

## ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2019/20 (Moray ADP)

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2019/20** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#). We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2019/20. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please also ensure all **sections in yellow** are fully completed.

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform the [monitoring and evaluation of rights, respect and recovery](#) (MERRR). This data is due to be published in 2021.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform the MERRR and excerpts and/or summary data from the submission will be used in published MERRR reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2020** to: [alcoholanddrugdelivery@gov.scot](mailto:alcoholanddrugdelivery@gov.scot)



**NAME OF ADP:** MORAY

**Key contact:**

**Name:** PAUL JOHNSON  
**Job title:** MADP MANAGER  
**Contact email:** paul.johnson@moray.gov.uk

**I. DELIVERY PROGRESS REPORT**

**1. Representation**

**1.1 Was there representation from the following local strategic partnerships on the ADP?**

Community Justice Partnership	<input checked="" type="checkbox"/>
Children's Partnership	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>

**1.2 What organisations are represented on the ADP and who was the chair during 2019/20?**

Chair (*Name, Job title, Organisation*): Simon Boker-Ingram Chief Officer Health and Social Care

**Representation**

*The public sector:*

Police Scotland	<input checked="" type="checkbox"/>
Public Health Scotland	<input type="checkbox"/>
Alcohol and drug services	<input checked="" type="checkbox"/>
NHS Board strategic planning	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>
Scottish Prison Service (where there is a prison within the geographical area)	<input type="checkbox"/>
Children's services	<input checked="" type="checkbox"/>
Children and families social work	<input checked="" type="checkbox"/>
Housing	<input checked="" type="checkbox"/>
Employability	<input checked="" type="checkbox"/>
Community justice	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>
Elected members	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/> Depart.....

Department of work and Pensions  
Public Health NHS Grampian  
Criminal Justice  
Public Health NHS Grampian

*The third sector:*

Commissioned alcohol and drug services	<input checked="" type="checkbox"/>
Third sector representative organisation	<input checked="" type="checkbox"/>
Other third sector organisations	<input checked="" type="checkbox"/> Please provide details.....

Third Sector Interface



Moray Wellbeing Hub  
SACRO  
Circle Advocacy  
Quarriers

People with lived/ living experience	<input checked="" type="checkbox"/>
Other community representatives'	<input type="checkbox"/> Please provide details.....
Other ``	<input type="checkbox"/>

People with lived experience are involved in a number of ways:

Via the Moray Wellbeing Hub

Via the Service User Interest Group of Arrows

Through full involvement in the planning and delivery of workshops and seminars.

Involvement in focus groups and meetings

The MADP lead officer is a full member of the Service Interest Group made up of those accessing the service and family and friends, as well as attending informal recovery meetings, drop-ins and social events.

### 1.3 Are the following details about the ADP publically available (e.g. on a website)?

Membership	<input checked="" type="checkbox"/>
Papers and minutes of meetings	<input checked="" type="checkbox"/>
Annual reports/reviews	<input checked="" type="checkbox"/>
Strategic plan	<input checked="" type="checkbox"/> <a href="https://www.madp.info">https://www.madp.info</a>

Note that the website is undergoing a major review to bring it up to date and therefore some papers may not be available while the work is being undertaken.

### 1.4 How many times did the ADP executive/ oversight group meet during 2019/20?

5 times. May 2019, July 2019, September 2019, November 2019, January 2020, March 2020 – only papers sent out for comments due to COVID-19,



## 2. Education and Prevention

### 2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media <a href="https://www.madp.info/">https://www.madp.info/</a>	<input checked="" type="checkbox"/>
Accessible formats (e.g. in different languages) Please provide details.....	<input type="checkbox"/>
Other Please provide details.....	<input type="checkbox"/>

### 2.2 Please provide details of any specific communications campaigns or activities carried out during 19/20 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

07/06/19: Drugs and mental health workshop; as part of service planning; supported by meetings with those with personal experience, questionnaires, and case studies from those accessing services.

24/06/19: Tender stakeholder day as part of tender planning

29/08/20: Connecting during Crisis campaign

03/12/19: Drugs and Mental Health Workshop 2 and associated consultations, as part of services planning; all of which involved people with lived experience

05/05/20: Social Responsibility Workshop.

Count 14 campaign

Direct Access tender consultation with those using services and stakeholders; leading to revised tender specification.

Don't mix it (campaign about mixing benzodiazepines with other drugs)

DWP

Moray Wellbeing Hub – promoting mental wellbeing as part of Making Recovery Real

MEOC – Making Every Opportunity Count

Promoting the take-up of Naloxone posters and service promotion (additional funding allocated to promoting the take up)

Promoting Injecting Equipment returns campaign

Promoting Participatory Budgeting; with a budget attached for small community projects.

Drugs Trends bulletin and information

Licensing Matters and promoting child safety in licensed premises

Supporting the consultation and development of the Children's Services Plan

Supporting and promoting the Moray Poverty Action Plan,

SMS and COVID Pharmacy information

Suicide Prevention; linked to the Suicide Prevention Plan

Promoting engagement in Service Development particularly the Bow Recovery Café (in conjunction with the Scottish Recovery Consortium) running focus groups, and involvement in the Recovery Walk

Promoting Alcohol self-assessment scratch cards

Note that all workshops and events are open to people using services, families, and friends. All events are planned and run by a staff, and volunteers with personal experience, and roles are shared.



**2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 19/20 specifically around drugs and alcohol (max 300 words).**

Front Line Forum – open to anybody; staff, volunteers and those using or have an interest in services.  
Dates: May 2019 Aberlour Youth Point, August 2019 Who Cares Scotland, November 2019.

10/04/19: CALA Residential Child Care bespoke training and support. Crew 2000  
03/05/13: Route Transmission; SDF  
09/05/19 & 10/05/29 Young People & Mental Health: Crew 2000  
29/05/19 & 27/01/20: Drug Trends Awareness: SDF  
07/06/19: Alcohol/Drug & Mental Health Awareness: Local partners  
04/09/19: LGBT & Drugs. Crew 2000  
16/09/19 & 21/11/19: Naloxone Training. Local partners  
07/10/19 Listening & Responding to Children: Local partners  
06/11/19: Staying Alive – Preventing Drug deaths. Local partners  
13/01/20: Benzodiazepines. Local partners  
27/01/20: Tooting v shooting. SDF  
28/01/20: Sexual Health. Local partners  
03/02/20: Substance use and mental health. SDF  
04/02/20: Multiple Risks and Young People. Crew 2000

Additional investment to promote the use of Naloxone, with targeted intervention for those attending the direct access service.

Promoting Naloxone training to those using drugs, friends, families and services.

Developing peer led interventions project with Young people, supported by additional investment.  
Participatory budget (PB) initiative, with funding being provided for small community projects through the PB process.

**2.4 Was the ADP represented at the alcohol Licensing Forum?**

Yes   
No

Please provide details (max 300 words)

The MADP Manager chairs the Alcohol Licensing Forum and works with both the industry, licensing colleagues and a range of partners, which include, but is not limited to :

Police Scotland, Moray Council Departments such as Housing, Public Health, Community Councils, Third Sector Interface, Elected Members, on and off sales, distilleries and community groups

**2.5 Do Public Health review and advise the Board on license applications?**

The boxes below have not been ticked, as by ticking any of the boxes the answer would not accurately reflect the current position in Moray. See the statement below.

All   
Most   
Some   
None



At the population level there is an association between [alcohol outlet density](#) and alcohol-related harms. The Licensing (Scotland) Act 2005 requires each Licensing Board to have a policy statement about overprovision of licensed premises in any locality within the Board's area.

NHS Grampian provides public health advice to Moray Licensing Board during three yearly renewal of its [Statement of Licensing Policy](#), intended to support identification of localities with greater outlet density and associated alcohol-related harms. This would provide the Board with grounds to refuse alcohol license applications in those localities and grounds for NHS Grampian to formally object to alcohol license applications made within those localities.

The current Statement does not identify any locality with an overprovision of alcohol outlets. NHS Grampian therefore currently does not have grounds to submit formal objections to alcohol license applications to Moray Licensing Board



### 3. RRR Treatment and Recovery - Eight point plan

**People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication [Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland](#): priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)**

#### 3.1 During 2019/20 was there an Immediate Response Pathway for Non-fatal Overdose in place?

- Yes   
 No   
 In development

Please give details of developments (max 300 words)

There is a Pan-Grampian referral system via Scottish Ambulance Services. The MIDAS service receives information on all Moray non-fatal overdoses and these are pro-actively followed up whether they are known or not known to services. The system is an opt-out rather than opt-in system.

If the person is known then they are contacted by their key worker. If they are not known then MIDAS takes the lead in making contact and encouraging them to see a member of staff and to engage in services; along with providing information about services and reducing harms.

#### 3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk 19/20 (max 300 words).

There are no barriers to re-engagement. People can re-engage directly. If, for example a person has been away from the services for some time e.g. 6 months then their treatment/support will be reviewed to ensure that it still meets their needs. Moray has a 100% record of meeting the waiting times targets so re-engagement can take place quickly.

In addition people can and many do, re-engage through attendance at groups and or by being encouraged by peers who also attend groups and/or volunteer. Prior to exiting service people are encouraged to access mutual aid groups. Supportive relationships created with peers make re-engagement easier and more likely in future.

All un-planned discharges are followed up, encouraging the person to re-engage. Both planned and un-planned discharges are reported on through the quarterly reporting system, with a focus on reducing un-planned discharges. High risk cases are discussed at the MARS (risk management system) to consider if there any actions that can be taken forward to reduce risks and promote engagement.

#### 3.3 What treatment or screening options were in place to address drug harms? (mark all that apply)

- Same day prescribing of OST   
 Methadone   
 Buprenorphine and naloxone combined (Suboxone)   
 Buprenorphine sublingual   
 Buprenorphine depot   
 Diamorphine   
 Other non-opioid based treatment options   
 Other  Please provide details.....



Although there is not a formal same day prescribing system in place; this is available if the person is known to services. This is under review and there are plan to increase prescribing time.

There is specialist mental health nursing and Consultant Psychiatrist (Addictions) time to support pope with co-morbid conditions.

Benzodiazepine reduction programmes are available and support for those suing cocaine and stimulant type products; including managing co-morbid related conditions arising from such use.

**3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 19/20 (max 300 words).**

Additional investment was made in both the third and public sector provision. These include:

Enhancing shared care between the third and public sector provision.

Improving and building on the links with GP's and the MIDAS public sector provision

Improving the provision of naloxone at the first point of contact.

Setting up the MARS process (see references below)

Undertaking a critical review of the Staying Alive Audit and setting up an action plan to address gaps.

Undertaking the No Wrong Door review and tender specification

Developing the Recovery Café providing a soft entry to services

Increasing the informal support and social provision to promote engagement and retention in services

Increasing the focus on women's services and families

Supporting the support for young people via the third sector

**3.5 What treatment or screening options were in place to address alcohol harms? (mark all that apply)**

- Fibro scanning
- Alcohol related cognitive screening (e.g. for ARBD)
- Community alcohol detox
- Inpatient alcohol detox
- Alcohol hospital liaison
- Access to alcohol medication (Antabuse, Acamprase etc.)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangements of the delivery of ABIs in non-priority settings
- Other  Please provide details.....

There is no in-patient detoxification facility in Moray. If there are co-morbid conditions then bed space can be available via Ward 4.

Although there is not an alcohol liaison nurse in Moray; there are direct links between Dr Grays and the MIDAS team and shared care pathways between Mental Health and the MIDAS service.

*People engage in effective high quality treatment and recovery services*

**3.6 Were Quality Assurance arrangements in place for the following services (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles)?**

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>





Public sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**3.6 Please give details on how services were Quality Assured including any external validation e.g. through care inspectorate or other organisations? (max 300 words)**

All services produce a quarterly performance report based on funding allocation/service specification. The providers meet with the MADP Manager to review the report against the specification

The results of the meetings are reported to the MADP along with the quarterly MADP report

The two primary service providers have detailed quality assurance programmes. For example:

Through clinical governance systems

Annual comprehensive internal audit systems.

Monthly case load and case management supervision

Case file audits

Supervision audits.

Practice supervision lead by the Consultant Psychiatrist Addictions

Team Supervision

Prescribing supervision with pharmacy

Case management and case file sign off systems

Moray was subject to Care Inspectorate work in Children's services resulting in an increased focus on neglect. This supports the work between the MADP and children's services; developing family work where there is parental alcohol/drug use and re-aligning Children's Services

As a charity Quarriers is subject to an annual independent audit of its financial matters. Services are registered with and inspected by the Care Inspectorate and through the commissioning team as part of ensuring there is compliance and services are meeting the required standards. All services have a twice yearly quality audit and inspection process.

**3.7 Were there pathways for people to access residential rehabilitation in your area in 2019/20?**

Yes

No

Please give details below (including referral and assessment process) (max 300 words)

The person is highlighted to the Social Worker in the MIDAS (Moray Integrated Drug and Alcohol Service) Team, either in allocation meeting, by letter or informal discussion. The Social Worker then meets with the person, complete an assessment looking at addiction history, type of interventions that have been tried previously and outcomes, motivation, commitment, offending history and any other family or social factors. A professional meeting is held with the Service Manager, Consultant Psychiatrist (Addictions) and the MIDAS Team Leader. The case is discussed and a recommendation is made as to whether the person is funded. Funding is agreed at this meeting. If funding is agreed, the Social Worker co-ordinates with the residential provider to arrange admission and to plan with the individual for pre-rehab and aftercare support

**3.8 How many people started a residential rehab placement during 2019/20? (if possible, please provide a gender breakdown)**

Since Jan 2019 there has been 6 people sent to residential rehab. This is broken down into 3 women and 3 men. They were all funded for 6 weeks and all completed the full 6 week programme.



**People with lived and living experience will be involved in service design, development and delivery**

**3.9 Please indicate which of the following approaches services used to involve lived / living experience (mark all that apply).**

*For people with lived experience:*

- |                                      |                                     |                             |
|--------------------------------------|-------------------------------------|-----------------------------|
| Feedback/ complaints process         | <input checked="" type="checkbox"/> |                             |
| Questionnaires/ surveys              | <input checked="" type="checkbox"/> |                             |
| Focus groups                         | <input checked="" type="checkbox"/> |                             |
| Lived/living experience group/ forum | <input checked="" type="checkbox"/> |                             |
| Board Representation within services | <input type="checkbox"/>            |                             |
| Board Representation at ADP          | <input type="checkbox"/>            |                             |
| Other                                | <input checked="" type="checkbox"/> | Please provide details..... |

Please provide additional information (optional)

The MADP changed its approach to engaging with public, with a focus on reaching out to the public. This includes those with needs relating to alcohol/drug use, friends and family members.

Quarriers use a number of forums to understand service users lived experience including Carers Cafes, Recovery & Wellbeing Groups and in Elgin a Community Café.

The MADP has been supported by lived experience volunteers in developing and running a number of seminars including but not limited to:

No Wrong Door and third sector development, and budget planning  
Engagement in other strategies such as the Children's Services Plan.  
Community Justice  
Development of the Community Café; such naming the café, decoration, activity planning, types of services and engagement in social media  
Focus group/mapping-service users/family members.  
Involvement in the Front Line Forum as well as Volunteering at the café and direct access provision.  
Development of participatory budgeting.

There is a comprehensive network through the Moray Wellbeing Hub with Recovery volunteers and peers. The memberships is part of the MADP.

*For family members:*

- |                                      |                                     |                             |
|--------------------------------------|-------------------------------------|-----------------------------|
| Feedback/ complaints process         | <input checked="" type="checkbox"/> |                             |
| Questionnaires/ surveys              | <input checked="" type="checkbox"/> |                             |
| Focus groups                         | <input checked="" type="checkbox"/> |                             |
| Lived/living experience group/ forum | <input checked="" type="checkbox"/> |                             |
| Board Representation within services | <input type="checkbox"/>            |                             |
| Board Representation at ADP          | <input type="checkbox"/>            |                             |
| Other                                | <input type="checkbox"/>            | Please provide details..... |

Please provide additional information (optional)

See above. Family members are involved in all groups/service activities.



**3.10 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2019/20 financial year?**

- Improved
- Stayed the same
- Scaled back
- No longer in place

Please give details of any changes (max 300 words)

See details above about the MADP having changed the way it engages with the public, being more proactive and outward facing.

**3.11 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?**

- Yes
- No

Please give details below (max 300 words)

Volunteer opportunities are there for people using the service, family members and community members. All can access volunteering opportunities at the Bow either on a formal or informal basis. The café provides a visible community setting from where negative societal perceptions of people who use D&A can be challenged in a safe and positive way (stigma). The café provides training, skill development, self-development and community reintegration opportunities for all volunteers.

In addition, there are opportunities for people to become SMART group facilitators, and other group leaders.

All those using the service as well as family members can become a volunteer in addition to the opportunities above. Arrows employs several staff with lived experience who started as volunteers, one of whom began engagement with Arrows as a SMART group participant.

***People access interventions to reduce drug related harm***

**3.12 Which of these settings offered the following to the public during 2019/20? (mark all that apply)**

<i>Setting:</i>	<i>Supply Naloxone</i>	<i>Hep C Testing</i>	<i>IEP Provision</i>	<i>Wound care</i>
Drug services Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homelessness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GPs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ... <i>(please detail)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Although GP's do not prescribe this is due to increased availability and ease of access through other outlets in the community.

Homeless services did not have Naloxone available in 2019/20. Services have been trained and this is now available.

Justice services are co-located in the same building as the MIDAS team and therefore Naloxone and the services provided by MIDAS are available to the Justice service.

***A person-centred approach is developed***

**3.13 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred on recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.**

- Fully embedded
- Partially embedded
- Not embedded

Please provide details (max 300 words)

The quality principles are embedded into contract design and tender specifications; linked to the reporting arrangements and funding.

There are direct and positive links with those with lived (and living) experience, directly relating to supporting service development and improvement. See references relating to involvement.

See references to training

All assessments are strengths based and follow the person, avoiding duplication of assessment. This is enhanced by the integrated model of working in Moray, enabling a person centred and comprehensive recovery plan.

Review performance are part of the quarterly service and MADP reporting.

See references to involvement.

See references to Arrows Family Service

There is a quarterly reporting structure where all services are contracted to report using the Recovery Outcomes Tool Since the introduction of the Recovery Outcomes Tool, we analyse the data for everyone's progress in their recovery journey that come into drug and alcohol services.

The data is aggregated to give both service picture and a Moray wide picture. We use it to meet the individual needs of service users, identify, and review service needs and resources within the locality;



using a commissioning approach. A quarterly performance report is produced with performance data set against each indicator.

**3.14 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?**

Yes   
No

Please provide details (max 300 words)

There is a working relationship and shared care between the two components (which also includes OT provision); which are supported by the mental health/drug alcohol public sector provision coming under a unified operational management structure, and a consultant psychiatrist in addiction also supporting mental health provision. Work is continuing to enhance the interface between services.

In addition, the MARS process has enhanced the support for high risk cases and cases of increased concern.

Work has been carried out to review the alcohol/drug direct access tender. Taking full account of the No Wrong Door principles. This has involved consultations with both those using services as well service providers.

The specification for the direct access alcohol; and drug service, takes full account of the “No Wrong Door” principle. This will be built into the mental health tender specification, thereby ensuring a clear and positive interface between the service areas; recognising that “No Wrong Door” is not necessarily everybody going through the same door; but with the tender specifications building in the flexibility and inter-relationships between the service areas.

The Mental Health Transformation Board is undertaking developmental work and engages with the MADP with respect to designing the third sector mental health tender specification to ensure that there is a clear inter-relationship between the service areas and between the third and public sector. This work was delayed due to COVID-19 but is now being taken forwards.

***The recovery community achieves its potential***

**3.15 Were there active recovery communities in your area during the year 2019/20?**

Yes   
No

3.16 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes   
No



**3.17 Please provide a short description of the recovery communities in your area during the year 2019/20 and how they have been supported (max 300 words)**

Moray recognises that people determine how they define recovery (or not) and the networks they choose to become involved in. This is irrespective on whether a person is newly involved in service and receiving clinical treatment, those who may be more stable or whose use is controlled or they are abstinent. Therefore defining a recovery community does not accurately represent the way in which people build up networks and engage with peers//colleagues to enhance their recovery capital.

Moray does not agree with the premise that recovery communities exist *only* outwith the parameters of treatment and clinical services. Moray recognises that individuals define their own recovery path; their own understanding of recovery and the identification of what constitutes their particular recovery community. Moray respect and supports recovery communities irrespective of any individual group member's stage in treatment. Moray does not discriminate against any recovery community whose members continue to be involved with structured treatment.

Moray has a number of networks; which include the Moray Wellbeing Hub, with Recovery Champi9ns, network through the Arrows direct access service, the participatory budget community projects and the Bow café. Therefore the networks spread across Moray.

***A trauma-informed approach is developed***

**3.18 During 2019/20 have services adopted a [trauma-informed approach](#)?**

- All services
- The majority of services
- Some services
- No services

Please provide a summary of progress (max 300 words)

All services have staffed (MIDAS and Arrows) trained in Trauma informed practice and this is integrated in service provision.

The MIDAS service has a specialist Social Worker who is an accredited MHO, who supports staff working with very complex people.

In addition there is access to counselling services provided accredited counsellors.

This is an area that will be reviewed to ensure that all new staff are fully inducted into the process.

***An intelligence-led approach future-proofs delivery***

**3.19 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (mark all that apply)**

- Alcohol harms group
- Drug death review group
- Drug trend monitoring group
- Other  Please provide details.....

There are:

Drug trend monitoring group pan-Grampian

Multi-agency Risk Strategy group covers both alcohol and drugs. See references below.

Public Protection Forum which looks a trends relating to harms

MADP quarterly report



Quarterly contract review meetings

**3.20 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice (max 300 words)**

In 2019 the MADP reviewed and revised the way in which alcohol and drug related deaths were reviewed. Moray now reviews all drug related deaths whether they were involved in services or not. The same applies to alcohol related deaths.

The MADP initiated a MARS (Multi-agency risk strategy) process. The purpose being:  
To share current/relevant information between practitioners and agencies.  
Establish multi-agency/disciplinary risk management plans for people.  
Analyse risk of serious harm and identify risk, e.g. looking at past behaviours.  
Identify actions to reduce risk.  
Address obstacles to the delivery of the actions.  
Clinical governance is overseen by the Moray Clinical Governance Group.

**3.21 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (max 300 words)**

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**4. Getting it Right for Children, Young People and Families**

**4.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?**

Yes   
No

Please give details (E.g. type of support offered and target age groups)

The commissioned services have an entry age of 16. In addition, the MADP has commissioned a large amount of work to support services who work with young people, this is in addition to the MADP working with services who work with children; helping them develop their practice. This is for those in senior school.

The MADP lead is directly involved in Locality Management Groups; within the associated schools groups as part of helping to support services; which includes initiatives aimed at supporting young people where there are concerns about alcohol/drug use.

The MADP is directly involved in the development of services supporting young people's mental wellbeing, which will include associated alcohol/drug use where it is part of complex needs.



The Arrows Family Service will work with a young person, where the parents are also involved in alcohol/drug use, as in a lot of cases, there is also use by the child/young person.

**4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?**

Yes   
No

Please give details (E.g. type of support offered and target age groups)

Arrows Children and Family Recovery is funded by the MADP and the Corra Foundation Partnership Drugs Initiative. The CFRT service works in partnership with the Quarriers Carer Support Service (Moray) to support Young Carers, Family Members and Significant Others in relation to substance use. Arrows has developed a family inclusive approach to recovery and focuses support for Parents in recovery to understand and recognise the needs of young people within the household.

The MADP has contacted with Quarriers Carers services and Quarriers Young Carers service to specifically support carers of all ages who are affected by another alcohol/drug use. This is in addition to the other carers work.

In addition, the MADP has contracted with Circles Advocacy to provide an advocacy service which includes supporting young people as well as adults.

**4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?**

Yes   
No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words).

The MADP Lead Officer was directly involved as a full partner in the team developing and writing the Moray 2020/23 Children's Services.

There specific actions in the Childrens' Services which are explicitly shared in both the MADP Delivery Plan and the Children's Services plan, with agreed reporting arrangements.

In addition the MADP Lead is a full member of the Child (and Adult) Protection Committee and is part of working groups developing services to support young people's mental wellbeing, the Multi-Agency Workforce Development Group, the neglect Planning Group, the NHS Child Protection Group and many others. All of which shows the direct and clear inter-planning links between the MADP and Children's Services, with these group directly relating to operational practice.

**4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2019/20 financial year?**

Improved   
Stayed the same   
Scaled back   
No longer in place

Please provide additional information (max 300 words)





The MADP has increased the investment in the Arrows family service, and provided new investment into the Young Carers service and the Advocacy service. This is part of recurrent funding, and was built into MADP plans for 2019/20 and 2020/21 and will continue in 2020/21/22 as part of the contractual arrangement.

In addition a non-recurrent grant was given to a Child Care organisation to undertake scoping work with young people with the aim of developing peer work. This now being taken forward through test of change within the Locality Group test of change projects and the Foundation Apprenticeships.

Services to support young people's mental wellbeing started to be developed in 2019/20 and are continuing in this year, with a service specification being developed. The MADP are directly involved in this and have earmarked funding to invest in this service, to support its development, which ensures that issues relating to alcohol and drug use are explicit in the specification and will therefore be reported on.

**4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2019/20 financial year?**

- Improved
- Stayed the same
- Scaled back
- No longer in place

Please provide additional information (max 300 words)

See references to increased investment in the Arrows Family Service, Quarriers Carers and Young Carers services and Circles Advocacy.

**4.6 Did the ADP have specific support services for adult family members?**

- Yes
- No

Please provide details (max 300 words)

Moray has increased investment in the Quarriers Carers service and the Circle Advocacy Service.

See comments below: 4.7, and 4.8

**4.7 Did services for adult family members change in the 2019/20 financial year?**

- Improved
- Stayed the same
- Scaled back
- No longer in place

Please provide additional information (max 300 words)

See references to family involvement.

The MADP increased the investment in:

The Families team run by Arrows



Quarriers Young Carers Service  
Quarriers Adult Carers Service

**4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice? (mark all that apply)**

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Please detail below)	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information (max 300 words)

(Also see previous responses) Families are able to access all open groups either in their own right or alongside family member already in treatment. Groups would include (but not limited to) Wellbeing, auricular acupuncture, music, SMART, Service Involvement Meetings, Soup & Soaps, Art, Service Activities/outings such as recovery walk, Christmas Dinners etc.

Families are able to volunteer either in their own right or alongside family member. Family members can access carers support plans and family only supports such as SMART family and friends. Families can be involved in their family member's treatment and have access to DBST and naloxone provision. Families have access to counselling service with Cosca registered volunteer counsellors. Arrows regularly run holiday clubs for whole family units including children.

Mentoring is provided via the groups as part of developing mutual support, in addition to the investment in community groups via the participatory budgets project which support the development of community projects by groups with common interest and which support wellbeing.

The MADP has invested in the Moray Wellbeing hub which supports the recruitment of wellbeing champions/mentor as a key part of their work.

**5. A Public Health Approach to Justice**

**5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?**

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)  
[Click or tap here to enter text.](#)

**5.2 Has the ADP worked with community justice partners in the following ways? (mark all that apply)**



- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other  Please provide details

Please provide details (max 300 words)

See comments in 5.3

**5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? (mark all that apply)**

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other  Please provide details

Please provide details (max 300 words)

There are direct links between the MADP and Community Justice, which includes both partnerships contributing to respective strategic, undertaking needs assessment, planning and sharing costs for joint seminars and events, promoting inter-agency working e.g. running groups, and operational planning; including shared priorities and actions.

Both partnership have shared the planning of joint workshops and initiatives, with the support of and involvement of those using services.

Both leads (Community Justice and MADP) sit on respective partnerships and are joint members of the Public Protection Forum.

**5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)**

a) Upon arrest

Moray does not have a specific arrest referral service. However, there is a good working relationship between the Police and the Arrows direct access service to enable quick and easy access to support.

There is health cover in the custody cells, with staff being able to respond to medical need and also facilitate a quick and easy referral to the direct access service

b) Upon release from prison

Monthly surgeries are held in HMP Inverness, encouraging engagement and setting up support prior to liberation. People identified as difficult to engage are targeted. These are continuing. This helps people to link in with services immediately on release; reducing relapse.

Appointments are made to ensure rapid access to community services on release; including ensuring that ORT & psycho social support systems are in place.

Liberation protocols and pathway are in place to ensure continuity of care on release.



There is a shared policy within teams when liaising with prisons to ensure continuity and continued treatment and support upon admission and liberation is in place and operating.

There is a formal and positive relationship with the HMP Grampian (along with the Women's estate), promoting easy and speedy access to services immediately on release, with Alcohol and Drug Services having a direct link in with the Prison.

There are direct operational links with HMP Grampian (women's section) as part of the through care arrangement, ensuring planned links to alcohol and drugs services are in place immediately on discharge.

The Criminal Justice Service runs groups and support specifically for women with good links to the Integrated Drug and Alcohol Service which is based within the same building. SHINE (national mentoring service for Women Offenders) provides support for Moray residents, linking in with the Alcohol and Drugs services provide details on what was in place and how well this was executed.

The co-location of Criminal Justice and Drug & Alcohol Services facilitates close partner working, including opportunities for joint-interviews and information sharing



## 6. Equalities

**Please give details of any specific services or interventions which were undertaken during 2019/20 to support the following equalities groups:**

### **6.1 Older people (please note that C&YP is asked separately in section 4 above)**

The Workforce Development – staying alive has specific work relating to those of an older age.

Due to the size of Moray there is focus on supporting services to work with various client groups, with a focus on supporting community projects through the participatory budget programme funded by the MADP; many of which have a focus on those of an older age; helping people to build up recovery capital. For example:

Cameron Project: supporting vulnerable adults in the community

Elgin's Men's Shed: reducing social isolation

Hopeman Ball Group

Cullen Men's Shed

Music Memories

Cooking Skills (with a focus on those living in homeless accommodation); particularly men.

Forres Wellbeing Project.

Write to recovery – literacy project

There are direct links between adult services and the Moray Integrated Drug and Alcohol Team, including the work where there is alcohol related brain damage.

### **6.2 People with physical disabilities**

We did not set up or commission any specific (explicit) projects in 2019/20.

### **6.3 People with sensory impairments**

We did not set up or commission any specific (explicit) projects in 2019/20

### **6.4 People with learning difficulties / cognitive impairments.**

We did not set up or commission any specific (explicit) projects in 2019/20.

We commissioned workforce Development from Crew3 200m relating to Drugs and Autism.

### **6.5 LGBTQ+ communities**

We did not set up or commission any specific (explicit) projects in 2019/20

We commissioned workforce development Workforce Development on LGBTQ+ from Crew 2000

### **6.6 Minority ethnic communities**

We did not set up or commission any specific (explicit) projects in 2019/20. Interpreting services are provided

### **6.7 Religious communities**

We did not set up or commission any specific (explicit services) services in 2019/20

### **6.8 Women and girls (including pregnancy and maternity)**

Additional investment was made to the third Sector provider with specific requirements as part of the contract) to work with women who have children involved in the care system. This is part of the Children's and Families Team in the Third Sector Provider which is contracted via the MADP.

## II. FINANCIAL FRAMEWORK 2019/20

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

### A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£611000
2019/20 Programme for Government Funding	£290000
Additional funding from Integration Authority	£0
Funding from Local Authority	£79160
Funding from NHS Board	£536416
Total funding from other sources not detailed above –	£0
Carry forwards	£0
Other	£0
<b>Total</b>	<b>£1,516,576.00</b>

### B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	£115835
Community based treatment and recovery services for adults/	£1050802
Inpatient detox services – As per the aforementioned information; there are no dedicated inpatient beds in Moray.	£0
Residential rehabilitation services amount	£12640
Recovery community initiatives	£43000
Advocacy Services –	£25000
Services for families affected by alcohol and drug use –	£89512
Alcohol and drug services specifically for children and young people	£30000
Community treatment and support services specifically for people in the justice system.	£0
Incorporated into community based treatment and recovery costs	
NHS Grampian Core Costs	£90,000
Other	£25479
<b>Total</b>	<b>£1,482,268.00</b>

#### 7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? (please refer to your funding letter dated 29<sup>th</sup> May 2020)

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2019/20 Programme for Government Funding

Yes

No

Please provide details (max 300 words)  
See below.



The MADP is a direct branch of the IJB so all report for the MADP are reports for the IJB.

Services are commissioned in line with the MADP Delivery Plan and through the formal commissioning and procurement process.

There are clear performance management systems linked the allocation of funds. This includes quarterly reporting by both services and the overall MADP reporting.

The MAD chair is the Chief IJB Officer.

**7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?**

Yes

No

Please provide details (max 300 words)

The MADP has the MADP Delivery Plan which sets out the budgets. The MADP Delivery plan is a live document and reflects priorities set out in the Community Justice Strategy and the Children's Services Plan; with shared agreed actions and objectives.

These have been approved by the MADP/IJB process and is subject to regular review, taking account of local and national priorities.

They MADP chair is also the chief IJB officer and there is a direct relationship between the MADP and the IJB, with the MADP being part of the IJB structure, with a seamless interface.

The Community Justice partnership and Children's Services systems are both involved in the MADP as are the MADP involved in the respective partnership's with compressive sharing of information and agreeing joint priorities.