Local Outcome Improvement Plan Actions – Improving well-being of our population

PI Status		Short Term Trends		Actions	
🔴	Alert	⬆	Improving	✅	Due Date met
🔺	Warning	➖	No Change	▶	In Progress
✅	OK	⬇	Getting Worse	🔴	Due Date not met
❓	Unknown				
📈	Data Only				

Status Icon	Action Code & Title	Progress Bar	Start Date	Due Date	Latest Note
▶	LOIP03 - WELLBEING People are healthier and experience fewer harms as a result of making well informed decision about their health and well-being	93%			

Status Icon	Action Code & Title	Progress Bar	Start Date	Due Date	Latest Note
▶	LOIP – WELL1 A whole population approach to prevention and reducing related harms – prevent and reduce alcohol and drug related harms	80%			
▶	LOIP – WELL1.1 Identify the level of physical and mental wellbeing of those accessing Drug and Alcohol Services, and improve these through treatment and support. • All services use and comply with DAISY and the Recovery Outcomes Tool as part of case and data management. • The data is used to improve and develop services and inform commissioning decisions.				MIDAS and Arrows services are fully operational, both agencies work together to provide comprehensive support packages. DAISy and Recovery Outcomes Tool data continues to show increasing demand for services. Recruitment of a data analyst post is underway in order to help with the planning and commissioning of services and understanding local needs.
▶	LOIP – WELL1.1 All services will comply with the DAISY reporting requirements as a condition of their funding.				All third sector commissioned service provide quarterly reports (as presented to the MADP), linked to their contracts which hold the detail behind summaries provided. This has been extended to the Public sector service and discussions are being taken forwards with MIDAS (public sector) to help them develop their quarterly

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					reporting arrangement as agreed by the MADP.
▶	LOIP – WELL1.2 Delivery Alcohol Brief Interventions and MEOC (Making Every Opportunity Count) interventions in a range of settings, in conjunction with Health Improvement colleagues.				110 ABI's recorded in wider settings during quarter 1.
▶	LOIP – WELL1.3 Work with alcohol and drug services to reduce un-planned discharges: promoting re-engagement by proactive interventions. • The MARS process is used to assess and reduce the risks of people assessed as being high risk. • Learning from the MARS process is used to reduce risk				DAISY has recently updated the extracts to be able to show planned/unplanned discharge options. These can be seen in ADP Q1 report and further down in LOIP report.
▶	LOIP – WELL1.4 Undertake Non-fatal overdose reviews, drug/alcohol related death reviews, and risk management plans as part of the Moray MARS process and in line with Drug Death Task Force Recommendations and use these reviews to identify opportunities to intervene in or reduce future deaths.				Moray has had a variable trend of Drug Related Deaths: for 2020 these figures have been nationally verified as 10 drug related deaths. Formal verification for 2021 data has yet to take place but numbers of people known to the service were 11. To date in 2022 there have been 5.

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▶	LOIP – WELL2 A whole population approach to prevention and reducing related harms – There is a reduction in alcohol and drug related harm and improvement in people's wellbeing	100%			
▶	LOIP – WELL2.1 Reviews are completed at 3, 6 and 12 month intervals with the reviews being used to support a person's individual recovery, operational and strategic planning. Undertaking reviews and complying with DAISY is a condition of receiving funding from MADP.				Recovery outcomes continue to show an average improvement from Assessment to review, see PIs on recovery outcomes.
▶	LOIP – WELL2.2 Services are easily accessible, service users receive support within the three weeks and 72 hour targets, and the options of appointment, and support is available in the evenings and across sites in Moray.				During Q1 2022/23 there were 4 clients exceeding 3 weeks waiting time. This was due to client disengaging, data entry error and also a period of client led unavailability. The ADP have no concerns and services are still meeting the national target.
▶	LOIP – WELL2.3 Deliver services in line with the Medically Assisted Treatment standards (MAT) in partnership with MIDAS, the Direct Access Services, those who use services, and other agreed partners. This work will take account of the issues such as, but not limited to: Ease of access and reducing barriers so that any system does not impede access				The MADP has increased the investment in service taking account of the MAT standards. See ref in WELL1.4. Key areas being in increased Doctor time, Data Analyst post, funds to improved accommodation to promote easier access, an additional nurse prescriber, a Psychologist, and funds to ensure that two CPNs are to be trained and qualified to prescribe and assertive outreach.

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	to support, such as premises, staff location and availability, the interface between the agencies; recognising their unique qualities and their identity, as well as the strong joint working arrangements; all of which support the principles set out in the standards.				A key challenge for Moray is finding suitable accommodation to support increased prescribing and closer working between the two key providers; Arrows and MIDAS. Moray has been allocated funds from the Scottish Government to support the implementation of the MAT standards which include funds to help with accommodation. This is now being taken forwards.
▶	LOIP – WELL2.4 Support the development of a Moray recovery network and café and ensure that this fits into a wider recovery movement across Moray, which accepts people at all stages of their recovery journey, and which incorporates helping people to make positive changes, reducing harms, promoting wellbeing, fostering engagement and peer involvement; reaching out to those currently not engaged in services.				The Recovery Café is fully operational with a new manager. The café worked through the COVID restrictions, proving meals and food for those in need. The café is run by a manger and volunteers. Many of the volunteers are in recovery and use the volunteering opportunity to build up their recovery capital, and confidence; in addition to being able to work to recognised qualifications in areas linked to food hygiene and preparation. The café is part of the recovery network which includes wellbeing and recovery coping skills groups, peer support groups like smart recovery where service users can take courses and become group facilitators, Narcotics anonymous, Cocaine Anonymous and Alcoholics anonymous which are peer driven lived experience support groups and links across wider networks such as the Moray Wellbeing Hub. The MADP has invested in provision for a recovery development worker, hosted by Arrows, to ensure that the MADP is informed by experiential data and increase methods of participation for those with lived experience.

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▶	LOIP – WELL3 A whole population approach to prevention and reducing related harms – Promote engagement into treatment care and support and ensure the consistency of alcohol and drug service provision across Moray; supporting community services in meeting the needs of those using services where alcohol or drug use is a factor	100%			
▶	LOIP – WELL3.1 Promote workforce development in order to improve the competence, confidence, and capacity of the workforce. Deliver courses linked to the training needs analysis, emerging needs and trends; utilising both local and external service providers and running a programme of Front Line Forums; to ensure that staff are skilled and able to work				In Q1, 6 staff attended the 2 day course delivered by Scottish Drugs forum 'Sex, Drugs & Vulnerable Young People'. 5 staff attended 'trauma and substance use', and 7 staff attended 'Understanding Stigma'. Attendees were from NHS Scotland, Health & Social Care Moray, Moray Council and Skills Development Scotland. MADP courses are

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	in a person centred way that responds to individual and community needs. (Linked to a LOIP action).				open to all agencies.
▶	LOIP – WELL3.2 There will be an integrated pathway for service users, providing a person led flexible range of services that are accessible to all throughout the Moray area; enhancing the links between MIDAS and Arrows through additional investment linked taking forward the MAT standards, adopting whole family approaches and rehabilitation and recovery support.				Access to support is primarily with the Single Point of Access (Arrows). Accompanying data shows that numbers accessing services are increasing against following the COVID restrictions. Moray has two mains providers: Arrows (the Direct Access Service – the third Sector partner) and MIDAS (Moray Integrated Drug & Alcohol Service – the Public Sector Partner. The two agencies work directly together as part of the Integrated Alcohol and Drug service in Moray. Plans and funding approved by the MADP are in place to further enhance the Moray Provision; with a particular focus on those with multiple complex needs who struggle to engage, increasing the prescribing provision, and providing practical and psychological support. The MADP will be able to report on progress against the newly funded areas, in Q2 2022/23.

Risks and Issues

Risks and Issues	Mitigating Action
The Scottish Government have set out steps to increase the reporting arrangements as part of understanding the benefits of the additional budgets. However, the DAISy systems is still not fully operational, with very limited data extract functions. This combined with the lack of data analyst time presents difficulties in providing a comprehensive report as we would wish. The MIDAS service, working in partnership with the Arrows service, to lead on developing and submitting a referral and funding pathway and report for access to, and support for people assessed as requiring residential rehabilitation; which includes pre and after care arrangements; ensuring that there is clear understanding of the process and which is publically available.	ADP leads have raised concerns about DAISy with the Scottish Government. We do not have a definitive time scale as to when these issues will be resolved. However, we can bow differentiate between planned and un-planned discharges Funds have been set aside for the recruitment of a data analyst, which will help to improve our ability to analyse data and information and use this support service provision. Recruitment is being progressed by NHS.

Although Moray has continued to meet its targets there is a considerable amount of work to be done over the next 12/18 month, in taking forward the MAT Standards, ensuring that services are accessible to people with needs linked to both alcohol and drug use; and being more proactive in supporting people with complex needs. There are service needs in Moray which will impact on the ability to meet the MAT standards, a key areas being accommodation for the MIDAS service.	Funds have been allocated for improved accommodation for MIDAS, and an additi0nal nurse prescriber. The recent additional budget allocations once; additional staff are in place and systems have been enhanced to access residential rehabilitation; should help to reduce alcohol and drug related harms. As new assertive outreach service started in April 2022, in conjunction with Police Scotland and the Scottish Ambulance service. Discussion are continuing with a residential provider to consider block buying of beds in order to support access to residential rehabilitation as well as looking at a coordinated pan-Grampian approach. Increased consultant time is now in place to support access to prescribing as part a comprehensive package of support.

General Progress Commentary	Covid-19 Recovery impact on delivery
Moray has a well-developed approach to multi-agency / cross-partnership working and is therefore well placed to take forward the work to reduce harms, implement the MAT standards; taking forward the MADP budget decisions.	Services have remained open throughout the period of COVID restrictions. Group work and more meetings and recovery groups are running. For example, Narcotics Anonymous, AA, Cocaine Anonymous, Family Recovery, SMART, and recovery social events. More informal activities have resumed; for example the Bow Café operating as a café again and opening for breakfast as well as hosting recovery groups and other community groups.

(LOIP Priority): People are healthier and experience fewer harms as a result of making well informed decisions about their health and well-being
(LOIP Outcome) A whole population approach to prevention and reducing related harms – prevent and reduce alcohol and drug related harms

Code	Cat	Short Name	Current Target	2020/21 Value	2021/22 Value	2022/23 Value	Q1 2021/22 Value	Q2 2021/22 Value	Q3 2021/22 Value	Q4 2021/22 Value	Q1 2022/23 Value	Q2 2022/23 Value	Latest Note	Short Term Trend Arrow	Status
	Local	Recovery Outcome – Physical Health and Wellbeing – Number of clients reporting improvement	Data only	N/A	320		N/A	N/A	133	187	287	N/A	Out of 495, 58% recorded an improvement		
	Local	Recovery Outcome – Physical Health and Wellbeing – Number of clients reporting no change	Data only	N/A	143		N/A	N/A	60	83	94	N/A	Out of 495, 19% reported no change		
	Local	Recovery Outcome – Physical Health and Wellbeing – Number of clients reporting decline	Data only	N/A	129		N/A	N/A	53	76	99	N/A	Out of 495, 20% reported a decline		
	Local	Recovery Outcome – Physical Health and Wellbeing – Average review score	Data only	N/A	7		N/A	N/A	7	7	7	N/A	This is the average over 4 reviews.		
	Local	Recovery Outcome – Physical Health and Wellbeing – Average change from assessment score	Data only	N/A	3		N/A	N/A	Increase of 3	Increase of 3	Increase of 1	N/A	The average level of positive change is 1 increments		
	Local	Recovery Outcome – Mental Health and Emotional Wellbeing – Number of clients reporting improvement	Data only	N/A	343		N/A	N/A	142	200	307	N/A	Out of 495, 62% reported an improvement		
	Local	Recovery Outcome – Mental Health and Emotional Wellbeing – Number of clients reporting no change	Data only	N/A	112		N/A	N/A	46	66	79	N/A	16% reported no change out of 495		

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	Local	Recovery Outcome – Mental Health and Emotional Wellbeing – Number of clients reporting decline	Data only	N/A	138		N/A	N/A	58	80	114		Out of 495, 23% reported a decline		
	Local	Recovery Outcome – Mental Health and Emotional Wellbeing – Average review score	Data only	N/A	6		N/A	N/A	6	6	6	N/A	This is the average over 4 reviews.		
	Local	Recovery Outcome – Mental Health and Emotional Wellbeing – Average change from assessment score	Data only	N/A	3		N/A	N/A	Increase of 3	Increase of 3	Increase of 1	N/A	The average level of positive change is 1 increments for each client		
	Local	MADP and services produce quarterly reports	Data only	N/A	N/A		Not measured for Quarters						Refer to LOIP Action WELL1.1 - All services will comply with the DAISY reporting requirements as a condition of their funding.		
	Local	Compliance with DAISY reporting process by MADP and agencies	Data only	N/A	N/A		Not measured for Quarters								
	Local	ABIs delivery against national standard and in accordance with the Moray ABI Delivery Plan	Data only	N/A	N/A		Not measured for Quarters						Refer to LOIP Action WELL1.2 - Delivery Alcohol Brief Interventions and MEOC (Making Every Opportunity Count) interventions in a range of settings, in conjunction with Health Improvement colleagues.		
	Local	Number of unplanned discharges from recovery orientated system of care in Moray (reduce by 10%)	Data only	N/A	295		72	89	69	65	106	N/A	The new DAISY system is unable to show planned/unplanned discharges but filtering down the spreadsheet extract it can show unplanned options – service user died, service user disengaged, service user disengaged prior to completing full assessment and service user unable to engage. *See Q1 ADP report for further details and charts.*		
	Local	Agencies and partnerships represented on the MADP agree to engage in and contribute to the MARS process	Data only	N/A	N/A		Not measured for Quarters						Refer to LOIP Action WELL1.3-1.4 - The MARS process is used to assess and reduce the risks of people assessed as being high risk. Learning from the MARS process is used to reduce risk. In addition the December MADP meeting development session agreed as set of actions to take forward. A key areas being the assertive outreach services with the Scottish Ambulance Services and Police Scotland, and the work with the Police to tackle the impact of cuckooing.		
	Local	Provide reports as required to COG and half yearly to MADP	Data only	N/A	N/A		Not measured for Quarters								

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	Local	Learning from the MARS process is fed into commissioning decisions	Data only	N/A	N/A		Not measured for Quarters									

(LOIP Priority): People are healthier and experience fewer harms as a result of making well informed decisions about their health and well-being
(LOIP Outcome) A whole population approach to prevention and reducing related harms – There is a reduction in alcohol and drug related harm and improvement in people's wellbeing

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	Local	Number of clients in drug and alcohol services receiving 1st reviews within 3 months	Data only	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	The DAISY reporting and review system is currently unable to provide this information. We do not yet have a date for when this will be available as it is still under development with Public Health Scotland and Triangle.		
	Local	Number of clients in drug and alcohol services receiving 2nd reviews within 6 months	Data only	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	The DAISY reporting and review system is currently unable to provide this information. We do not yet have a date for when this will be available as it is still under development with Public Health Scotland and Triangle.		
	Local	Number of clients in drug and alcohol services receiving 3rd reviews within 12 months	Data only	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	The DAISY reporting and review system is currently unable to provide this information. We do not yet have a date for when this will be available as it is still under development with Public Health Scotland and Triangle.		
	Local	Recovery Outcome – Year to date averages across all outcomes	Data only	N/A	7.3		Not measured for quarters						Averages at Initial assessment – 6.4 Review 2 – 7.4 Review 2 – 7.6 Review 3 – 7.7 • Children removed as a lot scored as NA as they do not have children • Review 4 also not included due to low numbers of reviews received		
	Local	Number of planned discharges from the recovery orientated	Data only	N/A	72		16	30	26	N/A	76	N/A	This only covers those discharged as alcohol free, drug free or substance free. There are 9 other planned discharge options. Moray ADP takes account of all planned discharge options.		

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		system of care who are free from problematic alcohol or other drug use (increase by 10%)											*See ADP Q1 report for charts and data.*		
	Local	Number of clients in specialist services in Moray	Data only	N/A	641		457	561	567	641	712	N/A	Increasing trend from previous quarters. 402 Drugs, 259 Alcohol, 51 Co-dependency		
	Local	Number of people waiting more than 3 weeks between referral to a specialist drug and alcohol service and commencement of treatment	Data only	8	12		2	2	1	7	4	N/A	During Q1 2022/23 there were 4 clients exceeding the wait time's target. This was due to client disengaging, data entry error and also a period of client led unavailability.		
	Local	NHS Grampian prescribing and clinical data	Data only	N/A	N/A				Not measured for Quarters				Data under development		
	Local	DAISY data sets	Data only	N/A	N/A				Not measured for Quarters				Data under development		
	Local	Service quarterly performance reports as per the funding requirements. (both in the Third and Public sectors)	Data only	N/A	N/A				Not measured for Quarters				Refer to LOIP Action WELL1.1 - All services will comply with the DAISY reporting requirements as a condition of their funding.		
	Local	MADP Workforce Development prospectus and feedback from those attending shows an average of 90% with a positive rating of good or above	Data only	N/A	100%		N/A	N/A	100% (17 of 17)	100% (17 of 17)	N/A	N/A			
	Local	In 2022, prepare and undertake the tender process for the single point of contact in accordance with procurement policies and timescales; taking account of national and local priorities and the review relating to co-	Data only	N/A	N/A				Not measured for Quarters				Refer to LOIP Action WELL3.2 - There will be an integrated pathway for service users, providing a person led flexible range of services that are accessible to all throughout the Moray area		

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		morbidity.													