

## **Document Details:**

### **ADP Reporting Requirements 2013/14**

- 1 Partnership Details**
- 2 Self-Assessment:**
- 3 Finance Framework**
- 4 Core & Local Indicators and key activities 2013/14**
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## **Appendix 1**

- Guidance Notes and Commissioning Diagram**

## 1. PARTNERSHIP DETAILS

Alcohol & Drug Partnership:	Moray
ADP Chair	Jane Mackie, Head of Community Care
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Date of Completion:	29/09/2014
Date published on ADP website(s)	This document will be published once it has been presented and approved by the CHSCP

The content of this template has been agreed as accurate by the Alcohol and Drug Partnership, and has been shared with our Community Planning Partnership:



ADP Chair

The Scottish Government copy should be sent for the attention of Amanda Adams to:

[Alcoholanddrugdelivery@scotland.gsi.gov.uk](mailto:Alcoholanddrugdelivery@scotland.gsi.gov.uk)

## 2. ADP Self-Assessment 1 April 2013 – 31 March 2014

	Theme	R A G See 1	Evidence See Note 2
<b>ANALYSE</b>			
1	<p><b>ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment of need, which takes into consideration the changing demographic characteristics of substance misusers in your area. Please also include here any local research that you have commissioned</b></p> <p>See Note 3</p>	G	<p>The Moray Alcohol and Drug Partnership (MADP) undertake robust measures to ensure that we provide coherent, clear and robust analysis and knowledge in order to provide the area with a strategic needs assessment. We work very closely with <b>Health</b> and NHS Grampian published 'Health Needs Assessment: Alcohol and Illicit Drugs – providing a number of recommendations, further highlighting the significant problem we have with alcohol.</p> <p>We have worked with all other partners throughout 2013/14 to cross populate data and outcomes in order to ensure that everyone working to improve public protection are working in the same direction. We have worked closely with NHS Grampian Public Health and in looking at the <b>Prevalence</b>, we have (as will be noted below) worked with a wide range of partners and partnerships. We have engaged in joint work with Aberdeen City ADP and Aberdeenshire ADP in looking at New Psychoactive Substances (NPS).</p> <p>Over the course of the period in question, Moray introduced a 2023 plan, implemented the Public Protection Partnership and Community Safety Partnership Strategy and have inputted to a Grampian wide group specifically looking at overprovision. The MADP plays a key role in cross populating information across all these partnerships.</p> <p>It has been a key objective to ensure that MADP are supporting, providing information and direction within these new developments.</p> <p>MADP have already published a <a href="#">strategic needs assessment</a> which can be accessed on the MADP website. This document has given us the ability to identify our ongoing needs and will be a key document in assisting to develop our new strategy for 2014 – 2019 and to deliver our commissioning priorities in 14/15.</p>

	Theme	R A G See 1	Evidence See Note 2
			<p>The MADP continue to take their lead from the <a href="#">Delivery Plan 2012 -2015</a> and this has provided a sound foundation in supporting a partnership approach to help alleviate drug and alcohol problems in Moray.</p> <p>The MADP continue to utilise the support of the Research and Information Officer, a post which is seen as being invaluable in supporting the direction and work carried out by MADP in ensuring that the MADP can respond to issues and/concerns in the <b>Local Environment</b>. We continue to manage all performance aspects through the <a href="#">Management and Performance Sub-group</a> which takes the lead in directing the work of the partnership.</p> <p>We work with Information Services Division Scotland (ISD), the Scottish Health Survey (SHS) and Scottish Adolescence Lifestyle and Substance Misuse Survey (SALSUS) to inform need locally. We work closely with NHS Grampian, Aberdeen City ADP and Aberdeenshire ADP through the Health Intelligence Group to inform local and regional need.</p> <p>There is a quarterly reporting structure where all services are contracted to report using the Outcomes Star. Since the introduction of the Outcome Star in 2012 we can now analyse the progress of everyone's recovery journey that comes into drug and alcohol services. We also use it to meet the individual needs of service users, service needs and from our locality; using a commissioning approach.</p> <p>Performance Management has allowed us to enhance Moray's Recovery Orientated System of Care (ROSC) which has seen an improvement of waiting times over the course of 13/14 maintaining 100%. In terms of <b>Service Delivery</b> Moray tried to maintain/sustain the level of service throughout 2013/14, however as a result of the ORT Report and taking on board the feedback from the 2012/13 report (received on the 16 January), we were able to further research and analyse our position and this will result in significant changes to the delivery of our ROSC which entered the planning stage on the 1 April 2014 and will be reported on next year.</p> <p>Workforce development locally continues to work in partnership with NHS Grampian, Moray Council and STRADA to identify local need. Moray recognises this as an area of work that we have had to revisit due to restructuring. Therefore the work planned for 13/14 had to be put on hold. This is a</p>

	Theme	R A G See 1	Evidence See Note 2
			<p>priority for 14/15.</p> <p>The MADP continue to be supported by the Finance Director at NHS Grampian and by the Contracts and Procurement Department at Moray Council in relation to commissioning. This is driven locally by the MADP <a href="#">Finance and Commissioning Sub-group</a>. We have also used performance management to outline our commissioning arrangements for moving forward.</p> <p>Tim Chapman was commissioned to compile a report to review approaches in Moray to address alcohol misuse for young people who offend. Tim Chapman consulted Young Persons Addiction Counselling, Children's Panel, MADP, Youth Justice, Criminal Justice, Grampian Police, Moray Council on Addiction, Aberlour, Moray Integrated Drug and Alcohol Services and a focus group of young people in Elgin. The local data and statistics gave direction and provided a better means of communication.</p> <p>The MADP continue to work in partnership with NHS Grampian, Aberdeenshire ADP and Aberdeen City ADP in promoting the Public Health messages through NHS Grampian and Third Sector Agencies.</p> <p>The MADP continue to deliver the opportunity for all front line staff to contribute to the decision making process and meet quarterly to discuss key topics. The topics discussed in 13/14 were Alcohol and the Elderly, Carers and Families and Service Redesign.</p> <p>The MADP meet the challenge of including service users in the decision making process and have firmly imbedded all users in the process of assessing need. This has been driven by the <a href="#">VOICE</a> and is managed through the Public Involvement Officer. The previous Public Involvement Officer left her post which was soon filled. The post holder now commits 2 days per week to the MADP. This, along with our increased links with Scottish Recovery Consortium (SRC), Scottish Families Affected by Drugs (SFAD) and Grampian Family Support Group has seen our ability to promote visible <b>Recovery</b> within Moray. We appreciate that we have some way to go in this and have taken steps to improve this in 2014/15 with the decommissioning of statutory services and shifting the balance of spend in the</p>

	Theme	R A G See 1	Evidence See Note 2
			<p>direction of early intervention, prevention and recovery.</p> <p>We continue to work with Quarriers Carer Support Service (in partnership with Lloyds PDI) and SFAD to promote <b>Family interventions</b> and we have increased the level of support we have around this area and we have seen our <a href="#">Early Years and Young People Sub-group</a> grow throughout 2012/13.</p>
2	<p><b>An outcomes based ADP Joint Performance Framework is in place that reflects the ADP National Outcomes.</b></p> <p>See note 4</p>	G	<p>The MADP <a href="#">Delivery Plan</a> reflects the 7 core outcomes and is managed on a quarterly basis by the MADP <a href="#">Management and Performance Sub-group</a>, who report to the <a href="#">MADP Strategic Group</a>. Each of the Outcomes has been identified a lead officer and it is their responsibility, along with the RIO, to report on these quarterly. These can be viewed in the delivery plan or in section 4 of this report.</p> <p>Data and targets are clearly identified and assist in the MADP holding everyone to account for the delivery of an effective service in Moray. This is invaluable in allowing the MADP to cross populate with all partners working in Moray and include the Community Safety Partnership, The Public Protection Forum, The Licensing Forum, The Domestic Abuse Partnership, Environmental Services, Acute, Primary Care, Public Health and Police.</p> <p>The Delivery Plan Report is used regularly to report to the Community Health and Social Care Partnership, Health and Social Care Committee (Moray Council), the Policy and Resources Committee (Moray Council) and the Community Planning Partnership. We then act on feedback as appropriate in service planning and redesign.</p> <p>Taking an outcomes based approach has allowed the MADP to progress in unison with the Single Outcome Agreement (SOA) and this will further improve in 2014/15 when this is replaced by the 10 year plan.</p>
3	<p><b>Integrated Resource Framework - Process</b></p>	G	<p>The MADP <a href="#">Finance and Commissioning Sub-group</a> receive delegated responsibility to ensure that the MADP are using resources to the best of their ability. This allows for the resources to be placed with</p>

	Theme	R A G See 1	Evidence See Note 2
	<p><b>Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.</b></p> <p>Note 5</p>		<p>the agency best able to deliver in line with the outcomes set through the Management and Performance Sub-group.</p> <p>All resources coming into Grampian are allocated using similar methodology to that of the Scottish Government. This means that for the money coming into Grampian, Moray receives 17% after any top-slice has occurred (as outlined in section 3).</p> <p>The MADP use all available data prior to making any decision on the use of resources to our changing the balance of spend from drugs to alcohol which will be continued into 2014/15.</p> <p>By engaging in and building on a scoping exercise throughout 2013/2014 we have been able to continue to cross populate outcomes with local key partners and have aligned strategic objectives allowing us to integrate resources.</p> <p>A key development in 2013/2014 was the integration of the management structure. Moray continues to have a clear line of accountability and governance which is fully integrated and allows for single management of both strategic and operational delivery.</p> <p>As a result of this approach, MADP will de-commission a number of service areas in 2014/15 and further develop recovery through a new and improved ROSC.</p>
4	<p><b>Integrated Resource Framework - Outcomes</b></p> <p>Note 5</p> <p><b>A coherent approach has been applied to selecting and prioritising investment and disinvestment options – building prevention into the design and delivery of services.</b></p>	G	<p>The Service Manager responsible for the MADP Support Team is intrinsically linked through the Community Health and Social Care Leadership Delivery Team. This allows for better joint working with both NHS and Moray Council and the MADP are fully immersed in the planning for an Integrated Health and Social Care Partnership emerging in Moray. Alcohol will be one of the priority areas in the 2023 (10 year) Plan when it is implemented later in 2014/15.</p> <p>The MADP engages through the Community Health and Social Care Joint Improvement Planning process and ensures that MADP are able to get best value from the little resources we have.</p>

	Theme	R A G See 1	Evidence See Note 2
			<p>The MADP have further developed moving forward by working within the new 3 Tier Model of delivery implemented by Community Care and will improve the ability to promote re-ablement and the use of Self Directed Support. This has been made easier by the joint/partnership working with Mental Health Service.</p> <p>During 2013/14, the MADP reviewed the resources available which has contributed to the service redesign. The outcome from this was that we were able to further develop the ROSC and deliver a 100% waiting times target in relation to A11 access to treatment.</p> <p>The fact that we are able to deliver a direct access service, offering assessment within 72 hours and we are measuring progress with every single person entering services (through the Outcome Star), means that we can identify if the interventions we are providing are working, if not we have the data and evidence to support change.</p>

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	Theme	R A G	Evidence
5	<b>We have a shared vision and joint strategic objectives, which is aligned with our local partnerships, e.g child protection committees, violence against women, community safety etc.</b>	G	<p>The MADP are currently working within the strategy developed in 2009 '<a href="#">Delivering Recovery Through Sustainable Change</a>'. This will be replaced in late 2014 by a five year strategy. A stakeholders day on the 31 October 2014 will be one of many opportunities for everyone to engage the decision making process in relation to the new strategy.</p> <p>We also have clearly outlined our vision through the Delivery Plan 2012 -2015.</p> <p>The MADP has developed since 2009 and continued to do so in 2014/15. In 2012/13 a new Chair was appointed to the MADP thus restoring stability to the MADP. This has been aligned with significant</p>



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			<p>changes in Community Care and NHS service delivery through a process of redesign.</p> <p>The vision and joint objectives for the MADP are clearly laid out in our strategy but can also be viewed in the MADP <a href="#">Constitution and Governance</a> Document.</p> <p>The MADP continue to work in partnership with the Community Safety Partnership, Child Protection Committee, the Public Protection Partnership, Community Care, Integrated Children’s Services, both Primary and Acute Care, Public Health and have been able to cross populate outcomes giving us a shared vision.</p> <p>The MADP are a core part of the Public Protection Partnership in Moray with the Chair, and the 3 Sub-group Chairs as well as the Lead Officer all being core members of the Partnership. The Chair of the MADP Early Years and Young People Sub-group is also Head of Integrated Children’s Services as well as the Chair of the Moray Child Protection Committee.</p> <p>The MADP are engaged with the Moray Community Planning Board in developing the 2023 Plan (replacing the SOA) and alcohol will focus as a key priority. This is a ten year plan and will provide goals and targets for the MADP to meet in relation to alcohol use [and the implications of said use] in Moray.</p>
<p><b>6</b></p>	<p><b>A. Our strategic commissioning work is clearly linked to Community Planning priorities and processes.</b></p> <p>Please include information on your formal relationship to your local child protection committee</p> <p>B. What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route.</p>	<p><b>G</b></p>	<p>The MADP Delivery Plan is clearly linked to the Community Planning Partnership’s Single Outcome Agreement. The MADP Commissioning Plan still provides clear guidance in following an outcome based commissioning structure but this is an area that the MADP will continue to review in 2014/15.</p> <p>The MADP quite clearly follow the process of assessing need, looking at the market, planning, commissioning, monitoring and reviewing. (Analyse, Plan, Deliver and Review). We are also embedding the development of small steps and using work streams to deliver change.</p> <p>The MADP Annual Delivery Plan is reported through the Management and Performance Sub-group to the MADP. This Delivery Plan Report is also submitted to the Health and Social Care Committee and the Community Planning Board.</p>

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	See note 6		
7	<b>Service Users and carers are embedded within the partnership commissioning processes</b>	G	<p>The MADP have worked with key partners to develop the opportunity for carers and this will continue. We continue to work well with the Grampian Family Support Group and Scottish Families Affected by Drugs (SFAD). A survey was carried out by SFAD in 2013/14 and we plan to use the information to develop further links with families affected by substance misuse. We have also developed a working relationship with Scottish Recovery Consortium (SRC).</p> <p>Studio 8 (Turning Point Scotland) currently work with service users through a service user group every 1<sup>st</sup> Monday of the month, which feeds into the Studio 8 Staff Team meeting, service users are involved in their recruitment process, in 1 group a service user is a co-facilitator at the SMART group, and 1 service user is also trained in SMART</p> <p>Locally the MADP have worked in partnership with the local Carers Partnership and have brought in external funding through the Lloyd's PDI programme which has allowed the creation of a number of projects delivered by Quarriers Carer Support Service.</p> <p>During 2013/14 the MADP have continued to work through the <a href="#">VOICE Strategic Framework</a> and have increased the dedicated User Officer time by 50% (now 2 days weekly). This post will continue to be developed throughout 2014/15 building on previous groundwork, allowing the MADP to gain the views of service users on a regular basis.</p> <p>Operational services are also developing engagement with service users' views through the Single Shared Assessment and through the Outcomes Star.</p> <p>Grampian wide we worked in partnership with NHS Grampian, Aberdeen City ADP and Aberdeenshire ADP to provide the Substance Misuse Conference on the 28<sup>th</sup> November which we were able to provide free places for service users and family members. We also held a very successful Stakeholders event on the 26 July with the sole purpose of ensuring that family members and service users were able to engage in the process of commissioning, planning and implementation of service delivery.</p>
8	<b>A person centered recovery focus has been incorporated into our</b>	G	<p>The MADP Strategy was developed around the sustainability of recovery in drug and alcohol delivery.</p>

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	<p><b>approach to strategic commissioning.</b></p> <p><b>Describe the progress your ADP has made in implementing a ROSC, please include what your priorities are in implementing this during 2014-15. This may include:</b></p> <ul style="list-style-type: none"> <li>• <b>Recovery Orientated System of Care service review and redesign</b></li> <li>• <b>Identify and commission against key recovery outcomes</b></li> <li>• <b>Recovery outcome reporting across alcohol and drug services eg. Outcome STAR. Other</b></li> <li>• <b>Individual recovery care plan and review</b></li> <li>• <b>Involved mutual aid and recovery communities</b></li> </ul> <p>Please include your outcomes for all individuals within your alcohol and drug treatment system for 2013/14 if available.</p>		<p>This has led to the ROSC being implemented and developed in Moray and has further been supported by the imbedding of the Outcomes Star approach with all service users now entering drug and alcohol services in Moray having key personal outcomes which are measured at regular intervals. Reviews are completed at 3, 6 and 12 months and service users are fully involved in their own recovery. This process has led to the MADP de-commissioning services and engaging in a re-design of the ROSC (Led by Turning Point Scotland and Quarriers Carers Support Service) to ensure that recovery, in its purest sense, is further developed and implemented in Moray.</p> <p>All drug and alcohol commissioning in Moray is outcomes based and we work with the Moray Council Community Care Commissioning and Performance Team in continuing to improve.</p> <p>The Management and Performance Sub-group continue to develop this process and have included work with the Front Line Forum, Service Users Groups and Commissioned Services which has developed comprehensive outcomes based commissioning process for 14/15.</p> <p>The ADP is currently engaged in a system redesign to further enhance the ROSC in order to allow further improvement in the delivery of recovery, especially around throughcare and measure key recovery outcomes. Through the service redesign the MADP will include building on the recovery communities approach and very much look at building community based assets.</p> <p>The MADP will also continue to engage with mutual aid groups and other groups delivering interventions for the benefit of users in Moray (including the very successful Street Pastors and SMART Recovery) through the Front Line Forum.</p> <p>All individual outcomes are reported on a quarterly basis through the Management and Performance Sub-group and this data can be accessed on our website. The <a href="#">Service Users Report</a> will give evidence of performance in relation to outcomes.</p>
9	<p><b>All relevant statutory requirements regarding Equality Impact assessments have been addressed during the compilation of our ADP Strategy and Delivery</b></p>	G	<p>All agencies delivering services are aware that they are required to meet the needs of disadvantaged groups/individuals in providing equality for all. The MADP will work with the Equalities Officer at Moray Council to ensure that we comply going forward.</p>

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	<p><b>Plan</b></p>		<p>The MADP continue to work with partners to implement the use of Equality Impact Assessments and will take this forward from 13/14. The MADP will be assisted by the Community Care Practice Governance Board in the monitoring of this.</p> <p>All documents currently submitted to the Moray Council Committee (Health and Social Care/Audit, Performance and Reporting/Policy and Resources) and the Community Health and Social Care Partnership as well as the Community Planning Board are committed to an Equality Impact Assessment.</p> <p>A full EIA will be completed in 2014/15 for the new Strategy and Delivery Plan.</p>
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## DELIVER

<p><b>10</b></p>	<p><b>Joint Workforce plans, as outlined in 'Supporting The Development of Scotland's Alcohol and Drug Workforce' statement are in place across all levels of service delivery which are based on the needs of your population. (see note 7)</b></p>	<p><b>G</b></p>	<p>The MADP continue to deliver on the initial <a href="#">Training Needs Analysis</a> but recognise that this now requires to be updated.</p> <p>Work has been carried out across Grampian with STRADA and Robert Gordon's University in trying to progress this area.</p> <p>The MADP have also developed the Front line Forum and have addressed this topic over the course of the year, culminating in various briefing sessions being delivered and specifically in the area around Getting Our Priorities Right.</p> <p>The MADP recognise that this is an area that will require targeted support throughout 2014/15.</p> <p>During 2013/14 a new chair was appointed and we are currently developing a new workforce development plan based on the needs of workers and the population of Moray as a whole. This work is being supported by STRADA.</p>
<p><b>11</b></p>	<p><b>A transparent performance management framework is in</b></p>	<p><b>G</b></p>	<p>All services, including those who are funded through the MADP are held accountable through the Finance and Commissioning Sub-group and the Management and Performance Sub-group. The Moray</p>

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	<p>place for all ADP Partner organisations who receive funding through the ADP, including statutory provision</p>		<p>Council Contracts department also provide the monitoring structure which will include self assessment, quarterly reviews, annual reports and 3 monthly management meetings. Some will also be monitored through the Care Inspectorate.</p> <p>All services are regulated through the Delivery Plan and HEAT Target process in place to ensure that they are meeting both local and national targets.</p>
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## REVIEW

<p>12</p>	<p><b>ADP Delivery Plan is reviewed on a regular basis.</b></p>	<p>G</p>	<p>The ADP Delivery Plan is reviewed by the Management and Performance Sub-group on a quarterly basis and this is then reported to the MADP Strategic Group. The report will then be forwarded to the Community Planning Board, the Moray Council's Health and Social Care Committee and Audit, Performance and Reporting Committees as well as the Community Health and Social Care Partnership Board.</p> <p>The report is regulated through the Community Health and Social Care Partnership and the Leadership Management Team as well as the Community Care Performance Management Group.</p>
<p>13</p>	<p><b>Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services, which incorporates recommendation 6 from the Delivering Recovery Report (see note 8)</b></p>	<p>G</p>	<p>As has been stated, all contracts are monitored by the Moray Council Community Care Commissioning and Performance Team on behalf of the MADP. This follows a clear and transparent process.</p> <p>The MADP have implemented a clear and transparent structure promoting recovery and this is focused through the Outcome Star and supports every individual who enters services the opportunity to develop personal outcomes and for the service to measure progress.</p> <p>The Delivery Plan is recovery focussed as is the local strategy. Both these documents will be reviewed and updated during the course of 2014/15. As a result of the ORT report and our feedback from the submission of last years report, MADP have re-focused in an effort to further enhance the recovery</p>

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			<p>model/interventions being delivered. These will culminate in a new and improved ROSC being implemented towards the end of 2014.</p> <p>Through the commissioning of our direct access service we have been able to provide a wide range of services and are able to offer all 9 modalities as identified in the HEAT Guidance for A11 – this will be vastly improved with our re-designed service in late 2014.</p>
14	<b>A schedule for service monitoring and review is in place, which includes statutory provision</b>	G	<p>The schedule for monitoring and review is inclusive of drug and alcohol services which include a quarterly self assessment return and risk scoring for future monitoring levels. The Finance and Commissioning Sub-group is presented with updated reports from the Management and Performance Sub-group as to performance in relation to outcomes.</p> <p>A review of all service provision is monitored and reviewed through file audits, supervision, and team and manager meetings.</p>
15	<b>Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.</b>	G	<p>As has been outlined in other areas of this report, service users and their families play a major part in evaluating the impact of services. Links have been strengthened with Scottish Families Affected by Drugs since Tanja Mehrer (Grampian Area Support Officer) came into post in August 2013.</p> <p>Through the presentation of the Stakeholders Event locally and the Grampian Substance Misuse Conference we have afforded the ability for users and family members to engage. We ensure user and family representation in all working groups and this is supported by the Service User/Public Engagement Officer Post.</p> <p>We further engage with Quarriers Carer Support Service and Grampian Family Support Group to ensure that the user voice is heard and that users are part of the decision making process.</p>
16	<b>A. There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.</b>	G	<p>MADP have a clear quality assurance process in place which is managed by the Management and Performance Sub-group, lead by the RIO and supported by the Finance and Commissioning Sub-group, the Workforce Development Sub-group and the Early Years and Young People Sub-group. This is then reported to the full ADP, who in turn report to various groups listed in 12 above.</p>

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See note 9	<p><b>B. Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioids Replacement Therapies in Scotland</b></p>	<p>All commissioned services provide monthly/quarterly reports which also feed into the Management and Performance Sub-group.</p> <p>We are working in partnership with NHS Grampian, Aberdeen City ADP and Aberdeenshire ADP to progress the recommendations made within the ORT report, which have also led to us re-designing our ROSC and will be implemented towards the end of 2104.</p> <p>In 2014/15, with the introduction of improved Quality Standards, further implementing QATS recommendations (which can be viewed as part of the MADP Delivery Plan) and the introduction of the Quality Improvement Framework, the MADP will take the opportunity to develop further quality assurance through policy. We will continue to use the improved Quality Standards through our service re-design process which has identified that in 2014 we will be implementing recommendations from the Independent Expert Review of Opiate Replacement Therapies.</p>
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### 3. Financial Framework

Your Report should identify both the earmarked drug and the earmarked alcohol funding from Scottish Government which the ADP has received (via your local NHS Board) and spent in order to deliver your local plan. It would be helpful to identify any other expenditure on drugs and/or alcohol prevention, treatment or support which each ADP partner has contributed from their core budgets to deliver the Plan. You should also highlight any under spend and proposals on future use of any such monies.

#### Total Income from all sources

Income	Alcohol	Drugs	Total
Earmarked funding from Scottish Government			607,040
Funding from Local Authority			
Funding from NHS (excluding funding earmarked from Scottish Government)			
Funding from other sources			30,751
<b>Total</b>			<b>637,791</b>

### Total Expenditure from sources

	Alcohol	Drugs	Total
<b>Prevention</b> (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)			
<b>RIO Post</b>			42,000
<b>Alcohol Liaison Post</b>			40,000
<b>MADP Support Team</b>			15,000
<b>Treatment &amp; Support Services</b> (include interventions focussed around treatment for alcohol and drug dependence)			
<b>Early Years</b>			99,464
<b>Mental Health</b>			72,564
<b>Direct Access</b>			215,000
<b>Social Work</b>			65,715
<b>Recovery</b>			
<b>Domestic Abuse</b>			15,392
<b>User Involvement</b>			7,400
<b>Safer Streets</b>			9,500
<b>Information Campaign</b>			4,377
<b>User Involvement Conf</b>			360
<b>Total</b>			<b>586,772</b>

### End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Drug			



Alcohol			
<b>Total</b>	<b>637,791</b>	<b>586,772</b>	<b>49,186</b>

**Total Under spend from all sources**

<b>Under spend £</b>	<b>Proposals for future use</b>
<b>49,186</b>	<b>Non recurring in line with finance policy – will be utilised to support the re-design as a result of the ORT report and feedback from Scottish Government as well as service user feedback.</b>

#### **4. Core and Local Indicators 2013/14**

**Please include progress made re-establishing baselines, local improvement goals/targets and progress using the ScotPHO website for all national outcomes. You may submit your annual update on your performance framework from your delivery plan, however please include local indicators, linkage between activities, indicators and outcomes, how you will measure if a ROSC has been successfully implemented in your area and please state how many people are in receipt of opiate replacement therapies in your area.**

Objective – HEALTH

Service Priority – People are healthier and experience fewer risks as a result of alcohol and drug use

Objective Owner – Tracey Gervaise

Target	National	Local	Lead Officer	Increase / Decrease	Milestone	Baseline	Progress RED: not going to make target AMBER: on target GREEN: target met	Reporting Timescale
1 A range of improvements to physical and mental health, as well as wider well-being should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health and a reduced risk of drug or alcohol-related mortality.	X		Tracey Gervaise	↓	Decrease the Rate of drug-related hospital discharges (three year rolling average) by 10% by 2014	Moray = 42 discharges, 48 per 100,000 Angus = 88 discharges, 86 per 100,000	<b>2012/13 Data</b> Moray – 32 Discharges, 39 per 100,000 Angus – 60 Discharges, 58 per 100,000 <b>Green</b>	Annual
	X		Tracey Gervaise	↓	Rate of alcohol-related hospital discharge rates (three year rolling average) by 10% by 2014.	Moray = 469 discharges, 506 per 100,000 Angus = 437 discharges, 387 Per 100,000	<b>2012/13 Data</b> Moray = 386 discharges, 420 per 100,000 Angus = 432 discharges, 368 per 100,000 <b>Green</b>	Annual
	X		Tracey Gervaise	↓	Rate of alcohol-related mortality (three year rolling average) by 5% by 2014.	Moray = 20 Angus = 20	<b>2012/13 Data</b> Moray = 21 Angus 19 <b>RED</b>	Annual

<p>A range of improvements to physical and mental health, as well as wider well-being should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health and a reduced risk of drug or alcohol-related mortality.</p>	X	Tracey Gervaise	↓	Decrease the prevalence of hepatitis C among injecting drug users over by 2015.	No Baseline figure.	<p><b>2010/11 Data</b>  Grampian NHS Board = 83 (31%)  Scotland = 789 (25%)  <b>Green</b></p>	Annual	
		X	Lynsey Murdoch	↑	Increase the number of Naloxone Training sessions delivered in Moray by 5% by 2014.	Moray = 37	<p><b>2013/14 Data</b>  89 Naloxone Training Session  <b>Green</b></p>	Quarter
		X	Tracey Gervaise	↓	Decrease the number of times Naloxone has been administered by Scottish Ambulance Service, A&E Staff and Service Users in Moray by 2014.	Moray = 7	<p><b>2013/14 Data</b>  Moray = 11  <b>Red</b></p>	Quarter
		X	Tracey Gervaise	↓	Decrease the percentage of new clients who have ever injected drugs by 5% by 2014.	Grampian = 75% Lothian = 50%	<p><b>2011/12 Data</b>  Grampian = 75%  Lothian = 33%  <b>Red</b></p>	Annual

		X	Tracey Gervaise	↓	Decrease the rate of Drug related Deaths per 100,000 population by 5% by 2014.	Moray = 7 people (0.006 rolling 5 year average) Angus = 9 People (0.008 rolling 5 year average)	<b>2012/13 Data</b> Moray = 6 people (0.007, rolling 5 year average) Angus = 8 people (0.008 rolling 5 year average) <b>Green</b>	Annual
		X	Kevin Lackie	↓	Decrease the percentage of Accidental dwelling fires where substance misuse was a contributory factor by 10% by 2014	Moray baseline = 18%	<b>2013/14 Data</b> 7 of 77 (9.1%) Accidental Dwelling Fires were substance Misuse Related. <b>Green</b>	Quarter
		X	John Campbell	↑	Increase the number of clients reporting an increase in healthy relationships by 5% by 2014.	40% made progress 33.9% no help required	<b>2013/14 Data</b> 41 of 109 Service Users made progress (37.6%) 29 of 109 Service Users required no help in this area (26.6%) <b>Red</b>	Quarter

			X	John Campbell	↑	Increase the number of clients reporting improved mental health by 5% by 2014.	50% made progress 14.5% no help required	<b>2013/14 Data</b> 61 of 109 service users made progress (56%) 6 of 109 service users required no help in this area. (5.5%) <b>Green</b>	Quarter
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Objective – PREVALENCE

Service Priority - Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others

Objective Owner – Tracey Gervaise

Target	National	Local	Lead Officer	Increase / Decrease	Milestones	Baseline Data	Progress RED: not going to make target AMBER: on target GREEN: target met	Reporting Period	Timescale
2 A reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future.	X		Tracey Gervaise	↓	Decrease the estimated prevalence of Problem Drug Use Amongst 15-64 year olds in Moray by 10%.	Moray = 0.6% Scotland = 1.7%	<b>2009/10 Data</b>  Moray 0.6% (According to this data Moray was the ADP / Local Authority area with the lowest prevalence rate on Mainland Scotland.) Scotland = 1.7%  <b>Green</b>		Annual
	X		Tracey Gervaise	↓	Estimated prevalence of Injecting drug use amongst 15-64 year olds in Scotland.	No baseline figure	<b>No Data Available Scottish Government aware.</b>		Annual

2	A reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future	X		Education	↓	Decrease the percentage of 15 year old pupils who usually take illicit drugs at least once a month (areas with larger prevalence) by 10% by 2014 Salsus.	Moray = 12% Angus = 9%	<b>2010 Data</b> Moray = 6% Angus = 8% <b>Amber</b>	Bi - Annual
		X		Education	↓	Decrease the percentage of 15 year old pupils who have taken an illicit drug in the last year (areas with lower prevalence) by 10% by 2014 Salsus.	Moray = 25% Angus = 19%	<b>2010 Data</b> Moray = 16% Angus = 14% <b>Amber</b>	Bi-Annual
		X		Tracey Gervaise	↓	Decrease the proportion of individuals drinking above and/or daily weekly recommended limits by 10% by 2015.	No baseline figure	<b>2011/12 Data</b> Grampian = 41% Scotland = 43.4% <b>Amber</b>	Annual



		X		Tracey Gervaise	↓	The proportion of individuals drinking above twice daily ("binge" drinking) recommended limits by 10% by 2015.	No baseline figure	<b>2011/12 Data</b> Moray = 20.6% Scotland = 21.1% <b>Amber</b>	Annual
		X		Tracey Gervaise	↓	Decrease the proportion of individuals who are alcohol dependent by 5% by 2015	No baseline figure	<b>2011/12 Data</b> Moray = 10% Scotland = 11.7% <b>Amber</b>	Annual
		X		Education	↓	Decrease the proportion of 15 year olds drinking on a weekly basis (and their mean weekly level of consumption) by 5% by 2014 Salsus	Moray = 32% Angus=25%	<b>2010 Data</b> Moray = 26% (mean 20.9) Angus = 23% <b>Amber</b>	Bi-Annual
			X	John Campbell	↓	Decrease the number of residents reported to the Scottish Drug Misuse database as a new client per 100,00 population by 5%	Grampian = 165 Scotland = 218	<b>2011/12 Data</b> Grampian = 176 per 100,000 Scotland = 222 per 100,000 <b>Red</b>	Annual

**Objective – RECOVERY**

**Service Priority - Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use**

**Objective Owner – John Campbell**

Target		National	Local	Lead Officer	Increase / Decrease	Milestones	Data Source / Baseline Data	Progress RED: not going to make target AMBER: on target GREEN: target met	Reportin g Timesca le
3	A range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.	X		John Campbell	↓	Average percentage reduction in daily drugs spend during treatment	No Baseline figure provided by the SG.	<b>No data Available – Scottish Government Aware</b>	Annual
		X		John Campbell	↓	Reduction in the percentage of clients injecting in the last month during treatment	No baseline figure provided by the SG	<b>No data Available – Scottish Government Aware</b>	Annual
		X		John Campbell	↑	Proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow-up	No baseline figure set.	<b>No data Available – Scottish Government Aware</b>	Quarter

		X		John Campbell	↑	Proportion of clients receiving drugs treatment experiencing improvements in employment/ education profile during treatment	No baseline figure set.	<b>No data Available – Scottish Government Aware</b>	Quarter
3	A range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education	X		John Campbell	↑	Reduction in the number of drug and alcohol service clients who are of homeless (or where drug and alcohol support needs have been identified when person identified as homeless) by 10% by 2014	58% made progress 21% no help Required	<u>2013/14 data</u> 33% made progress 42% required no help <u>Red</u>	Quarter

and employment, and involvement in social and community activities.			↑	Maintain the number of active Mutual Aid Groups in Moray throughout 2014.	13 AA Groups 1 NA Group	<p><b>2013/14 Data</b></p> <p>There are 13 AA Groups operating in the following areas: Aberlour, Buckie, Duffus, Elgin x7, Forres, Keith and Lossiemouth.</p> <p>There are 4 AI-Anon Groups in operating in the following areas: Buckie, Elgin, Forres and Keith.</p> <p>There is 1 NA group in Forres</p> <p><b>Green</b></p>	Quarter
		X	John Campbell	↑	Increase the percentage of Service Users who reported progress at 3, 6 and 12 months by 10% by 2014.	74% made progress	<p><b>2013/14 Data</b></p> <p>97.2% reported making progress 58% reported making progress at 3 months 25.7% reported making progress at 6 months 13.8% reported making progress at 1 year.</p> <p><b>Green</b></p>

		X	John Campbell	↑	Maintain the number of Active recovery Champions in Moray throughout 2014.	Moray = 7	<u>2013/14 data</u> 6 recovery champions  <u>Red</u>	Quarter
		X	John Campbell	↑	Increase the number of clients reporting an increase in improved social networks by 10% by 2014.	42% making progress  17.7% no help required	<u>2013/14 Data</u> 46.8% made progress  11.9% no help required.  <u>Green</u>	Quarter

Objective – FAMILIES

Service Priority - Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances

Objective Owner – Susan MacLaren

Target		National	Local	Lead Officer	Increase / Decrease	Milestones	Data Source / Baseline Data	Progress RED: not going to make target AMBER: on target GREEN: target met	Reporting Timescale
4	This will include reducing the risks and impact of drugs misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.	X		Tracey Gervaise	↓	Decrease the rate of maternities recording drug use (three year rolling average) by 5% by 2014	Moray = 15 Angus = 37.3	<b>2009/10-2011-12 Data</b> Moray = 13 (5.0 per 1000 births)  Angus = 53 (15.7 per 1000 births)  <b>Green</b>	Annual
		X		Tracey Gervaise	↓	Rate of maternities recording alcohol use (three year rolling average)	No baseline figure provided by the SG.	<b>No data Available – Scottish Government Aware</b>	Annual
		X		Tracey Gervaise	↑	Proportion of positive ABI screenings in ante-natal setting	No baseline figure provided by the SG.	<b>No data Available – Scottish Government Aware</b>	Annual

4	This will include reducing the risks and impact of drugs misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and	X	?	↑	Increase the number of Contacts with Scottish Families Affected by Drugs Helpline by 10% by 2014.	Moray = 5 calls	<u>2013/14</u> 1 call <u>Red</u>	Quarter
		X	Harry Gordon	↓	Decrease the number of Domestic Abuse cases and number where the perpetrator was under the influence of alcohol or drugs by 10% by 2014.	Moray = 259	<u>2013/14</u> Moray = 225 <u>Green</u>	Quarter

4	significant others.					<p>↓</p> <p>Moray of 64 children Parental Alcohol misuse = 9 (14.1%) Parental Drug misuse = 10 (15.6%) Parental Substance misuse = 13 (20.3%)</p> <p>Decrease the number of children in the Child Protection Register where Substance misuse was a factor by 5% by 2014.</p> <p>Angus of 94 children Parental Alcohol misuse = 18 Parental Drug misuse = No data Parental Substance Misuse = 20</p>	<p><b><u>As at 31/07/2013</u></b></p> <p>Moray of 64 children Parental Alcohol misuse = 13 (20.3%) Parental Drug misuse = 16 (24.6%) Parental Substance misuse = 23 (35.9%)</p> <p>Angus of 94 children Parental Alcohol misuse = 8 (8.5%) Parental Drug misuse = 10 (10.6%) Parental Substance Misuse = 18 (19.1%).</p> <p><b><u>Red</u></b></p>	Quarter
	This will include reducing the risks and impact of drugs misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.		X	John Campbell		<p>↓</p> <p>Decrease the percentage of Children referred to the Children's Reporter for having misused alcohol or drugs by 2015</p> <p>No reliable baseline.</p>	<p><b><u>2013/14 Data</u></b></p> <p>0%</p> <p><b><u>Amber</u></b></p>	Quarter



			X	John Campbell	↑	Increase the number of families reporting that they have a drug and alcohol problem are offered support through pregnancy by 10% by 2015	No reliable baseline.	<u>2013/14 Data</u> Q1 – 4 Q2 – 1 Q3 – 1 Q4 – 1  <u>Amber</u>	Quarter
			X	John Campbell	↑	Increase the number of families reporting that they have a drug and alcohol problem are offered support through the early years of parenthood by 10% by 2015	No baseline figure set.	<u>2013/14 Data</u> Q1 – 37 Service Users Q 2 – 59 Service Users Q3 – 67 Service Users Q4 – 71 Service Users  <u>Amber</u>	Quarter

			X	Susan Leonard	↑	Increase the number of family members offered an intervention as a carer (Including Significant Others) by 10% by 2015	No reliable baseline	<b>2013/14</b> Q1 - 75 family members are being supported by Quarriers. Q2 – 75 Family Members are being supported by Quarriers Q3 – 76 Family Members are being supported by Quarriers. Q4 – 84 Family Members being supported by Quarriers. <b>Amber</b>	Quarter
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Objective – COMMUNITY SAFETY

Service Priority - Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour

Objective Owner – Willie Findlay

Target		National	Local	Lead Officer	Increase / Decrease	Milestone	Data Source / Baseline Data	Progress RED: not going to make target AMBER: on target GREEN: target met	Reporting Timescale
5	Reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.	X		Willie Findlay	↓	Decrease in the percentage of people perceiving drug misuse or dealing to be common or very common in their neighbourhood by 5% by 2014.	Moray = 9% Angus = 9%	<u>2012/13 data</u> Moray = 8% Angus = 12% <b>Green</b>	Annual
		X		Willie Findlay	↓	Decrease in the percentage of people with personal experience of drug misuse or dealing in their neighbourhood by 5 % by 2014.	Moray = 10.1%	<u>2012/13 Data</u> Moray = 7% Angus = 5% <b>Green</b>	Annual

5	Reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.	X		John Campbell	↓	Decrease in the Percentage of new clients at specialist drug treatment services who report funding their drug use through crime	Moray = 25.2% Scotland = 20.8%	<b>No data Available – Scottish Government Aware</b>	Annual
		X		Willie Findlay	↓	Reduction in the number of cases of vandalism (or malicious mischief), breach of the peace, assault or anti-social behaviour by 15% by 2014	Moray = 837 of 2,528 (33%)	<b>2013/14 Data</b> Moray = 596 of 1843 32% <b>Green</b>	Quarter
		X		Blair Dempsey	↑	Increase the number of Community Payback Orders issued where alcohol and drug treatment required, and proportion that are successfully completed by 2014.	No baseline figure set.	<b>2013/14 Data</b> Q1 – 0 Q2 – 0 Q3 – 0 Q4 – 0 <b>Red</b>	Quarter

5	Reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive	X	Willie Findlay	↓	Reduction in the proportion of victims of a crime who reported that offender was under the influence of alcohol / drugs by 5% by 2015	Alcohol Moray = 19% Scotland = 22.5%  Drugs Moray = 14.5% Scotland = 12.5%	<b>2011/12 Data</b>  Scotland = Alcohol = 59% Drugs = 29% (Scottish Crime and Justice Survey)  Unable to break this figure down any further at present. <b>Amber</b>	Annual
		X	Willie Findlay	↓	Decrease the number of Drink / Drug Driving offences by 10% by 2014.	Moray = 120	<b>2013/14 Data</b>  Moray = 108  <b>Green</b>	Quarter
		X	Willie Findlay	↓	Decrease the number of drinking in a designated place charges by 5% by 2014.	Moray = 20	<b>2013/14 Data</b>  Moray = 37  <b>Red</b>	Quarter

<p>contribution in ensuring safer, stronger, happier and more resilient communities.</p>	X	Willie Findlay	↑	<p>Increase the number of Test Purchase visits carried out and the number which have failed by 5% by 2014.</p>	Moray = 0	<p><b>2013/14 Data</b> Moray = 0 Alcohol related Test Purchase Visits are no longer carried out by either Trading Standards or Police Scotland in Moray <b>Green</b></p>	Quarter
	X	Harry Gordon	↓	<p>Decrease the number of Assaults and ASB in Moray during the Safer Streets Campaigns by 10% by 2014.</p>	<p>1 Serious Assault 5 Common Assaults 15 Breach of the Peace 3 Threatening or Abusive Behaviour</p>	<p><b>2013/14 Data</b> 0 Serious Assault 2 Common Assaults 4 Breach of the Peace 2 Threatening or Abusive Behaviour <b>Green</b></p>	Annual

			X	Harry Gordon		Evaluate the domestic violence prevention programmes and campaigns to increase the profile of Domestic Abuse in Moray	No baseline	The number of Domestic Abuse Incidents reported to Police Scotland has steadily risen since 2011, however in 2013/14 the number of incidents decreased. The Moray Domestic Abuse Partnership has actively participated in the National Domestic Abuse Campaigns throughout 2013/14. They also added Domestic Abuse information in the payslips of local businesses and the NHS and Local Authority. The MDAP are currently writing their new strategy and will be holding a conference later in 2014. <b>Green</b>	Annual
			X	Blair Dempsey	↑	Increase the Co-ordination, implementation and evaluation of Drug Testing and Treatment Orders By 5% by 2014.	Moray = 5	<b>2013/14 Data</b> Q1 – 2 Q2 – 3 Q3 – 8 Q4 - 6 It should be noted that all DTTO's are being monitored on a regular basis. <b>Green</b>	Quarter





			X	Willie Findlay	↑	Increase in the number of recorded controlled drugs supply charges in comparison to established baseline by 5% by 2014.	Moray = 39	<u>2013/14</u> Moray = 24 <u>Red</u>	Quarter
			X	Willie Findlay	↑	Increase in the number of recorded controlled drugs possession charges in comparison to established baseline by 5 % by 2014.	Moray = 242	<u>2013/14</u> Moray = 215 <u>Red</u>	Quarter

**Objective – LOCAL ENVIRONMENT**

**Service Priority - People live in positive, health-promoting local environments where alcohol and drugs are less readily available**

**Objective Owner – Willie Findlay**

Target		National	Local	Lead Officer	Increase / Decrease	milestones	Data Source / Baseline Data	Progress RED: not going to make target AMBER: on target GREEN: target met	Reporting Timescale
6	Alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in meaningful activities, and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the	X		Willie Findlay	↓	Decrease the proportion of young people who have been offered drugs in the last year by 10% when compared to the 2006 Salsus	Moray = 58.5% Angus = 43%	<b>2010</b> Moray = 27% Angus = 38% <b>Green</b>	Bi - Annual
		X		Willie Findlay	↓	Decrease Percentage of people perceiving drug misuse or dealing to be common or very common in their neighbourhood by 10% by 2014.	Moray = 11% Angus = 9%	<b>2012/13</b> Moray = 8% Angus = 12% <b>Green</b>	Annual

6	community.	X	Willie Findlay	↓	Percentage of people with personal experience of drug misuse or dealing in their neighbourhood	No baseline figure	<u>2012/13</u> Moray = 7% Angus = 5% <u>Green</u>	Annual
	Alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in meaningful activities,	X	Willie Findlay	↓	Decrease the prevalence of people perceiving rowdy behaviour e.g. drunkenness, hooliganism, or loutish behaviour) to be very or fairly common in their neighbourhood by 10% by 2014.	Moray = 12% Angus = 12.3%	<u>2012/13</u> Moray = 10% Angus 11% <u>Green</u>	Annual

and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the community.	X		Sean Hoath	Data only	Number of premises and occasional licences in force per annum and the overall capacity of premises licences	<u>As at 31/3/2012</u> Moray total = 314 On sales= 232 Off Sales = 82 On sales Received = 2 Off sales received =0 Angus total = 350 On sales= 270 Off Sales = 80 On sales Received = 3 Off sales received =7	<u>Licenses in force as at 31/3/2013</u> Moray total = 313 On sales= 232 Off Sales = 81 On sales Received = 2 Off sales received =2  Angus total = 324 On sales= 250 Off Sales = 74 On sales Received = 10 Off sales received =3  <u>Green</u>	Quarter
	X		Sean Hoath	Data only	Number of new applications for premises or occasional licences, and proportion refused on the grounds of overprovision	Moray = 0	<u>2013/14</u> Moray = 0  <u>Green</u>	Quarter

					↓	Reduction in the number of needles found by Lands and Parks in Moray by 10% by 2014.	Moray = 214 Needles found in 24 Locations	<u>2013/14 Data</u> Moray 148 Needles Found in 19 locations <u>Green</u>	Quarter
		X	Ken Kennedy						
		X	Fiona Raeburn		↑	Increase the number of needles exchanged in needle exchanges throughout Moray by 10% by 2014.	Moray baseline = 33,0847 needles 1,492 attendances	<u>2013/14 Data</u> Moray = 40,497 Needles issued 2,459 Attendances <u>Green</u>	Quarter

**Objective – SERVICES**

**Service Priority - Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery**

**Objective Owner – Jane Mackie**

Target		National	Local	Lead	Increase / Decrease	Milestones	Data Source / Baseline Data	Progress RED: not going to make target AMBER: on target GREEN: target met	Reporting Timescales
7	Services should offer timely, sensitive and appropriate support, which meets the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity and sexual orientation) and facilitates their recovery. Services	X		Tracey Gervaise	↑	The number of screenings for alcohol use disorders delivered and the percentage screening positive (with % eligible for ABI and % eligible for referral)	No baseline figure provided by the SG.	<b>No data Available – Scottish Government Aware</b>	Annual

	should use local data and evidence to make decisions about service improvement and re-design.	X	Tracey Gervaise	↑	Increase the number of alcohol brief interventions delivered in accordance with the HEAT Standard guidance by 5% by 2014.	Moray = 718	<u>2013/14 Data</u> Moray = 558 <u>Red</u>	Annual
	Services should offer timely, sensitive and appropriate support, which meets the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity and sexual orientation) and facilitates their recovery. Services should use local data and evidence to make decisions about service improvement and re-design.	X	John Campbell	↓	Reduce the number of people waiting more than three weeks between referral to a specialist drug and alcohol service and commencement of treatment by 25% compared to baseline by 2014.	Moray = 48.3% Scotland = 16.2%	<u>2013/14 Data</u> Moray = 0 People Waiting more than 3 weeks for either Drug or Alcohol Treatment. <u>2012/13 Data</u> Moray Drugs = 10.1% Moray Alcohol = 12.5% Angus Drugs = 24.3% Angus Alcohol = 13.9% <u>Green</u>	Quarter

		X	John Campbell		Number of treatments drug and alcohol service clients receive at 3 month and 12 month follow-up (and annually after that)	Data only 2012/13 Moray = 188	<u>2013/14 Data</u> Moray = 123 people had their treatment reviewed. <u>Green</u>	Quarter
		X	John Campbell		Demographic breakdown of service users in Moray by Sex, Postcode, Age and Ethnicity	Data only		Quarter



		X	John Campbell		Breakdown of service users in moray by type of substance misused e.g. alcohol, illegal drugs or legal drugs	Data only	<p><b>Green</b></p> <p>Q1 - 432 Service users in MADP Services. 42% aged 16-35 35% have contact with children 61% Males 39% Females 46% Alcohol, 11% both and 43% Drugs</p> <p>Q2 – 427 clients in MADP Services 44% aged 16-35 34% have contact with children 58% males 41% females 45% alcohol, 47% Drugs, 8% both</p> <p>Q3 – 407 clients in MADP Services 40.3% aged 16-35 38.6% have contact with children 59% males 41% females 44% alcohol, 46.7% Drugs, 9.3% both</p> <p>Q4 – 422 clients in MADP Services 42.9 % aged 16 to 35 60.1% males 39.9% females 25.1% have contact with</p>	Quarter
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		X	John Campbell	↑	Number of clients in specialist services in Moray	Moray = 385	<b><u>2013/14 Data</u></b> Q1 – 423 clients in MADP services Q2 – 427 Clients in MADP Services Q3 – 407 Clients in MADP Services Q4 – 422 Clients in MADP Services <b><u>Green</u></b>	Quarter
		X	John Campbell	↓	Reduce the number of unplanned discharges from the Recovery Orientated System of Care in Moray by 10% by 2014	Moray = 238	<b><u>2013/14 Data</u></b> Moray = 160 <b><u>Green</u></b>	Quarter

		X	John Campbell	↑	Increase the number of planned discharges from the Recovery Orientated System of Care who are free from problematic alcohol or other drug use by 10% by 2014.	Moray = 233	<b>2013/14 Data</b> Moray = 170 <b>Red</b>	Quarter
		X	John Campbell	↑	Number of learning and development sessions delivered for tier 1 staff	4 Training/ Briefing Events	6 Sessions delivered throughout Moray	Annual
		X	John Campbell	↑	Number of tier 1 staff who attain a basic awareness and understanding of the values and attitudes of a successful recovery focused workforce	80 Staff to be trained/briefed	104 Staff attended briefing sessions	Annual

## 5. ADP & Ministerial Priorities

### ADP Priorities 2013/14

Please list the progress you have made in taking forward your ADP's five key commitments for 2013/14.

#### Strategy Development

The MADP published their strategy '[Delivering Recovery Through Sustainable Change 2009 - 2011](#)' early in 2010. The time span put on the strategy was too short and given that the strategy was giving good direction in our journey through change it was agreed to extend this to cover 2013/14.

Given the work that has been carried out over the last year and the implementation of our Delivery Plan 2012 – 2015, the MADP are now in a position to strategically plan for the next five years (This was given a re-focus in November 2013 with the ORT Report and subsequent recommendations). Emphasis will be put on developing and implementing our new five year strategy in late 2014 to give strategic direction in relation to the seven key priorities identified by the Scottish Government:

- Health;
- Prevalence;
- Recovery;
- Families;
- Community Safety;
- Local Environment; and
- Service Delivery.

Within the strategic development, the MADP will remain on course to look at improving in the following areas:

- Shifting the balance of spend in the direction of early intervention/prevention;
- Progress workforce development;

- Sustain and further develop the ROSC;
- Continue to improve accessibility;
- Continue to develop User Involvement;
- Continue to further develop our outcomes based framework; and
- Develop better services for families and carers.

Quality assurance will be high on the agenda and the MADP will continue to strive to ensure that quality is maintained through strategic direction and this includes embedding the QATS recommendations, National Quality Standards and taking direction from our own performance management structure ([Management and Performance Sub-group](#)).

### **Procurement and Commissioning**

The resource allocation will be based on the outcomes delivered through the Delivery Plan and Strategy and will be based on the needs of Moray. During 2013/14 the MADP looked at services provision and how to navigate through the next five years to put the ROSC at the centre of our service provision.

MADP implemented a procurement and commissioning process which was delivered by the Moray Council Community Care Commissioning and Performance Team. This led to need for a service redesign which is being taken forward for 2014/15.

Over the last 5 years the MADP have designed services and resource allocation based on analysis and performance management and it is clear that this will be continued.

### **Outcome Star**

The Alcohol and Drug Outcomes Star is a tool kit designed to measure change in an individual who is working with Alcohol and Drug Services. The brief statements with which the service user identifies as the stage they are at corresponds to the numbers on each point of the star. This way of measuring an individual's progress is crucial to the integrity of the data collated from the Star as it removes a large element of subjectivity.

The Alcohol and Drug Outcomes Star measures 10 key areas; Drug Use, Alcohol Use, Physical Health, Meaningful Use of Time, Community, Emotional Health, Accommodation, Money, Offending and Family and Relationships.

The Alcohol and Drug Outcomes Star has been in use in all MADP Services since July 2012 and has proven to be an effective tool to capture how each individual is progressing through their recovery journey. An Alcohol and Drug Star is completed when a Service User first comes into services, a first review is completed at 3 months after the initial assessment, then a second review is completed 3 months from the first review, a third review is completed 6 months after the second review where upon the reviews then become annual. This allows for the MADP to analyse the data for each person in services and measure the success of particular services, and interventions.

From April 2013 to March 2014, 109 Individuals had two or more Alcohol and Drug Stars completed, thus producing base line and comparison figures. It was found that 94 (86.2%) individuals had made progress in one or more of the areas covered in the Alcohol and Drug Star, while 15 (13.7%) reported that they had made no progress or that no change was required (i.e. they did not need any additional help in this area).

In the fiscal year 2014/15 the Moray Alcohol and Drug Partnership will continue to progress and promote the use of the Alcohol and Drug Outcomes Star with Service Users as it has proven to be an effective measure of progress, success and areas that may need a little more work. Service User and staff feedback shows that they welcomed using the Alcohol and Drug Star as it is easy to follow and easier to see where a Service User is making progress and the areas that need more work. As more reviews are completed we will have more data to analyse giving us a richer picture on where we can improve services and the types of interventions offered. This data is then reported to the Community Care Management, Management and Performance Sub-group and the Partnership and is being used in the 2014 service redesign.

### **Carers and Families**

It has been recognised that although the MADP have been involved in new and improving developments with carers and families, it is still an area we need to continue to improve on. During 2013/14 the MADP have strengthened links with SFAD through Tanja Mehrer (SFAD). The ADP is also part of the Grampian Family Support Forum. We also continue to work with Quarriers Carer Support Service with their Lloyds PDI funding for Young People and Alcohol.

This will be a key area and evidences the work we are doing in relation to performance management as we are able to shift the balance of spend to enable us to provide early intervention and preventative interventions which will embed within our ROSC. This area will continue to be a priority in 2014/15, as the MADP goes through evidence based Service Redesign.

## **Workforce Development**

Through the course of 2013/14 the MADP have reviewed the direction we have taken in relation to workforce development. It is important to note that through this period that the MADP has explored a sustainable model of delivery to improve the skills and knowledge of our workforce and took forward the learning we have gained through assessment. The MADP have also appointed a new Workforce Development Chair and are working towards a Workforce Development Strategic Plan in 2014/15. The MADP [Workforce Development Group](#) will be working closely with STRADA in order to develop the Workforce Development Strategic Plan during 2014/15.

## **ADP Priorities in 2014-15**

Please list your ADP's five key commitments for 2014/15 following this self-assessment.

### **Service Redesign (ROSC)**

During 2013/2014 the Moray ADP reviewed the way agencies work together in order to deliver a coherent and integrated recovery orientated system of care; with the needs of the service user being at the centre. The result of the review is that in 2014/15 the MADP will re-design the way services are provided; taking full account of the Independent Expert Review of the Opioid Replacement Therapies in Scotland and the Quality Principals.

The service redesign will deliver recovery focused outcomes for service users and their families; focussing on prevention, intervention and sustained long term recovery; with the following objectives:

1. To create a recovery pathway; supported by a comprehensive recovery plan, for individual and families affected by substance misuse;
2. To have a Moray wide service that integrates the interventions of Health, Social Work and voluntary sector providers, efficiently and seamlessly for individuals and families;
3. To specifically develop links/interventions with and for families [incorporating the learning from SFAD];
4. To have a high quality physical location which supports the delivery of a recovery orientated system of care; and
5. To have a Moray wide service that supports long term recovery and community integration.

### Workforce Development Sub-group

As has been previously mentioned, the Workforce Development Sub-group will continue to be a priority during 2014/15. This Sub-group will work closely with STRADA in the development of a Workforce Development Strategic Plan. To help workers utilise and build on existing skills and knowledge to respond to needs of those in services.

### Children and Families

The Early Years and Young People Sub-group of the MADP is responsible for implementing and monitoring the MADP strategy and ensuring the outcomes are achieved.

This is chaired by the Head of Integrated Children's Services, who is a member of the MADP and is directly linked into the Children's planning and delivery structures; therefore ensuring there is a direct link between these structures and the MADP.

The sub group outcomes linked to the SHANARRI Wellbeing indicators: Safe and Nurtured are:

- Fewer (adults and) children are drinking and using drugs at levels or patterns that are damaging to themselves or others;
- Children and family members of people misusing alcohol and/or drugs are safe, supported and have improved life chances; and
- People live in positive, health-promoting local environments where alcohol and drugs are less readily available.

As part of the commitment to continuous improvement in 2014/2015, the Moray ADP will:

- Undertake a review of how adult drug and alcohol treatment services and children services work together to promote both the recovery from addiction and the welfare of children; linking in to both the ROSC service re-design, children's services; and taking account of the Children Act (Scotland) 2014;
- Review and revise, as required, how services should be commissioned and delivered to ensure there is integration and coordination; bringing about the best value for money; and



- Prepare a detailed three year work plan which takes account of the wider Moray ROSC service re-design; and which takes account of and builds on existing good practice. (This will be embedded in the Delivery Plan 2015/18).

### Families and Carers

As has been previously mentioned, the MADP has identified this as a priority for 2014/15. During this timeframe the MADP will ensure that Families and Carers are integrated within the Service Redesign, recognising that family members and/or carers are service users in their own right. The MADP will also have a family member and representatives from Quarriers Carer Support Service as part of the Service Redesign consultation group, to ensure that the view of family members are heard and taken into account.

### SDMD

During 2014/15 MADP Services (both Voluntary and Statutory) will make a more focused effort to submit accurate and timely data into the SDMD System. All MADP Services have committed to making a weekly check of the SDMD System to ensure that both SMR25a's and SMR25b's are completed in a timely manner, with full and accurate data for service users in MADP Services.

Where required, further training will be provided to ensure that all necessary staff are proficient in the use of the SDMD system. The Management and Performance Sub-group will monitor the levels of submissions from each service throughout 2014/15 and take action as appropriate.

## **Ministerial Priorities**

ADP funding allocation letters 2014-15 outlined a range of Ministerial Priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2014/15. Please outline these below.

Specific baseline figures will be included in the action plan evidenced in section 4 of this report.

### **Compliance with the Alcohol Brief Interventions (ABIs) Heat Standard**

To improve ABI delivery and performance service improvement actions are in place for delivering ABI's. Bespoke on site ABI training for GP practices Moray-wide and continually offered and Advanced and Area Public Health Co-ordinators have completed ABI training so that they may offer direct support and guidance to GP practice personnel on the delivery and recording of ABI's within their designated localities. The Moray Keep Well Extension Programme bank nurses are all ABI trained and deliver and record ABI as part of their KWEP Healthcheck and The Moray ALN was in post during 2013/14.

### **Increase compliance with the Scottish Drugs Misuse Database (SDMD)**

- During 2014/15 MADP Services (both Voluntary and Statutory) will make a more focused effort to submit accurate, timely data into the SDMD System.
- During 2014/15 all MADP Services have committed to making a weekly check of the SDMD system to ensure that both SMR25a's and SMR25b's are completed in a timely manner, with full and accurate data for those in MADP Services.
- Where required training will be provided to ensure that all necessary staff are proficient in the use of the SDMD system.
- The Management and Performance Sub-group will monitor the levels of submissions from each service throughout 2014/15 and take action as appropriate.

### **HEAT Drug and Alcohol Treatment Waiting Times Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)**

All Service Users added into the DATWTD since January 2013 are fully identifiable by name and also by service level identification number. The Drug and Alcohol Waiting Times Standard has been 100% during 2013/14 and the MADP will endeavour to maintain this throughout 2014/15.

### **Delivering the HEAT standard for drug and alcohol treatment waiting times**

The MADP continue to strive to meet this target and throughout 2013/14 have maintained the target of 100% and will endeavour to maintain this throughout 2014/15.

### **Increasing the reach and coverage of the national naloxone programme and tackling drug related deaths (DRD)/risks in your local ADP**

MADP are working in partnership with NHS Grampian, Aberdeen City ADP and Aberdeenshire ADP to drive this forward. Locally in Moray all CPN's are and will continue to deliver 1:1 training sessions and our direct access team are doing likewise. Developments include the following:

- Train the trainers

1-2 key members of staff are trained from each service to be the nominated trainer for ongoing delivery of "Train the Trainer" sessions within their service. We have worked with the National Naloxone Lead to ensure they are competent in delivery of "Train the Trainer" sessions who have then gone on to cascade training to all staff within their own service.

Throughout 2014/15 those trained in Naloxone training delivery will continue to train colleagues in the delivery of Naloxone Training and dispensing in Mental Health, other CPN's and Liaison CPN's.

- Service User Involvement

During 2014/15 Along with the Grampian Substance Misuse Pharmacist the MADP will help promote the peer Naloxone training, with two peers already committed to attend the available training.

- Substance Misuse Service

The MADP have piloted the integration of delivery of the intervention into early clinical sessions whereby it is seen as an extension of overdose awareness discussions that were already undertaken rather than an additional piece of work. This has proven to be more successful than the groups. Clients will engage in existing overdose awareness discussion, be talked through BLS and provided with a Naloxone supply. They will be made aware of the full BLS sessions available through Studio 8 if they are interested on developing/practising their skills further. MIDAS has developed a Naloxone pack containing necessary paperwork which is contained

within initial assessment materials to prompt staff. They are aiming to have every person in MADP Services trained in Naloxone throughout 2014/15.

- The Service Manager (MADP Lead Officer meets regularly with the GP Group and the GP Clinical Lead for Moray.

The evaluation undertaken by the University of Aberdeen showed that there is a great deal of work still required to encourage GPs to participate in the training and supply of Naloxone. The work was presented to the National Naloxone Advisory Group who will advise on taking this forward. RCGP is represented on this group.

- Advertising/Reinvigorating campaign

New advertising materials

New advertising materials have become available and will be sent to ADPs for onward distribution. This is a good opportunity to reinvigorate the campaign e.g. GPs/CPNs/pharmacies/IEPs/social work/statutory services using as a prompt to highlight current availability of and how to access training. Professionals should be encouraged to promote the “save a life of someone else” aspect. Support from ADPs in promoting these messages is sought.

- NEO electronic recording of data/reporting

The NEO module for Naloxone was launched during 2013/14, services are entering historic data. This has allowed for better tying up of training and supply as suppliers are now able to see details of who has been trained, names of buddies etc and vice versa. It has also provided a link between prison and community services. People returning for a resupply are clear – even if the person attends another venue. In addition services now have reduced workload in collating data as ISD and NEO have worked together to produce data extraction for required data submissions. Previously services had to populate a spreadsheet which was then collated centrally causing duplication of effort. Services will only have to enter data once in to the client record and anonymous reports can be easily generated centrally both by ISD and NHSG co-ordinators.

- Good Practice

During 2013/14 the MIDAS NHS CPN team was recognised by NHS Grampian through the nomination of a GRAFTAS (Grampian Recognition Awards for Teams and Staff), as well as being featured in the Upfront NHS Magazine highlighting the good practice they have displayed when delivering the Naloxone Training. It should be noted that Moray has achieved the target set for 2013/14 for Naloxone coverage and is on course to meet the target for 2014/15.

- We distributed 89 Naloxone kits in 2013/14.

**Implementing improvement methodology at local level, including implementation of the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services and responding to the recommendations outlined in the independent expert group on opioid replacement therapies**

The MADP continue to work towards the recommendations made as part of the Independent Expert Group report. A quality assurance framework has been developed and will be implemented during 2014/15. We are working with colleagues, including NHS Grampian to further develop governance arrangements moving forward.

**Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements**

The MADP have worked with Porterfield Prison (Inverness) in helping those with substance misuse issues make the transition from prison back into the community and during 2014/15 we will continue to work closely with HMP Grampian to ensure a proactive approach.

The MADP were involved throughout 2013/14 with partners, including NHS Grampian, looking at service design for the new HMP/YOI Grampian.

On a Grampian level the MADP will continue to work with Mark McEwan (Service Planning Manager, NHS Grampian) in 2014/15 in regard to through care arrangements to allow for the smooth transitioning of prisoners back to Moray.

**Developing local understandings of the prevalence and impact of new psychoactive substances in ADP areas based on locally available information and experience.**

MADP are working as part of a multi-agency approach to develop a way forward around NPS's. The MADP continue to work on a Grampian wide level with Aberdeen City ADP, Aberdeenshire ADP, NHS Grampian, Grampian Police (Police Scotland), Aberdeen/Aberdeenshire/Moray Council and the third sector to develop a strategic plan on how we are going to address this issue moving forward. We have also engaged with Turning Point Scotland and Crew 2000 to ensure delivery of briefing/training sessions in order to continue to improve the workforce knowledge around NPS.

Moray ADP are currently working to identify level of use of NPS's in Moray using a RAG Assessment tool, which was completed in 2013/14 and has given baseline data on the prevalence of NPS use in Moray. This RAG Assessment tool will be further utilised in 2014/15 to ascertain if there have been any changes in the usage of NPS in Moray between 2013/14 and 2014/15, providing an evidence base for any further action.

**APPENDIX 1: NOTES**

1. Please complete the RAG column for each theme according to the following definitions:  
**Red:** No action is yet underway  
**Amber:** Action is underway but is not yet completed  
**Green:** Action is completed
2. This column should be used to describe the range of evidence used to support the RAG Score. We do not require the source documents to be attached unless specifically requested
3. **Joint Strategic Needs Assessment:** Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. (<http://www.nhsconfed.org/Publications/briefings/Pages/joint-strategic-needs-assessment.aspx>)

4. **Joint Performance Framework:** a national assessment process on how effectively local partnerships are achieving these improvements. ([http://www.sehd.scot.nhs.uk/publications/cc2004\\_02.pdf](http://www.sehd.scot.nhs.uk/publications/cc2004_02.pdf))
5. **Integrated Resource Framework:** this is being developed jointly by the Scottish Government, NHS Scotland and COSLA to enable partners in NHS Scotland and Local Authorities to be clearer about the cost and quality implications of local decision-making about health and social care. The IRF helps partnerships to understand more clearly current resource use across health and social care, enabling better local understanding of costs, activity and variation across service planning and provision for different population groups. (<http://www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives/integrated-resource-framework/>)
6. **Please indicate in your evidence if you have received feedback on this report from your Community Planning Partnership/ or other accountability route, specifying who that is.** Strategic commissioning is informed by The Commissioning Cycle (the outer circle) which drives purchasing and contracting activities (the inner circle), and these in turn inform the on-going development of Strategic Commissioning. Strategic commissioning is defined as ‘term used for all activities involved in assessing and forecasting needs, links investment to desired outcomes, considering options, planning the nature, range and quality of services and working in partnership to put this in place. Strategic commissioning process is defined by four stages, analyse, plan, deliver and review as presented visually in the diagram below.



7. The [Alcohol and Drug Workforce Statement](#) is addressed to anyone who has a role in improving outcomes for an individual, families or communities experiencing problematic drug and alcohol use.

8. A full range of essential care Services include identifiable community rehabilitation services – including using people with lived experience; access to detoxification and residential rehabilitation; access to a full range of psychological and psychiatric services; services addressing employability and accommodation issues.  
<http://www.scotland.gov.uk/Resource/Doc/217018/0058174.pdf>



9. **Quality Assurance Framework:** A guidance document which sets out the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met. Examples of how to improve the quality of your services may be found at

<http://www.qihub.scot.nhs.uk/media/458288/efficient%20and%20effective%20cmht%20prototype%20version%201.pdf>

The Independent Expert Review of Opioid Replacement Therapies in Scotland 'Delivering Recovery' can be found at

<http://www.scotland.gov.uk/Publications/2013/08/9760/downloads>

**We are looking to improve this self-assessment for ADPs on a regular basis. Please describe briefly whether you found the questions asked to be useful in considering your current position.**

We have found the process very helpful. However given that we did not receive feedback until January 2014 for the 2012/13 submission, it did prevent us from taking more action in 2013/14.

2013/14 was very much a year of stability [up to January 2104] for the Moray Alcohol and Drug Partnership. As a result of the ORT report and the feedback from our 2013/14 submission, the MADP embarked on redesigning our ROSC to improve the experience, especially in throughcare. As a result, we used the last quarter of 2013/14 to re-plan our strategy and this will impact the way we use our resources going forward and did result in us having an under spend for 2013/14 as we want to ensure that the little resources we have are used to the best effect. We did manage to maintain our commitment to HEAT A11 at 100% through the process and will be able to deliver a much improved ROSC, committing to pure recovery; user involvement, family intervention; employability solutions; and better assessment processes moving into 2014/15. We see the changes a positive in our vision to move towards the delivery of self directed support in future years.

We are fully engaged in working within the 2023 Plan, the CPP Prevention Plan and Integrated Resource Framework, and will continue to be held accountable by the Community Planning Board in meeting the needs of the public in Moray.