. WLADP Needs Assessment	4
3. Governance and Financial Accountability Arrangements	7
4. National Support and Partnership Working	8
5. Delivery Plan - Workstreams.....	9
5a. Prevention	9
5b. Early Intervention.....	12
5c. Recovery.....	15
5d. Community Safety	21
6. ADP All Workstreams Projected Funding Table per annum.....	22
7. Ministerial Priorities	23
Workforce Development	23
Opioid Replacement Therapies	24
New Psychoactive Substances (NPS).....	25
Service User Involvement.....	26
Whole Population Approaches	28
8. Performance Framework.....	30
9. Core Indicators & Improvement Goals	36
Health	36
Prevalence.....	37
Recovery	38
Families	39
Community Safety	40
Local Environment.....	42
Services.....	43
10. Local Indicators & Improvement Goals	45
Health	45
Prevalence.....	45
Recovery	46
Families	47
Community Safety	48
Local Environment.....	49
Services.....	50
Appendix 1.....	51
Appendix 2.....	52
Appendix 3.....	53

1. Introduction

The West Lothian Alcohol and Drugs Partnership (ADP) is a multi-agency partnership set up in 2008 that has strategic responsibility for coordinating actions to address local issues with alcohol and drugs. Its membership includes:

- West Lothian Council
- Police Scotland
- NHS Lothian
- Voluntary Sector
- HMP Addiewell

This plan has been developed with the collaboration and support of all the partners. Local outcomes and additional key performance indicators were agreed by the partnership as part of the development process of the delivery plan. A small working group has taken responsibility for the overall process

2. Strategic Context

The West Lothian ADP Joint Commissioning Plan 2012-15 outlines our local vision and key priorities to address alcohol and drug use within West Lothian. The Joint Commissioning Plan was developed in response to the two key national strategies (and our local strategic documents that parallel them): *Road to Recovery: A New Approach to Tackling Scotland's Drug Problem* (2008) and *Changing Scotland's Relationship with Alcohol: A Framework for Action* (2009).

The ADP Joint Commissioning Plan 2012 - 2015 had three sections:

Prevention & Early Intervention

Recovery from Problematic Substance Misuse

Community Safety and Youth Diversion

Development of the new joint commissioning plan has broadly maintained these three workstreams. These themes encompass the seven national ADP outcomes and other local priorities detailed later in the logic models of this plan.

2a. Review of Joint Commissioning Plan

In 2013-14 the ADP support team, reviewed our Joint Commissioning Plan to determine our progress against implementing local commissioning intentions. Specifically the review considered strategic changes, local outcomes and stakeholders' views to measure the ADP's success and progress. By utilising a strategic commissioning framework and the cyclical process under the 4 themes of, ANALYSE, PLAN, DO and REVIEW a self-assessment of our progress was completed. From this assessment various areas were scored and recommendations for improvements were developed. The review process indicates that the ADP was 68% on target at the midway point of the implementation period.

This work provided a useful summary and review of how the last Joint Commissioning Plan and Delivery Plan were developed. An improved method of development has been adopted for the Joint Commissioning Plan 2015 -18 and has included consultation amongst the partnership, with other relevant stakeholders and with service users, carers and the wider community. One of the strong recommendations from the ADP partners was to develop a robust performance framework ensuring that progress could be measured on a year by year basis as the ADP works together to deliver its local activities and outcomes. This should include national and local ADP outcomes with baselines and targets and potential to benchmark against other ADP areas with similar characteristics.

2b. WLADP Needs Assessment

During 2014, the ADP commissioned an independent needs assessment to further understand the needs, analyse the current provision and conduct a gap analysis. Other objectives of this research were:

- Identify and describe the profiles of service users for both alcohol and drugs
- Research prevalence of substance misuse (including New Psychoactive Substances) and needs for service in West Lothian in cognisance of the Census 2011 and West Lothian Community Planning Partnership Strategic Analysis 2012.
- Analyse and understand gaps with consideration for funding structure remaining unchanged in existing service provision including geographical

populations and quantity and quality of services provided to people with protected characteristics or other vulnerable groups;

- Identify areas of good practice, over provision and duplication of service provision;
- Provide information on the extent that services are accessible, suit the needs of clients and in the right location for service users cognisant of the geographical area and the public transport infrastructure
- Determine the extent to which the current services are meeting demand;
- Suggest ways for the partnership to redesign existing services to meet need more effectively and efficiently using current funding structure.
- Review and audit all services according to the Recovery Orientated Systems of Care Quality Standards and to ascertain level of alignment to the eight key principles ;
- Building upon and updating the substance misuse assessment within the West Lothian 2012 Community Planning Partnership Strategic Assessment.

The Needs Assessment was competitively tendered and awarded to an independent consultant. The work was completed over the summer of 2014 and Figure 1 provides an overview of the methodology and scope of the research and assessment. The needs assessment consulted with a wide range of service users, carers and family members who are affected by substance misuse. Additional work was undertaken to capture the views of those who do not currently use services or are treatment naïve.

The completed report benchmarked West Lothian ADP against Falkirk as this area was similar in context over a number of key areas. Both West Lothian and Falkirk are classified as “urban other” reflecting their semi rural status. Other similarities included life expectancy, employment and deprivation statistics. WLADP has decided to continue to benchmark against Falkirk for the duration of the delivery plan and this is a key feature in measuring our performance in the core indicators of this plan.

Figure 1 below demonstrates the process of the Needs Assessment and highlights the use of mixed methodology of quantitative information and qualitative information with a range of sources.

Stage 1	Method	
Review of existing datasets	Desk-based review of national and local datasets	
Stage 2	Method	Sample
Quantitative Survey	Online Survey	Managers of all specialist drug and alcohol services in West Lothian
	Case record audit	Random selection of 20% of each services case records
Stage 3	Method	Sample
Qualitative Surveys	Online Survey	All specialist service staff
	Paper-based Survey	Service users Non-service users
Stage 4	Method	Sample
Qualitative Survey	Semi-structured interviews	- Stakeholders - Providers
	Focus Groups	- Service users - Family members
Stage 5	Method	
Gap Analysis	Desk-based comparison of range and capacity versus need	
Stage 6	Method	
Analysis & Reporting	Completion and delivery of report	

Figure 1: - Process of WLADP needs assessment

The needs assessment produced six key recommendations which now form the basis of the next Joint Commissioning Plan and Delivery Plan 2015 – 2018 and inform all future commissioning decisions. These recommendations are:

1. The ADP should develop a clear framework for how service users and their families should be involved in the delivery, development and commissioning of drug/alcohol services

2. In West Lothian there is a disproportionately low level of work with couples, families and carers. Further work is required to identify a range of measures to complement the existing provision in the area.
3. All services should support the development of multi-agency protocols and pathways for people with mental health and substance misuse problems. This would include an appraisal of the training needs of staff working across these areas.
4. There should be a greater emphasis placed on the delivery of high quality psychological therapies, with adherence to evidence-based, manualised approaches with appropriate supervision arrangements in place.
5. Consideration should be given to re-establishing a substance misuse nurse liaison role within St John's Hospital to engage with patients with drug or alcohol related illness or injury.
6. The ADP should work with service providers to develop a quality improvement cycle based on the quality principles which incorporates both internal and external audit processes.

The ADP partnership has committed its resources to implement the recommendation within the needs assessment within the strategic direction of the group and its commissioned services.

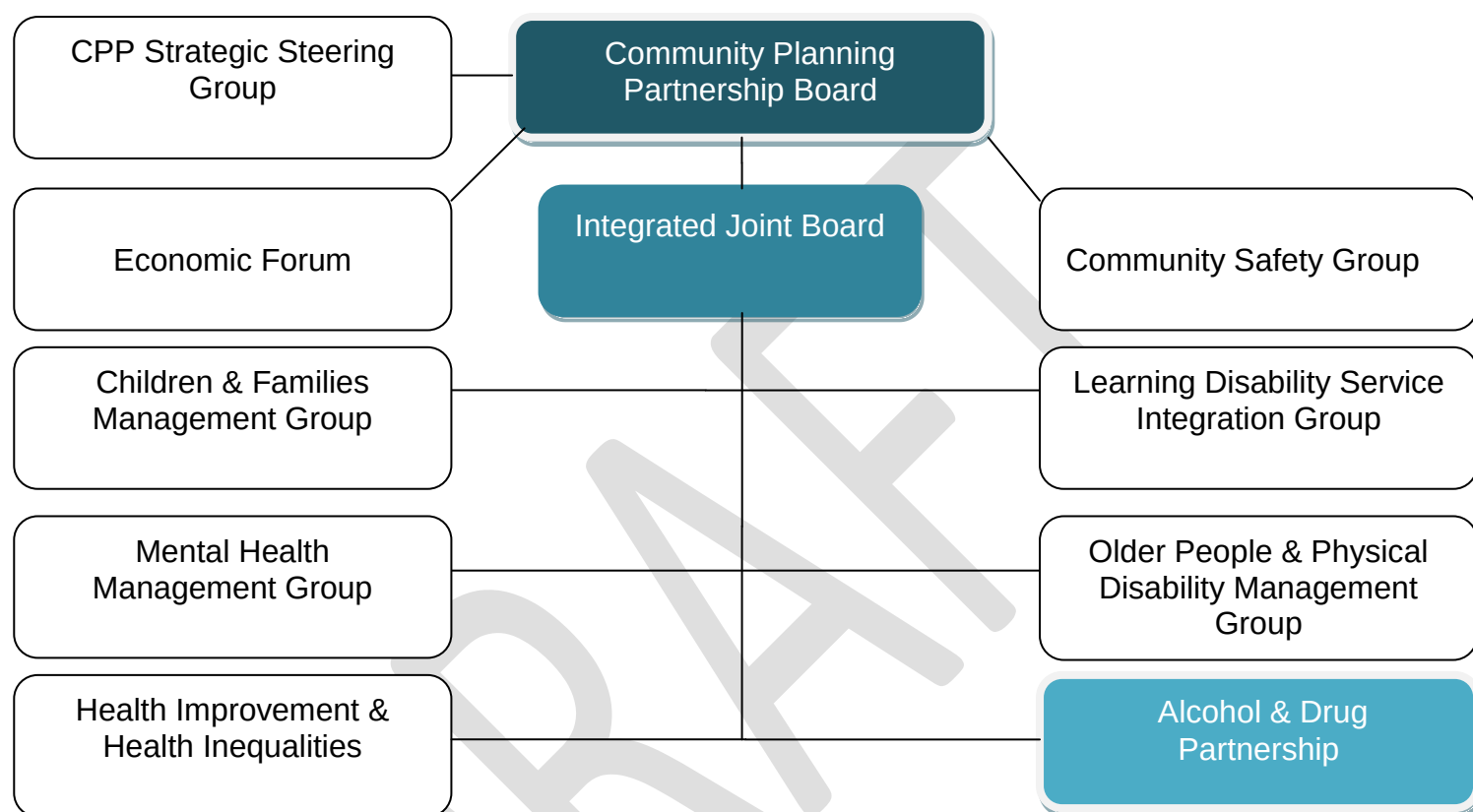
3. Governance and Financial Accountability Arrangements

Outcomes and monitoring are included in both the Single Outcome Agreement (SOA) and in the HEAT targets and standards. The SOA 2013-2023 sets the strategic direction upon which the plans and strategies of community planning partners should be based and the national ADP outcomes have been aligned to our local SOA outcomes. The principal line of accountability is into the Community Planning Partnership (CPP) through the Community Health and Care Partnership (CHCP) sub-committee which will be replaced by the Integrated Joint Board (IJB). All key strategic plans including the Joint Commissioning Plans and Delivery Plans are approved by the IJB and key changes in strategy or policy are approved by this board.

Additional reporting on activity and trends are reported into the CPP either directly or through the Community Safety Partnership Board, West Lothian Council's Policy Scrutiny and Development panels and within the NHS. West Lothian ADP operates at both strategic and operational levels and includes representation from key agencies at all levels. Over the last year the partnership has sought to increase its membership to

include a wider representation of those who work with our service users. These have included agencies that provide benefit advice and support and advocacy services. Financial governance around processes sits with West Lothian Council following their policies for contractual decision making through the ADP operational group's structure.

Figure 2. West Lothian Community Planning Partnership Governance Structure.



4. National Support and Partnership Working

West Lothian ADP makes full use of a number of national bodies in order to deliver on its outcomes, recognising the unique support that can be offered by these agencies:

National ADP Advisors:

- To provide guidance and support for annual reports and for production of delivery plans
- To offer direction and facilitate responses to reviews and including ministerial priorities
- To offer advice and support in meeting HEAT standards for ABI delivery and Alcohol and Drug Waiting times

Alcohol Focus Scotland:

West Lothian Alcohol & Drug Partnership – Delivery Plan 2015 - 18

- To assist in the development of alcohol overprovision report to the local licensing board
- To provide support and guidance on whole population approaches to be included in the Delivery Plan 2015 -18.

Scottish Drugs Forum:

- To assist in the review and the development of the local Naloxone programme;
- To assist in the development of recovery for service users through the Addiction Worker Training Programme.

Scottish Families affected by Alcohol and Drugs:

- To support in the development of outcomes for family and carers accessing services for support;
- To assist in set up and maintenance of family support groups;
- To offer mapping and gap analysis for family support throughout West Lothian.

STRADA

- To co-ordinate development of the Drug and Alcohol Workforce
- To offer and evaluate training undertaken as part of the Workforce Development Strategy.

5. Delivery Plan - Workstreams

For this plan the partnership has recognised the key difference between preventing substance use problems and intervening early to prevent further harm from substances use. To reflect this distinction the partnership wishes to increase its workstreams to four to reflect that different strategies and approaches are needed, though for convenience this is still contained within the one logic model.

The four workstreams are:

- 1. Prevention**
- 2. Early Intervention**
- 3. Recovery**
- 4. Community Safety**

5a. Prevention

Logic Model – Appendix 1

ADP National & Local Outcomes

Prevalence, Health, Families, Local Environment and Community Safety

Prevention work must focus on two levels of work, focusing on approaches which will affect the whole population's attitude towards consumption of alcohol and directing prevention work towards those who are most at risk.

In line with the Christie Commission's (Scottish Government 2011) key priorities "*Emphasis on early intervention and prevention by moving resources upstream*", the partnership has increased its commitment and resources to preventing substance misuse developing with those who are most at risk. The role of prevention is also recognised in the West Lothian's Single Outcome Agreement Prevention Plan. The local prevention plan outlines a collective approach to the prevention agenda across the CPP. One of the key priorities has been to identify possible gaps in existing service provision, or opportunities for earlier work that would reduce demand, or avoid or delay the need for more expensive reactive interventions at a later point.

For West Lothian ADP, work in this area will focus on whole populations and also reach certain targeted groups including early years, children and young people and key work is detailed below:

Whole population approaches will include:

- Encourage substance misuse education, prevention, early intervention and support policies to be developed for educational establishments, workplaces and voluntary sector organisations. Engaging with healthy working lives to support a consistent approach and reduce duplication.
- Work in partnership with the licensing forum, senior health promotion specialists within the NHS and Alcohol Focus Scotland to develop a comprehensive report of evidence to support the adoption of an overprovision statement.
- Continuation to build a body of evidence in relation to the social, health, mental health and community harms caused by the overuse of alcohol in West Lothian.
- ADP support team to engage with and work in partnership with the West Lothian Licensing Forum to offer support on the five licensing objectives as detailed in Scotland's licensing system.
- Workforce development around non-traditional staff coming into regular contact with those affected by substance misuse in order to take action to prevent substance misuse issues developing.
- Working closely with Police Scotland colleagues to support the "Best Bar None" initiative.
- To continue funding the prevention project with Young People managed by Community Action Blackburn.

The work with targeted groups will include:

- The partnership will explore ways of working with maternity and health visitors and targeting the additional resources (0.5 FTE midwife and 0.5 FTE Health Visitor)

West Lothian Alcohol & Drug Partnership – Delivery Plan 2015 - 18

from NHS Lothian towards vulnerable pregnancies at risk of foetal alcohol syndrome and neonatal abstinence syndrome.

- Promoting the use of Rory and Oh Lila in primary and nursery schools across West Lothian.
- Commissioned service with West Lothian Alcohol and Drug service (WLDAS) will develop a learning resource pack for primary schools in partnership with Fallahill Primary school and West Lothian Education service to be rolled out across West Lothian in year 2 and 3 of the delivery plan. This school is in an area of deprivation where alcohol and drug prevalence is higher than some other areas of West Lothian.
- Resilience, coping skills and confidence training as part of a substance misuse approach for secondary schools and youth services, clubs and uniformed organisations commencing with a pilot in Whitburn Academy. This will primarily focus on education and information about new psychoactive substances. Again this school was chosen as it is based in a ward where alcohol and drug prevalence is high.
- Alcohol Diversion Fund is grant funding provided by West Lothian Council to all wards to ensure that hard to engage and at risk young people are provided with alternatives to drinking alcohol, are encouraged to change attitudes towards alcohol and are signposted to relevant services to meet their needs.
- Ensure that substance misuse education is included in detached youth work and other youth focused interventions with groups who may be at increased risk of substance misuse and its associated risks for young people.
- Circle/WDLAS contracted Family Recovery service adopts a whole family approach to prevent the continued cycle of social isolation and service deprivation for those families affected by substance misuse. This service works with parents to ensure that children still meet outcomes relating to the NICE indicators for excellence and to prevent children and young people's exposure to the risks of developing a substance misuse issue into their adolescence and adulthood.
- Carers of West Lothian's dedicated young carer's project has been resourced for a one year pilot to offer carer's support to young people who are caring for a parent or relative who is misusing substances with the aim of preventing the risk of these young people developing a substance misuse problem.
- Social Norming activities in partnership with NHS Lothian Public Health Specialists, Voluntary Sector and Education Department to address the peer pressure around and the misconception of the prevalence of alcohol use amongst West Lothian's young people.

Prevention Funding Table

INITIATIVE	SERVICE	ADP SG Funds per annum	ADP WLC Funds	ADP NHS Funds
Workforce Strategy development	STRADA	£26,000		
Community Action Blackburn Initiative	Community Action Blackburn	£17,675		
Rory and Oh Lila Learning Resource	Alcohol Focus Scotland	£10,000 (1 st Year)		
WLDAS Primary School learning resource pack	WLDAS	£7,590		
WLDAS training in Secondary Schools (NPS)	WLDAS	£7,776		
Whole Family Support	Circle		£94,385	
Carers of West Lothian Young Carer's Substance Misuse Project	Carers of West Lothian	£35,000 (pilot)		
Social Norming Project	Voluntary Sector Provider & NHS Lothian	£20,000 (pilot)		
ADP Support	ADP Support	£20, 917		
TOTAL		£144,958	£ 94,385	£ -

5b. Early Intervention

Logic Model – Appendix 1

ADP National & Local Outcomes

Prevalence, Health, Families, Community Safety and Local Environment

Problematic alcohol use is one of the greatest causes of health and social harm in West Lothian, and our central priority remains addressing alcohol consumption across all sectors of West Lothian society by continuing work around early identification and intervention with those beginning to develop problems. We will continue to offer ABI and referral to treatment services to those in police and prison custody, those attending A&E, young people involved in youth diversion work and older people.

In terms of drug use, the ADP will continue to work closely with young people experiencing deprivation to prevent experimental and recreational drug use from developing into physical and psychological dependence, thus preventing potential harm to the individual, their families and the wider community.

The ADP also reinforces its commitment to work with those who are not yet in recovery to minimise the harm caused by substance misuse by intervening early to reduce the continuation of behaviours leading to further harm. This work will also continue to promote the benefits of recovery.

Whole population approaches under the early intervention elements of this plan are:

- To implement and support the work of the newly formed Substance Misuse Policy in Schools working group. This group plans to reform West Lothian Council's Substance Misuse in Schools Policy and provide better links to the ADP and providers.
- Support Alcohol Brief Interventions (ABIs) for those who are drinking heavily but not in need of treatment both via the ABI Local Enhanced Service and ADP contracted service. This work will have a focus on those in deprived areas reflecting the correlation between binge drinking and deprivation. This will result in training for prison staff and those working in primary care.
- To continue to support the ABI programme in training Social Work, Health and Voluntary Sector staff in the delivery of ABI and to support new ways of recording this work.
- Continue to support early intervention work completed by Community Action Blackburn and its community projects for a further year. This work had outcomes around addressing young people's attitudes to alcohol and developing a community that supports low level use of alcohol.
- Work to address professional and social stigma towards those who misuse substances via the partnership work involved in the STRADA Workforce development strategy.
- Continued development of a body of evidence to support the need for an overprovision statement enabling the local licensing board to demonstrate its commitment to the five licensing objectives.

Early intervention work also focuses on specific targeted groups including those who have additional vulnerabilities such as mental health, young people, older people and offenders. During 2015 -18, the ADP aims:

- To continue to provide counselling, support and referral to treatment for young people and young offenders from the ages of 12 to 25 who are misusing substances.
- To continue to provide a direct addiction service to West Lothian Council's Early & Effective Intervention project which is a multidisciplinary referral group working to

act quickly and early enough to divert children and young people from criminal activity often associated with the use of substances

- To commence the Young Almond Project which provides intensive one to one support to young women who are involved with risk taking behaviours, anti-social behaviour and misusing substances causing increased levels of harm.
- An older people's project in partnership with Adult Social Work teams to deliver ABIs and early intervention work with those whose alcohol use is resulting in poorer outcomes for physical and mental health.
- To continue to fund the voluntary sector's Alcohol Liaison service at St John's hospital. This work intervenes with those who have had an alcohol related incident or accident causing a presentation at A&E or hospitalisation. The Needs Assessment highlighted an approach for this work to be co-ordinated with the work of the NHS and this will be developed further during the delivery plan.
- To sustain the tenancy support offered by West Lothian Council to those with mental health and substance misuse focusing on early intervention and preventing loss of housing or other problems significantly worsening as a result of substance use.

Some early intervention work includes the reduction in health harms caused by substances. This involved employing harm minimisation work to prevent the health and/or housing or financial situation worsening for these individuals. These include

- Continuing ADP funding for the Specialist Alcohol Service in partnership with the West Lothian Council. This service offers social work assessment of needs where chronic alcohol use has resulted in difficulties with day to day living skills or self-neglect, posing significant risk of hospitalisation or homelessness. These clients often have poor physical/mental health and do not respond well to traditional methods of treatment for their alcoholism. Work focuses on providing a care plan to intervene early enough before capacity, mental and physical health deteriorates beyond reparation.
- To continue to fund in partnership with NHS Lothian the needle exchange programme as part of the NEON bus and the pharmacy exchange. These provide injecting equipment, advice on injecting, naloxone delivery and encouragement and assistance in accessing treatment and other support.
- To continue to work in partnership with NHS Lothian with the Blood Borne Virus Prevention group and to ensure all clients with drug use are informed of where they can access immunisation against hepatitis B and prevention advice from contraction of all Blood Borne Viruses.

- To continue to part fund the Pan Lothian Drug Related Death Review Co-ordinator and to ensure that the prevention action plan is delivered in West Lothian. This work includes the Take Home Naloxone (THN) Programme and the assertive outreach response to non-fatal overdoses.

Early Intervention Funding Table

INITIATIVE	SERVICE	ADP SG Funds	ADP WLC Funds	ADP NHS Funds
Young Almond Initiative	WLC		£50,000	
Specialist Alcohol Service	WLC		£22,173	
Drug Death Co-ordinator	NHS Lothian	£8, 000		
Harm Reduction Service	NHS Lothian	£19, 631		
ABI Delivery Programme	WLDAS & NHS Lothian	Funds included in Moving On Contract		
ADP Support	ADP Support	£20, 919		
Family Recovery Service	WLDAS	£91,985		
ABI Specialist Support Service	NHS Lothian			£11, 000
Local Enhanced ABI Delivery Programme	NHS Lothian			£74,000
TOTAL		£140, 535	£72,173	£85,000

5c. Recovery

Logic Model – Appendix 2

ADP National & Local Outcomes

Recovery, Health, Families, Community Safety and Services

The ADP remains committed to recovery and the definition provided in the Road to Recovery, 2008 “a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society. Furthermore, it incorporates the principle that recovery is most effective when service users' needs and aspirations are placed at the centre of their care and treatment. In short, an aspirational, person-centred process”.

This ADP delivery plan has been shaped by both national and local drivers such as the Christie Commission report, the Road to Recovery and Changing Scotland's Relationship to Alcohol.

Work during the last delivery plan focused on the three principles of recovery encouraging every treatment/rehab service to recognise that recovery is the ultimate aim and the ADP should provide many routes to recovery. This evolved during the life of the plan to a full service redesign to lay the building blocks for a recovery orientated system of care including an easier access to services, a re-commissioning process to develop services which placed recovery at the heart of the organisation, challenging providers to review practices against the evidence base and recognising the value of family inclusive practice. Over 2013, the ADP with its partners has focused on ensuring that recovery is not only core to our model of care but that the system is robust and sustainable.

The needs assessment conducted last year, included a review of the four key recovery services and their adherence to the ROSC principles. This has provided a baseline for the ADP and commissioned services ensuring that those seeking recovery are offered the highest levels of care in order to achieve and sustain recovery. The ADP has established a ROSC Quality Assurance group to address parts of the care system which are not fully adhering to the quality principles and to achieve excellence through continual monitoring and review. Work is currently underway to invite service users as part of the standard membership of this group. It is expected that this portion of the Needs Assessment will be repeated to ensure a culture of continuous improvement within the ADP and its commissioned services.

The ADP intends to recommit to the recommendations within the Opiate Replacement Therapy (ORT) review and has chosen to redefine its ORT aim to "Reduce drug related deaths by 15% by 2018". The ADP has a bespoke action plan to address this and works on a pan Lothian basis with the NHS Lothian/ADP Drug related Death Steering Group. The role of this work is to continue to review deaths, create preventative actions and evaluate and measure the effectiveness of this plan.

West Lothian has a growing recovery community with a number of active mutual aid groups which meet on a regular basis. All ADP commissioned services are encouraged to ensure that all services users are supported to attend mutual aid groups as well as participating in service user involvement activities.

The needs assessment consulted a broad scope of service users and included those who disengage or have never engaged with services. The concluding report highlighted areas of improvement for the ADP and a move from consultation to collaboration with those who have lived experience is clearly the next step for the ADP. A series of rapid improvement events in a conversational café style are organised over the summer of 2015. It is planned that from this the ADP can move forward in a more collaborative approach and work together with service users to provide the right opportunities to work in partnership with the ADP and the services.

More specific ADP recovery work around whole populations is included below:

- Continued development of a workforce strategy including ADP providers, partners and wider stakeholders. This will involve a commitment from the ADP and partners to address gaps within current knowledge, skills and competencies especially in

line with the ROSC Quality Principles. It is expected that this work will increase access to services and improve the number of those experiencing recovery.

- Commitment to increase the visibility of recovery in all communities within West Lothian by engaging with those in the local environment via a stronger ADP social media presence and increased engagement in positive news stories about recovery and the work of the ADP.
- To engage communities in recovery work by creating recovery sites or spaces that are accessible to all and that include members of the community not directly affected by substance misuse. This approach should address the stigma in communities and create communities that support and increase individuals in recovery.

Work focusing on targeted groups within the next three years will include:

- A whole family approach to support and reduce the number of children affected by substance misuse (CAPSM). This service is a partnership between Circle and WLDAS with Circle providing support to family members and WLDAS working with children and Young people who have developed their own substance misuse problems and associated risk taking behaviours.
- WLADP will continue to commission services focused on providing recovery for adults who are misusing substances. Most of these services work in partnership forming the Addiction Care Partnership. This is a fully established ROSC approach to enable clients and patients the best opportunity to recover fully from problematic substance misuse. The key features are:
 - i) Quick access via self referral at numerous Breakaway drop in clinics operating at different sites and times across West Lothian. Flexible services offering out of hours appointment and appointments in service users' homes enabling all access recovery;
 - ii) Services across WLC, NHS Lothian and voluntary sector using the most recent high quality and evidenced informed interventions to enable change and progress forward in the recovery journey;
 - iii) A strength based assessment offered to all clients which recognises the service user's abilities to recover and provides choice in the route for the route recovery. This varies from one to one counselling support, pharmaceutical intervention, recovery coaching, motivational interviewing or peer recovery support via mutual aid meetings. This list is not exhaustive and more detail is provided in the Recovery Logic Model in Appendix 2;
 - iv) To protect the rights of service users by ensuring that all staff are appropriately qualified for work undertaken and demonstrate attitudes that support and promote the recovery of the service user. This activity occurs at operational level within the organisations but also as part of the ADP's contract monitoring responsibilities;
 - v) Expectations that recovery plans are present for all clients/patients which look at other issues impacted by substance misuse. This should be person centred and considered a living document owned by the person on their recovery journey;

- vi) It is expected that these are regularly reviewed to ensure that the desires of the service user are still relevant and that work is planned to meet these goals. This information is also shared anonymously with the ADP as part of contract and service monitoring. The Needs Assessment highlighted an inconsistency with reviews which will be amended by the ADP Quality Assurance group processes which has responsibility for ROSC compliance across the ADP;
 - vii) The ADP and its service providers are working towards a service user informed ROSC where all service users' voices are sought and heard. A number of providers have in place service user steering groups which are part of continuous improvement and including service users in the delivery of their service;
 - viii) All services seek to include family members at the request of the service user as part of best practice. This often involves education and information to help the family member to support recovery and understand the process of change but also to meet their needs as part of their own recovery.
- WLADP will continue to provide a specialist service for parents affected by substance misuse to promote the needs of children and young people living with a parent or parents who misuse substances and support recovery for this group as the most effective means of addressing the risks posed to children.
 - WLDAS have recently been awarded a contract for providing psychological support to those affected by another's substance misuse. There are also a number of other services and groups working in partnership with the ADP which work exclusively with family members and carers to provide individual support. Work is planned with Scottish Families affected by alcohol and drugs to develop an outcome framework to measure the success of this work.
 - WLADP has sought to strengthen its relationship with Carers of West Lothian with an intention to provide training for Take Home Naloxone and other education and information in the next year.
 - Specialist groups who have additional vulnerabilities are a continuing priority for the WLADP and bespoke services will be funded during the delivery plan. These include:
 - i. WLDAS Moving On Service which works with vulnerable groups including those who regularly present at A&E, short term offenders, those at custody suites, older people and those affected by mental health difficulties. This service adopts an assertive outreach approach as it is likely that these groups will not access service through the self-referral route. This service also works from multiple sites including the Job Centre to provide easier access for those seeking recovery and to train and support the non-traditional workforce.
 - ii. WLDAS/Circle Family Recovery Service which works with young people experienced substance misuse problems.
 - iii. Domestic And Sexual Assault Team a West Lothian Council service providing support to women and children affected by domestic violence

- and sexual assault who are at risk from developing substance misuse problems.
- iv. ELCA HMP Addiewell service offering counselling support and ABI delivery to all prisoners who have experienced alcohol or drug problems as part of their offending. The ADP has worked in partnership with NHS Lothian to extend this service provision to all prisoners within HMP Addiewell for all substance including NPS.
 - v. Specialist Alcohol Service offering care support to those who are most vulnerable to self-neglect, homelessness and are often subject to adult protection procedures
- Within the next three years the ADP plans to work closely with Mental Health colleagues to develop more robust referral routes to addiction services and prevent vulnerable service users with dual diagnosis not receiving follow up in the community. This will encourage recovery within this client group and also support harm reduction strategies in terms of Alcohol Related Brain Damage (ARBD).
 - The ADP continues to fund and support the Lothian & Edinburgh Abstinence Programme. This service offers residential rehab to those affected by substance misuse issues followed by a two year after care programme.
 - The ADP is working closely with NHS Lothian and other stakeholders in a service redesign of the Ritson Inpatient Detoxification Service. This will incorporate the ROSC principles and will improve alignment with after care and recovery opportunities in the community for service users post detox.
 - The ADP continues to seek new and innovative ways of working inclusively with Service Users. This includes continuing to fund the Addiction Worker Recovery Training Programme provided by Scottish Drug's Forum on a year on year basis. The development of peer and volunteer opportunities in most of our services including the Recovery Service, NHS Lothian and WLDAS. The establishment of West Lothian's first service user Recovery Café in Linlithgow, funded partly by the ADP.

In the last year WLADP has worked closely with Learning Disability Service Development Officer to develop an advocacy service for those affected by mental health and/or substance misuse. This service will assist ADP service users to develop an independent voice to question and challenge the service that are provided to them.
 - The ADP has made a commitment to develop and build upon the success of Cyrenians Recovery Service using a Public Social Partnership model. It is expected that the Needs Assessment will form the basis of some of this work and this process should result in an improved moving on/after care service for those in recovery who wish to build a non-substance using lifestyle by maintaining their positive relationships, contributing and supporting the recovery of others and gaining skills to support their employability. It is planned that a new service will be in place during 2017.

Recovery Funding Table

INITIATIVE	SERVICE	ADP SG Funds per annum	ADP WLC Funds per annum	ADP NHS Funds
Recovery Service	Cyrenians	£250,000		
NHS Addiction Service	West Lothian NHS Addiction Team	£372,026		
Therapeutic Support Service	WLDAS	£484,927		
Moving On Service	WLDAS	£187,150		
Service User 1 st Step Recovery Café	Linlithgow Service User Group	£1,000		
SMART Co-ordinator Support	SMART UK	£8,000		
Treatment Capacity		£60, 000		
ADP Support	ADP Support	£20, 917		
Advocacy Support Service	MHAP		£25, 000	
HMP Addiewell Counselling Service	ELCA		£35, 000	£67, 200
Domestic Abuse & Sexual Assault Team	WLC		£118,170	
Social Work Addiction Team	WLC		£275,796	
Addiction Worker Training Programme	Scottish Drugs Forum		£20, 792	
LEAP Residential Rehabilitation	NHS Lothian			£108, 000
Inpatient Alcohol Detoxification	NHS Lothian			£97,800
Substance Misuse Directorate	NHS Lothian			£193, 652
TOTAL		£1,384,010	£474, 758	£466, 652

5d. Community Safety

Logic Model – Appendix 3

ADP National & Local Outcomes

Community Safety, Local Environment, Health and Prevalence

The ADP recognises that within this stream of work partnerships must be integral and robust as community safety sits across several organisations within West Lothian. To this aim the ADP sits and provides updates to the West Lothian Reducing Reoffending Committee, the monthly Police Scotland Tactical and Co-ordinating meeting and the Child Protection Committee. The ADP also reports on a quarterly basis to the Community Safety Board sharing information across joint indicators about recovery and licensing provision in West Lothian.

Within the next delivery plan WLADP will undertake work with partners on a whole population basis:

- To provide support to the “Best Bar None initiative administered by Police Scotland to ensure that licensees are following best practise in regard to the five priorities within the Licensing Act.
- To offer support for Police Scotland with their “Campaign Against Violence” which focuses on tackling the problems caused by party houses where alcohol and drugs are a main feature.
- To develop with partners including Police Scotland a comprehensive report to support the development of an overprovision statement ensuring that local communities most at risk from alcohol related offending are protected by a reduced level of availability and consumption.

The ADP will continue to commission service for specific groups who are at high risk of committing offences due to the alcohol consumption

- WLDAS’ Moving on Service* which has a remit to work with prisoners on remand or serving short sentences to prevent continuance of involvement with criminal justice agencies through repeat offending. This is a prison in-reach service providing easy access to service in the community and preventing lapse and/or relapse for those liberated from both HMP Addiewell and HMP Edinburgh.
- To improve the links between NHS Services for those being liberated from HMP Edinburgh and HMP Addiewell to ensure that there is a continuance of ORT therapies and reducing the likelihood of lapse and relapse.

- To contribute to the delivery of an ABI programme* in partnership with NHS Health Scotland and NHS Lothian for all those in custody suites arrested or charged with an alcohol related offence including violent offending.
- To provide with our partners NHS Lothian a psychological therapy service* to all prisoners in HMP Addiewell affected by alcohol or drug use especially where this was key feature in their offending behaviour with the aim of reducing reoffending.
- To fund a Young Almond Project* working with young women who have problematic substance misuse issues and are also involved in risk taking behaviour including offending.

* Funding for these services is included in other funding tables

6. ADP All Workstreams Projected Funding Table per annum

Below is the projected spend for the delivery plan per annum. This figure is likely to vary in years 2 and 3 as some projects are pilots and may not continue through the remainder of the plan. Expenditure is also subject to variation on a yearly basis dependent on income allocation from Scottish Government and West Lothian Council.

WORKSTREAM	ADP SG Funds	ADP WLC Funds	ADP NHS Funds	Total
Prevention	£144,958	£ 94,385	£ -	£239,343
Early Intervention	£140, 535	£72,173	£85,000	£297,708
Recovery	£1,384,010	£474,758	£466,652	£2,325,420
TOTAL	£1,669,503	£641,316	£551, 652	£2,862,471

7. Ministerial Priorities

Workforce Development

The Joint Scottish Government and COSLA statement “Supporting the development of Scotland’s Alcohol and Drug Workforce” sets the aim of identifying a range of actions that are required to ensure that Scotland has a confident, competent drug and alcohol workforce which has a shared value base that is focused on improving the outcomes for individuals, families and communities. The statement also sets out learning priorities for all levels of the drug and alcohol workforce. ADPs, professional bodies and all the partnership agencies will have a role in the progression of this area of work. In July 2014, WLADP collectively agreed to commence work with STRADA to develop a comprehensive strategy for workforce development incorporating all partners to support a ROSC beyond the ADP service providers.

West Lothian ADP has completed stage one and stage two of the workforce development plan, with Stage three currently in development

Phase One

In October, WLADP hosted a joint event with Mid and East ADP bringing together strategic partners across both areas. This workshop focused on the development of high level outcomes for the development of the workforce. This produced 20 outcomes of short, medium and long term levels.

Phase Two

The second stage involved workforce consultation. West Lothian ADP organised two events in December 2014 and invited operational members of staff from West Lothian Council, NHS Lothian, voluntary sector alcohol and drug services, HMP Addiewell, Police Scotland and various tenancy support agencies. These workshops examined the practical implications of the outcomes established in the first stage. The participants also considered the activities and the reach which underpin the achievement of the outcomes.

STRADA has developed a West Lothian specific logic model which underpins the process and work during the third phase of the plan.

Phase Three

This involves a small working group developing a series of indicators to measure progress of the outcomes. This work has commenced but is in its early stages. It is planned that this work will be completed during the first year of the delivery plan. The ADP has made a funding commitment to activities which will enable it to reach its outcomes and improvement goal. The indicators will be used to assess the progress made on any training or staff development over next three years of this plan.

Opioid Replacement Therapies

In August 2013 the independent group, commissioned by the Scottish Government to gather evidence on opioid replacement therapies (ORT) for people with drug problems, published its recommendations.

WLADP has recognised the six key themes and implemented changes to the Recovery Orientated System of Care to incorporate the 12 recommendations made in the report.

In West Lothian we have already undertaken a great deal of work in terms of service redesign activities and commissioning to improve local service delivery and ensuring we have the right element in place for ROSC. In the last two years we have re-commissioned four services providing the opportunity to incorporate the quality principles in the service specifications and to re defined outcomes that focus entirely on recovery. The first tender focused on engaging and providing a service to vulnerable groups – some hard to reach - with substance misuse issues to address health inequalities and social exclusion. This incorporates prisoners, older adults, mental health and women. A new psychological therapy service due to commence in April 2015 will focus on providing high quality, evidenced informed therapeutic interventions to support those who are also engaging with Opiate Replacement Therapy. All clients are entitled to receive a strength based assessment, a comprehensive recovery plan which can include their families and regular reviews measuring progress and enabling a change in direction. The tendering process involves partners across the ADP partnership and also representation from service users both in the development of the service specification and in the evaluation of the bids.

WLADP intends over the next 18 months to re-commission the recovery through care/after care service using a Public Sector Partnership approach with the support of the Scottish Government Joint Improvement Team. This involves partners, stakeholders, those who are not currently commissioned by the ADP and service user representation. This process will allow the WLADP to fully develop services which adhere to the Self Directed Support Legislation. Alongside this it is planned that this process will deliver some real benefits and improvements to the ADP partnership and the delivery of this key service. These are:

- **Common interest** supersedes partner interest
- Treating all partners as equals
- **Mutual accountability** for tasks and outcomes
- **Sharing** responsibilities and successes
- Striving to develop and maintain **trust**
- **Willingness to change** what we do and how we then do it
- Pull together **collective strengths** to develop **innovative options** to help achieve and **maintain recovery** for those affected by substance misuse by producing **real outcomes through collaboration**
- Continued development of a **recovery community** based on the **real needs and wants of those with lived experience**
- Support a **preventative and early intervention** agenda
- Opportunity to develop **personalisation** in service delivery for service users in line with Self Directed Support legislation.

ORT Key Statement Aim

In 2013 the ADP agreed a key statement aim for ORT:

“By the end of 2016, 100% of all services users who receive substitute prescribing within West Lothian will be reviewed and have a working individual recovery plan in place”.

There has been work conducted by the Cyrenians recovery service and primary care to meet this aim. This has involved identifying all those individuals being prescribed under the NES contract who may benefit from an assessment and review of their recovery needs. It is anticipated that this initiative will support those who are in receipt of treatment but not previously been proactively supported into benefitting from all of the potential recovery opportunities in West Lothian. This project is being conducted on a pilot basis with two GP practises as such it is unlikely that the ADP key statement aim can be fully recorded for all those accessing ORT treatment. The ADP will explore a different approach to achieving this aim and recording its performance.

The ADP has agreed to set a new ORT key statement for 2015 -18 delivery plan:

- **ORT aim for 2015 – 18: To reduce the number of drug related deaths by 15% each year**

Work has commenced on this under the West Lothian Drug related Death prevention plan and key work includes continuing to collect and monitor data about each death in West Lothian, to increase coverage of Naloxone beyond the 25% target and follow up non-fatal overdoses under a sharing protocol agreement with the Scottish Ambulance Service. The ADP providers have agreed to respond to non-fatal overdoses as referrals using an assertive outreach approach recognising that the best route to prevent drug related deaths is engaging people with recovery.

New Psychoactive Substances (NPS)

The prevalence of new psychoactive substances and services capacity and ability to respond to this emerging need was assessed within the scope of the WLADP Needs Assessment. The report concluded that NPS is becoming an increasing feature of clients presenting at drug services, A&E and mental health services. In terms of the need for service provision this is still unclear although a number of service providers and other stakeholders expressed concern about current prevalence and a lack of information within Lothian.

The ADP has made a commitment to continue to:

- Improving our knowledge and understanding of NPS use and its impact locally. Organisations are required to submit a pro forma on the use of NPS. This included providers and other services working with young people;

- Improve our responses to those using NPS by ensuring frontline staff have the knowledge and skills to support them and also by ensuring we have a clear pathway to support and advice for users who need it. In particular the ADP will look at training and awareness raising events for frontline staff. The ADP has worked in partnership with Crew 2000 to provide three training sessions in the last year on NPS to Criminal Justice staff, Alcohol and Drug Service, Police, HMP Addiewell, Education Partners and Social Work staff
- WLADP have opted to take a prevention and early intervention approach to NPS which is fully supported by our key partners NHS Lothian and Police Scotland. This means exploring what local measures can be taken to address the supply and usage of NPS. For example, partners in the Police Scotland and Trading Standards to consider what potential legislative and enforcement options might be available. The ADP will also review what effective prevention interventions might be available. The ADP will explore with our colleagues in education and health promotion what other specific steps can be taken to prevent young people from experimenting with these substances.
- Work in partnership with our commissioned service WLDAS with the Education department to develop a bespoke learning and information package for delivery within West Lothian Secondary Schools. This is currently in the pilot stage in one school with plans to roll out the learning resource following an evaluation.
- Collaborate with Pan Lothian colleagues and NHS Lothian on core messages for service users and front line staff. This includes recent changes to legislation, harm minimisation advice, self-care and access to recovery.
- Support and contribute to the West Lothian NPS working group established by WLDAS to co-ordinate local response based on analysis of information gathered and to work in partnership with all stakeholders on early intervention and prevention strategies.

The ADP commissioned a new service commencing on 1st April 2015 to provide psychological therapy and support to those affected by alcohol and drug misuse. This contract also includes a provision for responding to changes in substance misuse trends and increased prevalence of types of substance used. WLADP have contracted this service to be the primary service to develop an NPS specific service should prevalence increase to such a level.

Service User Involvement

Service User involvement remains a priority for the WLADP. In the 2014 Needs Assessment, the process involved seeking the views of those who are currently using services, have never used services or are previous users. Individual service users and

service user groups were consulted throughout West Lothian including family support groups for their views on prevalence, health, recovery, service delivery and their own involvement with the services commissioned on their behalf.

The Needs Assessment reached one recommendation specifically in regards to the development of service user involvement:

“The ADP should develop a clear framework for how service users and their families should be involved in the delivery, development and commissioning of drug/alcohol services”.

The ADP Needs Assessment made further observations based on the views of service users consulted during the assessment period:

- ‘There are a lot of people in West Lothian desperate to be in recovery. Given the right opportunities the recovery community will continue to grow and become more vocal and influential.’
- ‘Be active in service user involvement groups to inform services what is needed. Train as SMART facilitators
- Work with their key worker to produce a personal recovery outcome plan.’
- ‘Meet people in recovery, attend mutual aid or recovery focussed activities every week. Build recovery capital etc.’
- ‘Be open to what is available in the local community.

The ADP had conducted a review of their approach to service user involvement following the principles within the “Hear our Voices” A framework for service user and carer involvement in drug and alcohol recovery services in the Lothians developed on behalf of the pan Lothian ADPs in 2012. The review concluded that in some key areas such as suggestions boxes/feedback boards, consistent communication to service users and carers of opportunities to share views, progression opportunities within and between services for peer supporters/ mentors/ researchers and a calendar of activities bringing service users and commissioners/planners together the ADP had made significant progress and needed to continue to build upon these activities moving forward into the 2015 -18 plan. However the ADP had failed to establish a calendar of events enabling service users and carers to take part in peer or volunteer activities nor had the ADP managed to develop an agreed cross-sector protocol on seeking views of carers.

Despite this the ADP has conducted some key work for service user involvement including funding expenses for a service user group to meet and attend Recovery related conferences and training, widespread consultation with service users in the development of a new service specification including the involvement of a service user in the evaluation panel and funding for a service user led recovery café. However the ADP recognises that progress in this area has not been as swift or as consistent as required by the ROSC Quality Principles. With this in mind the ADP has planned to work with service users in the development of a series of rapid improvement events in a conversational café style are organised over 2015 with the specific remit of service users developing the ways in which they want to be involved with the ADP and the commissioned services.

The ADP has also contributed funding to an independent advocacy service for those affected by mental health and substance misuse. Part of this work will include the development of a service user group to complement existing groups already established within West Lothian. The unique feature of this group will be its independence from the ADP and the potential to work collectively with those not using service from this independent position.

Whole Population Approaches

The ADP working group has detailed work to be conducted on a whole population basis both by the ADP service and by the ADP partners against each of the individual workstreams. This has more impact and a stronger place in the prevention and early intervention work at the point when the whole population is at risk from over consumption of alcohol and its associated risks to health, community safety and local environment.

The ADP has worked in partnership with Alcohol Focus Scotland in the last six months to highlight the risks of alcohol use and presented these findings both at a national and local level to the Community Planning Partnership to encourage a clearer link between this group and the ADP. A small working group was established in September 2014 to begin gathering evidence in relation to providing the Licensing Board with a dependable causal link between the overprovision of alcohol in West Lothian and the consequential harms. The Needs Assessment has been of critical importance to this as benchmarking against local and national datasets with comparable areas such as Mid Lothian and Falkirk indicate that West Lothian has a much more significant alcohol problem with more of the wider population consuming alcohol at harmful and hazardous levels. The ADP has planned to complete its work in August 2015 and will present information in four key areas to the licensing board for consideration in the development of its overprovision statement. These include health harms, community safety issues, child protection problems and alcohol aggravated offending.

The ADP plans to monitor the success of this through performance indicators demonstrating the number of on and off licenses granted and the number of licenses refused by the Licensing Board.

As recommended by Alcohol Focus Scotland, the ADP intends to continue to maintain a relationship with the local licensing forum and support the ADP lead for overprovision in challenging licensing decisions. The ADP also intends to continue to collect ward specific information about alcohol related discharges benchmarked against Falkirk ADP to highlight to the Community Planning Partnership and the Licensing Board the harms caused by overprovision of alcohol in West Lothian.

The ADP intends to work with NHS Lothian Senior Health Promotion Specialist on a Social Norming project focusing on alcohol consumption of young people within the next financial year. The ADP plans to work in partnership with West Lothian's further education establishments on a joint project looking at health messages around alcohol

and tobacco. If this initial project evaluates well then there are plans within the next three years to extend to other areas of West Lothian possibly with a younger age range.

8. Performance Framework

1. **HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use:** a range of improvements to physical and mental health, as well wider well-being, should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of drug or alcohol-related mortality.

Core Performance Indicators

- a) Drug related hospital discharges per 100,000 population three year rolling average over last 5 years.
- b) Drug – related mortality per 100,000 population three year rolling average over last 5 years.
- c) Alcohol related hospital discharges per 100,000 population three year rolling average over last 5 years.
- d) Alcohol-related mortality per 100,000 population three year rolling average over last 5 years.
- e) Prevalence of hepatitis C among injecting drug users.

WLADP HEALTH OUTCOMES

- Reducing Health inequalities for those affected by substance misuse
- Preventing health harms caused by substance misuse

Local Performance Indicators

- a) Number of usages of Naloxone by the Scottish ambulance Service (SAS).
- b) Number of non-fatal overdose referrals from the Scottish Ambulance Services
- c) Number of take home naloxone kits issued and % of coverage.
- d) Number of clients with severe and chronic alcohol misuse who have maintained or improved their physical or mental health

2. **PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others:** a reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future.

Core Performance Indicators

- a) Estimated prevalence of Problem Drug Use Amongst 15-64 year olds.
- b) Estimated prevalence of injecting drug use amongst 15-64 year olds.

- c) Percentage of 15 year old pupils who usually take illicit drugs at least once a month.
- d) Percentage of 15 year old pupils who have taken an illicit drug in the last year.
- e) Number of individuals drinking above daily and/or weekly recommended limits
- f) Number of individuals drinking above twice daily (binge drinking) commended limits.
- g) Number of individuals who are alcohol dependent
- h) Proportion of 15 year olds drinking on a weekly basis (and their mean weekly level of consumption)

WLADP PREVALENCE OUTCOMES

- **Alcohol and other substances are less readily available and are used less by those in our communities**

Local Performance Indicators

- a) Number of under 18s alcohol related hospital admissions.
- b) Number of under 18s drug related hospital admission.
- c) Number of NPS needle exchanges
- d) Number of ABI delivered in West Lothian in primary care and social policy

3. **RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use:** a range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.

Core Performance Indicators

- a) Percentage reduction in daily drugs spend during treatment.
- b) Reduction in the percentage of clients injecting in the last month during treatment.
- c) Proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow-up.
- d) Proportion of clients receiving drugs treatment experiencing improvements in employment/ education profile during treatment.

WLADP RECOVERY OUTCOMES

- **People are supported to develop a non-substance misusing identity and lifestyle where they can develop skills to support and sustain recovery**
- **Those seeking recovery are supported to develop a non substance misusing identity and lifestyle where they can develop life skills, address their housing and financial needs, access meaningful daily**

activities, be supported into work or work-based activities and can have their voices heard in the development of strategies, policies and services affecting them.

Local Performance Indicators

- a) Number of active mutual aid groups in West Lothian
- b) Number of West Lothian individuals who are involved in service user activity across the partnership
- c) Number of individual patients in Primary Care prescribed opiate replacement therapies.
- d) Number of individual patients in specialist NHS treatment service prescribed opiate replacement therapies.
- e) Number of individuals leaving the NHS treatment service ORT free
- f) Percentage of clients injecting in the last year during treatment
- g) Number of individuals reporting a reduction or abstinence from their primary substances
- h) Number of individuals reporting improvement in one domain (housing, finances, relationships) at 12 weeks stage of treatment
- i) ORT aim for 2015 – 18: To reduce the number of drug related deaths by 15% each year

- 4. FAMILIES: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances:** this will include reducing the risks and impact of drug and alcohol misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.

Core Performance Indicators

- a) Rate of maternities recording drug use per 1,000 maternities - three year rolling average.
- b) Rate of maternities recording alcohol use per 1,000 - three year rolling average.
- c) Child Protection Case Conference where parental alcohol abuse has been identified as a concern/risk. (Crude rate per 10,000 population of under 18s.)
- d) Child Protection Case Conference where parental drug abuse has been identified as a concern/risk. (Crude rate per 10,000 population of under 18s.)
- e) Proportion of positive ABI screenings in ante-natal setting

WLADP FAMILIES OUTCOMES

- **Children, young people are safe from harm and develop the resilience and coping skills they need to avoid negative outcomes.**
- **Family members, carers and friends are supported to develop knowledge, resilience, coping skills and are empowered to**

contribute to the service users' recovery plan as according to the Quality Principles

Local Performance Indicators

- a) Number of children living in safe/stimulating home environments (measured by services on a quarterly basis)
- b) Number of educational establishments using the learning resources of "Rory & Oh Lila"
- c) Number of Young people offered support as a carer of a parent misusing substances
- d) Number of adults offered support as a carer of someone misusing substances
- e) Number of people engaging with family support measured on a quarterly basis

- 5. COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour:** reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.

Core Performance Indicators

- a) Percentage of new clients at specialist drug treatment services who report funding their drug use through crime.
- b) One year re-conviction frequencies rates (per 100 offenders) for offenders given a Drug Treatment and Testing Order.
- c) Number of cases of Alcohol related offences (serious assault) recorded by the police per 10,000 population.
- d) Number of cases of Alcohol related offences (vandalism) recorded by the police per 10,000 population.
- e) Number of cases of Alcohol related offences (breach of the peace) recorded by the police per 1000 population.
- f) Number of Community Payback Orders issued where alcohol and drug treatment is required, and proportion that are successfully completed.
- g) Proportion of victims of a crime who reported that the offender was under the influence of alcohol.
- h) Proportion of victims of a crime who reported that the offender was under the influence of drugs

WLADP COMMUNITY SAFETY OUTCOME

- **Communities and individuals are protected from alcohol and drug related harm.**

Local Performance Indicators

- a) Number anti-social youth calls to police

- b) Number of accidental dwelling fires where impairment due to alcohol and/or drugs was suspected.
- c) Number of households where antisocial behaviour is a regular feature (party houses)
- d) Number of drink driving offences
- e) Number of test purchases failed against number undertaken.
- f) Number of licences for on and off sales in West Lothian

6. LOCAL ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less readily available: alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in meaningful activities, and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the community.

Core Performance Indicators

- a) Percentage of young people who have been offered drugs in the last year.
- b) Percentage of people perceiving drug misuse or dealing to be very or fairly common in their neighbourhood.
- c) Percentage of people noting 'alcohol abuse' as a negative aspect of their neighbourhood
- d) On sales premises in force per annum (Crude rate per 10,000 population aged over 18 years).
- e) Off sales premises in force per annum (Crude rate per 10,000 population aged over 18 years).
- f) Total premises in force per annum (Crude rate per 10,000 population aged over 18 years).
- g) Personal licenses in force per annum (Crude rate per 10,000 population aged over 18 years).

WLADP LOCAL ENVIRONMENT OUTCOMES

- **Communities and individuals have attitudes towards alcohol that support low-risk drinking and prevent the use of other substances.**
- **Communities harvest cultures and attitudes that support recovery from problematic substance misuse.**

Local Performance Indicators

- a) Net change in capacity for licensed on sales resulting from board decisions
- b) Net change in capacity for licensed off sales resulting from board decisions.
- c) Number of community based recovery activities throughout West Lothian

- 7. SERVICES: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery:** services should offer timely, sensitive and appropriate support, which meets the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity and sexual orientation) and facilitates their recovery. Services should use local data and evidence to make decisions about service improvement and re-design

Core Performance Indicators

- a) Number of alcohol screenings
- b) Number of Alcohol Brief Interventions delivered in accordance with HEAT Standard
- c) Percentage of clients waiting more than three weeks between referral to a specialist alcohol service and commencement of treatment
- d) Percentage of clients waiting more than three weeks between referral to a specialist drug service and commencement of treatment.

WLADP SERVICE OUTCOMES

- **All ADP services can evidence adherence to the eight Quality Principles – Standard Expectations of Care and Support in Drug and Alcohol Services**
- **The ADP partners can evidence their commitment to the STRADA Workforce Development strategy.**

Local Performance Indicators

- a) % of adults in services who attribute their recovery to the interventions and inputs received from the service, measured by a survey on a yearly basis
- b) Number of providers meeting all eight of the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services
- c) Number of EQIA/ Rapid impact assessment completed within ADP by local services.
- d) Number of service users engaging with the Advocacy Support Service
- e) Number of service users engaging with service user involvement opportunities

9. Core Indicators & Improvement Goals

Health

1a) Drug related hospital admissions

(Source: ISD Scotland – SMR-01)

ADP	2009	2011	2013	WLADP Baseline	Improvement Goal
West Lothian	172	262	215	215	To reduce the number of hospital admissions in a 3 year rolling period by 10% by 2018.
Falkirk	100	70	123		

3 year rolling average rates per 100,000 population, Scotland and Council area of residence

1b) Drug related mortality

(Source: ISD Scotland – SMR-01)

ADP	2009	2011	2013	WLADP Baseline	Improvement Goal
West Lothian	21	13	5	5	To reduce the number of Drug related deaths in a 3 year rolling period by 15% by 2018.
Falkirk	5	11	11		

3 year rolling average rates per 100,000 population, Scotland and Council area of residence

1c) Alcohol related hospital admissions

(Source: ISD Scotland – NRS)

ADP	2009	2011	2013	WLADP Baseline	Improvement Goal
West Lothian	1146	1299	1086	1086	To reduce the number of hospital stays in a 3 year rolling period by 12% by 2018
Falkirk	759	649	791		

3 year rolling average rates per 100,000 population, Scotland and Council area of residence

1d) Alcohol related mortality

(Source: ISD Scotland – SMR-01)

ADP	2009	2011	2013	WLADP Baseline	Improvement Goal
West Lothian	26	33	41	41	To reduce the number of alcohol related deaths in a 3 year rolling period by 5% by 2018
Falkirk	37	35	29		

1e) Prevalence of hepatitis C among injecting drug users

(Source: HPS – NEVI)

ADP	2009	2011	WLADP Baseline	Improvement Goal
West Lothian	13	18	18	To reduce the number of positive diagnosis for Hep C among injecting drug users by 7% by 2018
Falkirk	23	32		

Prevalence**2a) Prevalence of problem drug use 15-64 age group**

(Source: ISD Scotland – SMR-01)

ADP	2009	2012	WLADP Baseline	Improvement Goal
West Lothian	1500	1400	1400	To reduce by 10% over a 3 year rolling average by 2018
Falkirk	1054	1700		

3 year rolling average rates per 100,000 population, Scotland and Council area of residence

2b) Prevalence expressed as a percentage of injecting drug use 15-64 age group

(Source: ISD Scotland – SMR01)

ADP	2012	2013	2014	WLADP Baseline	Improvement Goal
West Lothian					No information currently available. WLADP aims to reduce this indicator but cannot make this SMART without further information.
Falkirk					

3 year rolling average rates per 100,000 population, Scotland and Council area of residence

2c) Percentage of 15 year olds who take illicit drugs at least once a month

(Source: ISD Scotland – SMR-01)

ADP	2006	2010	2013	WLADP Baseline	Improvement Goal
West Lothian	95	56	42	42	To reduce by 15% for the next SALUS survey.
Falkirk	54	48	81		

3 year rolling average rates per 100,000 population, Scotland and Council area of residence

2d) Percentage of 15 year olds who take illicit drugs at least once a year

(Source: ISD Scotland – SMR-01)

ADP	2006	2010	2013	WLADP Baseline	Improvement Goal
West Lothian	158	94	74	74	To reduce by 20% for the next SALUS survey.
Falkirk	99	66	116		

2e) Number of individuals drinking above daily/weekly recommended limits

(Source: ISD Scotland – SMR-01)

Health Board	2011	WLADP Baseline	Improvement Goal
Lothian	2039	2039	To reduce by 5% on a 3 year rolling period by 2018
Forth Valley	689		

3 year rolling average rates per 100,000 population, Scotland and Council area of residence

2f) Number of individuals drinking above twice daily recommended limits

(Source: ISD Scotland – SMR-01)

Health Board	2011	WLADP Baseline	Improvement Goal
Lothian	1015	1015	To reduce by 5% on a 3 year rolling period by 2018
Forth Valley	332		

3 year rolling average rates per 100,000 population, Scotland and Council area of residence

2g) Number of individuals who are alcohol dependent

(Source: ISD Scotland – NRS)

Health Board	2011	WLADP Baseline	Improvement Goal
Lothian	418	418	To reduce by 10% on a 3 year rolling period by 2018
Forth Valley	148		

3 year rolling average rates per 100,000 population, Scotland and Council area of residence

2h) Proportions of 15 year olds drinking on a weekly basis

(Source: ISD Scotland – SMR-01)

ADP	2006	2010	2013	WLADP Baseline	Improvement Goal
West Lothian	216	104	43	43	To reduce by 5% for the next SALSUS survey in 2017.
Falkirk	124	68	86		

Recovery**3a) Percentage reduction in daily drugs spend during treatment**

(Source: ISD Scotland – SMR-01)

ADP	2009	2011	2013	WLADP Baseline	Improvement Goal
West Lothian					No information currently available. WLADP aims to reduce this indicator but cannot make this SMART without further information.
Falkirk					

3b) Percentage of clients injecting in the last month during treatment

(Source: ISD Scotland – SMR-01)

ADP	2012	2013	2014	WLADP Baseline	Improvement Goal
West Lothian					No information currently available. WLADP aims to reduce this indicator but cannot make this SMART without further information.
Falkirk					

3c) Proportion of clients abstaining from illicit drugs between initial assessment and 12 week follow up

(Source: ISD Scotland – SMR-01)

ADP	2009	2011	2013	WLADP Baseline	Improvement Goal
West Lothian					No information currently available. WLADP aims to reduce this indicator but cannot make this SMART without further information.
Falkirk					

3d) Proportion of clients receiving drugs treatment experiencing improvements in employment/education profile during treatment

(Source: ISD Scotland – SMR-01)

ADP	2009	2011	2013	WLADP Baseline	Improvement Goal
West Lothian					No information currently available. WLADP aims to reduce this indicator but cannot make this SMART without further information.
Falkirk					

Families**4a) Maternities with drug use**

(Source: ISD, SMR02)

Health Board	2009	2010	2011	NHS LOTHIAN Baseline	Improvement Goal
Lothian	982	1,368	1,432	1,432	
Forth Valley	85	94	121		To reduce by 5% by 2018

4b) Maternities with alcohol use

(Source: ISD Scotland – SMR-01)

Health Board	2009	2010	2011	NHS LOTHIAN Baseline	Improvement Goal
Lothian					No information currently available. WLADP aims to reduce this indicator but cannot make this SMART without further information.
Forth Valley					

4c) Child Protection Case Conferences where parental drug use is identified

(Source: ISD Scotland – SMR-01)

ADP	2012	2013	2014	WLADP Baseline	Improvement Goal
West Lothian	102	173	149	149	To reduce by 8% on a yearly basis during the delivery plan 2015-2018
Falkirk	15	21	34		

4d) Child Protection Case Conferences where parental alcohol use is identified

(Source: ISD Scotland – SMR-01)

ADP	2012	2013	2014	WLADP Baseline	Improvement Goal
West Lothian	21	37	23	23	To reduce by 5% on a 3 year rolling average by 2018
Falkirk	15	25	48		

4e) Proportion of positive ABI screenings in ante-natal setting

(Source: ISD Scotland – SMR-01)

ADP	2009	2011	2013	WLADP Baseline	Improvement Goal
West Lothian					No information currently available. WLADP aims to reduce this indicator but cannot make this SMART without further information.
Falkirk					

Community Safety**5a) Percentage of new clients at specialist drug treatment service who report funding their drug use through crime**

ADP	2009	2010	2011	WLADP Baseline	Improvement Goal
West Lothian	53	57	29	29	To reduce by 10% on a 3 year rolling average by 2018
Falkirk	35	43	41		

5b) One year reconviction frequencies rates (per 100 offenders) for DTTOs

ADP	2009	2010	2011	WLADP Baseline	Improvement Goal
West Lothian	7	14	7	7	To reduce by 5% on a 3 year rolling average by 2018
Falkirk	8	2	6		

5c) Number of cases of alcohol related offences (serious assault) recorded by the police per 10,000 population

ADP	2010	2011	2012	WLADP Baseline	Improvement Goal
West Lothian	135	99	90	90	To reduce by 10% on a 3 year rolling average by 2018
Falkirk	81	70	59		

5d) Number of cases alcohol related offences (vandalism) recorded by the police per 10,000 population

ADP	2010	2011	2012	WLADP Baseline	Improvement Goal
West Lothian	2073	2295	1806	1806	To reduce by 15% on a 3 year rolling average by 2018
Falkirk	2033	1868	1480		

5e) Number of cases alcohol related offences (breach of the peace) recorded by the police per 10,000 population

ADP	2011	2012	WLADP Baseline	Improvement Goal
West Lothian	320	208	208	To reduce by 15% on a 3 year rolling average by 2018
Falkirk	1418	1198		

5f) Number of community payback orders issued where alcohol and drug treatment is required

ADP	2012	2013	2014	WLADP Baseline	Improvement Goal
West Lothian	2	5	5	5	To maintain number of CPOs during 2015 - 2018
Falkirk	51	57	64		

5g) Proportion of victims of crime who reported that the offender was under the influence of alcohol

Police Division	2013	WLADP Baseline	Improvement Goal
Lothian & Borders	20%	20%	To reduce percentage by 2% during 2015 - 2018
Fife & Forth Valley	24%		

5h) Proportion of victims of crime who reported that the offender was under the influence of drugs

Police Division	2013	WLADP Baseline	Improvement Goal
Lothian & Borders	10%	10%	To reduce percentage by 2% during 2015 - 2018
Fife & Forth Valley	15%		

Local Environment**6a) Percentage of young people who have been offered drugs in the last year**

ADP	2006	2010	2013	WLADP Baseline	Improvement Goal
West Lothian	335	242	178	178	To reduce by 10% in a 3 year rolling average by 2018
Falkirk	178	140	251		

6b) Percentage of people perceiving drug misuse or dealing to be very or fairly common in their area

ADP	2009	2012	2013	WLADP Baseline	Improvement Goal
West Lothian	75	18	28	28	To reduce by 10% by 2018
Falkirk	40	12	12		

6c) Percentage of people noting “alcohol abuse” as a negative aspect of their area

ADP	2009	2012	2013	WLADP Baseline	Improvement Goal
West Lothian	72	25	982	982	To reduce by 10% by 2018
Falkirk	84	22	22		

6d) On sales premises in force per annum (Crude rate per 10,000 population aged over 18 years)

ADP	2012	2013	WLADP Baseline	Improvement Goal
West Lothian	249	237	237	To reduce by 5% by 2018
Falkirk	228	222		

6e) Off sales premises in force per annum (Crude rate per 10,000 population aged over 18 years)

ADP	2012	2013	WLADP Baseline	Improvement Goal
West Lothian	153	157	157	To reduce by 5% by 2018
Falkirk	138	143		

6f) Total premises in force per annum (Crude rate per 10,000 population aged over 18 years)

ADP	2012	2013	WLADP Baseline	Improvement Goal
West Lothian	402	394	394	To reduce by 5% by 2018
Falkirk	366	365		

6g) Personal licenses in force per annum (Crude rate per 10,000 population aged over 18 years)

ADP	2012	2013	WLADP Baseline	Improvement Goal
West Lothian	1,073	1,202	1,202	To reduce by 5% by 2018
Falkirk	1,188	1,333		

Services**7a) Number of alcohol screenings**

ADP	2006	2010	2013	WLADP Baseline	Improvement Goal
West Lothian					No information currently available. WLADP aims to reduce this indicator but cannot make this SMART without further information.
Falkirk					

7b) Number of Alcohol Brief Interventions delivered in accordance with HEAT Standard

Health Board	2011	2012	2013	WLADP Baseline	Improvement Goal
Lothian	17,093	18,275	23,735	23,735	To increase by 15% on a yearly basis by 2018.
Forth Valley	8,789	11,104	12,603		

7c) Percentage of clients waiting more than three weeks between referral to a specialist alcohol service and commencement of treatment

ADP	2012/13	2013/14	WLADP Baseline	Improvement Goal
West Lothian	14%	2.4%	2.4%	To maintain an over 90% mark on a yearly basis by 2018
Falkirk	18.9%	1.2%		

7d) Percentage of clients waiting more than three weeks between referral to a specialist drug service and commencement of treatment

ADP	2012/13	2013/14	WLADP Baseline	Improvement Goal
West Lothian	14.3%	2.7%	2.7%	To maintain an over 90% mark on a yearly basis by 2018
Falkirk	8.3%	0.9%		

DRAFT

10. Local Indicators & Improvement Goals

Health

1a) Number of usages of Naloxone by the Scottish Ambulance Service

ADP	2014	WLADP Baseline	Improvement Goal
West Lothian	82	82	To decrease by 5% by 2018

1b) Number of non-fatal overdose referrals from the Scottish Ambulance Services

ADP	2014	WLADP Baseline	Improvement Goal
West Lothian			A new indicator and information has not previously been collated

1c) Number Take Home Naloxone kits issued and % coverage

ADP	2012	2013	2014	WLADP Baseline	Improvement Goal
West Lothian	160	170	212	212	To meet coverage % target set by SG on a yearly basis til 2018

1d) Percentage of clients with severe and chronic alcohol misuse who have maintained or improved their physical or mental health with support from Specialist Alcohol Service

ADP	2012	2013	2014	WLADP Baseline	Improvement Goal
West Lothian	88%	63%	79%	79%	To achieve an 80% target on a yearly basis til 2018

Prevalence

2a) Number of under 18s alcohol related hospital admissions

ADP	2013	WLADP Baseline	Improvement Goal
West Lothian	12	12	To reduce by 5% by 2018

2b) Number of under 18s drug related hospital admissions

ADP	2013	WLADP Baseline	Improvement Goal
West Lothian	* Number low and identifiable		To reduce by 5% by 2018.

2c) Number of NPS needle exchanges

ADP	2014	WLADP Baseline	Improvement Goal
West Lothian	26	26	To reduce by 15% on a yearly basis til end on 2018

2d) Number of ABI delivered in West Lothian in primary care and social policy

ADP	2013	2014	WLADP Baseline	Improvement Goal
West Lothian	1,577	2,577	2,577	To increase by 25% on a yearly basis til end of 2018

Recovery

3a) Number of active mutual aid groups in West Lothian

ADP	2013	WLADP Baseline	Improvement Goal
West Lothian	33	33	To increase by 15% on a 3 year rolling average by 2018.

3b) Number of West Lothian individuals who are involved in service user activity

ADP	2009	2011	2013	WLADP Baseline	Improvement Goal
West Lothian					A new indicator and information has not previously been collated

3c) Number of individual patients in Primary Care prescribed opiate replacement therapies

snapshot figure in 4th quarter of the year

ADP	2012/13	2013/14	2014/15	WLADP Baseline	Improvement Goal
West Lothian	342	375	198	198	To reduce by 5% on a 3 year rolling period by 2018

3d) Number of individual patients in NHS Specialist treatment service prescribed opiate replacement therapies

ADP	2014	WLADP Baseline	Improvement Goal
West Lothian	264	264	To reduce by 5% on a 3 year rolling period by 2018

3e) Number of individual leaving the NHS Specialist Treatment service ORT free

ADP	2009	2011	2013	WLADP Baseline	Improvement Goal
West Lothian					A new indicator and information has not previously been collated

3f) Percentage of clients injecting in the last year during treatment

(Source: Extracted from SMR database)

ADP	2012	2013	2014	WLADP Baseline	Improvement Goal
West Lothian	33%	10%	31%	31%	To reduce the percentage of injecting drug users in service to 25% rolling 3 year average by 2018

3g) Number of individuals reporting a reduction or abstinence from their primary substance

(Source: From quarterly monitoring of 4 WLDAP funded service NHS, SWAT, WLDAS & ELCA)

ADP	2013/14	2014/15	WLADP Baseline	Improvement Goal
West Lothian	841	769	769	To increase by 10% on a rolling 3 year average by 2018

3h) Number of individual reporting improvement in one domain (housing, finances, relationship, mental health) at the 12 week review stage

ADP	2013/14	2014/15	WLADP Baseline	Improvement Goal
West Lothian	730	678	678	To increase by 10% on a rolling 3 year average by 2018

3i) ORT aim for 2015 – 18: To reduce the number of drug related death by 15% in a 3 year rolling period

ADP	2009	2011	2013	WLADP Baseline	Improvement Goal
West Lothian	21	13	5	5	To reduce the number of Drug related deaths in a 3 year rolling period by 15% by 2018.

Families**4a) Number of children living in safe/stimulating home environments (SWAT & Circle services)**

ADP	2013	2014	WLADP Baseline	Improvement Goal
West Lothian	131	214	214	To increase number by 10% on a 3 year rolling average by 2018

4b) Number of education establishments using the learning resources of “Rory” & “Oh Lila”

ADP	2011	2013	WLADP Baseline	Improvement Goal
West Lothian	9	27	27	To increase number by 5% by 2018

4c) Number of Young People offered support as a carer of a parent misusing substances

ADP	2014	WLADP Baseline	Improvement Goal
West Lothian	29	29	To increase by 10% on an annual basis by 2018.

4d) Number of adults offered support as a carer of someone misusing substances

ADP	2014	WLADP Baseline	Improvement Goal
West Lothian	46	46	To increase by 10% on an annual basis by 2018.

4e) Number of people engaging with family support measure on a yearly basis

ADP	2013	2014	WLADP Baseline	Improvement Goal
West Lothian	14	14	14	To increase by 25% by 2018 due to new individual support service

Community Safety**5a) Number of anti social youth calls to the police**

ADP	2013	2014	WLADP Baseline	Improvement Goal
West Lothian	1,872	1,925	1925	To reduce by 15% on a 3 year rolling average by 2018

5b) Number of accidental fire dwellings where impairment due to alcohol/drugs was suspected

ADP	2014	WLADP Baseline	Improvement Goal
West Lothian	24	24	To reduce by 5% on a 3 year rolling average by 2018

5c) Number of households where antisocial behaviour is a regular feature (party houses)

(recorded as a snapshot)

ADP	2014	WLADP Baseline	Improvement Goal
West Lothian	14	14	To reduce by 10% by 2018

5d) Number of drink driving offences

ADP	2014/15	WLADP Baseline	Improvement Goal
West Lothian	169	169	To reduce by 10% by 2018

5e) Number of test purchases failed against number undertaken

ADP	2013	WLADP Baseline	Improvement Goal
West Lothian	2/18 (11%)	2/18 (11%)	To reduce percentage to less than 10% by 2018

5f) Number of licences for on and off sales in West Lothian

ADP	2014	WLADP Baseline	Improvement Goal
West Lothian	401	401	To reduce by 5% on a 3 year rolling average by 2018

Local Environment**6a) Net change in capacity for licensed on sales (people)**

ADP	2012	2013	2014	WLADP Baseline	Improvement Goal
West Lothian	693	-1380	100	100	To reduce capacity in on licensed premises by 5% yearly.

6b) Net change in capacity for licensed off sales (m2)

ADP	2012	2013	2014	WLADP Baseline	Improvement Goal
West Lothian	672	-56	109	109	To reduce capacity in off licensed premises by 5% yearly.

6c) Number of community based recovery activities in West Lothian

ADP	2013	2014	WLADP Baseline	Improvement Goal
West Lothian	1	2	2	To increase by 75% by 2018 to reflect increased community/service user activity

Services**7a) Percentage of adults in service who attribute their recovery to the interventions and inputs received from the service**

ADP	2013	WLADP Baseline	Improvement Goal
West Lothian	70%	70%	To increase to 85% on a 3 year rolling average by 2018.

7b) Number of providers meeting all eight of the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services

ADP	2009	2011	2013	WLADP Baseline	Improvement Goal
West Lothian					This is a new indicator and currently not measured improvement goal will be set after Year 1.

7c) Number of EQIA completed within ADP services

ADP	2013	WLADP Baseline	Improvement Goal
West Lothian	6	6	All services (6) to complete on annual basis by 2018.

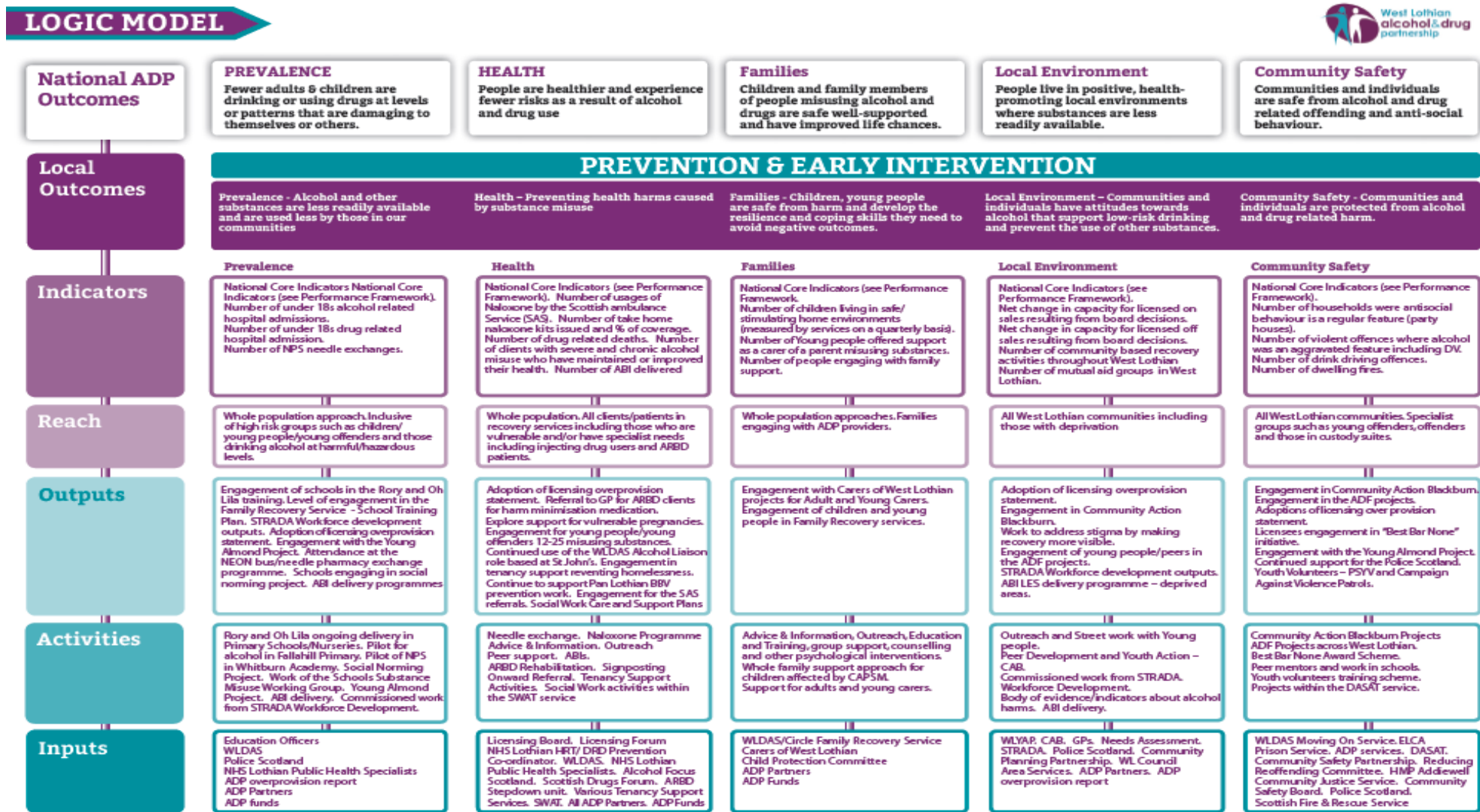
7d) Number of service users engaging with the Advocacy Support Service

ADP	2012/13	2013/14	2014/15	WLADP Baseline	Improvement Goal
West Lothian	25	22	26	26	To increase the engagement number by 20% on a yearly basis by 2018.

7e) Number of service users engaging with service user involvement opportunities

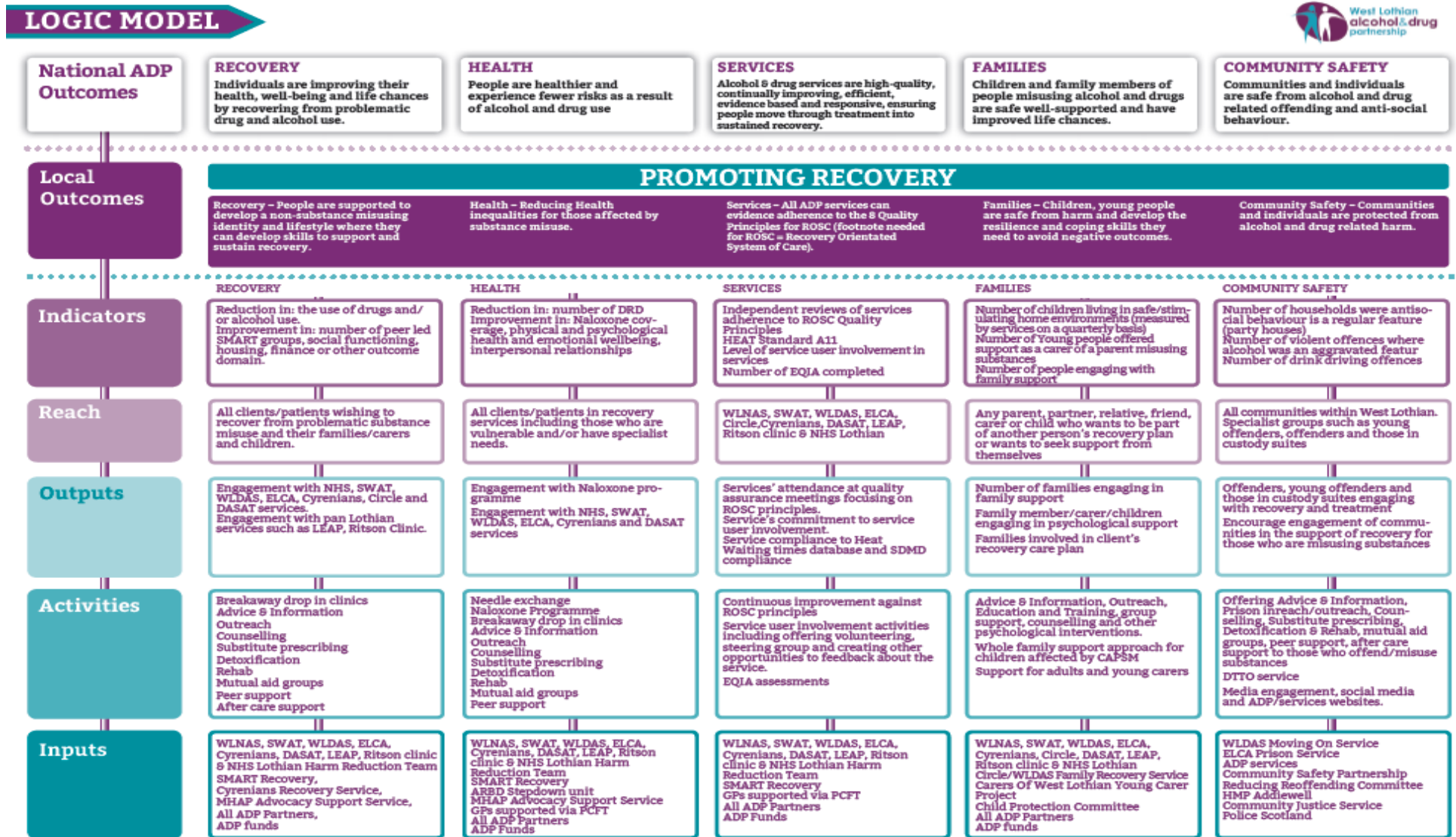
ADP	2009	2011	2013	WLADP Baseline	Improvement Goal
West Lothian					This is a new indicator and currently not measured improvement goal will be set after Year 1.

Appendix 1



Key: ABI - Alcohol Brief Intervention ARBD - Alcohol Related Brain Damage ADF - Alcohol Diversionary Fund BBV - Blood Borne Virus CAB - Community Action Blackburn DASAT - Domestic Abuse & Sexual Assault Team DRD - Drug Related Death HRT - Harm Reduction Team LES - Local Enhanced Service SAS - Scottish Ambulance Service WLYAP - West Lothian Youth Action Programme

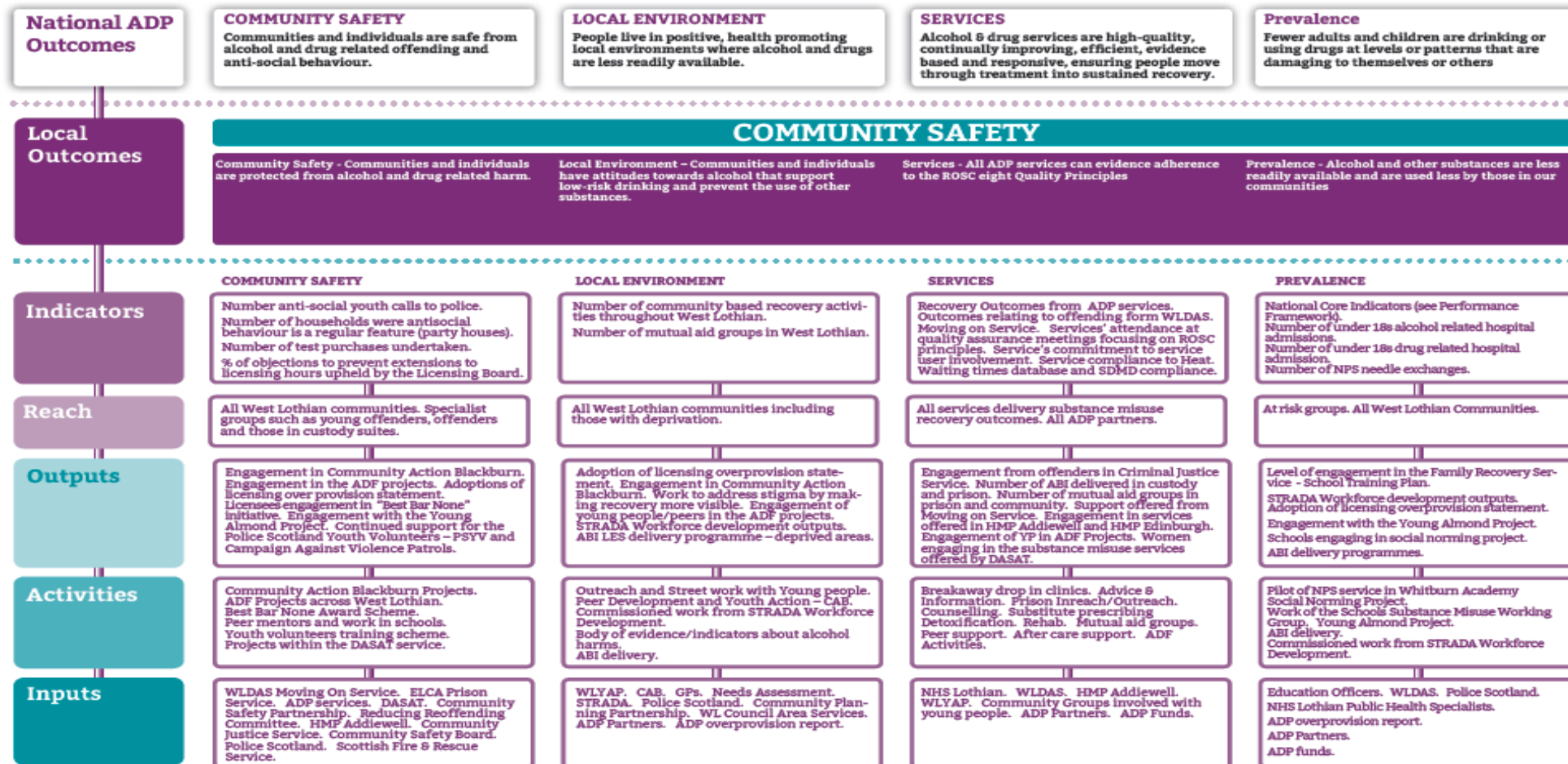
Appendix 2



TC/AC = through care and aftercare, WL = West Lothian, ARBD = alcohol related brain damage, DRD = drug related deaths, PTSD = post-traumatic stress disorder, FAS = foetal alcohol syndrome

Appendix 3

LOGIC MODEL



ABI - Alcohol Brief Intervention ADP - Alcohol Diversionary Fund CAB - Community Action Blackburn DASAT - Domestic Abuse & Sexual Assault Team NPS - New Psychoactive Substances WLYAP - West Lothian Youth Action Programme