



# **West Dunbartonshire Alcohol and Drug Partnership (WDADP)**

## **Strategy 2020-2025**

**FINAL VERSION  
as submitted to Scottish Government  
21 September 2020**

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**List of Linked Documents**

1. WDADP Terms of Reference agreed 26 June 2020
2. Alcohol, Tobacco and Other Drugs: Have your say on how we can reduce harm in West Dunbartonshire – Report on Community Engagement undertaken November 2019 to March 2020
3. Substance Use Prevention Strategy 2018-2027 – Summary
4. Substance Use Prevention Strategy – Delivery Plan
5. Alcohol, Tobacco and Other Drugs – Learning Opportunities. Updated March 2020
6. Treatment and Support Sub-Group – Delivery Plan
7. WDADP Justice Settings Working Group – Delivery Plan
8. Survey of People with Lived Experience of Services

# 1. WDADP – Introduction

West Dunbartonshire Alcohol and Drug Partnership (ADP) is a strategic, multi-agency group tasked by the Scottish Government to reduce harm caused by alcohol and drug use. This strategy is also available as a series of web pages at [www.wdhscp.org.uk/wdadp](http://www.wdhscp.org.uk/wdadp)

## 1.1 Background and Rationale

The [Audit Scotland Update on Drug and Alcohol Services](#) (May 2019) highlighted the need for progress in relation to:

- Effective performance monitoring
- Clear actions and timescales
- Clear costings, with spending linked to outcomes
- Public performance reporting
- Evaluating harm-reduction programmes

Responding to this, the [Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs](#) (July 2019) set out the shared ambition and expectations for local ADPs. ADPs continue to lead the development and delivery of a local comprehensive and evidence based strategy to deliver local outcomes. This should be achieved through applying a [whole system approach](#) to deliver sustainable change for the health and wellbeing of local populations (for more on whole system approach see [Substance Prevention Strategy](#)).

This WDADP strategy outlines local contribution to achieving the objectives of [national policies](#) in the following areas of work:

1. Prevention and Early Intervention
2. Recovery Oriented Systems of Care
3. Getting it Right for Children, Young People and Families
4. Public Health Approach to Justice

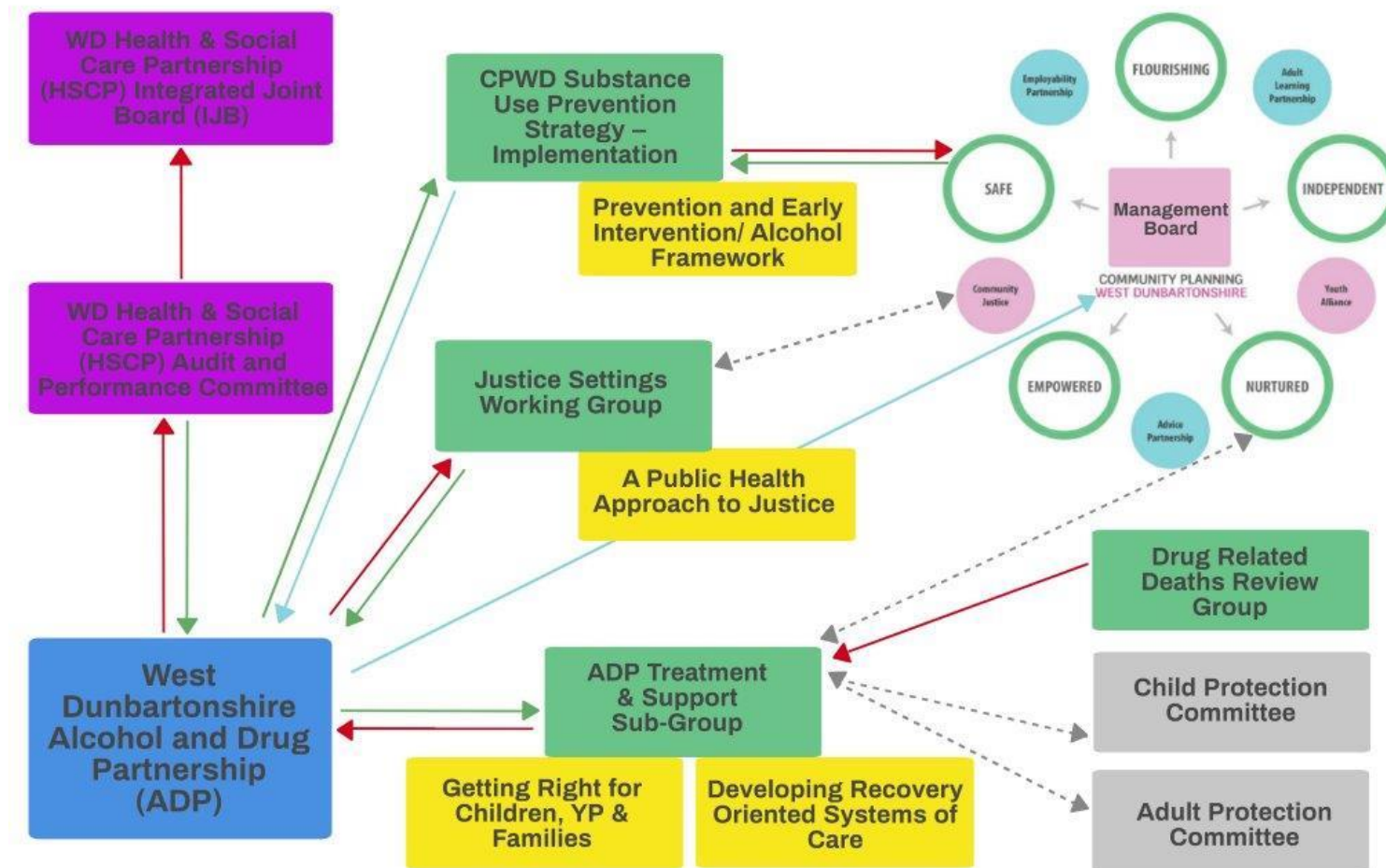
The strategy and delivery plans have been refreshed in the context of the WDHSCP COVID-19 Recovery Plan

## 1.2 WDADP Contact Information

The work of the ADP is coordinated by a dedicated Strategy Officer. Information is available and contact can be made as follows:

- **Website** – WDADP Webpages can be accessed at [www.wdhscp.org.uk/wdadp](http://www.wdhscp.org.uk/wdadp)
- **Email** – the ADP can be contacted by email at [WDADP@west-dunbarton.gov.uk](mailto:WDADP@west-dunbarton.gov.uk)
- **Twitter** – The ADP does not have a dedicated Twitter account. Tweets will be shared by ADP members and using the hashtag #WDADP. Substance Use Prevention Strategy work uses the hashtag #WDSUPS.

## 2. WDADP – Structure and Governance



Key to arrows: Reports to / Updates / Directs work / Liaises with

## 2.1 WDADP Members

WDADP Membership includes representatives from:

[West Dunbartonshire Council](#)

[West Dunbartonshire Health and Social Care Partnership](#)  
[Police Scotland](#)

[Scottish Fire and Rescue Service](#)

[Alternatives West Dunbartonshire](#)

[Blue Triangle Housing Association](#)

[Dumbarton Area Council on Alcohol \(DACA\)](#)

[Scottish Families Affected by Alcohol and Drugs](#)

[WDCVS](#)

[Y-Sort It](#)

## 2.2 WDADP Governance and Terms of Reference

The ADP is chaired by the WDHSCP Head of Mental Health, Addictions & Learning Disabilities. The ADP is accountable to the West Dunbartonshire HSCP Integrated Joint Board and reports are scrutinised by the WDHSCP Audit and Performance Committee.

The ADP Terms of Reference are available here

<http://www.wdhscp.org.uk/media/2345/adp-terms-of-reference-june-2020.pdf>

## 2.3 WDADP Meetings and Papers

Dates of meetings and papers can be found here:

<http://www.wdhscp.org.uk/mental-health-services-for-cyp-adults/west-dunbartonshire-alcohol-drug-partnership-wdadb/structure-and-governance/meeting-papers/>

To ask for an item to be added to the agenda please email [wdadb@west-dunbarton.gov.uk](mailto:wdadb@west-dunbarton.gov.uk)

## 2.4 WDADP Sub-Groups

WDADP has three sub-groups all with their own Delivery Plan:

- [Substance Use Prevention Strategy Implementation Group](#)
- [Treatment and Support Sub-Group](#)
- [ADP Justice Settings Working Group](#)

## 2.5 Involving People with Lived Experience

WDADP has identified “involvement” as an important cross-cutting theme to all its work. This commitment to involve children, young people and service users in co-production of plans, delivery and evaluation of services and initiatives that affect them is in line with good practice and fundamental to the successful achievement of outcomes. It demonstrates the WDADP response to the actions in the recently published national strategies:

- [Alcohol Framework 2018: Preventing Harm](#) - focus on prevention with Involving Children and Young People at the heart (Action 1)
- [Rights, respect and recovery: alcohol and drug treatment strategy](#) - commitments:
  - C3 – Involve children parents and other family members in the planning, development and delivery of services
  - R4 – Involving people with lived experience
  - R11 – Co-produced action plan to deliver commitments

The Partnership Delivery Framework further emphasises the importance of involving people affected by alcohol and drugs in the planning, development and delivery of services to deliver shared outcomes. In addition, [ADP Ministerial Priority 1](#) requires that ADPs ensure mechanisms are in place for people with lived and living experience of addiction/recovery

and of participating in services to be involved in delivering, planning and developing services

The [West Dunbartonshire HSCP Strategic Plan](#) already highlights that:

*“A key principle of the Partnership’s planning process is a co-productive approach that is equitable and transparent, and therefore open to influence from all stakeholders via an on-going dialogue with people who use services, their carers and providers”.*

This commitment is further outlined in the [West Dunbartonshire HSCP: Participation and Engagement Strategy 2020-2023](#)

The recent SHAAP report, [‘Stand up and tell me your story’ – Meanings and importance of lived and living experiences for alcohol and drug policy: findings from a qualitative study](#) (Feb 2020) makes recommendations for utilising in a meaningful way the lived experience of individuals, adopting a human rights approach to help to change and develop policies, services, environments and structures. Recommendation 4 is clearly directed at ADPs to engage with lived experience in their communities to develop policies and practice. This should be monitored via annual reporting demonstrating engagement activities and providing evidence of what has changed.

In order to rise to this challenge, in the context of COVID-19 recovery and taking into account the need to adopt new ways of working, WDADP is committed to involving people with lived experience through the following actions:

- Through ADP networks, learn from other areas' good practice in using technology and other innovative approaches to involvement.
- Develop, improve and evaluate ways that people can participate in their own recovery and play a role in the everyday running of services
- Use existing engagement mechanisms (e.g. Local Engagement Networks) and other established systems to review how health and social care services are designed, delivered and accessed at local level.
- Build on the [community engagement](#) work carried out in 2019/20 to enable the ongoing participation of children, young people, families and service users in the co-production of plans, delivery and evaluation of services and initiatives that affect them.
- Carry out the annual survey of people with lived experience to assess local services in relation to the Quality Principles.

## 2.6 Workforce Development

Scotland's drug and alcohol workforce is pivotal to success in tackling Scotland's drug and alcohol problems.

The [Alcohol Framework 2018 Preventing Harm](#) aims to standardise education and training provision and access to this for all health and social care professionals, education, third sector and youth and criminal justice system workers.

[Rights, Respect, Recovery](#) details the need to:

- Ensure that people have access to training, and ongoing support to put their learning into practice.
- Reach beyond those working in treatment and other public services to volunteers, those leading recovery communities, family members as well as the public.
- Raise public awareness in a way which will reduce stigma.
- Provide training and development for people with lived and living experience to enable their involvement in service planning, development and delivery.
- Provide development and training for prison officers to support people who are in prison with problematic alcohol and drug use to achieve their goals is also essential.

The [Partnership Delivery Framework](#) set requirements that workforce development plans must be developed by ADPs as part of their overall strategies and used to drive progress in workforce development. WDADP has addressed this in Sub-Group Delivery Plans. See also "[Learning Opportunities](#)"



### 3. Strategy Development

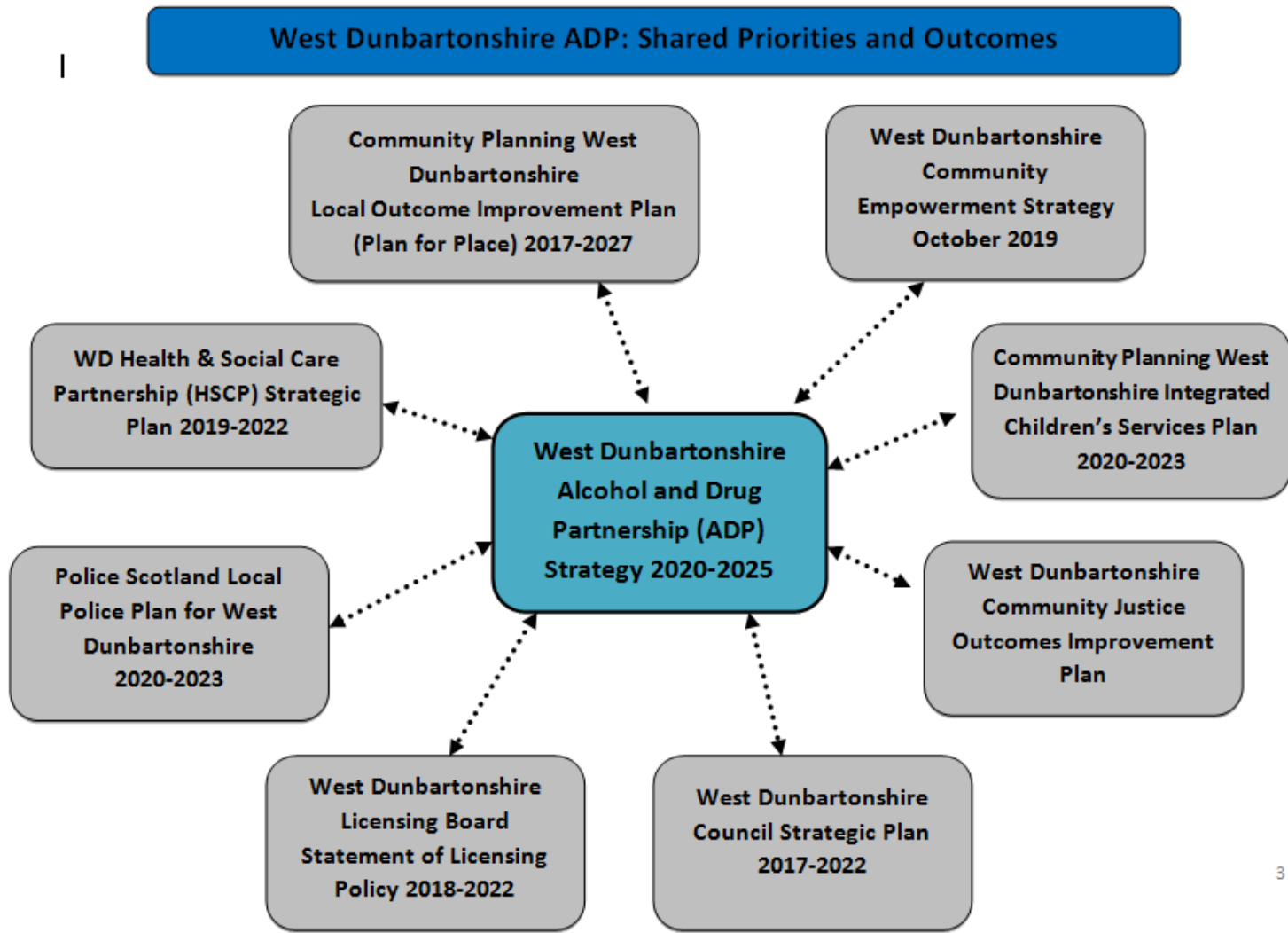
#### 3.1 Policy Context

The [Alcohol Framework 2018: Preventing Harm](#) and [Rights, Respect and Recovery](#) (both published in November 2018) provide a vision and national strategy for improving health by preventing and reducing alcohol and drug use, harm and related deaths.

The vision and outcomes are summarised as follows:

Vision				
Scotland is a country where “we live long, healthy and active lives regardless of where we come from” and where individuals, families and communities: <ul style="list-style-type: none"> <li>• have the right to health and life - free from the harms of alcohol and drugs;</li> <li>• are treated with dignity and respect; and</li> <li>• are fully supported within communities to find their own type of recovery.</li> </ul>				
Prevention and Early Intervention	Developing Recovery Oriented Systems of Care	Getting it Right for Children, Young People, and Families	Public Health Approach in Justice	Alcohol Framework 2018
Fewer people develop problem drug use	People access and benefit from effective, integrated Person centred support to achieve their recovery	Children and families affected by alcohol and drug use will be safe, healthy, included and supported	Vulnerable people are diverted from the justice system wherever possible, and those in the system are fully supported	A Scotland where less harm is caused by alcohol

The WDADP Strategy and Delivery Plans outline the local contribution to achieving this. The WDADP Strategy and Delivery Plans also share priorities and outcomes with a number of local strategies and plans as follows:



### 3.2 West Dunbartonshire Profile

West Dunbartonshire and Scotland as a whole have a long legacy of substance use, damaging lives, impacting on families and contributing to violence and crime. Many of those affected will have experienced difficult life circumstances, and are among the most vulnerable in society, subject to stigma because of their addiction. In the last ten years our understanding of the underlying causes of addiction and substance use has developed, recognising that deprivation, poverty, trauma and adverse childhood experiences can cause people to turn to alcohol and drugs.

Understanding the extent of substance related harm throughout West Dunbartonshire has its own challenges as data is not always available at local authority level. In cases where data is available for West Dunbartonshire it is presented and where it is not available, the best proxy indicator has been selected.

#### Demographic Profile

The demographics of West Dunbartonshire show that the area has a population of 89,130<sup>i</sup> with a life expectancy lower than the Scottish average of 79.2 years for females and 75 years for males<sup>ii</sup> (NRS, 2019). Over 33% of the population are over 60+ years of age and the gender split is 52% female, 48% male. The majority of the population identify themselves as

'White', with the 'Asian, Asian Scottish and Asian British' and 'Other' population at 4%<sup>iii</sup> (NRS, 2014).

The social indicators of the area highlight that 78% of the working age population are in employment. However, West Dunbartonshire has a significantly lower proportion (38.4%) of its population engaged in management, professional or technical occupations than the Scottish average (44.2%)<sup>iv</sup> (Office of National Statistics, 2019). The Scottish Index of Multiple Deprivation (SIMD) which provides an analysis of deprivation across Scotland, states that West Dunbartonshire has 48 data zones in the 20% most deprived, which equates to a local share of 40% of all data zones within West Dunbartonshire falling within the most deprived category (Scottish Government, 2020)<sup>v</sup>.

#### Burden of Disease

The Burden of Disease National Programme (West Dunbartonshire HSCP, 2018)<sup>vi</sup>, indicates that greatest burden of disease in West Dunbartonshire is cancer. The second highest is mental and substance use disorders.

Many cases of cancer can be prevented or risk reduced by changes in an individual's lifestyle behaviours (Scottish Government, 2016)<sup>vii</sup>. There is strong evidence (World Health Organisation, 2017)<sup>viii</sup> that consumption of alcohol is a cause of cancer of mouth, pharynx, oesophagus, liver, bowel and breast. The evidence suggests even small amounts of alcohol can increase the risk of cancers.

## Domestic Abuse

There is also an association between the use of alcohol and domestic abuse. Although domestic violence should never be excused when alcohol and other substances are involved, there is a need to confront the problems of alcohol over-use as part of our strategy to prevent domestic violence. In a systematic review there was consistent evidence that alcohol use by one or both partners contributes to the risk and severity of Intimate Partner Violence (Wilson et al, 2014)<sup>ix</sup>.

The reported rate of domestic abuse to the Police in West Dunbartonshire has remained consistently among the highest in Scotland with the latest figures in 2018/19 placing West Dunbartonshire as the second highest local authority (Scottish Government, 2020b)<sup>x</sup>.

The NHSGGC Director of Public Health (DPH), Dr Linda de Caestecker provided a West Dunbartonshire specific DPH report in 2017-19<sup>xi</sup> to highlight gender based violence as a major public health problem for the area, with the most prevalent effects being on mental health, including post-traumatic stress disorder, depression, anxiety, suicidal ideation, and substance use (Feder et al, 2011)<sup>xii</sup>.

## Alcohol Consumption and Related Harm

- 72% of 13 year olds and 71% of 15 year olds in West Dunbartonshire reported having ever been drunk (Scottish Government, 2018 SALSUS).

- West Dunbartonshire had a higher rate of alcohol-related hospital stays (1005.6 per 100,000) than the Scottish average (669.1 per 100,000) in the year 2018/19 (Scottish Public Health Observatory, 2016)<sup>xiii</sup>
- Alcohol related deaths in West Dunbartonshire (38.1 per 100,000) remain greater than the Scottish average (23.3 per 100,000) and are rising (NRS, 2019c)<sup>xiv</sup>. The largest proportion of deaths are males in the 55+ year age group (NRS, 2019c)

## Drug Use Prevalence and Related Harm

- 4% of 13 year olds and 16% of 15 year olds in West Dunbartonshire report using drugs in the last month. 7% of 13 year olds and 25% of 15 year olds in West Dunbartonshire have tried using drugs (Scottish Government, 2019)
- Drug related hospital stays in West Dunbartonshire were 17% higher than the Scottish average in 2017/18 (277 per 100,000 compared to 236.5 per 100,000, respectively) (ISD Scotland, 2019)<sup>xv</sup>.
- There were 20 drug deaths throughout 2018 in West Dunbartonshire. An increase of 5 from the previous year (15 drug deaths in 2017) and the trend is rising. These latest figure is the highest reported number of drug deaths in West Dunbartonshire in the available time-series (since 2008) (NRS, 2019d)<sup>xvi</sup>.

### 3.3 Drug Deaths Task Force

The [Drug Deaths Taskforce](#) has recommended six evidence-based strategies that must be central to responding to the drug death crisis as follows:

- 1) Targeted Distribution of Naloxone
- 2) Implement Immediate Response Pathway for Non-fatal Overdose
- 3) Optimise the use of Medication-Assisted Treatment
- 4) Target the People Most at Risk
- 5) Optimise Public Health Surveillance
- 6) Ensure Equivalence of Support for People in the Criminal Justice System

WDADP is committed to following these recommendations with activity that will be implemented through the relevant Sub-Group Delivery Plans.

### 3.4 Ministerial Priorities 2020/21 - WDADP Approach

Ministerial Priority	WDADP Delivery Mechanism
1. A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths	Treatment and Support Sub Group
2. A whole family approach on alcohol and drugs	
3. A public health approach to justice for alcohol and drugs	ADP Justice Settings Working Group
4. Education, prevention and early intervention on alcohol and drugs	Substance Use Prevention Strategy
5. A reduction in the attractiveness, affordability and availability of alcohol	
Cross Cutting work	ADP Governance

The 2020-21 Ministerial Priorities have been considered in the development of the relevant sub-group Delivery Plans and are summarised as follows:

### **1. A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths**

- Update and implement plans to reduce deaths from alcohol and other drugs
- Implement the Drug Death Task Forces six evidence based strategies to reduce drug- related deaths.
- Continue to improve access to naloxone in the community and on release from custodial and hospital settings
- Establish protocols between mental health/alcohol and drug services to support improved access and outcomes
- Deliver services in line with the Quality Principles, including clear plans to respond to the individualised recommendations within the Care Inspectorate Reports
- Ensure mechanisms are in place for people with lived and living to be involved in delivering, planning and developing services
- Continued delivery against the Waiting Times Standard.
- Implement DAISy before the end of 2020 in line with national implementation plans

### **2. A whole family approach on alcohol and drugs**

In preparation for the development of a whole families approach:

- Improve understanding of the experience of family members whose loved one is in treatment / uses alcohol and/ or drugs problematically
- Map existing investment in and scope of family support services used by people with alcohol / drug problems

### **3. A public health approach to justice for alcohol and drugs**

- Identify the investment, outcomes and outputs delivered by alcohol and drug services which act as a diversion measure from justice including those services which work with people as a condition of sentence, in prison or leaving prison / voluntary through care.
- Develop improvement plans as needed

### **4. Education, prevention and early intervention on alcohol and drugs**

- Develop plans to address stigma surrounding alcohol and drugs, ensuring appropriate use of language and identifying and improve capacity for advocacy
- Ensure those in leadership roles and integral to the ADP strategy engage within people with lived living experience
- Meet the Alcohol Brief Interventions (ABIs) Standard to with 80% of ABIs delivered in priority settings.
- Support the delivery of the SG's Count 14 campaign to raise awareness of the UK CMOs lower-risk maximum weekly drinking guidelines. Amplify the campaign at a local level utilising partnerships, media and online resources.

### **5. A reduction in the attractiveness, affordability and availability of alcohol**

- Engage with Licensing Forums, local partners and Licensing Boards to address overprovision and control availability of alcohol, in line with the licensing objectives

### **Cross Cutting work**

- Implement the Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs
- Contingency Planning in relation to COVID-19

### 3.5 Community Engagement

WDADP has an ongoing programme of [involving people with lived experience](#). The wider community have had the opportunity to influence the WDADP Strategy and Delivery Plans in a number of ways.

#### **Local Engagement Networks – Focus on Addictions Services, October 2018)**

In October 2018 the focus of LENS (Local Engagement Networks) was Addictions and Mental Health. Participants included service users from WDHSCP Addiction Services, DACA, Alternatives and Stepping Stones. In addition two inspectors from the Care Inspectorate observed the session. There were presentations by West Dunbartonshire Addictions Services and the Future Addiction Services Team (FAST) followed by discussions with service users focused on 3 questions;

1. How do you find accessing services?
2. What are the positives about the services?
3. What could we do better?

Overall, service users were positive about the services they receive. The main concerns raised were:

- length of time you had to wait to be seen
- link between mental health (including life trauma) and addiction
- need for better communication between the services, change to protocol within mental health services

#### **Alcohol, Tobacco and Other Drugs: Community Engagement Exercise**

A bespoke engagement exercise was developed to inform the development of the WDADP Strategy and Delivery Plans. This was launched during [Co-production Week Scotland](#) (18-22 November 2019) and ran till the end of February 2020. The process was designed in line with the [National Standards for Community Engagement](#) and evaluated using the VOiCE (Visioning Outcome in Community Engagement) Tool. Workshops were designed to capture a depth of information from people with lived and living experience of alcohol, drug and other drug use and related harms. A survey was used to engage with a broader range of people from the community.

The survey was made available online using Webropol and paper copies of the survey were distributed where requested. 186 people completed the survey and 25 left their details for further contact. Local group members and survey respondents were invited to take part in the workshops. 126 people took part in 20 workshops facilitated by members of the Health Improvement Team and staff from other organisations using a standard format.

The findings have been used in the development of the WDADP Strategy and Sub-Group Delivery Plans.

[LINK TO “HAVE YOUR SAY REPORT”](#)

### 3.6 WDADP Strategic Priorities

As a part of local strategic planning ADPs should set their own actions, improvement goals, measures and tests of change, alongside the national deliverables, to drive quality improvement at a local level.

WDADP held a development day in January 2019 to consider the national strategies and agree local priorities. The main themes identified were:

- Involvement
- Commissioning
- Governance and reporting
- Pathways, signposting and referral
- Substance Use Prevention Strategy – building on existing work
- Quality Principles
- Alcohol and drug related deaths
- Support for families
- Justice settings
- Recovery communities

The local priorities identified through the community engagement (workshops and survey) exercise were as follows:

**Prevention and Early Intervention** (activity delivered through the Substance Use Prevention Strategy)

- More positive alternative activities to do instead of drinking alcohol or taking drugs
- Preventing adults buying alcohol or tobacco for young people

**Developing Recovery Oriented Systems of Care** (activity delivered by the ADP Treatment and Support Sub-Group)

- Improved access to support for individuals who need it
- Improved options for recovery
- Focussed support aimed at preventing alcohol related and drug related deaths

**Getting it Right for Children, Young People and Families** (activity delivered by the ADP Treatment and Support Sub-Group)

- More support for parents, carers and families
- More support for children affected by alcohol or drug use in the family
- Activity to address the normalisation of parental drinking

**A Public Health Approach to Justice** (activity delivered by the ADP Justice Settings Working Group)

- Improved support to divert people from the criminal justice system, treating drugs as a “health” issue



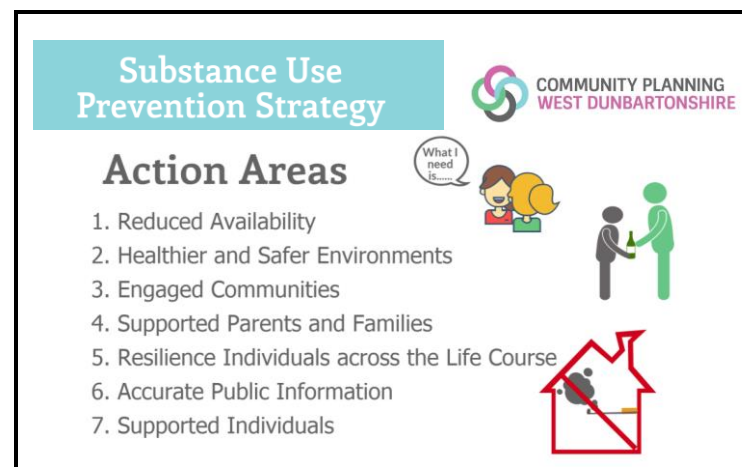
## 4. Substance Use Prevention Strategy

### 4.1 Strategic Context and Implementation Group

The Community Planning West Dunbartonshire (CPWD) Substance Use Prevention Strategy Implementation Group is coordinated by the WDHSCP Health Improvement Team on behalf of the CPWD Safe Delivery and Improvement Group. The strategy contributes to the [West Dunbartonshire Plan for Place](#), which contains the strategic priority “A Safe West Dunbartonshire” and the strategic outcome “Residents live in positive, health promoting local environments where the impact of alcohol and drugs is addressed”.

The strategy contributes to [Public Health Priority 4](#) ‘A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs’. The CPWD Substance Use Prevention Strategy has been recognised as an early adopter of [whole system working](#) by the Scottish Government. More information is available in this [video](#). Whole system working includes contributions from a range of partners. For example, colleagues in WDC Learning and Attainment are working to update and implement the approach and policy in relation to alcohol, tobacco and other substances in schools in line with Curriculum for Excellence.

A summary of the 10 year strategy is available here: [CPWD Substance Use Prevention Strategy Summary](#). The Substance Use Prevention Strategy Delivery Plan is available here: [LINK TO SUPS DELIVERY PLAN](#).



### 4.2 Information Campaigns and Learning Opportunities

**Calendar of Awareness Days and Events** - A calendar of awareness days and events, which is updated regularly, can be found [here](#). Please contact [wdadp@west-dunbarton.gov.uk](mailto:wdadp@west-dunbarton.gov.uk) to have any events added. These events are also promoted through West Dunbartonshire Council and NHS Greater Glasgow and Clyde social media, and through Health Improvement Team distribution lists.

**Learning Opportunities** - A calendar of learning opportunities are available [here](#). Further details of learning opportunities are available here [LINK TO LEARNING OPPORTUNITIES](#)

See also overall approach to [workforce development](#).

## 5. ADP Treatment and Support Sub-Group

The Treatment and Support Sub Group Delivery Plan delivers activity relating to the sections “*Developing Recovery Oriented Systems of Care*” and “*Getting it Right for Children, Young People and Families*” of the national strategy [Rights, Respect and Recovery](#)

The sub-group works to achieve the following national outcomes:

- People access and benefit from effective, integrated person-centred support to achieve their recovery (Developing Recovery Oriented Systems of Care)
- Children and families affected by alcohol and drug use will be safe, healthy, included and supported (Getting it Right for Children, Young People and Families)

The sub-group will also work to ensure the recommendations from the [Drug Deaths Taskforce](#) in light of COVID 19 are implemented within West Dunbartonshire.

For further information on local addiction services please click here [WDHSCP Addictions Services](#)

Sub-Group Co-Chairs:

- Integrated Operations Manager Addictions, WDHSCP
- Third Sector Representative

The Treatment and Support Sub-Group Delivery Plan is available here:

[LINK TO TREATMENT AND SUPPORT SUB GROUP DELIVERY PLAN](#)

## 6. ADP Justice Settings Working Group

[Rights, Respect and Recovery](#) requires that “vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported”. To achieve this outcome ADPs need to ensure that people who come into contact with justice agencies are provided with the right support from appropriate services.

The [Community Justice \(Scotland\) Act 2016](#)<sup>xvii</sup>, contains the legislative duties for delivery of local services to people within, and on the edges, of the justice system. The accompanying [National Strategy for Community Justice](#) takes a public health approach and is a preventative strategy which recognises the relationship between problem alcohol and drug use and community justice, encouraging those partners involved in delivering the strategy to focus on improving health and wellbeing and reducing inequalities as an approach to reducing offending. The [Outcomes, Performance and Improvement Framework](#)<sup>xviii</sup> provides a suite of actions/indicators many of which are contained and enhanced within the national documents for alcohol and drugs. The 7 outcomes are summarised in the diagram below (see next page)

In West Dunbartonshire, governance of community justice work currently sits with CPWD Management Board, via the Safe Delivery and Improvement Group (DIG). A strategic review is underway and updates are provided to WDADP when available.

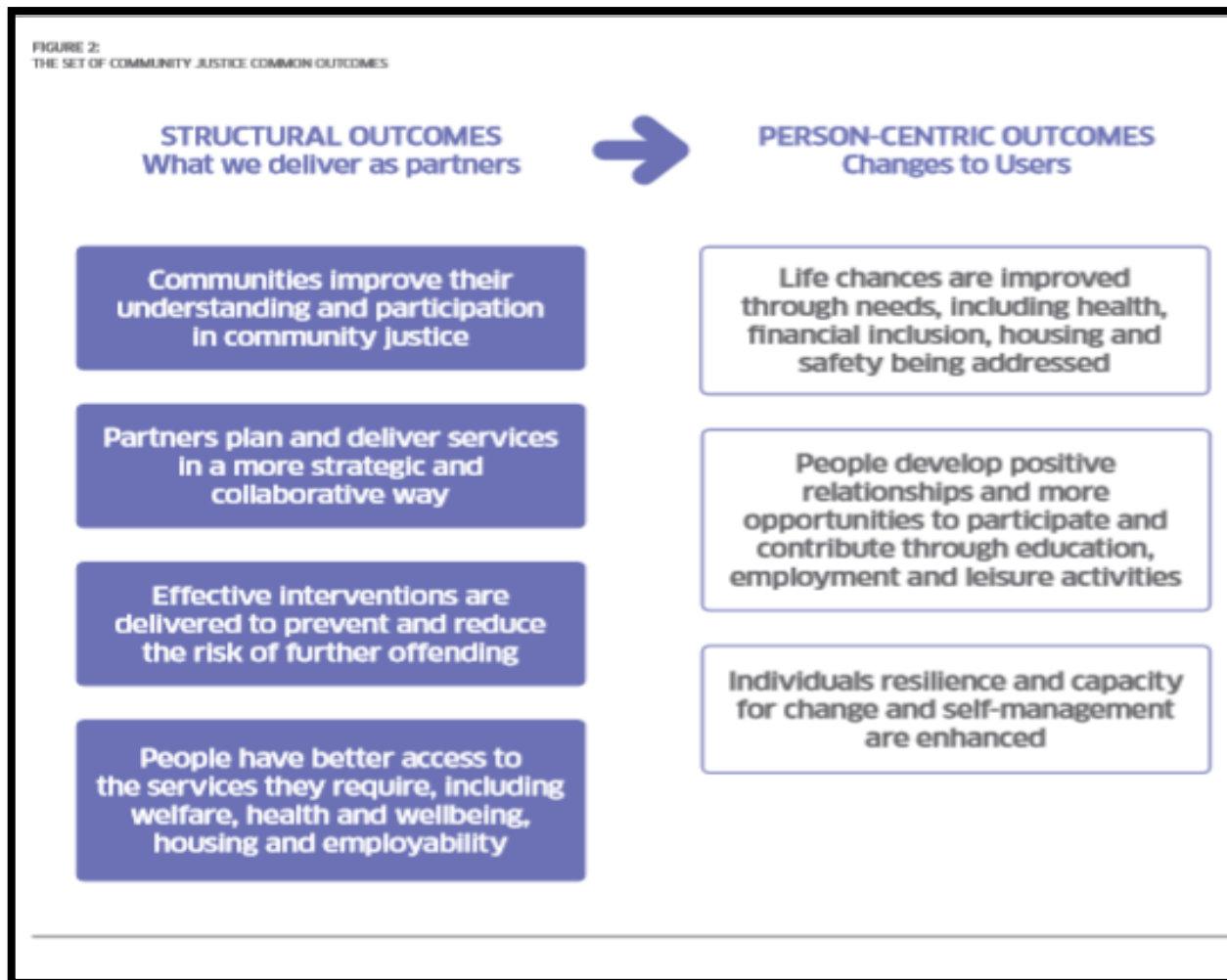
The WDADP Justice Settings Working Group is a newly formed sub-group of WDADP. It has a joint ADP and Community Justice Delivery Plan that contributes to the ADP Strategy and implementation and the future Community Justice Outcome Improvement Plan (2021 onwards). Membership will be enhanced as required.

This provides an opportunity to bring together key justice, substance use and health representatives who can support and inform local planning and delivery for people within or on the edges of the criminal justice system. By streamlining the activity required to achieve both ADP and Community Justice outcomes we are maximising local planning resources and capacity, avoiding duplication of effort and demand across all partners. This streamlining is facilitated and supported by the Community Justice Coordinator role.

The WDADP Justice Settings Sub-Group will be included as the expert reference group for emerging developments within community justice at both national and local levels.

The Justice Settings Working Group Delivery Plan is available here: [LINK TO ADP JUSTICE SETTINGS DELIVERY PLAN](#)

FIGURE 2:  
THE SET OF COMMUNITY JUSTICE COMMON OUTCOMES



## 7. Performance Management

### 7.1 Rights, Respect and Recovery: Theory of Change and Outcomes Framework

All WDADP activity is mapped to the [monitoring framework and theory of change](#) (ToC) that was developed for the monitoring and evaluation of Rights, Respect and Recovery (RRR) and the [outcomes framework](#) from the Alcohol Framework 2018: Preventing Harm.

The RRR framework and theory of change is designed in a way that reflects the vision and thematic areas / chapters and builds upon the outcomes of the policy. The chapter outcomes (e.g. outcomes for Prevention and Early Intervention, Development of a ROSC, a Public Health Approach to Justice, Getting it Right for Children, Young People and Families) are followed by a number of antecedent outcomes (which are best understood by reviewing the theory of change). Nested within each of the outcomes in the framework is a number of indicators.

The framework provides the strengths and limitations of each indicator, the frequency of its availability and links to the data source.

The relevant outcomes are identified in the sub-group Delivery Plans.

### 7.2 WDADP Performance Management

ADP performance is managed through the [West Dunbartonshire Council's Strategic Performance System](#). Regularly reporting performance indicators at ADP and Sub-Group Meetings and reviewing progress against targets allows us to identify areas for improvement. All performance information from the Delivery Plans is collated and reported through the Council's performance management system, Pentana.

### 7.3 ADP Annual Report to Scottish Government

WDADP reports annually to the Scottish Government using a standard template on finance and performance. This report is also submitted to the WDHSCP Audit and Performance Committee.

## 7.4 Quality Principles - Standard Expectation of Care and Support in Drug and Alcohol Services

The [Quality Principles](#) are central to the implementation of the Scottish Government's Quality Improvement Framework for drug and alcohol treatment and support services. They are supported by the NHS Scotland Healthcare Quality Strategy with its central aim of providing care that is Person-centred, Safe, Effective, Efficient, Equitable and Timely.

The 8 Quality Principles are as follows:

1. You should be able to quickly access the right drug or alcohol service that keeps you safe and supports you throughout your recovery.
2. You should be offered high-quality, evidence-informed treatment, care and support interventions which reduce harm and empower you in your recovery.
3. You should be supported by workers who have the right attitudes, values, training and supervision throughout your recovery journey.
4. You should be involved in a full, strength-based assessment that ensures the choice of recovery model and therapy is based on your needs and aspirations.
5. You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on your safety throughout your recovery journey.
6. You should be involved in regular reviews of your recovery plan to ensure it continues to meet your needs and aspirations.

7. You should have the opportunity to be involved in an ongoing evaluation of the delivery of services at each stage of your recovery.
8. Services should be family inclusive as part of their practice.

On an annual basis WDADP completes a survey of people with lived experience of WDHSCP and Third Sector alcohol and drug services in West Dunbartonshire. This aims to capture their views of the service(s) from a client /patient /service user perspective during their recovery journey and gather suggestions for improvements.

The 2020 survey was redesigned to align more clearly to the Quality Principles. A total of 138 surveys were completed from the WDHSCP Addiction Services (Leven and Clydebank), DACA and Alternatives. Overall findings were reported to the ADP and bespoke reports shared with individual service providers. The findings will be noting areas of success as well as areas for improvement.

The full report on the 2020 Survey of People with Lived Experience of Services can be found here [LINK TO REPORT ON SURVEY OF PEOPLE WITH LIVED EXPERIENCE](#)

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