Glasgow City Alcohol and Drug Partnership

Delivery Plan
2012 - 2015

Submitted 31st May 2012
Introduction

This ‘delivery plan’ covers the period April 2012 to March 2015. Subsequent annual updates will be submitted in March 2013 and March 2014.

The Plan is built on the foundation of the ADP Strategy, which has been agreed by all your ADP partners. The Plan contains a combination of quantitative and qualitative information and is based on existing local plans and reports that are currently produced for the ADP. This plan also includes specific statements relating to the headings contained in the reporting guidance provided by Scottish Government.

The Scottish Government’s 2011-12 allocation letters for earmarked alcohol and drugs funding identified nationally agreed core outcomes which all ADPs are expected to deliver against. These allocation letters indicated that ADPs should develop plans setting out how they will use the funding available to them (from both earmarked and additional resources) to deliver both improved core outcomes and local outcomes. The process of strengthening joint accountability for planning and delivering shared outcomes is essential to improving local delivery of alcohol and drug prevention, treatment and support services that support person-centred recovery.

The key principles are to:

• strengthen local partnership working & joint accountability;
• reinforce outcomes based approaches;
• support ADPs to improve accountability and demonstrate their contribution to their local SOAs by building on good practice;
• provide local flexibility but within a national framework to enable benchmarking;
• help build the national picture of delivery;
• minimise additional reporting requirements on ADPs.

The national outcomes and indicators for ADPs have been developed to take account of, and be consistent with, other relevant national outcomes and indicators frameworks such as the National Performance Framework, the Quality Strategy, children affected by parental substance misuse (CAPSM), early years and community safety. The Scottish Government Drugs & Alcohol Teams will continue to keep these under review as these frameworks develop.

2. Resource and Investment

One of the aims is to reinforce the key role of ADPs in directing how earmarked and additional resources are utilised locally.

Scottish Government provides earmarked funding to ADPs to help them deliver against agreed outcomes. While this funding is routed for administrative purposes via NHS Boards, it is a partnership resource and, as such, investment decisions should be made on a partnership basis.

It is also expected that this resource will be supplemented by investment from partners’ core funding and that the Partnership will be responsible for determining how all the available resource is invested. ADPs should seek to identify investment from both earmarked and core funds as part of their plans and reports.
ADP Partners

Glasgow City ADP’s key responsibility is to develop and drive forward the ADP’s strategy on how to tackle alcohol and drugs issues in the City. The ADP aims to involve a number of partners including:

- Community Groups/ Recovery Groups/ Family Support Groups
- Recovery champions/ lived experience/ service users/ carers
- Community Health Partnership
- Education Services
- Glasgow Community and Safety Services
- Glasgow Life
- Glasgow Works
- Registered Social Landlords
- Scottish Prison Services
- Social Work Services
- Strathclyde Police
- Strathclyde Fire & Rescue
- Voluntary Organisations

High-level summary of key changes to be achieved over the duration of the Plan

The ADP Strategy focuses on the three key areas of ‘Prevention’, ‘Recovery’ and ‘Protecting vulnerable groups’. The ADP action plan demonstrates how the strategy is being implemented to address these key points. The ADP Action Plan has been constructed around the reporting framework for the Joint Adult Services Planning and performance arrangements for Glasgow. The plan therefore also incorporates and addresses the main objectives and the key outcomes laid down by the Joint Partnership Board for all Glasgow’s adult citizens. The Objectives are listed below with a brief summary explaining how Glasgow ADP is able to address the objectives and achieve the outcomes required.

Objective 1: Early prevention and harm reduction

The ADP strategy document is clear that the objectives of early prevention and harm reduction feature under the prevention and protecting vulnerable group’s section’s of the plan. From this, therefore one of the main aims of the ADP is to create a consistent shared approach to delivering prevention activity throughout Glasgow, by building a strategic vision about what, can collectively be achieved, by incorporating the broad spectrum of city partners.
Furthermore, the ADP will look to change the culture around alcohol and excessive drinking, while, at the same time looking to reduce both the availability and consumption of alcohol and drugs. From this, they will also improve prevention and early intervention for children affected by parental alcohol or drug misuse. While linked to this they will also advance prevention and early intervention for children, who have already developed alcohol or drug issues.

From the ADP Strategy action plan, the aim is to achieve these objectives through a wide range of activities. With regards early prevention a review of all systems, is leading to the launch of a new city wide prevention model. While at the same time, a prevention network is being set up to work in conjunction with this. The Network will look to support national alcohol and drug programs locally while also making recommendations on levels of harm. There is also the continued growth of the Ripple effect and the GRAND week program, which will help inform and create local alcohol and drug programs that will challenge and change cultural norms.

In order to aid children the ADP will strive to continue to improve identification, assessment, planning and information recording and sharing, in connection with young people. To ensure everyone recognises that they have a role in protecting the most vulnerable in society, from social work professionals, health staff; GP’s; teachers through to members of the public. This sharing of information will also ensure that the proper pathways will be developed that allow children and young people to obtain the care and support they require.

Through these activities’ the ADP hopes that services users will feel an increase in both emotional and physical safety, linked to a better understanding of services and having greater empowerment in decisions about their care.

Objective 2: Shifting the balance of care

The ADP aims to achieve the idea of shifting the balance of care mainly through the recovery and protecting vulnerable group’s aspects of its strategy. This is outlined through its objectives of delivering immediately accessible services across the city for people with alcohol and drug misuse problems; it also improves early intervention of vulnerability where an adult or child is dependant on an individual who is misusing substances. The ADP is also aiming to reduce the availability of both alcohol and drugs, linked to a reduction in their consumption.

The ADP will achieve these objectives through the following initiatives firstly through the continuous improvement in identification, assessment risk management planning and multi-agency responses to improve outcomes, a direct example of this is the number of vulnerable people supported by community addiction teams. While also continuing to develop methods to raise awareness to ensure parents, cares and communities protect the most vulnerable. In addition, there is an active program to encourage family members to be involved in the recovery program surrounding a relative with addiction issues. The Circles of Care program is an example of the ADPs work in this area.

The ADP will through the prevention network look to consider and make recommendations on wider licensing issues.

The ADP through these methods will attain the working outcomes of ensuring that those people involved in a carer role feel supported and capable in their position. While at the same time service users will feel both physically and emotionally safe.

Objective 3: Providing greater self-determination and choice

The ADP aims to provide greater self-determination and choice. This is, outlined through its objectives of ensuring that all of our treatment services are able to offer the range of supports, which are required to integrate treatment and wider recovery. Linked to ensuring, the delivery of immediate and accessible
services across the city, for people with alcohol and drug misuse problems. Further more the ADP is determined to guarantee that all services are person centred and take account of age, gender, race, religion, disability and other protected characteristics.

To accomplish these objectives the ADP will make certain, that recovery is aligned to rehabilitation options across the city. Recovery has been embedded within assessment and treatment options. It is reflected with recovery plans for each service user. The ADP will also demonstrate an understanding of the role equalities has in positive recovery in order to ensure provision reflects the needs to promote full engagement. This will be done by guaranteeing that all recovery plans will record protected characteristics.

While the ADP will also ensure that, all new developments will have had a successful EQIA (Equality, Impact Assessment)

Through these activities the ADP are ensuring that service users are involved in decisions about their care while they will have control over all their own development opportunities.

Objective 4: Enabling independent living for longer

The ADP recognises and supports the idea of promoting service users independent living. This highlighted by its stated objectives of firstly offering service users appropriate recovery opportunities linked to longer-term training, employment and social re-integration. While secondly obtaining wider buy in terms of supporting alcohol and drug users to access universal council and other services to support changes in life styles towards recovery. Finally, the ADP is also looking to address the needs of drunk and incapable people in the community.

In order to achieve these objectives the ADP has supported, a citywide recovery network that will continue to improve and promote joint working between community forums and family support groups. Added to this the ADP has also established a Recovery sub group, with some of its goals being to help service users explore employment opportunities, while also enhancing volunteering through recovery. The ADP is also assisting with conversation recovery café’s throughout the city. Furthermore, the ADP is also assisting to support and deliver Police; Glasgow City Social Services; and Glasgow Council on Alcohol initiatives, an example of this is the city centre SOS bus. Another example is the joint working protocol between Strathclyde Fire and Rescue service and Glasgow Alcohol and Drug services.

Through these initiatives the ADP is ensuring service user are engaged in both community leisure and social activities of their choice, while they are also creating opportunities within employment; education; training or volunteering. At the same time the ADP is also increasing service user’s emotional and physical safety.

Objective 5: Quality Care Management

The ADP through several objectives laid out in the strategy document addresses the area of Quality care management fully. The ADP will build the capacity of services to identify the needs of vulnerable groups affected by substance misuse. Added to this it will improve responses and outcomes for vulnerable service users affected by drug or alcohol use, while also enhancing practice, assessment and risk management for all these service users. The ADP will also develop performance-monitoring tools to scrutinise practice and outcomes.

The ADP proposes to achieve the objectives connected with quality care management, by firstly incorporating both Social work and NHS processes into alcohol and drug guidance. Added to this there will also be a full review of drug and alcohol services across the city. Further more a thorough training and
development program for staff is currently being carried out. Additionally the ADP will continue to evolve and develop through self-learning, an illustration of this, is that knowledge gained from critical incidents, is immediately integrated into learning practice.

The ADP’s ambition is to ensure that all staff who work, directly or indirectly with service users are trained and competent. This in turn will increase the feeling of emotional and physical well being among service users. Better practice will also contribute directly, to an increase in service user confidence and involvement in the process.

- Core & Local Outcomes to be achieved

Both national and local outcomes are mapped against each strategic action in the detailed plan.

- Financial Investment (including earmarked Scottish Government funding and partners’ core funding)

The Scottish Government provide the following allocations (routed via NHSGGC). At NHS Board-wide level a proportion of funding is top-sliced for NHS activity across the six GGC ADPs. Thereafter the remaining funds are apportioned on a formula basis to each ADP area for local consideration. Glasgow City receives 64.4% of the remaining alcohol funding and 68.6% of remaining drug funding.

Alcohol Prevention, Treatment and Support: £9,615,648
Drug Services and Support: £9,930,619
Total: £19,546,267

A Joint Resource Group (JRG) has been established to provide financial support, together with budget and monitoring reports, via a common financial framework for all Planning & Implementation Groups (including the ADP). This includes both earmarked Scottish Government allocations (£19.5m) and additional funds (£15.1m).

Spend and Variance

The total spend for 2011/12 (see table on next page for detail) is:-

Glasgow City CHP £19.6m, which returns a £517k under-spend (2.6%)
Glasgow City Council £15m, which returns a £924k under-spend (5.8%)
Total £34.6m spend returning a joint under-spend of £1.441m (4%)

NHSGG&C Glasgow City CHP – service redesigns over the past year has led to a delay in filling posts was has contributed significantly to the 2011/1 under-spend, but is not expected to continue in 2012.13. Within the total variance the overspend within Planning, Health Improvement & Management relating to DTTO pressure, accommodation and non-recurring initiatives, are mitigated by Day & Community under-spend in the following services.
### Glasgow City Council & NHS Glasgow City CHP

**Operational Budget for Addiction Services**

<table>
<thead>
<tr>
<th>Provided Services (Period 16/31 March 2012)</th>
<th>Gross</th>
<th>Income / Funding</th>
<th>Net</th>
<th>Budget</th>
<th>Spend</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Year Budget</strong></td>
<td></td>
<td></td>
<td></td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td><strong>Social Work Services</strong></td>
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<td></td>
<td></td>
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<tr>
<td>ARBD Team</td>
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<td>146</td>
<td>59</td>
<td>146</td>
<td>146</td>
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<tr>
<td>Community Addiction Teams</td>
<td>6,976</td>
<td>6,845</td>
<td>-131</td>
<td>6,845</td>
<td>6,845</td>
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<tr>
<td>Persistent Offenders’ Project</td>
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<td>276</td>
<td>276</td>
<td>276</td>
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<tr>
<td>Planning &amp; Management</td>
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<td>516</td>
<td>233</td>
<td>516</td>
<td>516</td>
<td>0</td>
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<td><strong>Provided Total</strong></td>
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<td>7,785</td>
<td>412</td>
<td>7,785</td>
<td>7,785</td>
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<tr>
<td><strong>Purchased Services</strong></td>
<td></td>
<td></td>
<td></td>
<td>£000s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol &amp; Drug Partnership (Implementation)</td>
<td>154</td>
<td>154</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4</td>
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<td>Home Care incl CAPA</td>
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<td>1,154</td>
<td>1,154</td>
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<tr>
<td>Nursing Homes</td>
<td>171</td>
<td>171</td>
<td>0</td>
<td>171</td>
<td>171</td>
<td>0</td>
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<tr>
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<td>7</td>
<td>0</td>
<td>7</td>
<td>7</td>
<td>0</td>
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<tr>
<td>Supplementation</td>
<td>11,581</td>
<td>11,164</td>
<td>417</td>
<td>11,164</td>
<td>11,164</td>
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<tr>
<td><strong>Purchased Total</strong></td>
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<td>12,515</td>
<td>512</td>
<td>12,515</td>
<td>12,292</td>
<td>223</td>
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<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
<td>£000s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Board Resource Transfer</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Other Total</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td><strong>Social Work Total</strong></td>
<td>21,224</td>
<td>20,598</td>
<td>626</td>
<td>20,598</td>
<td>20,281</td>
<td>924</td>
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</table>

**NHS Glasgow: to 31st March 2012**

<table>
<thead>
<tr>
<th>Services</th>
<th>Gross</th>
<th>Income / Funding</th>
<th>Net</th>
<th>Budget</th>
<th>Spend</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential / Inpatient Services</td>
<td>2,019</td>
<td>2,019</td>
<td>0</td>
<td>2,019</td>
<td>2,019</td>
<td>0</td>
</tr>
<tr>
<td>Community Addiction Teams</td>
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<td>4,683</td>
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<td>4,683</td>
<td>4,683</td>
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<td>Methadone Programme</td>
<td>4,760</td>
<td>4,760</td>
<td>0</td>
<td>4,760</td>
<td>4,760</td>
<td>0</td>
</tr>
<tr>
<td>Day &amp; Community Services</td>
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<td>5,875</td>
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<td>5,875</td>
<td>5,875</td>
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<tr>
<td>Planning, Health Promotion &amp; Management</td>
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<td>1,800</td>
<td>-484</td>
<td>1,800</td>
<td>1,800</td>
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<tr>
<td><strong>NHS Glasgow Total</strong></td>
<td>20,115</td>
<td>19,519</td>
<td>596</td>
<td>19,519</td>
<td>19,519</td>
<td>517</td>
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<tr>
<td><strong>TOTAL COMBINED</strong></td>
<td>41,339</td>
<td>35,015</td>
<td>6,324</td>
<td>35,015</td>
<td>34,509</td>
<td>514</td>
</tr>
</tbody>
</table>
• **Priority Actions & Interventions to Improve Outcomes**
  
  *All actions are mapped against national and local outcomes – see detail from page 9 onwards.*

• **Core & Local Indicators to enable progress to be measured**

  *Baseline figures are used when appropriate as well as your targets for the end of the one year planning period. Longer term targets will be considered by the ADP in due course.*

• **Governance & financial accountability arrangements**

  *Local governance arrangements for developing and overseeing delivery of the plan are outlined in the introduction. The ADP will send an annual report to the CPP.*

• **Request for National Support**

  The ADP has made no requests for National support. However, the ADP does actively work in partnership with national organisations:

  **Health Scotland** The ADP has actively supported ABI implementation as well as work around BBV and workforce training.

  **Information Services Division** The ADP supports agencies to provide information to inform ISD around waiting times, drug deaths and prevalence. ISD assist with training, the provision of data for annual reporting.

  **Alcohol Focus Scotland** The ADP has supported AFS in its information dissemination and sharing its licensing views.

  **Scottish Training for Drugs and Alcohol** The ADP continues to support work around the delivery of basic training through to the delivery of academic courses to key individuals.

  **Scottish Recovery Consortium** The ADP is actively working with SRC to develop and deliver sessions on recovery and the promotion of recovery communities.

  **Scottish Drugs Forum** The ADP, through Community Planning Partnership, continues to fund the award winning Addiction Workers Training Project and engages with SDF on a number of levels.

  **Scottish Families Affected by Drugs** The ADP continues to link with SFAD on relevant family related work in close association with FASS in Glasgow.

  **Scottish Government Alcohol delivery Team & Drug policy Unit** the ADP has participated in information sharing events, working groups and service visits.
ADP Action Plan

Introduction

This document is based on the standard Planning Implementation Groups (PIG) work plan template which has been developed between Glasgow City Council and National Health Service Greater Glasgow and Clyde (GCC & NHSGGC). It is important that all planning groups use this template to allow Adult Services Executive Group (ASEG) to monitor progress in consistent form and to allow the thematic PIGs to identify activity as it relates to its cross-cutting agenda.

Within the document each page is headed by the care group and priority. The table itself then reads from left to right covering work objectives; rational for the specific work objective; the activity planned; any target agreed; who is the responsible lead person and mid year comments on how program is progressing. The last column is a traffic light indicator for quick reference; red denotes possible risk or no progress; amber indicates more still required, while green represents a successful outcome, or outcome on target.

The main focus of the action plan are the work objectives along with their directly associated activities; these have been lifted from the ADP Strategy Document (May 2011). The rational for using the stated objectives comes from five main sources.

- Glasgow City Single Outcome Agreement (2008-11)
- Glasgow City ADP Strategy Consultation feedback process (2011)
- The Scottish Governments Core Outcome indicators for ADPs (2011)
- The Scottish Governments H.E.A.T Targets (2008)

Further detail on the rationale can be found in the Appendix section at the end of this document.

Finally if you have any questions on the document, please contact Stevie Lydon by phone (0141 276 6625) or email (Stevie.Lydon@glasgow.gov.uk).
ADP Workplan

Key:

**Work objective**: All work objectives identified deliver the Outcomes Framework (objectives and outcomes—see attached). Each work objective is an operational outcome expected to be achieved during the 12-month cycle of the work plan. Short-term objectives should be identified for the first 6 months of the plan and be identified in red.

**Rationale**: Does this activity address identified need in the population? What difference will this work make? How will this work support the delivery of the Outcomes Framework (objectives and outcomes—see attached)?

**Activity**: The specific activities or processes that underpin the delivery of the Work Objective. Short-term activities/working groups should be identified for the first 6 months of the plan and be identified in red.

**OBJ (1-6)**: The number associated with the key objective(s) in the Outcomes Framework (see attached) that this activity will support.

**OUT (A-E)**: The letter associated with the key outcome(s) in the Outcomes Framework (see attached) that this activity will support.

**Target**: The corresponding agreed deadlines/milestones for each activity within the 12 month cycle. Short-term activities should be identified for the first 6 months of the plan and be identified in red.

**Owner**: The identified individual, assigned by the PIG Chair, to deliver the overall Work Objective (i.e. responsible for the delivery of all activities).

**Mid-year performance review**: Narrative summary of progress of all activities designed to deliver the Work Objective at the mid-year stage. Can be modified to reflect year-end progress.

**Associated PI**: Relevant metric performance indicator(s). These should measure progress towards the delivery of the Work Objective or, if possible, allow judgements to be made about the impact of this work on desired outcomes (as specified by the Outcomes framework).

**Metric RAG**: Dependent on above, metric measurement of progress in relation to the agreed PI year-end target. Taken together, the content of the last three columns will give the PIG Chair and ASEG a rounded view of the levers and barriers to progressing each Work Objective. The quarterly performance figures will be supplied by SWS and NHS centres.
Definition of the three main headings as defined in the ADP Strategy. (Glasgow City Alcohol and Drug Partnership Prevention and Recovery Strategy 2011-2014)

Prevention
We believe that preventing alcohol and drug misuse is more effective than treating established problems. This means preventing people from drinking too much or experimenting with drugs, preventing experimenters becoming regular users and preventing regular users becoming problem users.

Preventing alcohol and drug problems presents major challenges to the city. Due to the different legal contexts, different approaches are required.

Alcohol production, marketing, quality control, licensing and purchasing is controlled by our society through the legal system. Some alcohol use is considered socially acceptable. Over recent years there has been growing recognition of both the level of drinking and the harm it is causing, not just to problem drinkers but to the wider population, including children. Glasgow like Scotland, has developed a culture of excessive drinking.

The production, marketing, supplying and possession of certain drugs is illegal under the Misuse of Drugs Act (1971). This means that quality control, cost and availability to the majority of the population. Prevention efforts tend to centre around demand reduction and supply reduction.

Recovery
Recovery means a process through which an individual is enabled to move on from their problem drug or alcohol use, towards a 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. It is an aspirational, person centred process.

In practice, recovery will mean different things, at different times to each individual person. The 'road to recovery' might mean developing the skills to prevent relapse, rebuilding broken relationships or forging new ones or actively engaging in meaningful activities.

Protecting Vulnerable Groups

Children

Children who live with parents who have alcohol or drug problems are among the most vulnerable in society. Recent best estimates indicate that over 6000 children in Glasgow City may be affected by parental alcohol and drug misuse. The immediate effects of this can include children being at risk principally of neglect, but also emotional and physical abuse.

Long term risks can also include poor physical and mental health as well as exacerbating health inequalities. In some cases there is the potential for serious failure of care and danger to children.

Adults – Adult Support and Protection

Alcohol and Drug services face particular challenges in the protection of adults at risk. The high prevalence rates of alcohol and drug misuse coupled with the inherent nature of self harming behaviour equates to a correspondingly high level of referral and screening/risk assessment in pre-exiting cases within Alcohol and Drug service teams.
Glasgow’s Priorities. *(Source: The Single Outcome Agreement, 2008-11 Annual Performance Report)*

The Priorities are outlined in Table 1 below:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Priorities identified</th>
<th>Priority Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>Obesity in children and adults</td>
<td>P1</td>
</tr>
<tr>
<td></td>
<td>Alcohol consumption and alcohol related harm</td>
<td>P2</td>
</tr>
<tr>
<td></td>
<td>Inequalities in health, particularly those caused by childhood poverty</td>
<td>P3</td>
</tr>
<tr>
<td></td>
<td>Smoking</td>
<td>P4</td>
</tr>
<tr>
<td></td>
<td>Drug addiction</td>
<td>P5</td>
</tr>
<tr>
<td>Working</td>
<td>Business productivity and Gross Value Added</td>
<td>P6</td>
</tr>
<tr>
<td></td>
<td>Spreading the benefits of improved economic performance</td>
<td>P7</td>
</tr>
<tr>
<td></td>
<td>Creating an excellent economic environment</td>
<td>P8</td>
</tr>
<tr>
<td>Vibrancy</td>
<td>Glasgow’s image/profile/identity</td>
<td>P9</td>
</tr>
<tr>
<td></td>
<td>Glasgow’s infrastructure and environment</td>
<td>P10</td>
</tr>
<tr>
<td></td>
<td>Involvement (participation in cultural, sporting, volunteering activities)</td>
<td>P11</td>
</tr>
<tr>
<td>Learning</td>
<td>Life long learning</td>
<td>P12</td>
</tr>
<tr>
<td></td>
<td>Adult literacy's</td>
<td>P13</td>
</tr>
<tr>
<td></td>
<td>Skills attainment</td>
<td>P14</td>
</tr>
<tr>
<td></td>
<td>Graduate retention</td>
<td>P15</td>
</tr>
<tr>
<td>Safe</td>
<td>Crime related to alcohol consumption</td>
<td>P16</td>
</tr>
<tr>
<td></td>
<td>Road, fire and home safety</td>
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</tr>
<tr>
<td></td>
<td>Anti social behaviour</td>
<td>P18</td>
</tr>
<tr>
<td></td>
<td>Violence</td>
<td>P19</td>
</tr>
<tr>
<td></td>
<td>Violence against women and children</td>
<td>P20</td>
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</table>
National Outcomes (Scottish Government National Performance Framework November 2007)

National Outcomes

No1 We live in a Scotland that is the most attractive place for doing business in Europe
No2 We realize our full economic potential with more and better employment opportunities for our people
No3 We are better educated, more skilled, more successful, renowned for our research and innovation
No4 Our young people are successful learners, confident individuals, effective contributors and responsible citizens
No5 Our children have the best start in life and are ready to succeed
No6 We live longer, healthier lives
No7 We have tackled the significant inequalities in Scottish Society
No8 We have improved the life chances for children, young people and families at risk
No9 We live our lives safe from crime, disorder and danger
No10 We live in well designed sustainable places where we are able to access the amenities and services we need
No11 We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others
No12 We value and enjoy our built and natural environment and protect it and enhance it for future generations
No13 We take pride in a strong, fair and inclusive national identity
No15 Our public services are high quality, continually improving, efficient and responsive to local people's needs
## No 1 ADP Outcome Priority: Prevention

**Joint Adult Services Strategic Objective(s):** Reduce the harm caused by drug addiction (SOA L16). Reduce the public acceptance and incidence of over-consumption of alcohol and its subsequent negative impacts (SOA L3)

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<tbody>
<tr>
<td>• A consistent and shared approach to delivering prevention activity across the city to reduce the number of people developing problems.</td>
<td>• Glasgow Priorities 2, 5 • Core Outcomes and indicators for the ADP 1,2,5,6,7 • Consultation Feedback 4,5,7 • GGC P+E 9, 11,12 • National Outcomes 6, 9, 11</td>
<td>• Develop comprehensive prevention and education plans.</td>
<td>1 B • To review the existing Alcohol and Drug Prevention and Education Model. • To launch the new Model. • Develop local plans May-Sep (2012) • Develop monitoring system</td>
<td>•Linda Malcolm</td>
<td>•literature research in progress now •model not ready yet as waiting for finalised literature research, research in progress now.</td>
<td>•Oct 2011 – Feb 2012 •April 2012</td>
<td>A A</td>
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<td></td>
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<td></td>
<td>•Linda Malcolm</td>
<td>•Eric Steel</td>
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<td></td>
<td></td>
<td>•Linda Malcolm</td>
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<td></td>
<td></td>
<td>•Tertiary Prevention Activity plan to be created</td>
<td>•Ian Irvine</td>
<td>V.O.S.D.A to clarify progress</td>
<td></td>
</tr>
</tbody>
</table>
No 2 ADP Outcome Priority: Prevention

Joint Adult Services Strategic Objective(s): Reduce alcohol and drug morbidity and mortality as a result of road traffic incidents, fires and incidents in the home (SOA L2)

|--------------------------|----------------|----------------|-----------|-----------|--------------------------|-------------|---------------------------------------------|----------------|----------------|
| • Provision of a range of contributions from schools through to the voluntary sector along with communities themselves. | • Glasgow Priorities 3, 17  
• Core Outcomes and indicators for the ADP 1,2,5,6,7  
• Consultation Feedback 1,7  
• GGC P+E 3  
• National Outcomes 6, 9 | • Need each community planning and wider partner to consider how they can contribute. | 1 | B | • Roll out ripple Effect recommendations across the city | Stephen Birrell | • ADP Communities Sub-group (CSG) allocated £9,250 to support continued work on Ripple Effect in North East (2011/12). This enabled GCA (P&E) North East team to provide dedicated support and project management.  
• Ripple Effect volunteers (now known as ACEs) have reviewed and verified previous findings and engaged in new research within communities.  
• Work is supported via multi-agency Ripple Effect steering group. Learning to be shared across city. Work underway to commence Ripple Effect work in South sector (GCSS / ADP Communities Sub-group to be part of implementation group). | •March 2012 | G |
previous year’s experience.
### No 3 ADP Outcome Priority: Prevention

**Joint Adult Services Strategic Objective(s):**
- Improve residents’ aspirations, confidence, decision making capacity and involvement in community life (SOA L23)

|--------------------------|----------------|----------------|-----------|----------|--------------------------|-------------|------------------------------------------|----------------|------|-------|-------|
|                          | • A strategic vision about what can be collectively achieved involving a wide range of City partners. | • Consider comprehensive workforce development in prevention and education. | 1         | D        | • Continued roll out of the Tier 1 and 2 training programme (ongoing)  
• To launch the tier 1 and 2 training pathway document. | Cheryl Glancy  
• Cheryl Glancy | | • To train 800 Staff by 31-03-2012.  
• Evidenced in Annual report March 2012 | | G |       |       |
|                          | • Supports sharing of good practice across partners. | | 3         | D        | • Implementation of the Staff Health Action Plan. | Nicola Barnstable | | • March 2012 | |       | G |
|                          | | | | | | | | | | G |       |
|                          | | | | | | | | | | G |       |

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### No 4 ADP Outcome Priority: Prevention

**Joint Adult Services Strategic Objective(s):**
- Reduce the public acceptance and incidence of over-consumption of alcohol and its subsequent negative impacts (SOA L3)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Rationale</th>
<th>Activity (how):</th>
<th>OBJ (1-6)</th>
<th>OUT (A-E)</th>
<th>Target (Actions + Dates)</th>
<th>Owner (who):</th>
<th>Mid-year performance review (brief summary)</th>
<th>Associated PI(s)</th>
<th>Red Amber Green</th>
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</thead>
<tbody>
<tr>
<td>1. Work Objective (what):</td>
<td><strong>• Changing the culture around alcohol misuse to try to ensure that excessive drinking is not considered socially acceptable.</strong></td>
<td>• Promote challenges to cultural acceptance of drinking norms; consider widening label of problem drinking to lower level consumption rates.</td>
<td>1 2</td>
<td>A B C</td>
<td>• To develop a social marketing campaign drinking norms.</td>
<td>Linda Malcolm</td>
<td>Play safe campaign being developed now</td>
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<td>• Culture/communication – need to reconsider the definitions around drinking; Current UK guidance may be ‘too lenient’ on level of harm</td>
<td>1 2</td>
<td>A B</td>
<td>• Create a local Alcohol/drug campaign challenging cultural norms.</td>
<td>Stephen Birrell</td>
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</tbody>
</table>

- **Rationale**
  - Relates to Glasgow Priority 2
  - Core Outcomes and Indicators for the ADP 1, 2, 6
  - Consultation Feedback 4, 5, 7
  - GGC P+E 9
  - National outcomes 6, 9, 11

- **Activity**
  - To develop a social marketing campaign drinking norms.
  - Create a local Alcohol/drug campaign challenging cultural norms.

- **Target**
  - Play safe campaign being developed now

- **Owner**
  - Linda Malcolm
  - Stephen Birrell

- **Mid-year performance review**
  - Play safe campaign being developed now

- **Associated PI(s)**
  - Delivery of Campaign March 2012
  - March 2012
<table>
<thead>
<tr>
<th>• To support National alcohol and drug campaigns locally.</th>
<th>• Linda Malcolm</th>
<th>On going deliver of campaigns as appropriate via the GGC Communications Group</th>
<th>• Delivery of campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prevention Network to make recommendations on levels of harm city wide. (Feb 2012)</td>
<td>• Trevor Lakey</td>
<td>• Prevention Forum established. However Recommendations still to be agreed.</td>
<td>May 2012</td>
</tr>
</tbody>
</table>
### No 5 ADP Outcome Priority: Prevention

**Joint Adult Services Strategic Objective(s):** • Reduce the impact and incidence of anti social behaviour (SOA L4)

|--------------------------|----------------|----------------|-----------|-----------|--------------------------|-------------|---------------------------------------------|----------------|----------------|
| • Reducing the availability and consumption of alcohol + drugs. | • Glasgow Priority 16  
• Core Outcomes and Indicators for the ADP 5,6  
• Consultation Feedback 4,7  
• GGC P+E 2,4,6,7,9  
• National Outcomes 9, 11, 12 | • Need to consider best approach to licensing  
• Need to consider shared lobbying position on wider licensing issues, e.g. advertising.  
• Roll out of off sales initiative | 1 | A | • To set up short life working group to consider a city wide approach.  
• Prevention Network to consider and make recommendations on wider licensing issues. (Feb 2012) | Stephen Birrell  
• Trevor Lakey | • Options for more effective community involvement in licensing issues to be highlighted via GRAND week 2012. Current work to evaluate off-sales campaigns (led by Joint Action on Alcohol Group) will be used to inform approaches. Terms of reference and membership of 'short life working group' to be determined subsequent to consultation to take place with Alcohol Focus Scotland and other partners. | March 2012 | R |
| | | | 3 | A | | Stephen Birrell | Prevention Forum established, Licensing recommendations under consideration. | May 2012 | A |

*March 2012*  
*May 2012*  
*March 2012*  
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<td>• Ensure that all of our treatment services are able to offer the range of supports which are required to integrate treatment and wider recovery.</td>
<td>• Glasgow Priority 5  ● Core Outcomes and Indicators for the ADP 1,2,3,7  ● Consultation Feedback 2,6  ● National Outcomes 7, 8, 9</td>
<td>• Ensure resources and supports are available to enable a recovery focus for all alcohol and drug services.</td>
<td>2 3</td>
<td>A B D</td>
<td>•To review Sector treatment provision to ensure Recovery is embedded within assessment treatment options and reflected with Care (Recovery) Plans for each service user.</td>
<td>•Eric Steel</td>
<td>•</td>
<td>• From April 2012, 90% of new referrals will have a Recovery (care) plan.</td>
<td>G</td>
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</tbody>
</table>
### No 7 ADP Outcome Priority: Recovery

**Joint Adult Services Strategic Objective(s):** Reduce the harm caused by drug addiction (SOA L16). Reduce the public acceptance and incidence of over-consumption of alcohol and its subsequent negative impacts (SOA L3).

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<tr>
<td>Deliver immediately accessible services across the city for people with alcohol and drug misuse problems.</td>
<td>- Glasgow Priorities 2, 5&lt;br&gt;- Core Outcomes and Indicators for the ADP 1,2,3,6,7&lt;br&gt;- Consultation Feedback 2&lt;br&gt;- GGC P+E 5, &lt;br&gt;- National Outcomes 6, 9, 11&lt;br&gt;- HEAT A11</td>
<td>- Commitment of Council and NHS to review current range of service provision to ensure it meets current need</td>
<td>2 3</td>
<td>B D</td>
<td>To align recovery and rehabilitation options across the city.</td>
<td>Eric Steel</td>
<td>• 90% of service users will wait no longer than 5 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.</td>
<td>Community Rehab PI-J Goldie&lt;br&gt;Residential Rehab PI-J Goldie</td>
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<td>Local heat target (H4)</td>
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- 22 -
| Involvement of family members in the recovery process. | Ian Irvine | V.O.S.D.A continuing on going work. | Process to be set up by March 2012 |
No 8 ADP Outcome Priority: Recovery

Joint Adult Services Strategic Objective(s): Improve resident’s aspirations, confidence decision making capacity and involvement in community life (SOA L23).

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<tr>
<td>• Offer appropriate recovery opportunities linked to longer term training, employment and social re-integration</td>
<td>• Glasgow Priorities 2, 5, 16 • Core Outcomes and Indicators for the ADP 3, 6 • Consultation Feedback 1, 2, • GGC P+E 3 • National Outcomes 3, 4, 10, 11, 12, 13, 15</td>
<td>• Support for the community based recovery network • Build greater links with Glasgow Life, Registered Social Landlords, Strathclyde Fire and Rescue, Glasgow Works and other appropriate services to support recovery focused help for individuals.</td>
<td>3 4 5</td>
<td>C D</td>
<td>• Support conversation Café’s in each City sector • ADP to support Glasgow City Recovery Network • Enhanced volunteer involvement with recovery.</td>
<td>• Stevie Lydon • Stevie Lydon • Ian Irvine</td>
<td>•</td>
<td>•March 2012</td>
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<td>•March 2012</td>
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<td>• Task ADP Employment sub group to explore employment alternatives in relation to Social Enterprise Opportunities</td>
<td>• John Goldie</td>
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</tbody>
</table>
**No 9 ADP Outcome Priority: Recovery**

**Joint Adult Services Strategic Objective(s):** Reduce the level of violent crime, including gender based and domestic violence (SOA L1). Improve residents’ aspirations, confidence, decision making capacity and involvement in community life (SOA L23).

|--------------------------|------------------|----------------|---------|---------|--------------------------|-------------|---------------------------------|-----------------|------------------|
| • Ensure services are person centred and take account of age, gender, race religion, disability and other protected characteristics. | - Glasgow Priorities 2, 5, 16  
• Core Outcomes and Indicators for the ADP 2,5,6,7  
• Consultation Feedback 1,2  
• GGC P+E 6,7,9  
• National Outcomes 3, 4, 9, 10, 11, 12, 13, 15 | • Commitment of Council and NHS to review current range of service provision to ensure it meets current need. | 2 3 6 | B DE | • To understand the role equalities have in positive Recovery, ensure provision reflects the needs to promote full engagement. | • Eric Steel | | 95% of all new Recovery plans record protected characteristics | G |

<p>| 2.3.6.BD.E | • Review data in relation to Recovery and ensure EQIA is central to all developments/provision | Eric Steel | • 100% all new major developments have EQIA | G |</p>
<table>
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<tr>
<th>No 10 ADP Outcome Priority: Recovery</th>
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<tbody>
<tr>
<td>Joint Adult Services Strategic Objective(s): Reduce the impact and incidence of anti social behaviour (SOA L4).</td>
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</tbody>
</table>

|---------------------------|-----------------|-----------------|----------|---------|--------------------------|-------------|------------------------------------------|-----------------|-----------------|
| • Meet the needs of drunk and incapable people in the community | • Glasgow Priority 16  
• Core Outcomes and Indicators for the ADP 2,3,5,6,7  
• Consultation Feedback 5,7  
• GGC P+E 1,3,10,11  
• National Outcomes 9, 11, 12 | • Commitment of Council and NHS to review current range of service provision to ensure it meets current need | 1 4 5 | A E | • To set up working group to consider city wide approach.  
• Deliver police, GCSS, GCA initiative. | • Eleanor Lee | • | • Establish working group March 2012.  
• Established by December 2012. | G | G |
No 11 ADP Outcome Priority: Recovery

Joint Adult Services Strategic Objective(s): Improve residents’ aspirations, confidence, decision making capacity and involvement in community life (SOA L23).

|-----------------------|-----------------|-----------------|-----------|-----------|---------------------------|-------------|----------------------------------------|-----------------|----------------|
| • Obtain wider buy in terms of supporting alcohol and drug users to access universal council and other services to support changes in life styles towards recovery. | • Glasgow Priorities 2, 5, 16  
• Core Outcomes and Indicators for the ADP 3, 6, 7  
• Consultation Feedback 1, 5, 6  
• GGC P+E 3, 9  
• National Outcomes 3, 4, 10, 11, 12, 13, 15 | • Build greater links with Glasgow Life, Registered Social Landlords, Strathclyde Fire and Rescue, Glasgow Works and other appropriate services to support recovery focused help for individuals. | 2 3 4 | B C D | • Establishment of Glasgow City ADP Recovery Sub group.  
• Continue to improve joint working between community forums, family support groups and the Recovery Network of the city. | • John Goldie  
• Stephen Birrell | | | •Recovery Group to be established March 2012  
• Develop Community sub plan (March 2012) | | |
| | • Need to lobby Scottish and UK Governments on national issues e.g. alcohol advertising, impact of new government actions and policy development | | 1 A | | • Respond to Government Consultation and pro-actively engage with relevant departments | • George Redmond | | • Write to Scottish Government on Drug funding Formula September 2011. | | |
### No 12 ADP Outcome Priority: Protecting Vulnerable Groups

#### Joint Adult Services Strategic Objective(s): Increase the proportion of parents who are capable, responsible, and supported (SOA L18).

|---------------------------|-----------------|-----------------|-----------|----------|--------------------------|-------------|---------------------------------------------|-----------------|----------------|
| • Improve prevention and early intervention for children affected by parental alcohol or drug misuse. | • Glasgow Priorities 2, 16  
• Core Outcomes and Indicators for the ADP 2,3,4,7  
• Consultation Feedback 3,5  
• GGC P+E 1, 8,  
• National Outcomes 4, 5, 6, 8  
• Glasgow Child and family Services Plan (2009-2012) | • Continue to improve identification, assessment, recording, planning and information sharing | 1-6 | A E | • Work with GPs, HV, schools and nurseries to identify young carers early and help them to obtain appropriate support and leisure activity. | • Linda De Caestecker | • To be clarified May/June 2012 | | |
| | | | | | | | | | |
| | | | | | • Improve access to Parenting programmes.  
• Delivery of the Help me to grow kinship carers programmes | | | • Linda De Caestecker  
• Audrey Platt | | | |
<p>| | | | | | | | | | |
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<table>
<thead>
<tr>
<th>No 13 ADP Outcome Priority: Protecting Vulnerable Groups</th>
<th>Joint Adult Services Strategic Objective(s): Protecting Children</th>
<th>Increase the proportion of parents who are capable, responsible and supported (SOA L18)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Work Objective (what):</strong></td>
<td><strong>Rationale (why):</strong></td>
<td><strong>Activity (how):</strong></td>
</tr>
<tr>
<td>• Build the capacity of universal services to identify and plan for the needs of children affected by parental substance misuse</td>
<td>• Glasgow Priorities 2, 16 • Core Outcomes and Indicators for the ADP 2,3,4,7 • Consultation Feedback 3,6 • National outcomes 4, 5, 6, 8 • Glasgow Child and family Services Plan (2009-2012)</td>
<td>• Continue to build strong links between children and adult services.</td>
</tr>
<tr>
<td><strong>OBJ (1-6)</strong></td>
<td><strong>OUT (A-E)</strong></td>
<td><strong>Target (Actions + Dates):</strong></td>
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<td>6</td>
<td>A</td>
<td>• Work GPs and maternity services to ensure early identification of drug using pregnant women to ensure support is provided for the mother and baby.</td>
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<td><strong>Owner (who):</strong></td>
<td><strong>Mid-year performance review (brief summary):</strong></td>
<td><strong>Owner (who):</strong></td>
</tr>
<tr>
<td>• Christine Laverty</td>
<td>• Review Vulnerable woman + pregnancy protocol March 2012</td>
<td>• Christine Laverty</td>
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<td><strong>Associated PI(s):</strong></td>
<td><strong>Red Amber Green:</strong></td>
<td><strong>Red Amber Green</strong></td>
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<td>• From April 2012 90% of new referrals with a relationship to a child, will receive a parental assessment.</td>
<td>• From April 2012 90% of new referrals with a relationship to a child, will receive a parental assessment.</td>
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<td>• March 2012 (TBC)</td>
<td>• March 2012 (TBC)</td>
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<td>• Share all relevant information between children’s services and Adult services.</td>
<td>• Share all relevant information between children’s services and Adult services.</td>
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<td>• Adult Services to collect information about dependent children of substance misusing parents.</td>
<td>• Adult Services to collect information about dependent children of substance misusing parents.</td>
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<td>• Mark Feinmann</td>
<td>• Mark Feinmann</td>
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<tr>
<td>The effective management of children who are at immediate risk including clearer roles and responsibilities between ‘Children and Families’ and ‘Alcohol and Drug services’</td>
<td>Glasgow Priorities 2, 16 Core Outcomes and Indicators for the ADP 2,3,4,5,7 Consultation Feedback 2,3 GGC P+E 1 National Outcomes 4, 5, 6, 8, 9, 11, 12 Glasgow Child and family Services Plan (2009-2012)</td>
<td>Develop a single action plan across all agencies</td>
<td>1 6</td>
<td>B E</td>
<td>Develop key pathways to enable children and young people to receive the appropriate, support and care.</td>
<td>Christine Laverty</td>
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</table>
No 15 ADP Outcome Priority: Protecting Vulnerable Groups

Joint Adult Services Strategic Objective(s): Reduce the harm caused by drug addiction (SOA L16). Reduce the public acceptance and incidence of over-consumption of alcohol and its subsequent negative impacts (SOA L3). Reduce the level of violent crime, including gender based and domestic violence (SOA L1).

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<tr>
<td>• Encouraging the public to report concerns about children.</td>
<td>• Glasgow Priorities 2, 5, 16</td>
<td>• Continue to build culture of information gathering and sharing.</td>
<td>1 2 6</td>
<td>A E</td>
<td>• Develop methods to raise awareness to ensure parents, carers and communities protect children and young people.</td>
<td>Fiona Stevenson</td>
<td>• we have a communication sub group with this remit and ongoing public awareness campaigns throughout the year through a variety of processes. Public awareness is a specific remit of the CPC through the Scottish Government and Glasgow link in with work national as well as local</td>
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<td>No 16 ADP Outcome Priority: Protecting Vulnerable Groups</td>
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<td>Joint Adult Services Strategic Objective(s): Reduce the harm caused by drug addiction (SOA L16). Reduce the public acceptance and incidence of over-consumption of alcohol and its subsequent negative impacts (SOA L3).</td>
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<td>Rationale (why):</td>
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<td>OUT (A-E)</td>
<td>Target (Actions + Dates)</td>
<td>Owner (who):</td>
<td>Mid-year performance review (brief summary)</td>
<td>Associated PI(s)</td>
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<td><strong>• Improve prevention and early intervention for children who have developed alcohol or drug issues.</strong></td>
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<td>• Glasgow Priorities 2, 5, 16</td>
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<td>• Core Outcomes and Indicators for the ADP 1,2,3,4,7</td>
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<tr>
<td>• Consultation Feedback 3,5, 6</td>
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<td>• GGC P+E 1</td>
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<td>• National Outcomes 6, 7, 8, 9, 11</td>
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<td>• Glasgow Child and family Services Plan (2009-2012)</td>
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<td>• Continuous improvement in identification, assessment risk management planning and multi-agency responses to improve outcomes.</td>
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<td>1 6</td>
<td>A E</td>
<td>• Maintain number of children and young people, supported by CAT.</td>
<td>• Eric Steel</td>
<td>•</td>
<td>• Maintain 1250 by March 2012.</td>
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No 17 ADP Outcome Priority: Protecting Vulnerable Groups

Joint Adult Services Strategic Objective(s): Improve residents’ aspirations, confidence, decision making capacity and involvement in community life (SOA L23).

|--------------------------|----------------|-----------------|-----------|------------|--------------------------|--------------|--------------------------------|----------------|----------------|
| Improve awareness of vulnerability in adults misusing drugs or alcohol and improve reporting of concerns. | • Glasgow Priorities 2, 5, 16  
• Core Outcomes and Indicators for the ADP 1,2,6,7  
• Consultation Feedback 1,2,6  
• GGC P+E 7,10  
• National Outcomes 3, 4, 10, 11, 12, 13, 15 | • Continue to build culture of information gathering and sharing  
• Continuous improvement in identification, assessment risk management planning and multi-agency responses to improve outcomes. | 1 2 6 | A B | • Develop ASP guidance for Alcohol and Drug staff  
• Develop ASP forum for Alcohol and Drug staff. | • Lorraine Cribbin | • Action plan completed  
• We were waiting for outcome of SWS ASP audit, however, we will be looking at discussing the need to bring this forward and implement at the next meeting in Feb – Information currently not available as audit not completed until April 2012 | •March 2012 | G |

- 33 -
# No 18 ADP Priority: Protecting Vulnerable Groups

**Joint Adult Services Strategic Objective(s):** Protecting Adults- Adult Support and Protection • Reduce the level of violent crime, including gender based and domestic violence (SOA L1)

<table>
<thead>
<tr>
<th>OBJ (1-6)</th>
<th>OUT (A-E)</th>
<th>Target (Actions + Dates)</th>
<th>Owner (who):</th>
<th>Mid-year performance review (brief summary)</th>
<th>Associated PI(s)</th>
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<tr>
<td>1 2 5</td>
<td>A B E</td>
<td>• Develop ASP guidance for Alcohol and Drug staff.</td>
<td>Lorraine Cribbin</td>
<td>• Action plan from ASP audit completed.</td>
<td>•March 2012</td>
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1. Work Objective (what):

- Improve early intervention of vulnerability where an adult is dependant on an individual who is misusing substances

Rationale (why):

- Glasgow Priority 16
- Core Outcomes and Indicators for the ADP 1,2,3,7
- Consultation Feedback 1,5,7
- GGC P+E 10
- National Outcome 9

Activity (how):

- Continuous Improvement in identification, assessment risk management planning and multi-agency responses to improve outcomes.
### No 19 ADP Outcome Priority: Protecting Vulnerable Groups

**Joint Adult Services Strategic Objective(s):** Improve residents aspirations, confidence, decision making capacity and involvement in community life (SOA L23)

|--------------------------|-----------------|-----------------|-----------|---------|------------------------|-------------|---------------------------------------------|----------------|----------------|
| • Build the capacity of universal services to identify the needs of vulnerable adults affected by substance misuse | • Glasgow Priorities 2, 5, 16  
• Core Outcomes and Indicators for the ADP 1,2,6,7  
• Consultation Feedback 1,2,6  
• GGC P+E 7,  
• National Outcomes 3, 4, 10, 11, 12, 13, 15 | • Development of performance monitoring tool to scrutinise practice and outcomes | 1 6 | A B | •Develop minimum quarterly reports on ASP activity on a sector and citywide basis.  
•Survey monkey of Alcohol and Drug staff. (December 2011)  
•Training log for Alcohol and Drug staff  
•ASP to be incorporated into staff induction | •Lorraine Cribbin | • CareFirst 6 is now able to provide information for ASP, next step is to await the launch of CareFirst 6 to access data  
•information help by SWS for SWS staff. Additional information collected through ASP audit and information held by NHS training department – Currently ongoing | •March 2012 | A |
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|--------------------------|-----------------|-----------------|-----------|----------|--------------------------|-------------|-----------------------------------------------|----------------|------|-------|-------|
| • Improve practice, assessment and risk management of vulnerable adults affected by substance misuse | • Glasgow Priority 5  
• Core Outcomes and Indicators for the ADP 1,3,7  
• Consultation Feedback 2  
• National Outcomes 7, 8, 9 | • Continue to develop recording and monitoring processes  
• Development of performance monitoring tool to scrutinise practice and outcomes  
• Continuous improvement in identification, assessment risk management planning and multi-agency responses to improve outcomes | 6 | B | • Incorporate GCC & NHS processes into Alcohol and Drug Guidance including GCC ASP Audit  
• Develop minimum quarterly reporting on ASP incorporating CF6 and SSA care plan.  
• Alcohol and Drug Critical incidents to include ASP. Integrate learning into practice. | • Lorraine Cribbin | • Action plan completed  
• CareFirst 6 is now able to provide information for ASP, next step is to await the launch of CareFirst 6 to access data  
• Included in revised critical incident form—note sure is this is implemented, I can check with Jackie when back later. | • Produce care pathway map March 2012  
• March 2012 | A | G | G |
No 21 ADP Outcome Priority: Protecting Vulnerable Groups.

Joint Adult Services Strategic Objective(s): Reduce alcohol and drug morbidity and mortality as a result of road traffic incidents, fires and incidents in the home (SOA L2)

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<tr>
<td>• Improved responses and outcomes for vulnerable adults affected by drug or alcohol misuse.</td>
<td>• Glasgow Priorities 3, 17 • Core Outcomes and Indicators for the ADP 1,2,3,6,7 • Consultation Feedback 2,6,7 • GGC P+E 2 • National Outcomes 6, 9</td>
<td>• Workplace planning across all agencies and co-ordinated through Adult Protection Committee • Continue to develop recording and monitoring processes</td>
<td>1 2 3 6</td>
<td>A B</td>
<td>•Glasgow Alcohol and Drug Services + Strathclyde Fire and Rescue joint working protocol</td>
<td>Eric Steel</td>
<td>No TBC March 2012</td>
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APPENDIX 1 HEAT TARGETS

(HEAT)

. Health improvement for the people of Scotland- improving life expectancy and healthy life expectancy;
. Efficiency and Governance Improvements – continually improve the efficiency and effectiveness of the NHS;
. Access to services- recognising patients need for quicker and easier use of NHS services and
. Treatment Appropriate to Individuals- ensure patients receive high quality services that meet their needs.

H1 Suicide Prevention Training
H4 Alcohol Brief Interventions
H7 Inequalities Targeted Health Checks
E1 Electronic management of referrals.
A1 Drug treatment waiting times.
APPENDIX 2 Glasgow priorities (Outlined in the Single Outcome Agreement 2008-11 Annual Performance Report)

Glasgow Priority (GP)

No2 Alcohol Consumption and Alcohol related Harm.
No3 Inequalities in Health, particularly those caused by childhood poverty.
No5 Drug Addiction
No7 Spreading the benefits of improved economic performance
No9 Glasgow’s Image/profile/identity
No11 Involvement (Participation in cultural, sporting, volunteering activities)
No14 Skills attainment
No16 Crime related to Alcohol consumption
No17 Road Fire and home safety
No18 Anti social Behaviour
No19 Violence
No20 Violence against woman and children
APPENDIX 3 Glasgow Local Outcomes (Glasgow’s single outcome Agreement 2009)

Glasgow Local Outcome’s (GLO)

No1 Reduce the level of violent crime, including gender based and domestic violence.
No2 Reduce injuries as a result of road traffic incidents, fires and incidents in the Home.
No3 Reduce the public acceptance and incidence of anti-social behaviour.
No4 Reduce the Impact and Incidence of anti Social behaviour
No5 Reduce the involvement of young people in crime and as victims of crime and accidents
No9 Increase the proportion of Glasgow residents in work
No11 Improve the attractiveness of Glasgow as a place to live, invest, work and visit
No15 Reduce the difference in life expectancy between most affluent and most disadvantaged residents.
No16 Reduce Harm caused by drug addiction
No17 Reduce the proportion of children in poverty
No18 Increase the proportion of parents who are capable, responsible and supported.
No22 Improve skills for employment
No23 Improve residents' aspirations confidence decision making capacity and involvement in community life
APPENDIX 4 Core Outcomes and Indicators for ADPs (Scottish Government draft Document 2011)

Agreed Core Outcomes

1. **Health:** People are healthier and experience fewer risks as a result of alcohol and drug use.

2. **Prevalence:** Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.

3. **Recovery:** Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.

4. **CAPSM:** Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life chances.

5. **Community Safety:** Communities and individuals are safe from alcohol and drug related offending and anti social behaviour.

6. **Local Environment:** People live in positive, health-promoting local environments where alcohol and drugs are less readily available.

7. **Services:** Alcohol and drug services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.
APPENDIX 5 The seven key themes from the Consultation feedback process (Source: Section 3.4 Glasgow City Alcohol and Drug Partnership Prevention and Recovery Strategy 2011-2014)

1. The desire for community groups to be actively engaged on a continuing basis in the planning and delivery of alcohol and drug actions;

2. Real concerns about cuts to resources and recognition that current resources do not fully meet need and do not enable the full range of services to support recovery to be offered to all clients;

3. Concern that the numbers of children affected is higher than assessed and that more services are needed to intervene early and effectively;

4. Concerns around cost, marketing, accessibility and number of licensed premises;

5. There is a major problem with the culture and attitudes to alcohol consumption which the strategy needs to tackle.

6. The importance of the wider environment to enable people with addiction problems to make a full recovery including the availability of employment;

7. The negative impact on communities of drug and alcohol misuse need to be recognized and addressed.
National Outcomes (NO)

No2 We realize our full economic potential with more and better employment opportunities for our people.
No3 We are better educated, more skilled, more successful, renowned for our research and innovation.
No4 Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
No5 Our children have the best start in life and are ready to succeed.
No6 We live longer, healthier lives
No7 We have tackled the significant inequalities in Scottish Society
No8 We have improved the life chances for children, young people and families at risk
No9 We live our lives safe from crime, disorder and danger
No10 We live in well designed sustainable places where we are able to access the amenities and services we need.
No11 We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others
No12 We value and enjoy our built and natural environment and protect it and enhance it for future generations
No13 We take pride in a strong, fair and inclusive national identity.
No15 Our public services are high quality, continually improving, efficient and responsive to local people’s needs
APPENDIX 7 Greater Glasgow and Clyde Alcohol and Drug Prevention and Education Model (2008-2011)

Alcohol and Drug Prevention and Education Framework
Core elements of activity

1. Resilience and protective factors
2. Environmental measures
3. Community involvement
4. Diversionary approaches
5. Brief Intervention approaches
6. Education
7. Training
8. Parenting programmes
9. Social marketing
10. Workplace alcohol and drug policies
11. Harm reduction – alcohol
12. Harm reduction - drugs
VISION:
A model of health and social care that improves the outcomes of Vulnerable Adults and Older People through:

1) Early prevention and harm reduction
2) Shifting the balance of care
3) Providing greater self-determination and choice
4) Enabling independent living for longer
5) Supporting carers
6) Quality assessment and care planning

Care Group Priority Activities:
- Older People
- Adults with Disabilities
- Mental Health
- Addictions
- Homelessness

Cross-cutting Activities:
- Carers
- Employability
- Service User and Carer Involvement
- Financial and Work force planning

Vulnerable adults and older people:
A. feel physically and emotionally safe
B. are involved in decisions about their care
C. are engaged in community leisure and social activities of their choice
D. are engaged in development opportunities of their choice (including employment, education, training or volunteering)

Carers:
E. feel supported and capable to continue in their role as carer