ADP ANNUAL REPORT 2018-19 (MORAY)	
Document Details:	
ADP Reporting Requirements 2018-19	
1. Financial framework	
2. Ministerial priorities	
3. Formal arrangements for working with local partners	
Appendix 1 Feedback on this reporting template.	
In submitting this completed Annual Report we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Ch Officer.	ief

The Scottish Government copy should be sent by **30 September 2019** for the attention of Amanda Adams to: <a href="mailto:alcoholanddrugdelivery@gov.scot">alcoholanddrugdelivery@gov.scot</a> copied to <a href="mailto:Amanda.adams@gov.scot">Amanda.adams@gov.scot</a>

### 1. FINANCIAL FRAMEWORK - 2018-19

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source	preventing and reducing alcohol and drug
(If a breakdown is not possible please show as a total)	use, harm and related deaths
Scottish Government funding via NHS Board baseline allocation to Integration Authority	813,667
Additional funding from Integration Authority (excludes Programme for Government Funding)	0
Funding from Local Authority	135,671
Funding from NHS (excluding NHS Board baseline allocation from Scottish Government)	367,489
Total Funding from other sources not detailed above	0
Carry forwards	0
Total (A)	1,316,827

B) Total Expenditure from sources

	preventing and reducing alcohol and drug use, harm and related deaths
Prevention (include community focussed, early years, educational inputs/media, young	428,547
people, licensing objectives, ABIs)	
Treatment & Recovery Support Services (include interventions focussed around treatment	756,613
for alcohol and drug dependence)	
Dealing with consequences of problem alcohol and drug use in ADP locality	8,900
Total (B)	1,194,060

# C) 2018-19 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
1,316,827	1,194,060	122,767

# D) 2018-19 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	* Income £	Expenditure £	End Year Balance £
2018-19 investment for preventing and reducing alcohol and drug use, harm and related deaths	813,667	654,152	159,515
Carry-forward of Scottish Government investment from previous year (s)	0	0	0

Note: \* The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

# 2. MINISTERIAL PRIORITIES

Please describe in bullet point format your local Improvement goals and measures for delivery in the following areas during 2018-19:

1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)  Moray will continue to work within the current data systems; promoting compliance across services and using data to support quality improvement and commissioning.  Moray engages with the Scottish Government and partners in discuss preparation planning and implementation of DAISy; linking in with the schedule put forward by the Scottish Government and their partners a outlined in the Scottish Government Implementation Group.	PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority	PROGRESS UPDATE  Maximum of 300 words for each priority.  This should include percentage of	ADDITIONAL INFORMATION Maximum of
Comply with the new Drug & Alcohol Information System (DAISy)  current data systems; promoting compliance across services and using data to support quality improvement and commissioning.  preparation planning and implementation of DAISy; linking in with the schedule put forward by the Scottish Government and their partners a outlined in the Scottish Government Implementation Group.		area where applicable.	delivery against target	150 words
this allowed the MADP to record service user progress against a pr number of outcomes. This has helped in preparation for DAISy as be and service users are used to measuring against outcomes and SMART Goals to achieve those outcomes. All specific Alcohol an services in Moray have been trained in the use of Recovery Outcomed this is now implemented across the services.  The reports from this tool form part of the quarterly reporting framework of the produced to undertake service user reviews at 3 months, and annually, they are also being reminded to fill out SMR25b's at the intervals, with accurate and timely information.  The majority of the dataset required for DAISy is already incorporated current MADP Single Shared Assessment and the review paperwork. be reviewed and revised to take account of DAISy as part of planning implementation. Moray is fully engaged in the DAISy discussion and fit drafts will be produced following confirmation of the DAISy process from Scottish Government and the training agenda.  The delay in implementing DAISy and the revised RO tool is of conceins.	Comply with the new Drug & Alcohol	current data systems; promoting compliance across services and using data to support	preparation planning and implementation of DAISy; linking schedule put forward by the Scottish Government and the outlined in the Scottish Government Implementation Growth The MADP had been using the online system of the Receive this allowed the MADP to record service user progress number of outcomes. This has helped in preparation for and service users are used to measuring against on SMART Goals to achieve those outcomes. All specific services in Moray have been trained in the use of Receive and this is now implemented across the services.  The reports from this tool form part of the quarterly reported and annually, they are also being reminded to fill out SM intervals, with accurate and timely information.  The majority of the dataset required for DAISy is already current MADP Single Shared Assessment and the review be reviewed and revised to take account of DAISy as paint implementation. Moray is fully engaged in the DAISy dis drafts will be produced following confirmation of the DAIS Scottish Government and the training agenda.	ng in with the neir partners and as pup.  sovery Outcomes Tool; against a prescribed or DAISy as both staff utcomes and making ic Alcohol and Drugs covery Outcomes Tool orting framework.  at 3 months, 6 months R25b's at the required or incorporated in the w paperwork. This will urt of planning and cussion and final Sy process from the

PRIORITY	*IMPROVEMENT GOAL 2018-19	PROGRESS UPDATE	ADDITIONAL
PRIORITI			INFORMATION
	This should include your	Maximum of 300 words for each priority.	Maximum of
	percentage target for each priority	This should include percentage of	
	area where applicable.	delivery against target	150 words
2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area.	The goals are set out within the MADP 2018/21 delivery plan. As agreed by the MADP <sup>1</sup>	In Moray, there were 18 drug related deaths, 17 Moray r non-Moray died.	
Which includes - Increasing the reach and coverage of the national naloxone programme for people at	"People are healthier and experience fewer risks as a result of alcohol and drug use,"	In Moray, there were 16 alcohol <b>specific</b> deaths in 2018 2017.	s, compared to 18 in
risk of opiate overdose, including	Ç	The number of deaths in 2018 is of concern.	
those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.	"There will be an improvement to the Physical and Mental wellbeing of those accessing Drug and Alcohol Services"	<ul> <li>Actions to Reduce Alcohol and Drug Related Harms Moray continues to take steps to reduce alcohol and dru deaths. These are set out in documents which have bee MADP and include: <ul> <li>The Moray 2018/21 Delivery Plan. This followed a confit of the 18/21 Delivery and now takes account of the reduced Government Strategy.</li> <li>The Delivery plan supports the commissioning of sendetailed consolation) arising from both the base and</li> </ul> </li> <li>Moray now reviews all alcohol and drug related deaths in they were known to services or not.</li> <li>Actions relating to this are: <ul> <li>Ease of access to service, achieving the HEAT target</li> <li>The safer communities' daily hub meeting identifies vulcome to the attention of services such as A &amp; E including concern about their drug or alcohol use, self-harm, or alcohol use, self-harm, or alcohol content of the self-harm, or alcohol use, self-harm, or alcohol use,</li></ul></li></ul>	ng related harms and napproved by the comprehensive review new Scottish rvices (which included additional funding. rrespective of whether of 100% consistently. Illnerable people who ing those where there
		<ul> <li>with all of these factors being present in the same indiare proactively followed up.</li> <li>Direct work with local prisons with staff attending and I prior to release</li> </ul>	

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE  Maximum of 300 words for each priority.  This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
	area where applicable.	<ul> <li>Police Concern reports are received by the MIDAS So and are proactively followed up.</li> <li>"Safe and well" protocol implemented within the integra who drop out of treatment or service to ensure safety</li> <li>ABI &amp; MEOC within non-specialist services</li> <li>All agencies and multidisciplinary teams are offered tra</li> <li>Supervision - Consultant led supervision with Arrows a meeting where complex cases are discussed and man risk is assessed.</li> <li>Additional investment in direct Access services with spincreasing naloxone uptake and women, advocacy, co participatory budget, health care staff and shared care no waits for service, young people's prevention, and an Opt out referral systems with Scottish Ambulance</li> <li>An extensive workforce Development Curriculum<sup>2</sup></li> <li>Naloxone training is being delivered to wide range of ser accessing support, family members (including overdose Naloxone training in preparation for the prisoner's released In addition, there is increasing interest being expressed companies and industries to provide Naloxone training to supporting their workforces.</li> <li>The Licensing Forum is proactive in working with the tracticensing matters seminar, "Ask Angela" and "You Aske Training for licensee in Vulnerability and child exploitation Distilleries, looking at their workforce and marketing proup with the Scotch Whisky Association on Social Response</li> </ul>	cial Work Manager ated team for patients aining on Naloxone and integrated team ragement plan and recific focus on remunity capacity, ; to ensure there are dult/young carers.  Evices locally, those awareness and ree) by commercial to staff as part of  de: Example include: d for it" Schemes, n, working with grammes and linking



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3. 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, including women	As for section 2 above.  Engage with the Scottish Prison Service in HMP Porterfield (Inverness), HMP Grampian (Peterhead) and Criminal Justice to ensure that any prisoners with problematic alcohol and drug use are supported through their transition back into the community, in a bid to reduce alcohol and drug related reoffending in the Moray area	Monthly surgeries in HMP Inverness, encouraging enga support prior to liberation. People identified as difficult to These are continuing. This helps people to link in with so on release; reducing relapse.  Appointments made to ensure rapid access to communi release; including ensuring that ORT & psycho-social suplace.  Liberation protocols and pathway are in place to ensure release  A shared policy within teams when liaising with prisons and continued treatment and support upon admission as place and operating.  There is a formal and positive relationship with the HMP the Women's estate), promoting easy and speedy access immediately on release, with Alcohol and Drug Services with the Prison.  There are direct operational links with HMP Grampian part of the through care arrangement, ensuring planned drugs services are in place immediately on discharge.  The Criminal Justice Service runs groups and support with good links to the Integrated Drug and Alcohol Service the same building.  SHINE (national mentoring service for Women Offender for Moray residents, linking in with the Alcohol and Drug	ty services on upport systems are in continuity of care on to ensure continuity and liberation is in Grampian (along with as to services having a direct link in (women's section) as ad links to alcohol and specifically for women e which is based within as) provides support is services.
4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which		There is a clear reporting structure which includes servi performance data.	ce reports and wider

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examined local implementation of the <i>Quality Principles</i> .		A quarterly performance <sup>3</sup> report is produced with data set against indicated The report is presented to MADP. Information is cross referenced with, quarterly service performance reports commissioning and funding decisional alongside quantitative and qualitative; with funding decisions reviewed a future options considered and prioritised.  The SG has received information on funding decisions for the additional	
		allocations.  Funding decisions and resulting services will be evaluate 2020/21.  The MADP has worked in partnership with SDF to support the MADP as a partnership.	-
		The comprehensive Training Curriculum was set up, bas priorities and emerging issues. See attached.  All services have been engaged in the implementation of	
		Outcomes Tool. This provides a more comprehensive fr information at an operational level.  There are direct and positive links with those with links	amework for using
		supporting service development and improvement. Exa to) include: The MADP Lead  Is a member of the Service user involvement group	
		<ul> <li>Attends informal recovery meetings (e.g. Thursday Soup and Soap)</li> <li>Worked with groups: (but not limited to):         <ul> <li>Redesign of the Single Shared Assessment</li> </ul> </li> </ul>	evening drop-in's and



PRIORITY	*IMPROVEMENT GOAL 2018-19	PROGRESS UPDATE	ADDITIONAL
	This should include your	Maximum of 300 words for each priority.	INFORMATION
	percentage target for each priority	This should include percentage of	Maximum of
	area where applicable.	delivery against target	150 words
		<ul> <li>Directly involved in the Moray "Connect More" e</li> <li>Critical review of Draft 2018/21 Delivery plan</li> <li>Developing the Moray Recovery Café and recove Promoting Community Justice,</li> <li>planning the additional investments,</li> <li>investment and in participating in the participate community groups and projects</li> </ul>	very movement,
		This is in addition to the involvement in the assessmen process with care plans being planned in direct consolar	
		Moray works with TSi Moray and the Wellbeing Hub (a L network) to support Community Engagement, promoting Engagement through CHIME.	
		Compared to 2017/18, the total number of ABIs delivere increased by almost 100%. This growth has been, in prin is attributable to , in part, increasing the number of staff bespoke support.	nary care settings and
		Settings where screening and brief interventions take pla	ace include A&E.
		Dr Grays implemented alcohol screening led by the ED best practice recommended by the college of emergency implemented a local protocol and use "drink more than y cards" to screen for alcohol related attendances.	y medicine. They
		In 2019, a strategy for Alcohol screening ABI was taken approved. The action plan is being more fully developed a lead role in implementation. Areas include - antenatal with self-management approaches (taking a holistic appranagement), justice settings etc.	I with partners taking settings, integration

<sup>\*</sup> SMART (Specific, Measurable, Ambitious, Relevant, Time Bound) measures where appropriate

#### 3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes?

The MADP has BI-monthly meetings which include standing agenda items for the reporting on:

- Management, Performance, Finance and Commissioning, and services
- Adults and social care
- Children and Young People
- Enforcement and legislation (including licensing)
- Horizon scanning and emerging trends
- Workforce Development.

All performance related work and strategic planning is directly linked to the MADP Delivery Plan and performance reporting framework. This framework directly links to the IJB. The MADP and IJB are integrated, with the IJB Chief Officer chairing the MADP. All MADP reports can also be used directly with the wider IJB reporting framework. See attached - MADP membership.

The Moray Integrated Joint Board receives copies of the ADP minutes, papers, and performance reports such as the MADP Delivery Plan.

The Moray Delivery Plan<sup>45</sup> directly cross-references the Moray LOIP. Therefore, the reporting framework for the MADP Delivery Plan is the same process for the MADP reporting on the Alcohol priorities set out in the LOIP.

The MADP is being supported by the SDF, TSi (Third Sector Interface) and the Moray Wellbeing Hub, in development work, promoting engagement by members and being more outward facing to communities. This is continuing into 2019/20.

The MADP has taken steps to be more outward facing and engaging with groups and communities. The MADP know has a mailing list of interested parties of over 300.

The MADP engages with those using services as outlined above.



Moray final Delivery 4 plan 2018 21 revised Revised Delivery Plan



Moray final Delivery <sub>5</sub> plan 2018 21 revised Progress Review

July 2019

## 3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

The MDP has formal links with bodies such as the Corporate Parenting Strategy Group, the Licensing Forum, Community Justice Strategy Group, the Community Safety partnership, Children's Services, the Health and Wellbeing Forum, Adult Support and Protection Committee, Child Protection Committee, LOIP Planning and the IJB; and is fully involved in cross-departmental planning e.g. part of the Children's Services plan development group.
The MADP, working in partnership with other bodies has ensured that targets and millstones set out in the draft MADP Delivery Plan 2018/21 are directly and explicitly reflected in other plans such as the Moray LOIP, Children Services Plan, and the Community Justice Strategy; with common targets being referenced across strategies.

In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

### **APPENDIX 1:**

1. Please provide any feedback you have on this reporting template.

This annual reporting process provides the opportunity for reflection and contributes to strategic and operational planning.