

STANDARD REPORTING TEMPLATE

Moray ADP Annual Report 2014-15

Document Details:

ADP Reporting Requirements 2014-15

1. Partnership Details
2. Self-Assessment
3. Finance Framework
4. Performance Framework
5. ADP & Ministerial Priorities

Appendix 1

- Guidance Notes and Commissioning Diagram

July 2015

1. PARTNERSHIP DETAILS

Alcohol and Drug Partnership	Moray
ADP Chair	Jane Mackie, Head of Community Care
Contact name(s) <i>see note 1</i>	Paul Johnson. Paul.johnson@moray.gov.uk
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Date Published on ADP website(s)	This document will be published once it has been presented and approved by the MADP

The content of this Annual Report has been agreed as accurate by the Alcohol and Drug Partnership, and has been shared with our Community Planning Partnership/Integration Joint Board through our local accountability route.



ADP Chair

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

Alcoholanddrugdelivery@scotland.gsi.gov.uk

July 2015

2. ADP SELF-ASSESSMENT 1 APRIL 2014 – 31 MARCH 2015

ANALYSE – Please evidence your ADPs analysis activities/progress

	Theme	R A G see note 1	Evidence <i>see note 2</i>
1	<p>ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment/analysis of need, which takes into consideration the changing demographic characteristics of people (and their families and local communities) affected by problem drug and/ or alcohol use in your area. Please state when this was undertaken and when it is next planned.</p> <p>Please also include here any local research that you have commissioned e.g. hidden populations, alcohol related deaths.</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 Health 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. Alcohol remains a significant area of concern.</p> <p>We have worked with all other partners throughout 2014/15 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 Prevalence, 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>The NPS RAG document has been widely circulated as part of the concerted effort to gather reliable data to support future planning. The MADP Children and Early years sub-group, linking in with children's services; have given increasing priority to ensuring there is accurate data. This will remain a priority for the future.</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 published a strategic needs assessment in 2011/12 which can be accessed on the MADP website. This document gave us the ability to identify our ongoing and future needs and was be a key document in assisting to develop our new strategy and delivery plan.</p> <p>The next strategic needs assessment is due to be undertaken in 2016/17</p> <p>The MADP took their lead from the Delivery Plan 2012 -2015 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 utilised 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 Local Environment. We continue to manage all performance aspects through the Management and Performance Sub-group 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 analyse everyone's progress of their recovery journey that comes into drug and alcohol services. We 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 14/15 maintaining 100%. In terms of Service Delivery Moray tried to maintain/sustain the level of service throughout 2014/15, however as a result of the ORT Report and taking on board the feedback from the 2012/13 report 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.</p> <p>The MADP continued 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</p>
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			<p>to restructuring. This was a priority for 14/15 and continues to be so for 2015/16</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 Finance and Commissioning Sub-group. We have used performance management to outline our commissioning arrangements for moving forward.</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, service redesign and the new strategy.</p> <p>The MADP recognised the challenge of including service users in the decision making process and imbedded users of services in the process of assessing need. This was supported by the Service User Public Involvement Officer which is funded for two days per week.</p> <p>We appreciate that we still have some way to go in developing a comprehensive ROSC and bringing about the full participation of services users and those who have left the service but are still on their recovery journey. This was a key part of the service redesign planning process started in later part of 2014/2015.</p> <p>We continue to work with Quarriers Carer Support Service (in partnership with Lloyds PDI) and SFAD to promote Family interventions and we have increased the level of support we have around this area and we have seen our Early Years and Young People Sub-group grow throughout 2014/15. The group being chaired by the head of Children's Services – Lead Social Work Officer.</p> <p>No additional local research was carried out during this reporting period.</p>
2	<p>An outcomes based ADP Joint Performance Framework is in place that reflects the ADP Local Outcomes and the National Core Outcomes.</p> <p>See note 4</p>	G	<p>The MADP Delivery Plan reflects the 7 core outcomes and is managed on a quarterly basis by the MADP Management and Performance Sub-group, cross referencing with the Finance and Commissioning Group; both of which report to (providing quarterly exception reports) to the MADP Strategic Group.</p> <p>Each of the Outcomes has been identified a lead officer and it is their responsibility, along with</p>

			<p>the RIO, to report on these quarterly. These can be viewed in the delivery plan or in section 4 of this report. 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 allows 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 reported to the Community Health and Social Care Partnership, Health and Social Care Committee (Moray Council), the Policy and Resources Committee (Moray Council) the Community Planning Partnership and the Public Protection Partnership. All of which contribute to the delivery of Moray 2023; the overall Moray strategic plan. The MADP acts on feedback, which contributes to the design and delivery of services and actions.</p> <p>The outcomes based approach allowed the MADP to engage in constructive service redesign planning and contributing to the delivery of Moray 2023 and the development of the Moray Alcohol and Drugs strategy.</p>
3	<p>Integrated Resource Framework Process</p> <p>Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.</p> <p>Note 5</p>	G	<p>The MADP Finance and Commissioning Sub-group 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 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.</p> <p>The MADP used all available data prior to making any decision on the use of resources to changing the balance of spend from drugs to alcohol, and th4e development of the Moray ROSC which will be continued into 2015/16.</p>
4	<p>Integrated Resource Framework - Outcomes</p> <p>Note 5</p> <p>A coherent approach has been applied to selecting and prioritising investment and disinvestment options – building prevention into the</p>	G	<p>The MADP Manager Support Team is linked through the Community Health and Social Care Leadership Delivery Team. This has contributed to joint working with both NHS and Moray Council and the MADP.</p> <p>Alcohol has been and will continue to be priority areas in the 2023 (10 year) Plan. This will be reflected in the MADP strategy and the three year delivery plan.</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 available resources.</p>

	<p>design and delivery of services.</p>		<p>The MADP has reviewed the working of the Performance Management and the Finance and Commissioning sub-groups to ensure that there is improved decision making; linking performance and commissioning to clear strategic priorities and planned expenditure.</p> <p>During 2013/14 and then into 2014/15, the MADP reviewed the resources available. This contributed to the service redesign. Although this process took longer than was originally planned due to the increased and longer consultation process, the outcome 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>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, plus we have better data and evidence to support change.</p>
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PLAN - Please evidence your ADPs Planning activities/progress

5	<p>We have a shared vision and joint strategic objectives for people affected by problem substance use & those affected, which are aligned with our local partnerships, e.g child protection committees, violence against women, community safety, prevention including education etc.</p>	G	<p>The MADP are currently working within the strategy developed in 2009 'Delivering Recovery Through Sustainable Change'. This will be replaced in late 2015 by a five year strategy. A stakeholders day on the 31 October 2014 provided opportunities for a wide audience to engage the decision making process in relation to the new strategy.</p> <p>We have outlined our vision through the Delivery Plan 2015 -2018.</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 Constitution and Governance Document. These will be reviewed and revised in Autumn 2015.</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 subgroup 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 Head of Integrated Children's Services as well as the Chair of the Moray Child Protection Committee and the Chief Social</p>
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			<p>Work Officer.</p> <p>The MADP engaged with the Moray Community Planning Board in developing the 2023 Plan (replacing the SOA) and alcohol continued to be a priority. This ten year plan provided goals and targets for the MADP to meet in relation to alcohol use [and the implications of said use] in Moray.</p>
6	<p>A. Our planned strategic commissioning work is clearly linked to Community Planning and local integrated health and social care plans, preparing to support improved outcomes, priorities and processes jointly.</p> <p>Please include your ADP Commissioning Plan or Strategy if available.</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. Please include information on the level and frequency of feedback you have received through your local accountability route/CPP/ Joint Integration Board. See note 6</p>	G	<p>The MADP Delivery Plan was linked to the Community Planning Partnership's 2023 Strategy. The MADP Commissioning Plan still provides clear guidance in following an outcome based commissioning structure. The MADP continued to review this in 2014/15; leading to the redesign of services and developing the new MADP strategy and delivery plan.</p> <p>The MADP reported to the Community Planning Partnership Broad and the Health and Social Care Committee. The chair of the MADP is a member of the shadow Integrated Joint Board and part of the senior management team planning the integration of health and social care.</p> <p>The Chair of the MADP Early Years and Young People Sub-group is Head of Integrated Children's Services as well as the Chair of the Moray Child Protection Committee and the Chief Social Work Officer. The group is the direct link between the Child Protection Committee and the MADP.</p> <p>The Management and Performance Sub-group of the MADP review all performance reports and reports finding to the MADP. The Delivery Plan and performance is submitted to the Health and Social Care Committee, the Community Planning Board and the Public Protection Partnership performance systems.</p> <p>The report (and future reports including the forthcoming updated and revised strategy) will be tabled at the MADP, the Public Protection Partnership and the Integrated Joint Board. This is an area for further development as part of the work of linking the MADP with the revised arrangements as a result of integration.</p>
7	<p>Service Users and carers are embedded within the partnership commissioning</p>	A	<p>The MADP have worked with key partners to develop the opportunity for carers and this will continue.</p>

	<p>processes</p>		<p>The MADP continued to have work in partnership with the local Carers Partnership.</p> <p>Moray has invested in Quarriers to support both adult And young carers. This will continue to be a priority; and is explicit in the re-design of services. Discussion took place with Quarriers and Lloyds TSB to further enhance this work; developing a family recovery mode; culminating in a Lloyds TSB PDI funding application.</p> <p>We have continued our relationship with Scottish Recovery Consortium (SRC), which will be further developed as part of the service redesign to bring about a coherent Recovery Orientated system of care.</p> <p>Studio 8 (Turning Point Scotland) continued to work with service users through a service user group every 1st Monday of the month, feeding into the Studio 8 Staff Team meeting, service users are involved in their recruitment process. Note that this service is now run by Quarriers.</p> <p>A service user is trained to enable them to co-facilitate the SMART recovery group.</p> <p>During 2014/15 the MADP continued to work with the User Involvement Officer. The work plan for the post was reviewed as part of the service redesign with a specific remit of involving the users of services in the service redesign and the development of the strategic plan. The importance of the post will grow as the ROSC model is further developed, and services are revised; enhancing operational activity and supporting the development of Recovery Volunteers.</p> <p>Service users are directly involved in the development and delivery of their care/recovery plan with their progress or challenges clearly recorded using the Outcomes Star tool which enables the recovery plan to be tailored to the needs of the individual as well being able to support the measurement of organisational effectiveness and wider district trends.</p> <p>Moray has worked in partnership with NHS Grampian, Aberdeen City ADP and Aberdeenshire ADP to provide the Substance Misuse Conference on the 9th October 2014 which we were able to provide free places for service users and family members. We also held a very successful Stakeholders event on the 31st October 2014 promoting the redesign of services and the development of the Moray ROSC.</p> <p>The amber grading reflects that more work is required and planned in this area as part of further developing the Moray ROSC.</p>
8	A person centered recovery	G	The MADP has recognised the need to have a greater focus on developing a ROSC. The lead

	<p>focus has been incorporated into our approach to strategic commissioning. Please advise if your ROSC is 'in place'; 'in development' or in place and enhancing further.</p> <p>Describe the progress your ADP has made in implementing a Recovery Oriented System of Care (ROSC); please include what your priorities are in implementing this during 2015-16. This may include:</p> <ul style="list-style-type: none"> • ROSC service review and redesign • Identify and commission against key recovery outcomes • Recovery outcome reporting across alcohol and drug services (Please outline what current/planned recovery tool you are using) • Individual recovery care plan and review • Involved mutual aid and recovery communities <p>Please include your recovery outcomes for all individuals within your alcohol and drug treatment system for 2014/15 if available.</p>		<p>to the redesign of services and a far greater emphasis on the users of services being meaningfully and realistically engaged in the whole process rather than just being reliant on service user groups.</p> <p>The MADP recognises that Moray is still in the early stages of developing a comprehensive ROSC. However, the service redesign has created a momentum ad a foundation for future development.</p> <p>The imbedding of the Outcomes Star approach across all of the commissioned alcohol and drug services , with all service users now entering drug and alcohol services having key personal outcomes which are measured at regular intervals, has supported the development of the Moray ROSC. Reviews are completed at 3, 6 and 12 months and service users are fully involved in their own recovery.</p> <p>The outcome of the service redesign this was re-tendering for the adult services and linking in with Quarriers to develop work in partnership with Lloyds TSB.</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 and Procurement in continuing to improve and ensure that all services meet their required performance standards.</p> <p>The Management and Performance Sub-group continued to develop this process and have included work with the Front Line Forum, Service Users Groups and Commissioned Services which contributed to the development of the comprehensive outcomes based commissioning process for 14/15.</p> <p>The MADP engaged 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 Service Users Report will give evidence of performance in relation to outcomes.</p>
9	All relevant statutory requirements regarding	G	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

	<p>Equality Impact Assessments have been addressed during the compilation of your ADP Strategy and Delivery Plan.</p> <p>Please advise when this was undertaken and is next planned.</p>		<p>Equalities Officer at Moray Council to ensure that we comply going forward.</p> <p>No documents were produced in this reporting period that required an Equality Impact Assessment (EIA)</p> <p>Reports produced within the reporting period 2015/16 currently are: The MADP Strategy (currently in draft), and the MADP Delivery Plan. The EIA for the Strategy will be undertaken in September 2015. The EIA for the Delivery Plan was completed in September 2015.</p>
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DELIVER - Please evidence your ADPs Delivery activities/progress

	Theme	R A G see note 1	Evidence <i>see note 2</i>
10	<p>Delivery of 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.</p> <p>see note 7</p>	A	<p>The MADP recognised that Workforce Development is an important part of developing the ROSC and an area requiring a greater focus of attention.</p> <p>The Workforce Development MADP sub group was tasked to develop the MADP Workforce Development strategy and plan. Moray linked in with, and engaging in planning discussions STRADA to become one of their Local Authority partners. The aim being to develop a comprehensive plan; focussing on a wider workforce engagement model; resulting in a comprehensive plan for embedding this into Moray ROSC.</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 of strategy development and service redesign.</p> <p>The amber reflects that work is still required in this area. The closure of STRADA has delayed the work in this area. However, Workforce Development remains a key priority and area requiring further attention.</p> <p>The amber score reflects that Moray was in, and still is in an early stage of developing this area of work.</p>
11	<p>Please provide a bullet point</p>	A	<p>Outlined below bullet points of work specifically commissioned by the Moray ADP. It has to be</p>

	<p>summary of your ADP's Alcohol and Drug Provision, to demonstrate the range of prevention, treatment/recovery & support interventions (including early interventions) commissioned by the ADP which have been delivered in the reporting period.</p> <p>We recognise there will be overlaps – please use local definitions.</p>	<p>recognised that there are other areas work especially in education and children/young people's services which are not specifically commissioned by the MADP. Therefore the local definition relates to where the services are specifically commissioned and also financially by the MADP.</p> <p>Prevention:</p> <ul style="list-style-type: none"> • Curriculum for Excellence education packages • Mobile information bus and healthier lives information and initiatives • Needle exchange scheme • Sexual health and blood born virus advice support and testing • Safer streets and Operation Avon initiatives, including Street Pastors • Training of staff such as home care and housing support • Early engagement team working with young people. • PEEP and family work with parents where there is alcohol/drug usage <p>Treatment/Recovery</p> <ul style="list-style-type: none"> • Service redesign and re-tendering of services; developing a hub and spoke model which takes services to the community; as part of the Moray ROSC • Early years Social Worker (drugs and alcohol) and family support workers • ORT and clinical support; both within GP practices and the community, overseen by Consultant. • Alcohol community and in patient detox, supported by both CPN and Social Work staff. • 1 -1 and group work; including SMART Recovery and Peer support groups. • Carers (including young carers) and family support • Family recovery interventions • Home based social care and family work, supporting access to other services such as money advice, housing support, support to escape from domestic abuse • Jobs club support • Confidence to cook and budget management • Support to access further education <p>Early Interventions</p> <ul style="list-style-type: none"> • Needle exchange, scheme • Sexual health and blood born virus advice support and testing • Safer streets and Operation Avon initiatives, including Street Pastors • Early years Social Worker (drugs and alcohol) and family support workers <p>The amber score reflects that Moray was in an early stage of developing its ROSC.</p>
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<p>12</p>	<p>Please provide a brief summary of the interventions your ADP has delivered to support communities:</p> <p>a) Prevention of developing problem alcohol/drug use b) Community Safety/ violence against women/Reducing Reoffending c) Children/ CAPSM d) Supporting People in moving on from treatment and care services for ongoing recovery (e.g Self Directed Support, mutual aid/recovery communities)</p>	<p>G</p> <p>Prevention of developing problem alcohol/drug use See prevention above. The above areas focus on early engagement and trying to promote engagement; ranging from advice and information (Mobile information bus) through to practical engagement via the needle exchange scheme. .</p> <p>Community Safety/ violence against women/Reducing Reoffending The MADP is a partner member of the Safer Communities Partnership, the Domestic Abuse Partnership, and work in Partnership with the Criminal Justice/Youth Justice services.</p> <p>The Social Work Staff part of MIDAS prioritises working with women who are victims of violence; lining in with Police Scotland and the MARAC process.</p> <p>The MIDAS team work directly with criminal justice services, Safer Communities and Police Scotland to support the reduction in offending; examples of specific areas include: safer street initiatives, domestic abuse campaigns, prison through car planning, information sharing.</p> <p>Children/ CAPSM See above: Early years Social Worker (drugs and alcohol) and family support workers; prioritising pregnant women and families with children under the age of two. The age will be increased up to five as the service develops. This includes running PEEP and family/parenting groups.</p> <p>The MIDAS Social Work staff work in partnership with Children’s services, supporting parents in both their recovery and their parenting.</p> <p>The Early Engagement team works with young people who are vulnerable where drug use/alcohol use may be a concern and a where a broader package of support may be appropriate.</p> <p>Supporting People in moving on from treatment and care This is an area which is currently underdeveloped and is a priority as part of the ROSC development work. The current provision does include recovery and peer lead groups, with links to a range of community resources. The increased investment and new service will enable this work to be further developed and be far more comprehensive.</p> <p>Currently the users of the drug/alcohol services are not part of the SDS process as the services provided by both IDAS and the third sector direct access service are free. Where a residential</p>
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			rehabilitation placement is required then there is provision for this to be provided with the person paying a contribution based on their level of income in accordance with the Moray contributions policy.
13	<p>A. A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision</p> <p>B. Describe how all ADP Partners contribute to delivering outcomes identified in the Joint Strategic Needs Assessment (box 1) which includes prevention, recovery, treatment, support and throughcare services through ROSC provision, where in place.</p>	G	<p>A) The MADP has two key subgroups relating to performance management: Finance and Commissioning, and, Management and Performance. Both of these groups meet quarterly and report directly to the MADP; providing reports.</p> <p>All partner organisations that receive funding through the ADP provide data to both the Research and Information Officer and the MADP Lead Officer. The Performance data is shared at the two sub groups. The data is directly cross referenced with ADP targets; noting trends, exceptions, positive progress or concerns. This performance data is considered alongside data relating to emerging trends and qualitative data; and forms part of the forward planning process.</p> <p>All agencies that have specific contracts or agreements with the MADP have clear performance criteria and reporting details (as set out in the contract); which include the relationship between expenditure and performance. Quarterly contract meetings are in place.</p> <p>B) The answer to this question will relate to the ADP partners agencies as set out in the Moray ADP constitution and is a summary of their activity:</p> <p>Police Scotland: The following show how Police Scotland (Moray) works in the areas of prevention; encouraging people into treatment and support.</p> <p>Priorities as identified in the Moray Local Policing plan: Antisocial behaviour, violence and disorder, as in other areas of Scotland, is closely associated with the consumption of alcohol and calls to the police in Moray tend to fall under the broad categories of public nuisance, disturbance, noise and drinking in public.</p> <p>Police Scotland remain committed to an intelligence led approach to ensuring that all premises selling alcohol do so lawfully and in accordance with the terms of their licence. In addition, we will maximise opportunities to detect and deter instances of under-age drinking within our communities.</p> <p>An intelligence led approach will be pursued to target enforcement in areas where collisions are</p>

		<p>most likely to occur. We will also target motorists who speed, are uninsured, disqualified drivers, drink / drug drivers, those not wearing a seatbelt and individuals who use mobile phones while driving, all factors which have been shown to contribute towards an increase in collisions.</p> <p>We will use all means available to detect offenders, recover controlled drugs and pursue evidence for prosecution. We will maximise opportunities to recover proceeds of crime under the Proceeds of Crime Act.</p> <p>Maintaining a focus on offenders is only part of the effort to minimise the harm caused by controlled drugs. We also remain committed to the success of prevention and rehabilitation and recognise they are important factors in reducing substance use. In this regard, we will continue to work with partners such as the referral scheme where substance users were offered referral to agencies to assist in helping change behaviour and to make positive life choices. The outcome we seek to achieve is 'to reduce harm in our communities'. Serious Organised Crime and Drugs is encapsulated in National Outcomes 9, 11 and 13 and we will support these outcomes.</p> <p>In addition to the above the MADP supported safer streets campaigns relating to street drinking and helping people to stay safer after socialising in the evening; and operation Avon which helps younger people who may be drinking in public; and Street Pastors which helps to keep people safe and ensure they access taxis and have suitable footwear. All of these activities relate to prevention.</p> <p>Housing: These are the priorities the Council and its partners would like to achieve for the citizens of Moray, relating to Housing:</p> <p><i>Priority 1: To address housing need and improve access to housing:</i> The Council will work to reduce the number of households in housing need, through increasing the supply of affordable rented housing, using legislation to retain ownership of current affordable rented housing, and by making the best use of current stock and future investment in housing stock.</p> <p><i>Priority 2: To meet our legal duties to homeless households:</i> Throughout the term of this strategy, Moray Council will use a housing options approach to reduce the number of people experiencing homelessness. For those who do become homeless, the Council will offer good quality temporary accommodation, and assistance to find a sustainable home. During the term of this LHS, and following the term of the current Homelessness Strategy 2010-201531, Moray</p>
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		<p>will have completed a comprehensive review of its strategic response to homelessness issues. As part of the homeless and supported accommodation provision and in addition to the provision provided by the Moray Council Housing commission a serve from SACRO. This is supported accommodation units which provides accommodation and support for 10 single people (a significant number have needs due to alcohol and or drug misuse) who are homeless or at risk of becoming homeless and require the necessary skills to manage a tenancy of their own. The main aim of Guildry House is to assist people to resettle in the community.</p> <p><i>Priority 3: To assist people with particular housing needs:</i> The Council aims to increase the supply of particular needs housing across all tenures to meet current and projected future needs. Close liaison with Community Care service providers, the NHS, Occupational Therapy services etc., will be required over the term of this LHS and beyond, to achieve the outcomes under this Priority.</p> <p><i>Priority 4: To improve the energy efficiency of housing and address fuel poverty and climate change:</i> We will seek to reduce fuel poverty and achieve carbon emissions from housing by improving the energy efficiency of housing in Moray. We will prioritise fuel poor households for energy efficiency measures and for energy advice services that will help them address fuel poverty.</p> <p><i>Priority 5: To improve the condition of Moray's housing stock:</i> The Council will operate a Scheme of Assistance to enable households in the private sector to maintain their property in good condition. We will consider the use of enforcement powers as a means of improving substandard property in the private sector. We will ensure that all social rented housing stock in Moray meets the Scottish Housing Quality Standard by 2015 and beyond.</p> <p><i>Priority 6: To promote successful, safe, sustainable communities and social inclusion:</i> We will work in partnership with a range of agencies, stakeholders and community groups to ensure that communities throughout Moray are safe and successful. Residents will have a say in how their neighbourhoods are managed and services delivered by partners should be responsive to the needs of local communities.</p> <p>Housing support and the provision of good quality housing is essential as part of the portfolio of services for prevention, recovery, treatment, support and throughcare services.</p> <p>Social Services and NHS Grampian Moray.</p>
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Moray Integrated Drug and Alcohol Services, is a joint service between NHS Grampian and The Moray Council Social Services and provides:

- Advice and support for drug/alcohol users,
- Advice and support for families particularly where use of substances impacts on the care of children,
- Advice and support to young substance users (with the consent of parents/guardians if under age of 16 year),
- Substitute prescribing by a specialist Consultant Psychiatrist and through supporting General Practitioners in community surgeries
- Information on how to access free needle exchange,
- Home detoxification,
- Naloxone kits
- Advice and support
- Dried Blood Spot testing
- Residential Detox/Rehabilitation
- Free Condom service and family planning advice
- Substance education/training for clinical staff/social work staff and other agencies

NHS Grampian provided (and continue to do so) a range of initiatives to promote healthy living; relating this specifically to alcohol or drug misuse and wider lifestyles. Examples include the Mobile Information Bus, campaigns using a variety of formats, (including social media and web based (examples include “Meet the Hendersons”), supporting education provision and providing epidemiological data to support strategic planning.

NHS Grampian (Moray) has an alcohol plan which directly cross referenced to the MADP Delivery Plan. This outlines the range of activities and actions relating to alcohol misuse; supporting education, prevention and treatment.

Alcohol Brief Interventions were (and continue to be so) in GP settings.

Needle Exchange Scheme: the primary needle exchange facilities are provided within community pharmacists. In addition, NHS Grampian had a contract with Turning Point Scotland Studio 8 Direct Access Drug/Alcohol Service. (Note that the provider of is service is now Quarriers, who won the tender). This will be reported on in the next annual report.

Pregnancy and Early Years Social Work and Intensive Family Support Service:

		<p>The team consists of Social Worker and two Family Support Workers. This service provides flexible and intensive support to families with young children (0-2 years initially) affected by parental substance misuse. This service is home / community based including direct individual work and group work where appropriate. The work includes building recovery and parenting capacity and promoting the safety of the unborn baby, child or children.</p> <p>The Social Worker and Family Support Workers focus on working with pregnant women, their partner and their family and will have contact with them throughout the pregnancy and beyond to the child's early years.</p> <p>The above areas directly relate to prevention, recovery, treatment and support.</p> <p>The Moray Council: In addition to the wide range of services provided by the Moray Council other services to note are: <i>Money and Benefits advice and support.</i></p> <ul style="list-style-type: none"> • Providing effective and efficient administration to maximise the take up of benefits and make the service easier to access Prevent, • Reducing and recover overpayments of benefit Ensure the benefit system is secure by preventing, deterring, detecting and acting against fraud, • Ensure quality by providing training and guidance for staff, and undertaking processes for checking and monitoring work. • Working together with organisations to improve and promote the service and contribute in the prevention of poverty and homelessness. <p>The advice services are complimented by initiatives to support people back into employment via routes such as Employability For All which runs surgeries in the Alcohol and Drugs direct Access service.</p> <p><i>The Moray Council Welfare MAP:</i> this provides details of services that can provide support and assistance with money, debts, housing, employment and specialist services. - See more http://www.moray.gov.uk/moray_standard/page_41488.html#sthash.woxBK9w7.dpuf</p> <p>Action for Children's provides a 'Moray Care Farming' project which aims to improve the skills, confidence and employability of vulnerable young people in the Moray area, particularly targeting young care leavers. Criteria include been unemployed for 6 months or more, experienced mental health difficulties, have a history of substance misuse, have a history of offending behaviour, need support and guidance with social skills, life skills and confidence building.</p>
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		<p><i>Education Services:</i> Children and young people are supported in school through personal and social education content, which includes matters relating to healthy lifestyles and drugs and alcohol; as part of Curriculum for Excellence.</p> <p><i>Social Services Early Engagement Team:</i> Support young people; providing early intervention for those you people who need advice, support and assistance; including early support on matters relating to alcohol or drug use.</p> <p><i>Criminal Justice Services:</i> Drug Treatment Testing Orders (DTTOs) are a sentence available to the Sheriff and High Court as an alternative to custody. The Order may be suitable where drug misuse is a significant factor behind offending behavior.</p> <p>It is an intensive order, often involving multi agency input, with the supervision Social Worker acting as Case Manager. The court regularly reviews the Order to monitor progress. Regular drug testing is a key feature of the Order.</p> <p><i>Youth Justice:</i> The Moray Youth Justice Team works with young offenders aged 8-18 years. The work is directed by the Scottish Government Youth Justice Plan as well as, at a local level, the Moray Youth Justice Strategy Group oversee the strategy and delivery of services. The Youth Justice services work with young people who have needs relating to their drug/alcohol misuse</p> <p>The Third Sector: <i>Direct Access Drug and Alcohol Service – Turning Point Scotland:</i> A direct access service for people aged 16+ who want help with their alcohol and or drug use. Providing the first point of contact for assessment, 1 – 1 support, group work, needle exchange, support and advice for friends and family members, support with employment and benefits and promoting recovery.</p> <p>Note that this service was reviewed in 2014/2015, forming part of the service re-design, with the focus of increasing the range of services in Moray. See future priorities section.</p> <p><i>Moray Third Sector Interface (Tsi):</i> Their mission is to ensure that tsiMORAY brings together and supports our third sector, enabling its full participation in the sustainable development of Moray. tsiMoray are members of the MADP</p> <p>TsiMoray offers free and impartial advice, information and support to help you create and</p>
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			<p>maintain you're voluntary/ community group. TsiMORAY provides information and guidance on going through the legal procedures of registering your group as a charity, providing template policies and procedures for the management of your organisation, as well as providing support with constitutions and with the legal structure of your group.</p> <p>TsiMoray provides training events and seminars. In the past we have held minute taking courses, governance training courses, and funding information seminars. These events are advertised on our website, Facebook page, shop window, and are also included in our e-bulletins.</p> <p>In addition to the above, tsiMORAY provides funding news, funding signposting, as well as support, information and general advice in this area. TsiMoray promotes funding opportunities online, as well as in our e-bulletin, and are able to provide support and guidance to organisations who are interested in applying for funding, whether it is at a local or national level.</p> <p><i>Quarriers:</i> Quarriers are contracted to provide support for carers in Moray, this includes those caring for somebody who has needs relating to drug or alcohol misuse.</p> <p>The above services relate to recovery, treatment, support and throughcare, although during this reporting period the recovery agenda was not fully developed; the same applies to throughcare.</p> <p>The Department of Work And Pensions was not a member of the MADP during this reporting period. This is an area to be taken forward and they are to be invited to be a member.</p>
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REVIEW - Please evidence your ADPs Delivery activities/progress in reviewing Strategies/Outcomes

	Theme	R A G see note 1	Evidence see note 2
14	ADP Delivery Plan is reviewed on a regular basis, which includes a review of the provision of prevention activity, recovery, treatment	G	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

	and support services (ROSC).		<p>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>
15	<p>Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services, which incorporates recommendation 6 from the Delivering Recovery Report.</p> <p>see note 8</p>	G	<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 2015/16. As a result of the ORT report and our feedback from the submission of last year's report, MADP have re-focused in an effort to further enhance the recovery model/interventions being delivered. These will culminate in a new and improved ROSC being developed in 2015.</p> <p>The service re-design and therefore the development of the ROSC took longer than was anticipated this is due to the decision to engage in a far wider consultation process, and procurement process in order to ensure that Moray was heading in the right direction to implement a ROSC.</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, early 2015.</p>
16	A schedule for service monitoring and review is in place, which includes statutory provision.	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>
17	Service Users and their families play a central role in evaluating the impact of our statutory and third sector	G	<p>As has been outlined in other areas of this report, service users and their families play a major part in</p> <p>Evaluating the impact of services. Links have been strengthened with Scottish Families Affected by</p>

	services.		<p>Drugs. The Grampian Area Support Officer holder left that service in Q4 2014/15.</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 engaged with (and continue to do so) 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>																		
18	<p>A. There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.</p> <p>B. Please advise when (and how) your ADP has/plans to undertake an assessment of local implementation of the <u>'Quality Principles: Standard Expectations of Care and Support in Drug and alcohol Services.'</u> See notes 9 and 10</p>	G	<p>MADP have a clear quality assurance process in place which is managed by the Management and Performance Sub-group, led 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 the appropriate operational and strategic groups across Moray.</p> <p>All commissioned services provide monthly/quarterly reports which feed into the Management and Performance Sub-group.</p> <p>We work in partnership with NHS Grampian, Aberdeen City ADP and Aberdeenshire ADP to progress the recommendations made within the ORT report, which have supported the service redesign and the development of the ROSC which will be implemented 2015.</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 took the opportunity to develop further quality assurance through policy. We used the improved Quality Standards through our service re-design process. We are implementing the recommendations from the Independent Expert Review of Opiate Replacement Therapies.</p>																		
19	<p>Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following:</p>	G	<table border="1"> <tr> <td colspan="6">Figs for Jan 2014 as follows:</td> </tr> <tr> <td></td> <td>Methadone Supervised</td> <td>Methadone Take Home</td> <td>Buprenorphine Supervised</td> <td>Buprenorphine Take Home</td> <td>Total</td> </tr> <tr> <td>Moray</td> <td>109</td> <td>38</td> <td>18</td> <td>13</td> <td>178</td> </tr> </table>	Figs for Jan 2014 as follows:							Methadone Supervised	Methadone Take Home	Buprenorphine Supervised	Buprenorphine Take Home	Total	Moray	109	38	18	13	178
Figs for Jan 2014 as follows:																					
	Methadone Supervised	Methadone Take Home	Buprenorphine Supervised	Buprenorphine Take Home	Total																
Moray	109	38	18	13	178																

	<ul style="list-style-type: none"> • your (updated, if applicable) Key Aim Statement • a specific update on your progress in implementing it – have you achieved it/when do you plan to do so? • Outline the work of your ORT Accountable Officer • How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March 2015. • Information on length of time on ORT and dose • Information about any related staff training in ORT provision or recovery orientated systems of care. • Detail of any ORT focussed groups operating in the area. • GP engagement – how drug and alcohol treatment is being delivered in primary care settings. <p>See note 10</p>		<p>Moray ADP continues to be committed to providing Oral Replacement Therapy (ORT) in a safe and effective fashion and following the recommendations of the expert review into Oral Replacement Therapy. The Oral Replacement Therapy Service is intrinsically linked with the wider Recovery Orientated System of Care.</p> <p>Oral Replacement Therapy is primarily delivered by the Health Team within the wider integrated drug service, for those on Oral Replacement Therapy they will get ongoing health monitoring, but progress will also be monitored by other professionals such as Social Work and the Voluntary Sector colleagues.</p> <p>Figures for January 2014 are in the table above. These are the available figures at the time of submitting this annual report</p> <p>Information about length of time on Oral Replacement Therapy is not routinely collected, neither is dose ranges, Oral Replacement Therapy is however prescribed in keeping in line with the National Clinical Guidance and Treatment of Drug Misuse, any doses out with the guidance would be under review of a Consultant Psychiatrist.</p> <p>The staffs from all professional groups receive regular training in Oral Replacement Therapy provision and recovery orientated system of care, specific training is provided to members of the NHS in the Addiction Team with regards to safe and effective provision of Oral Replacement Therapy.</p> <p>There is no specific Oral Replacement Therapy self-care group operating in Moray. In regards to GP engagement, the majority of GP practices in Moray provide Oral Replacement Therapy in a Shared Care system with Secondary Care Addictions Services. Not all GP practices are involved but the majority are and in general there is good GP engagement in the Moray area.</p> <p>NHS Grampian’s Oral Replacement Therapy Council Officer has clinical Drug Team to collect health intelligence regarding the use of Oral Replacement Therapy in Grampian. Guidance is still awaited from Scottish Government about the exact role of the Accountable Officer.</p>
20	<p>Please describe in brief bullet points how your ADP and</p>	G	<p>Moray adopts a whole population approach in the delivery of services.</p>

	<p>partners are contributing to delivery of a Whole Population Approach for Alcohol.</p>	<p>Alcohol is a high priority for the Moray ADP. This is reflected in the:</p> <ul style="list-style-type: none"> ○ Moray 2015- 2018 Delivery plan, ○ The Draft Moray strategy which will be launched in 2015. ○ The specification for the delivery of the direct access service. <p>Key aspects of the revised direct access following the tender process are:</p> <ul style="list-style-type: none"> ○ Ensuring the service reaches out to and engages with individuals throughout Moray, applying a creative, early intervention approach which seeks to encourage and support recovery.; operating a hub and spoke model, with extensive domiciliary services targeting those who may not wish to or who are unable to access centre based services; e.g. older people ○ Integrates with services for friends, family and carers to provide a genuine single access service which offers recovery options for all individual family members and holistic family support ○ Adopts a community development approach and works in partnership with stakeholders and service ○ Providing advice, support and training to services such as home care staff and housing support staff. ○ ABI in GP community setting and expansion into other primary care settings ○ Investment in tsiMoray (the third sector interface). tsiMoray will undertake community development work in relation to drugs and alcohol, but within a wider context, to connect and engage with people of all ages where they live, work and socialise (or not as the case may be) and identify the needs and aspirations of communities who would like to improve their health and wellbeing in a holistic sense. The project intends to support the development of activities and opportunities that are co-designed with people and communities throughout the two year project span and that can be subsequently sustained by communities once the project is complete. ○ It is recognised that the drinks industry could be a key partner in this initiative, and (discussions are underway with the distillers via the Scotch Whisky Association) that other partnerships may form as projects develop, and that all partnership development will be driven by the needs and aspirations of people and communities. ○ Data is used to assess areas of greatest need; with key areas being the outlying rural communities, with poor transport facilities and where there are limited leisure opportunities; but with alcohol featuring highly.
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21	How many service users are in receipt of prescriptions for problem alcohol use?		At present this data is not routinely collected.
22	How many service users are receiving counselling/support through ADP commissioned services?		As at 31 st March 2015 there were 408 people in receipt of MADP Services. Of this number 318 were receiving counselling/support through ADP commissioned services.
23	How many service users have received treatment for ARBD in the reporting period?		There have been 0 service users who have received treatment for ARBD in the reporting period in Moray.

3. FINANCIAL FRAMEWORK

Your Report should identify both the earmarked alcohol and the earmarked drug 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/support services or recovery which each ADP partner has contributed from their core budgets to deliver the Plan. You should also highlight any underspend and proposals on future use of any such monies.

Total Income from all sources

Income	Alcohol	Drugs	Total
Earmarked funding from Scottish Government			£626775
Funding from Local Authority			0
Funding from NHS (excluding funding earmarked from Scottish Government)			0
Funding from other sources: <i>Carry forward</i>			£49186
Total			£675,961.00

Total Expenditure from sources

	Alcohol	Drugs	Total
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)			£113801
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)			£296792
Recovery			£32419
Dealing with consequences of problem alcohol and drug use in ADP locality			£25676
Total			£468,688.00

End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Drug			
Alcohol			
Total	£675961	£468688	£207273

Total Underspend from all sources

Underspend £	Proposals for future use
£207273	Increased investment in young people's services and community capacity building in conjunction with the third sector, and joint safer street initiatives with the safer communities' partnership.

Support in kind

Provider	Description
ADP Partner organisations	This is a very broad question. All ADP partners contribute to the running of the ADP; covering areas such as (but not limited to) financial advice, procurement, marketing and communication, provision of venues and increasingly promoting a wide range of services and activities for service users.

4. PERFORMANCE FRAMEWORK - PROGRESS

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.

National Outcome: Health: People are healthier and experience fewer risks as a result of alcohol and drug use

July 2015

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 2015	Moray = 42 discharges, 48 per 100,000 Angus = 88 discharges, 86 per 100,000	2013/14 Moray – 30 Discharges 33.7 per 100,000 Angus – 78 Discharges 74.4 per 100,000 Green	Annual
		X		Tracey Gervaise	↓	Rate of alcohol-related hospital discharge rates (three year rolling average) by 10% by 2015.	Moray = 469 discharges, 506 per 100,000 Angus = 437 discharges, 387 Per 100,000	2013/14 Moray – 338 Discharges 417.5 per 100,000 Angus – 437 Discharges 381 per 100,000 Green	Annual

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	↓	Rate of alcohol-related mortality (three year rolling average) by 5% by 2015.	Moray = 20 Angus = 20	2014/15 Moray – 14 Angus – 22 Green	Annual
	X	Tracey Gervaise	↓	Decrease the prevalence of hepatitis C among injecting drug users over by 2015.	Grampian = 83 (31%) Lothian = 77 (20%)	2013/14 Grampian – 51 (27%) Lothian – 61 (22%) Green	Annual
	X	Lynsey Murdoch	↑	Increase the number of Naloxone Training sessions delivered in Moray by 5% by 2015.	2013/14 = 24	2014/15 26 Training Sessions Green	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 2015.	2013/14 = 11	2014/15 15 (10X Elgin, 3X Keith 2X Forres) Red	Quarter

		X	Tracey Gervaise	↓	Decrease the percentage of new clients who have ever injected drugs by 5% by 2015.	Grampian = 75% Lothian = 50%	2013/14 Grampian – 49% Lothian – 32% Green	Annual
		X	Tracey Gervaise	↓	Decrease the rate of Drug related Deaths per 100,000 population by 5% by 2015.	Moray = 7 people (0.06 rolling 5 year average) Angus = 9 People (0.008 rolling 5 year average)	2014/15 Moray – 5 people (0.06 rolling 5 year average) Angus – 9 People (0.07 rolling 5 year average) Green	Annual
		X	Anna Rogers	↓	Decrease the percentage of Accidental dwelling fires where substance misuse was a contributory factor by 10% by 2015.	Moray baseline = 18% Moray 2013/14 = 9.1%	2014/15 21.1% (12 of 57 Dwelling Fires) Red	Quarter

			X	Paul Johnson	↑	Increase the number of clients reporting an increase in healthy relationships by 5% by 2015.	Moray 2013/14 = 37.6% made progress 26.6% no help required	2014/15 25 of 86 clients reported progress in this area (29.1%) 26 of 26 clients reported that they need no help in this area. (30.2%) Red	Quarter
			X	Paul Johnson	↑	Increase the number of clients reporting improved mental health by 5% by 2015.	Moray 2013/14 = 56% made progress 5.5% no help required	2014/15 38 of 86 clients reported that they made progress in this area. (44.2%) 2 of 86 clients reported that they need no help in this area. (2.3%) Red	Quarter

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 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% by 2014.	Moray = 0.64% Angus = 1.38%	2012/13 Moray – 0.59% Angus – 0.96% Green	Annual
		X		Tracey Gervaise	↓	Estimated prevalence of Injecting drug use amongst 15-64 year olds in Scotland by 2014.	No baseline figure	No data available	Annual
		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%	2013 Moray – 8.4% Angus 3.7% Green	Bi - Annual
	A reduction in the prevalence of harmful levels of drug and								

2	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 have taken an illicit drug in the last year (areas with lower prevalence) by 10% by 2014 Salsus.	Moray = 25% Angus = 19%	2013 Moray -15% Angus 11% Green	Bi-Annual
		X		Tracey Gervaise	↓	Decrease the proportion of individuals drinking above daily and/or weekly recommended limits by 10% by 2015.	No reliable baseline figure	2011/12 Moray = 20.6% Scotland = 21.1% Green	Annual
		X		Tracey Gervaise	↓	The proportion of individuals drinking above twice daily ("binge" drinking) recommended limits by 10% by 2015.	No reliable baseline figure	2011/12 Moray = 10% Scotland = 11.7% Green	Annual

		X		Tracey Gervaise	↓	Decrease the proportion of individuals who are alcohol dependent by 5% by 2015	Moray = 109 Angus = 78	2013/14 Moray – 81 (86.7 per 100,000) Angus 86 (73.6 per 100,000) Green	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 Salaus	Moray = 32% Angus=25%	2013 Moray – 20% (14 units per week) Angus – 15% (22 units per week) Green	Bi-Annual
		X	X	Paul Johnson	↓	Decrease the number of residents reported to the Scottish Drug Misuse database as a new client per 100,00 population by 5%	Grampian = 165 Lothian = 209	2012/13 Grampian – 176 Lothian - 183 Red	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	Reporting Timescale
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,	X		Paul Johnson	↓	Average percentage reduction in daily drugs spend during treatment by 2015.	No Baseline figure provided by the SG.	No data available.	Annual
	X		Paul Johnson	↓	Reduction in the percentage of clients injecting in the last month during treatment by 5 % by 2015	No baseline figure provided by the SG	No data available.	Annual

3	improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.	X		Paul Johnson	↑	Increase in the proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow-up by 5% by 2015	No baseline figure set.	No data available.	Annual
	A range of health, psychological, social and economic	X		Paul Johnson	↑	Increase in the proportion of clients receiving drugs treatment experiencing improvements in employment/ education profile during treatment by 5% by 2015	No baseline figure set.	No data available	Annual

<p>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.</p>	X	Paul Johnson	↑	<p>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 2015</p>	<p>2013/14 = 33% made progress</p> <p>42% no help Required</p>	<p>2014/15 25 of 86 clients reported that they made progress in this area. (29.1%)</p> <p>43 of 86 clients reported that they need no help in this area. (50%)</p> <p>Red</p>	Quarter
	X	Paul Johnson	↑	<p>Maintain the number of active Mutual Aid Groups in Moray throughout 2015.</p>	<p>2013/14 = 13 AA Groups</p> <p>1 NA Group</p>	<p>2014/15</p> <p>There are 14 AA Groups operating in the following areas Aberlour, Buckie, Duffus x8, Forres, Keith and Lossiemouth (There is now an AA Group operating from Studio 8)</p> <p>There are 4 Al-Anon Groups operating in the following areas: Buckie, Elgin, Forres and Keith</p> <p>There is 1 NA group in Forres Green</p>	Quarter

			X	Paul Johnson	↑	Increase the percentage of Service Users who reported progress at 3, 6 and 12 months by 10% by 2015.	2013/14 = 97.2% made progress	2014/15 84/86 (97.7%) clients reported making progress this quarter. 44.2% within 3 months 17.4% within 6 months 16.3% within 12 months 19.8% after 12 months Green	Quarter
			X	Paul Johnson	↑	Maintain the number of Active recovery Champions in Moray throughout 2015.	Moray 2013/14 = 6	2014/15 10 Recovery Champions Green	Quarter
			X	Paul Johnson	↑	Increase the number of clients reporting an increase in improved social networks by 10% by 2015.	2013/14 46.8% making progress 11.9% no help required	2014/15 42 of 86 clients reported making progress in this area. (48.8%) 12 of 86 clients reported needing no help in this area. (14%) Green	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
<p>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.</p> <p>This will include reducing the risks and impact of</p>	X		Tracey Gervaise	↓	Decrease the rate of maternities recording drug use (three year rolling average) by 5% by 2015	Moray = 15 Angus = 37.3	<p>2010/11 – 2012/13 Moray – 23 8.8 per 100,000 Angus 59 17.4 per 100,000 Red</p>	Annual
	X		Tracey Gervaise	↓	Rate of maternities recording alcohol use (three year rolling average)	No baseline figure provided by the SG.	No data available	Annual
	X		Tracey Gervaise	↑	Proportion of positive ABI screenings in ante-natal setting	No baseline figure provided by the SG.	Data from 2014/15 is too low to be recorded on a Grampian Level	Annual
			X	Fiona McPherson	↑	Increase the number of Contacts with Scottish Families Affected by Drugs Helpline by 10% by 2015.	2013/14 = 1 call	<p>2014/15 3 calls – Alcohol, Cannabis and NPS Green</p>

4	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	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 2015.	2013/14 = 225	2014/15 Moray - 202 Green	Quarter
			X	Paul Johnson	↓	Decrease the number of children in the Child Protection Register where Substance misuse was a factor by 5% by 2015.	March 31 st 2014 Moray Moray of 64 children Parental Alcohol misuse = 13 (20.3%) Parental Drug misuse = 16 (25%) Parental Substance misuse = 23 (35.9%)	As at July 31st 2015 Moray 45 on Child Protection Register 13 Alcohol (28.9%) 8 Drugs (17.8%) 3 Substance Misuse (6.7%) Green	Quarter
	This will include reducing the risks and impact of drugs misuse on users' children and other family members; supporting the social, educational and		X	John Campbell	↓	Decrease the percentage of Children referred to the Children's Reporter for having misused alcohol or drugs by 2015	Moray = 0	2014/15 Moray - 0 Green	Quarter

4	economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.		X	Paul Johnson	↑	Increase the number of families reporting that they have a drug and alcohol problem are offered support through pregnancy by 10% by 2015	2013/14 = 2	2014/15 Moray - 3 families helped Green	Quarter
			X	Paul Johnson	↑	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	2013/14 = 58	2014/15 Moray - 65 Clients Green	Quarter
			X	Susan Leonard	↑	Increase the number of family members offered an intervention as a carer (Including Significant Others) by 10% by 2015	2013/14 =76	2014/15 Moray - 84 Adults 35 Young People Green	Quarter

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 2015.	Moray = 9% Angus 9%	2012/13 Moray – 8% Angus – 12% Green	Annual
		X		Willie Findlay	↓	Decrease in the percentage of people with personal experience of drug misuse or dealing in their neighbourhood by 5 % by 2015.	Moray 10% Angus 8%	2012/13 Moray – 7% Angus -5% Green	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		Paul Johnson	↓	Decrease in the Percentage of new clients at specialist drug treatment services who report funding their drug use through crime	Moray = 25.2%	No data available.	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 2015	2013/14 = 596/1843 (32%)	2014/15 Moray – 554 of 1417 (39.1%) <u>Green</u>	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 2015.	2013/14 = 0	2014/15 Moray – 1 of which 0 were successfully completed <u>Green</u>	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 contribution in ensuring safer, stronger, happier and more resilient communities.	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%	2012/13 Alcohol Scotland – 59% Drugs Scotland – 29% Unable to obtain Local Authority Statistics.	Annual
		X	Willie Findlay	↓	Decrease the number of Drink / Drug Driving offences by 10% by 2015.	2013/14 = 108	2014/15 Moray - 127 Red	Quarter
		X	Willie Findlay	↓	Decrease the number of drinking in a designated place charges by 5% by 2015.	2013/14 = 37	2014/15 Moray – 7 Green	Quarter
		X	Harry Gordon	↓	Decrease the number of Assaults and ASB in Moray during the Safer Streets Campaigns by 10% by 2015.	2013/14 0 Serious Assault 2 Common Assaults 4 Breach of the Peace 2 Threatening or Abusive Behaviour	2014/15 0 Serious Assault 4 Common Assault 2 Breach of the Peace 1 Threatening or Abusive Behaviour Green	Annual

			X	Harry Gordon		Evaluate the domestic violence prevention programmes and campaigns to increase the profile of Domestic Abuse in Moray		During 2014/15 the Domestic Abuse Partnership concentrated on the Domestic Abuse Strategy for Moray. The Moray Domestic Abuse Partnership has actively participated in the National Domestic Abuse Campaigns throughout 2014/15. They also continued to add Domestic Abuse information in the payslips of local businesses and the NHS and Local Authority.	Annual
			X	Blair Dempsey	↑	Increase the Co-ordination, implementation and evaluation of Drug Testing and Treatment Orders By 5% by 2015.	Quarter = 5 2013/14 = 5	2014/15 6 DTTO's in Moray Two completed and 3 were breached, the 6 th one is ongoing. Green	Quarter
			X	Andy Jamieson	↑	Co-ordination, implementation and evaluation of Anti Social Behaviour Orders	Quarter = 0 2013/14 = 0	2014/15 4 referrals to the ASBO Panel. All current ASBO's are reviewed and evaluated on a regular basis. Green	Quarter

			X	Willie Findlay	↑	Increase the number of drink driving programmes and campaigns carried out by Roads Policing in Moray by 2015.	2013/14 – 1 Summer campaign and 1 winter campaign	2014/15 Moray - Q1 = 0 Drink Drive Campaigns carried out Q2 = 1 Summer Drink Drive Initiative carried out. Q3 = 1 Winter Festive Drink Drive Initiative carried out. Q4 = 0 Drink Drive Campaigns carried out. Green	Quarter
			X	Willie Findlay	↑	Increase in the number of recorded controlled drugs supply charges in comparison to established baseline by 5% by 2015.	2013/14 = 24	2014/15 Moray – 35 Green	Quarter

			X	Willie Findlay	↑	Increase in the number of recorded controlled drugs possession charges in comparison to established baseline by 5 % by 2015.	2013/14 = 215	2014/15 Moray - 223 Green	Quarter
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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	X		Willie Findlay	↓	Decrease the proportion of young people who have been offered drugs in the last year by 10% by 2014 Salaus	Moray = 58.5% Angus = 43%	2013 Moray – 37% Angus – 28% Green	Bi - Annual

6	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 community.	X		Willie Findlay	↓	Decrease Percentage of people perceiving drug misuse or dealing to be common or very common in their neighbourhood by 10% by 2015.	Moray = 11% Angus = 9%	2013/14 Moray – 7% Angus 6% Green	Annual
		X		Willie Findlay	↓	Decrease the percentage of people with personal experience of drug misuse or dealing in their neighbourhood by 2015	Moray = 7% Angus = 7%	2013/14 Moray – 3% Angus 3% Green	Annual

<p>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 community.</p>	X		Willie Findlay	↓	<p>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 2015.</p>	<p>Moray = 14% Angus = 10%</p>	<p>2013/14</p> <p>Moray - 12% Angus – 6%</p> <p>Green</p>	Annual
	X		Sean Hoath	Data only	<p>Number of premise and occasional licences in force per annum and the overall capacity of premise licences</p>	<p>As at 31/3/2013</p> <p>Moray total = 313 On sales= 232 Off Sales = 81 On sales Received = 2 Off sales received =2</p>	<p>As at 31/03/2014</p> <p>Moray Total – 315 On Sales - 232 Off Sales – 83 Received – 2 Off sales received – 2</p> <p>Green</p>	Quarter

		X	Sean Hoath	Data only	Number of new applications for premise or occasional licences, and proportion refused on the grounds of overprovision	2013/14 = 0	2014/15 Moray = 0 Green	Quarter
		X	Ken Kennedy	↓	Reduction in the number of needles found by Lands and Parks in Moray by 10% by 2015.	Quarter = 37 Needles Found 5 Locations 2013/14 = 148 needles found in 19 locations	2014/15 Moray - 508 Needles Found 39 Locations Red	Quarter
		X	Fiona Raeburn	↑	Increase the number of needles exchanged in needle exchanges throughout Moray by 10% by 2015.	2013/14 = 40,497 needles 2,459 attendances	2014/15 Moray - 55,577 Needles Distributed 2,135 Attendances Green	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 should use local data and evidence to make decisions about service improvement and re-design.	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.	No Data available	Annual
		X		Tracey Gervaise	↑	Increase the number of alcohol brief interventions delivered in accordance with the HEAT Standard guidance by 5% by 2014.	2013/14 = 718	2014/15 Moray – 599 Red	Annual

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 should use local data	X		Paul Johnson	↓	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 2015.	2013/14 = 0%	2014/15 Moray - 0 people waiting more than 3 weeks Green	Quarter
		X		Paul Johnson		Number of treatments drug and alcohol service clients receive at 3 month and 12 month follow-up (and annually after that)	Data only 2013/14 = 123	2014/15 Moray - 86 People had their treatment reviewed. <u>Red</u>	Quarter

	and evidence to make decisions about service improvement and re-design.		X	Paul Johnson		Demographic breakdown of service users in Moray by Sex, Postcode, Age and Ethnicity	Data only		Quarter
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			X	Paul Johnson		Breakdown of service users in Moray by type of substance misused e.g. alcohol, illegal drugs or legal drugs	Data only	As at 31/03/2014 Moray - 408 Service users in MADP Services. 65.9% aged 22-45 41.7% have contact with children 64.7% Males 35.3% Females 44.9% Alcohol, 6.6% both and 48.5% Drugs Green	Quarter
			X	Paul Johnson	↑	Number of clients in specialist services in Moray	2013/14 = 420	2014/15 Moray - Average of 406 clients in MADP services Red	Quarter
			X	Paul Johnson	↓	Reduce the number of unplanned discharges from the Recovery Orientated System of Care in Moray by 10% by 2015.	2013/14 = 100	2014/15 Moray - 144 Unplanned Discharges Red	Quarter

			X	Paul Johnson	↑	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 2015.	2013/14 =170	2014/15 Moray - 135 Planned Discharges Red	Quarter
			X	Paul Johnson	↑	Number of learning and development sessions delivered for tier 1 staff	Moray - 5	2014/15 Moray – 2 sessions delivered Red	Annual
			X	Paul Johnson	↑	Number of tier 1 staff who attain a basic awareness and understanding of the values and attitudes of a successful recovery focused workforce	Moray - 92	2014/15 Moray – 26 staff trained Red	Annual

5. ADP & MINISTERIAL PRIORITIES

ADP Priorities 2014/15

Please list the progress you have made in taking forward your ADP's five key commitments for 2014/15.

Increasing compliance with the Scottish Drug Misuse Database (SDMD), both SMR25a and SMR25b.

During 2014/15 the MADP encouraged all services, both statutory and Voluntary to add as much data as possible onto the SDMD. There was buy in from all services within the MADP, however it was discovered that due to a lack in communication not all services had been adding their SMR25a to the system, this was rectified before the submission of data cut-off date and ISD were notified.

Due to staff shortages and a change in Administrative Assistant one service of the three reporting services struggled with adding their SMR25b data to the SDMD, and this has been escalated through the Management and Performance Subgroup to the MADP and actions are being taken to look at providing additional staffing.

The two other services reporting into the SDMD have been consistent with their reporting, although have sometimes got behind with their SMR25b submissions, but a gentle reminder has rectified this situation.

In 2014/15 the MADP made sure that all of the data required for the SMR25a was easily recognisable on the Single Shared Assessment, and the SMR25b sheet has been added to the review pack for the 12 weeks follow-up and subsequent follow-ups.

ADP Priorities in 2015/16

Please list your ADP's five key commitments for 2015/16 following this self-assessment.

- Develop and deliver a comprehensive Moray ROSC, with services operating a hub and spoke model, following the service redesign and tendering process; taking account of and building on the integration of health and social care, involvement of services users, ex-service users, carers and welfare reform.
- Develop a comprehensive workforce development model.
- Undertake a mapping exercise and options appraisal for education, prevention and support for young people in relation to alcohol and drug misuse.
- Work with education and children's services to ensure there is consistency in the delivery of education and prevention initiatives and invest in young people's advice service, with particular attention on GIRFEC and Team around the Child, and transition from children to adult services.
- Improve the use of, and the flow of data and intelligence between Safer Communities and the MADP to improve strategic and operational responses to concerns arising in communities.

Ministerial Priorities

ADP funding allocation letters 2015-16 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 2015/16. Please outline these below.

- **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;**

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 analyse everyone's progress of their recovery journey that comes into drug and alcohol services. We use it to meet the individual needs of service users, service needs and from our locality; using a commissioning approach.

A quarterly performance report is produced with performance data set against each indicator. The report is presented to the management and Performance sub group. Information is cross referenced with commissioning and funding decisions; alongside both quantitative and qualitative data from a range of sources; with funding decision reviewed and future options considered and prioritised.

All services with a contract have a quarterly contract review which records positive areas, challenges, agrees action for managing difficulties, reviews funding and agrees future actions as appropriate.

The Quality Principles was embedded into the service redesign process and formed a key part of the resulting tender specification for an enhanced direct access service. The Quality Principles are embedded into agency contracts and resulting performance management framework.

Agencies are required to undertake an annual audit (using an audit tool) showing how they work to the Quality Principles.

Moray provides Recovery Opioid Replacement Therapy in line with the National clinical Guidelines.

The Moray ORT programme is overseen by the Grampian Accountable Officer; who is the prescribing lead for Moray. Services users are supported by both CPN staff and Social Work staff working within the Moray Integrated Drug and Alcohol Services enabling the service to be supported in both social and clinical matters.

- **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 Moray Alcohol and Drug Services work directly with the Moray Criminal Justice service (helped by being based in the same building) at all stages of the service uses involvement in the criminal justice system. Thereby ensuring that there is clear process for maintaining contact with a

person when in custody and that there is a smooth through care process starting prior a person's release and continuing when the person is back in the community.

- **Compliance with the Drug and Alcohol Treatment Waiting Times Local Delivery Plan (LDP) Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD);**
All MADP Service Users that have been added to the DATWTD since January 2013 have been fully identifiable on the system, by name and also by service level identification numbers.

The DATWTD standard has been 100% throughout 2014/15 and the MADP will endeavour to maintain this throughout 2015/16.

- **Preparing local systems to comply with the new Drug & Alcohol Information System (DAISy) which is expected to be operational by Autumn 2016;**
All Staff have been made aware of the new DAISy and when it is due to become operational; they will be updated as the MADP receives further information. Staff Training will also be provided as and when it becomes available from ISD.

The MADP have been using the online system of the Outcome Star for over a year, this allows the MADP to record service user progress against a prescribed number of outcomes. This will help in preparation for the new DAISy as both staff and service users are used to measuring against outcomes and making SMART Goals to achieve those outcomes.

All staff are being encouraged to keep up to date with service user reviews at 3 months, 6 months and annually, they are also being reminded to fill out SMR25b's at the required intervals, with accurate and timely information. The timely recording of SMR25b's has been a difficulty for the MADP in 2014/15 and will be given priority in 2015/16.

The majority of the dataset required for DAISy is already incorporated in the current MADP Single Shared Assessment and the review paperwork; however this will be updated with information on Armed Forces Service, and the data on Naloxone Kits and Overdose data to allow for the easy transfer of information into the DAISy.

- **Compliance with the Alcohol Brief Interventions (ABIs) Local Delivery Plan (LDP) Standard;**
Moray as part of NHS Grampian NHS Grampian primary and secondary care services, e.g. delivery of alcohol brief intervention in mandatory settings for example antenatal care, unscheduled care, sexual health services and general practice. In addition Moray will:
 - Continue to provide bespoke on site ABI training and professional support to primary care
 - Take forward findings from the Primary Care ABI Survey Monkey
 - Continue ABI as part of the Keep Well Extension Programme
 - Establish ABI delivery and reporting in non-mandatory settings e.g. Scottish Fire and Rescue Services and the Mobile Information Bus Service

- **On-going implementing of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest**

Moray adopts a whole population approach in the delivery of services.

Alcohol is a high priority for the Moray ADP. This is reflected in the:

- Moray 2015- 2018 Delivery plan,
- The Draft Moray strategy which will be launched in 2015.
- The specification for the delivery of the direct access service.

Key aspects of the revised direct access following the tender process are:

- Ensuring the service reaches out to and engages with individuals throughout Moray, applying a creative, early intervention approach which seeks to encourage and support recovery.; operating a hub and spoke model, with extensive domiciliary services targeting those who may not wish to or who are unable to access centre based services; e.g. older people
- Integrates with services for friends, family and carers to provide a genuine single access service which offers recovery options for all individual family members and holistic family support
- Places the achievement of positive, social outcomes at the heart of an individual's recovery journey, recognising that alcohol and drug misuse may be one of a number of health and social challenges that individuals face
- Adopts a community development approach and works in partnership with stakeholders and service
- Invest in leadership, skills and qualities of project team to deliver strong performance
- Invest in external evaluation which will support the development of a best practise model of service delivery which can inform integrated health and social care practise in Moray and beyond
- Providing advice, support and training to services such as home care staff and housing support staff.
- Adds value to a Moray Recovery Hub through access to the extensive range of community services

In addition to the above, the MADP has invested in tsiMoray (the third sector interface). tsiMoray will undertake community development work in relation to drugs and alcohol, but within a wider context, to connect and engage with people of all ages where they live, work and socialise (or not as the case may be) and identify the needs and aspirations of communities who would like to improve their health and wellbeing in a holistic sense. The project intends to support the development of activities and opportunities that are co-designed with people and communities throughout the two year project span and that can be subsequently sustained by communities once the project is complete.

It is recognised that the drinks industry could be a key partner in this initiative, and (discussions are underway with the distillers via the Scotch Whisky Association) that other partnerships may form as projects develop, and that all partnership development will be driven by the needs and aspirations of people and communities.

Data is used to assess areas of greatest need; with key areas being the outlying rural communities, with poor transport facilities and where there are limited leisure opportunities; but with alcohol featuring highly.

- **ADP engagement in improvements to reduce alcohol related deaths.**

The MADP has increased its investment in the adult drug/alcohol service provision to £370K per annum. The revised service specification outline was put out to tender, via a robust tender evaluation process the new contract will commence following contractual discussions.

NHS Grampian primary and secondary care services support ABI's, e.g. delivery of alcohol brief intervention in mandatory settings for example antenatal care, unscheduled care, sexual health services and general practice.

The MADP Service Redesign will support the reduction of patients admitted & therefore discharges by the Introduction of a structured community rehabilitation programme; covering both intensive support through to support the person to re-engage in the community, and supporting extensive domiciliary support and focusing on those who are unable to access centre based services.

There will be improved assessment, care planning and outcome reporting processes to ensure that the person receives the most appropriate intervention.

There will be an increased work with family members to support them as well as helping them to promote recovery for the service user. The MADP has match funded a Quarriers Lloyds PDI submission focussing on working with families where there are young people who who are affected by parental drug/alcohol use.

There will be an increased focus accompanied by resources to ensure there is an early involvement with parents where the women is pregnant; fostering their involvement in ante-natal, addiction and family services.

The MADP Research and Information Officer and Management and Performance Subgroup will continue to monitor the Alcohol Related deaths data year on year.

Alcohol related deaths are reviewed in the same manner as drug related deaths.

- **Increasing compliance with the Scottish Drugs Misuse Database (SDMD), both SMR25a and b;**

Increasing compliance with the Scottish Drugs Misuse Database (SDMD), both SMR25a and b;

During 2015/16 the MADP will continue to give high importance to increasing compliance with the SDMD, both SMR25a and b. During 2014/15 the MADP made progress with ensuring that SMR25a's were being updated in an accurate and timely manner, but fell short on the SMR25b, as a result of this in 2015/16 the MADP will concentrate on the accurate and timely reporting of the SMR25b, whilst not slipping on the progress made on the compliance of SMR25a. If required further training and reminders will be provided to ensure that as much data as possible is being added to the SDMD database in an accurate and timely manner for both SRM25a and b. The progress of submissions for the SDMD will be

monitored through the Management and Performance Subgroup of the MADP and any action that needs to be taken will result from this subgroup.

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

Both the statutory Moray Integrated Drug and Alcohol Service and the third sector direct access service are fully engaged in ensuring that service users are given and trained in the use of Naloxone kits. This is an integral part of the part of the service.

The needle exchange contact and resulting provision with the third sector provider includes the provision of naloxone kits and supports the training of peers to help support the update of the use of naloxone

- **Improving identification of, and preventative activities focused on, new psychoactive substances (NPS)**

The MADP are working as part of a multi-disciplinary approach with regards to NPS. A RAG Assessment tool was formulated on a Grampian level in 2013 and gave a baseline of identification of NPS use in Moray. This was sent out again in 2014/15 to gather further data on the use of NPS in Moray.

In 2015/16 the RAG Assessment tool will be used to gather further information to allow for the identification of NPS use in Moray, this will be coupled with another tool to gather anecdotal information, due to the sparse quantitative data on NPS use in Moray.

The MADP will continue to work on a Grampian level with Aberdeen City ADP, Aberdeenshire ADP, NHS Grampian, Police Scotland as well as Aberdeen City, Aberdeenshire and Moray Local Authorities, and Third Sector Agencies to develop a further understanding of NPS use in the area, and how to tackle this issue moving forward. The MADP will continue to work with Crew 2000 for the training of the workforce in Moray.

During 2015/16 the MADP, as part of a multiagency approach will hold a community information evening, giving information on NPS in the Buckie area, as well as a school information session aimed at S3, 4 and 5 pupils on the subject of NPS misuse. This is in response to local intelligence showing that there has been an issue with NPS in this area. If successful this will be rolled out to other areas in Moray

APPENDIX 1: NOTES

1. Please **complete the RAG column** for each theme according to the following definitions:

ADPs should assess themselves against their three-year delivery plans.

RED Not yet started or being considered for the future

AMBER Work in progress but not yet completed or still some development needed

GREEN Work either completed or a pattern of work fully established to the ADP specification and now an on-going piece of work which includes further enhancements.

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>). It is recognised that grey literature is issued in-between specific Commissioned Strategic assessments such as prevalence and ADPs will wish to factor this into their on-going planning.

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)

5. **Integrated Resource Framework:** An Integrated Resource Framework is: Patient level data to explore service use and then evaluate pathways over time for people with problem alcohol or drug use, data for all hospital based services and GP prescribing have been linked by NHS ISD for everyone in Scotland for 4 years. Data has always been available at patient level from ISD but the activity data has also been costed using patient level costing, allocating fixed and variable costs by speciality and location across Scotland.

July 2015

The Integrated Resource Framework was 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 for different population groups, enabling better local understanding of costs, activity and variation across service planning and provision for different population groups, 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/>)

By providing Health Boards and their Local Authority partners with the information required to plan strategically and review services more effectively, and by developing financial relationships that integrate resources around populations instead of organizations', partners are able to realign their resources to support shifts in clinical/care activity within and across health and social care systems.

6. Please indicate in your evidence if you have received feedback on this report from your Community Planning Partnership/Integrated Joint Board 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>

10. **The Quality Principles:** Standard Expectations of Care and Support in Drug and Alcohol Services can be found at <http://www.gov.scot/Publications/2014/08/1726> N.B. We plan to work with the Care Inspectorate over the next 18 months to validate ADPs and services' self-assessment against The Quality Principles. We expect fieldwork to begin in the later part of this calendar year and we will work with ADPs to assess their readiness to be involved at either the start, middle or end of the rolling programme. It is expected that a steering group (involving ADP reps and others) will oversee/ guide the work of the programme. The focus of the project is very much on improvement support as opposed to formal inspection and each ADP will receive an individualised briefing summary of the CI's findings (areas of strength in relation to the Quality Principles and opportunities for improvement). A national report will also be produced but this will be anonymous and not feature any ADP-identifiable data.

11. **The Independent Expert Review of Opioid Replacement Therapies in Scotland 'Delivering Recovery'** can be found at <http://www.gov.scot/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.

The Moray ADPs has developed local outcomes, actions associated outcome indicators within their delivery plan; linking to the wider Moray Strategic and national indicators.

In setting and agreeing the MADP indicators against outcomes and updated template, consideration was given to the feasibility of collecting the data, the usefulness of the data and the resource requirements to embed the indicators in matters such as procurement and contracts and how the agreed data would be collected.

When setting the up the revised template it would have been helpful if the Scottish Government had engaged with ADP Leads and Research and Information Officers to consider the proposed changes, how useful these are, how the data and additional information may be collected (for example Q21; where the data is not routinely collected), and the timescales required for completing the updated template; including the need to consult with partners.

The final question about support in kind is far to open ended and not helpful.