

REPORT TO: HEALTHIER STRATEGIC GROUP ON 22 OCTOBER 2009

SUBJECT: MADP – MORAY DELIVERY PLAN

BY: DIRECTOR OF COMMUNITY SERVICES

1. REASON FOR REPORT

1.1 The Strategic Group is asked to approve the Moray Delivery Plan for the Moray Alcohol and Drug Partnership.

2. RECOMMENDATION

The Strategic Group is asked to: -

- 2.1 Approve the proposed Moray Delivery Plan 2009/10 to safeguard management and performance;
- 2.2 Use the Moray Delivery Plan 2009/10 to hold the MADP accountable for evidencing best practice in the delivery of alcohol and drug services; and
- 2.3 Task the chair of the MADP to complete the Moray Delivery Plan and report back to the Strategic Group in April 2010.

3. BACKGROUND

- 3.1 The national drugs strategy 'The Road to Recovery' sets out a significant programme to reduce problem drug use in Scotland. Central to the strategy is the belief that all drug treatment services should promote recovery. This is a process that enables drug users to move on from their problem drug use.
- 3.2 'Changing Scotland's Relationship with Alcohol' takes a whole population approach to reducing the harm caused by alcohol.
- 3.3 In January 2008 a Delivery Reform Group was set up to improve the delivery of alcohol and drug services in Scotland. The main purpose of this group was to improve the outcomes for service users.
- 3.4 The Delivery Reform Group has a specific remit to:-
 - Develop and propose an outcomes-based framework for assessing and managing performance at a local level;
 - Develop and propose a clear statement of the strategic functions which need to be carried out at a local level to deliver the national alcohol and drugs strategy;
 - Develop and propose robust accountability arrangements between central government and partner organisations, consistent with the new relationship with local government under the terms of the Concordat agreed in November 2007; and
 - Consider the need for a National Support Function and, if supported, develop proposals for its role, structure and responsibilities.

- 3.5 In April 2009 the Scottish Government published a New Framework for Local Partnerships on Alcohol and Drugs (ADPs). This sets out a new framework for local partnerships on alcohol and drugs to ensure that all partners were clear about their responsibilities in tackling alcohol and drug problems.
- 3.6 The framework is based on the identification, pursuit and achievement of agreed local outcomes and must be supported by the development of a local outcomes framework.
- 3.7 In conjunction with the new framework, the Scottish Government published an outcomes toolkit for ADPs to use as a basis for delivering locally. These outcomes have been incorporated into the Moray Delivery Plan.
- 3.8 A local delivery plan should be implemented that guides the configuration of delivery arrangement. Outcomes require to be clearly described and linked to measurable progress.

4. SUMMARY OF IMPLICATIONS

(a) Community Plan / Theme Plans / Partner Plans

The Community Planning Board has agreed that Outcome 6 within the Single Outcome Agreement will be addressed by the Healthier Strategic Group. Substance misuse is a main outcome within this priority.

(b) Policy and Legal

The MADP is a statutory body, established by the Scottish Executive and inherited by the Scottish Government.

(c) Resources (Financial, Staffing and Risks)

All resource implications arising from the Moray Delivery Plan will be taken forward by ring-fenced money for the MADP.

(d) Consultations

All partners involved in the MADP have been consulted.
MADP Partnership;
MADP Finance and Commissioning Subgroup; and
MADP Management and Performance Subgroup;

Also consulted were:

Ian Smillie, Scottish association of Alcohol and Drug Action Teams;
Pat Greenhaugh, Scottish Drugs Forum;
Hilary Smith, West Lothian ADP;
Liam McLaughlin, Perth and Kinross ADP;
William Adam, NHS Grampian Health intelligence;
Jacqui Goldthorp, Equalities, CHSCP;
Service User Group, 252 High Street, Elgin; and
Service user Group, Direct Access Service, Elgin.

5. CONCLUSION

- 5.1 The Moray Delivery Plan will hold partners accountable for the delivery of alcohol and drug services in Moray. Through the reporting of accurate spend, the MADP will be better equipped to commission services on the basis of intelligence led information. The Delivery Plan will allow the MADP to identify where there are gaps

in services, where there are concerns over performance and where performance is good. It is also hoped that the Moray Delivery Plan will assist in moving away from cyclical evaluation/inspection towards self evaluation and improvement through the introduction of self-assessment.

5.2 The Moray Delivery Plan will provide evidence to the Strategic Group as to the performance of the MADP.

**Author of Report: John Campbell,
Drug and Alcohol Development Officer**

Background Papers: Held with the author
Ref:

Signature: _____

Date: 7 October 2009



Moray Alcohol and Drug Partnership Moray Delivery Plan

2009/10



Moray Delivery Plan - Introduction

The Moray Delivery Plan is a management and performance tool, developed as a multi-agency initiative to further enhance best practice in the delivery of drug and alcohol services in Moray. Through consultation with service users and carers in Moray, we have produced a means of collating information about substance misuse services which monitors performance in drug and alcohol services using both quantitative and qualitative information.

The Moray Delivery Plan aims to evidence that the Moray Alcohol and Drug Partnership Area is achieving positive outcomes for people affected by substance misuse. In implementing the performance management framework we intend to:

- Enable public reporting of outcomes;
- Identify and respond to gaps locally and nationally;
- Provide staff with a clear understanding of how they can contribute to the delivery of positive outcomes to the people of Moray;
- Improve the accountability of individual services;
- Provide information to inform services and create a performance and improvement culture;
- Support outcome focused workforce planning;
- Enable services to demonstrate value for money;
- Demonstrate a clear relationship between operational and strategic processes;
- Identify means of managing risks across the partnership; and
- Promote integrated and outcome focused practices.

In developing the Moray Delivery Plan, reference has been made to the following legislation, strategy and policy:

- National Performance Framework;
- The Moray Single Outcome Agreement;
- HEAT Targets 2009 – 2010;
- Criminal Justice Authority Outcomes;
- Changing Scotland's Relationship with Alcohol;
- The Road to Recovery;
- The National Quality Standards for Substance Misuse Services;
- Audit Scotland Review of Drug & Alcohol Services;
- A New Framework for Local Partnerships on Alcohol and Drugs; and
- Delivering Better Outcomes: An Outcomes Toolkit for Alcohol and Drugs Partnerships Version 1

The Moray Alcohol and Drug Partnership is aiming to have the following impact:

- Decrease the estimated number of problem drug users in Moray;
- Reduce alcohol related admissions;
- Achieve agreed number of brief interventions, in line with SIGN 74 Guidelines; and
- Offer drug misusers faster access to appropriate treatment to support recovery

Moray Delivery Plan - Guidance

The Moray Delivery Plan comprises six separate sections for managing the performance in drug and alcohol services in Moray. They are:

1. Partnership Accountability
2. Partnership Resources
3. Outcomes
4. Self Assessment (Q1 and Q2)
5. Waiting Times
6. Forward Planning

In focusing on the information throughout the Moray Delivery Plan, The Moray Alcohol and Drug Partnership will be able to monitor and evaluate the delivery of services in Moray, engage in best practice through sound financial management and design and deliver services that meet the needs of the people of Moray.

All section topics will be held accountable through the appointment of a Lead Officer.

Partnership Accountability

The aims and objectives of the Moray Alcohol and Drug Partnership (MADP) can be found in the MADP Constitution. The Partnership is responsible for reducing the impact of problematic drug and alcohol use on individuals, families and communities by co-ordinating the work of Statutory and Third sector agencies and developing and implementing local strategies.

In order to promote accountability and transparency, section 1 will report the involvement of all officers involved in the MADP.

Partnership Resources

Prioritisation of service delivery will be based on needs assessment and local intelligence. Resources will be managed in line with best value. Section 2 will report the income and expenditure of the MADP, along with the resources committed by partner agencies including:

- Grampian Police
- NHS Grampian
- The Moray Council
- Third Sector

Outcomes

In order to ensure that the MADP is focusing on outcomes, services will be required to complete quarterly reports through the MADP Outcomes Database. The individual information, although available, will be collated in section 3 and provide an overall picture for Moray. The information provided will be quantitative based and include:

- Outcomes which services are achieving;
- Services' adherence to the National Quality Standards through completion of care plans and reviewing processes;
- Number of referrals, returning referrals and discharges;
- Number of service users who are parents and who live with children;

- Issues faced by service users (i.e. if a client is experiencing mental health problems, is homeless etc);
- Reasons why people are referred (i.e. type of substance use and if a carer); and
- Age range of service users

A copy of the MADP Outcomes Database can be provided by the MADP Support Team or through the MADP website (www.madp.org.uk)

The MADP Outcomes Database consists of:

- **Section 1 (Service Reporting)** This will evidence how services provide information about the reason for referral; the age range of the active service users; details as to number of referrals, returning referrals, discharges, initial assessments; care plans completed, care plan reviews completed; brief interventions completed; details as to issues faced by clients. **(Appendix 3a)**
- **Section 2 (Outcome Reporting)** This will evidence how services provide information as to the outcomes which services users have achieved that quarter. The outcomes are split into 8 categories – access to services; substance misuse behaviour; physical, psychological and mental health; parenting/children; education, training, employment; housing/accommodation; and personal development. **(Appendix 3b)**
- **Section 3 (guide to information required)** This will provide evidence on who should complete the spreadsheet and answers queries as to information required. **(Appendix 3c)**

Information for the MADP Outcomes Database will be collected monthly and collated quarterly by the MADP Support Team and will be provided to the MADP Performance and Management Subgroup.

It is anticipated that the MADP Information and Health Improvement Officer will liaise with the Community Analyst who will analyse data collected to provide information on the following trends:

- Performance of individual services;
- Overall performance of combined services;
- Issues facing service users;
- Reasons for referral (i.e. type of substance use);
- Age range;
- Number of parents and number of parents who live with their children;
- Outcomes being achieved; and
- Outcomes not being achieved

The information collated will be useful towards identifying where there are gaps in service provision, where there are concerns over performance in an individual area and where MADP is performing well.

Services are asked to determine what outcomes they consider they are designed to achieve and agree with the MADP indicators that they have achieved these outcomes. They are then asked to inform as to how they will measure these indicators and by what frequency.

It is noted that all services will be expected to utilise a valid measurement tool approved by the MADP as a means of ensuring the reliability of data. It is also noted that all services must work within the Single Shared Assessment Management Protocol.

Self Assessment

In order to improve efficiency and ease the scrutiny burden, the Moray Delivery Plan (MDP) offers the opportunity for services to engage in accountability through self assessment. The MDP offers services a performance management tool in order to engage with the planning and improvement process and be more prepared for external assessment and inspection. The MDP will also provide services with the opportunity to further engage and empower their staff.

Focus on Self Assessment

Involves services using their own knowledge to assess	which	Increases staff awareness of quality and improvement
Identifies where services are doing well	which	Enables sharing of good practice and the developing of joint solutions
Highlights areas for improvement	which	Ensures continuous assessment and improvement of services

It is hoped that self assessment through the MDP will make a contribution to shifting the emphasis away from cyclical evaluation/inspection towards self evaluation and improvement. Self assessment will play a central role in identifying and disseminating good practice across drug and alcohol services in Moray and not be limited to finding weakness and fixing deficiencies.

Self assessment will take place on two levels. First all services will complete an annual return which will be completed and returned by the last Friday in March 2010. This will be based on the National Quality Standards and GOPR Framework. This will better inform commissioning and the general public regarding the quality of services being provided in Moray and will be evaluated by the Management and Performance Subgroup. Services will record their self assessment through the **MADP Q1. (Appendix 1)**

The second part of the self assessment will be completed by the MADP through the Management and Performance Subgroup. This will involve completing the tool provided at Appendix 4 of the Audit Scotland report. This will allow the MADP to assess the strength of the partnership. The MADP will record this assessment through the **MADP Q2. (Appendix 2)**

Waiting Times

Drug and alcohol waiting time information is collected across Grampian within selected agencies. **(Appendix 4)** The agencies reporting through this process in Moray are:

- Integrated Drug and Alcohol Team – Health
- Integrated Drug and Alcohol Team – Social Work
- Turning Point Scotland – Studio 8
- Moray Council on Addictions
- The Moray Council – Criminal Justice Addictions Team

These agencies are funded through the MADP, NHS, The Moray Council or charitable sources. The information is collected monthly by MADP Support Team and forwarded to The Intelligence Department at NHS Grampian and ISD to be analysed.

The importance of reporting on waiting times is that locally in Moray we have to adhere to national guidance on how long someone should wait before receiving services. HEAT Targets are looking at setting better targets for how long someone should expect to access services in Scotland. The Moray Delivery Plan 2009/10 will provide core data in Moray to enable us to set a baseline as to where we are in relation to meeting the national targets.

The Single Outcome Agreement in Moray has set a target to reduce the times people wait to access health services in Moray, including Drug and Alcohol and this will be linked to the HEAT Target A11 – **‘To offer drug misusers faster access to appropriate treatment to support their recovery’**.

Through the Community Health and Social Care Partnership Action Plan, Moray requires that 100% of service users that are referred, are offered an assessment within 21 days

The reporting of better data sets for waiting times in Moray will allow the MADP to progress from figures set for 2009/10, which will be reported in section 5 of this plan, to the developmental targets that will be set by The Scottish Government and Health Scotland for year 2010/11.

The following table shows the process that will be looked at by the Scottish Government in measuring targets over the next five years:

2010/11 Drugs	2011/12 Drugs and Alcohol	2012/13 Drugs and Alcohol	2013/14 Drugs and Alcohol
Referral to Assessment Offered	Referral to assessment	Referral to Treatment	Referral made to Treatment
Assessment Offered to Treatment Offered	Assessment to Treatment Offered		

Currently evidence suggests that 70% of those offered an assessment are offered within two weeks. Targets that are being looked at for 2010/11 are:

- Referral to assessment – 90% will be offered within 4 weeks, no one will wait longer than 8 weeks; and
- Assessment to treatment – 90% will be offered within 4 weeks, no one will wait longer than 8 weeks

The Moray Delivery Plan will provide accurate data, through the Waiting Times Database to help influence the decision being made locally by the MADP.

Forward Planning

As part of the whole process of delivery planning, the opportunity to forward plan is essential. The information collated, both quantitative and qualitative, through sections 1-5 will be analysed and reported in section 6. This will be completed by the Community Analyst and then evaluated by the Management and Performance Subgroup.

1. Delivery – Partnership Accountability

Lead Officer: Sandy Riddell, Chair MADP

The Moray Alcohol and Drug Partnership			
Position:	Name:	Organisation:	Attendance 2009/10
Chair	Sandy Riddell	The Moray Council	2/2
Vice Chair	Sharon Milton	Grampian Police	1/2
Member	David Abernethy	Scottish Prison Service	1/2
Member	Eileen Bush	Voluntary Services Organisation	2/2
Member	Andrew Fowlie	NHS Grampian	0/2
Member	Andy Jamieson	Community Safety	1/2
Member	Rankin Barr	Chair Management/Performance	
Member	Vacant	Chair Workforce Development	
Member	Richard Donald	Education	
Member	John Campbell	MADP Support Team	2/2

Finance and Commissioning Subgroup			
Position:	Name:	Organisation:	Attendance 2009/10
Chair	Sharon Milton	Grampian Police	2/2
Member	Mike Perera	NHS - Integrated Manager	2/2
Member	Ken Hamilton	NHS – Business Manager	0/2
Member	George Gartly	TMC – Contracts Manager	2/2
Member	Robert Gilmour	TMC – Accounts	2/2
Member	Blair Dempsie	TMC – Lead Officer	1/2
Member	Bob Sivewright	NHS – Finance Manager	2/2
Member	Sandi Pick	TMC - Procurement	1/2
Member	John Campbell	MADP Support Team	2/2

Management and Performance Subgroup			
Position:	Name:	Organisation:	Attendance 2009/10
Chair	Rankin Barr	Turning Point Scotland	2/2
Vice Chair	TBC		
Member	Hugh Mackie	Grampian Police	0/2
Member	Tracy Gervaise	NHS – Public Health	1/2
Member	Mike Perera	NHS – Integrated Manager	1/2
Member	Jean Sinclair	TMC – Integrated Team	2/2
Member	Adrian Moar	Community Safety	2/2
Member	Lynn Geddes	MCA	2/2
Member	Ian Wood	Aberlour Child Care Trust	1/2
Member	Pat Greenhaugh	Scottish Drugs Forum	2/2
Member	Blair Dempsie	TMC - Lead Officer	1/2
Member	Corinne Begg	NESCPC	0/2
Member	?	CLD	
Member	John Campbell	MADP Support Team	2/2

Workforce Development Subgroup			
Position:	Name:	Organisation:	Attendance 2009/10
Chair	TBA		
Member	Joyce Lorimar	TMC – Training Manager	
Member	Linda McKerron	NHS – Training Manager	
Member	TBA	GP – Training Manager	
Member	Pat Greenhaugh	Scottish Drugs Forum	
Member	TBA	STRADA	
Member	TBA	Learning Network North	
Member	TBA	SAADAT	
Member	Eileen Bush	MVSO	
Member	John Campbell	MADP Support Team	

2. Delivery – Partnership Resources

Lead Officer: Sharon Milton, Chair Finance and Commissioning Subgroup

Organisation

2008/09	2010/11

NHS Grampian
The Moray Council
Grampian Police

Alcohol and Drug Partnership

Total spent in Moray

3. Delivery - Outcomes

Lead Officer: Rankin Barr, Chair Management and Performance Subgroup

All figures reported in section 3 will be taken from the MADP Outcomes Database.

Service Reporting

Moray Alcohol and Drug Partnership – Service Reporting					
Number of service users with substance misuse problem		Service Information		Service User Information	
Drugs and Alcohol		Number of new referrals		Number of service users who live with children	
Drugs		Number of returning referrals		Number of Children on service user households	
Alcohol		Number of discharges		Number of service users/partners who are pregnant	
Parental/Carers Substance Misuse		Number of Single Shared Assessments Completed		Number of service users who have housing problems	
Carers for those with drug and alcohol problems		Number of Care/Support Plans completed		Number of service users who are homeless	
Total number of active service users		Number of Reviews		Number of service users who are living at home	
		Number of Brief Interventions		Number of service users living in rural area	
Age range of active service users				Number of service users working with Criminal Justice Services	
08 – 12				Number of service users who have been released from prison	
13 – 16				Number of Service users who tested positive for BBV	
17 – 21				Number of service users who have been tested for BBV	
22 – 35				Number of service users who have mental health issues	
36 – 45				Number of service users who have benefit problems	
46 – 45					
56 – 65					
66 – 75					
75+					

Outcome Reporting

Access to Services					
Outcome	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Appropriate referrals received					
Client satisfaction with referral process					
Client access to a GP					
Clients seen within rural area					
Improved access to suitable accommodation					

Substance Misuse Behaviour					
Outcome	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Not using illicit drugs					
Client becoming drug free					
Reduction in the use of illicit drugs					
Reduction in risk-taking behaviour					
Changes in the method of use					
Not consuming alcohol					
Reduction in the consumption of alcohol					

Physical and Psychological Health					
Outcome	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Improvement in physical health					
Improvement in psychological health					
Improvement in mental health					
Improvement in self management of Blood Borne Virus					
Reduction in hospital admission(s)					

Education Training and Employment					
Outcome	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Improved employability skills					
Moved into employment					
Improved engagement with education/training					
Improved engagement with voluntary work					
Improved literacy and numeracy skills					

Parenting/Children					
Outcome	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Improved parenting capacity					
Improved supportive environment for children					
Improved protection of children					

Criminal Activity					
Outcome	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Reduction in criminal activity					
Improved personal safety					

Housing and Accommodation					
Outcome	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Improved ability to sustain a tenancy					
Improved independent living skills					
Improved suitability of accommodation					

Parenting/Children					
Outcome	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Improved personal relationships					
Improved ability to manage finances					
Improved independent living skills					
Increased motivation to change					
Increased feeling of being able to make positive choices					
Improved to manage own behaviour					
Increased understanding of impact of substance use on carers/family members					
Increased confidence and self-esteem					

4. Delivery – Self Assessment (Quality)

Self Assessment Part 1 (Q1)

Lead Officer: Rankin Barr, Chair Management and Performance Subgroup

Part 1 of the self assessment will be compiled from the individual services based on the National Quality Standards for Substance Misuse Services and GOPR. (Please see **MADP Q1**). Individual service returns will be available to ensure transparency and accountability.

Quality Standards	
Outcome	Evidence Situation in Moray 2009/10
Service users will be provided with all the information they need to help them decide about using the service.	
Service users will be provided with all the information they need about arrangements for ending their contract with services.	
Service users will be able to access safe, quality surroundings when engaging with services.	
Service users will receive a written personal plan that clearly sets out what the service will provide to meet their needs.	
Service users will be involved in a full assessment which makes sure that decisions about their care and support are based on their needs.	
Services will work with service users to achieve the jointly agreed actions in their personal plan.	
Service users will be able to discuss and plan their long-term support with service staff, involving their family, other organisations, services or representatives as appropriate.	
Service users will receive quality support and care.	
Services will work with a wide range of partners, including other services, so that needs are met.	
The service received has been designed with service	

users, their family, and the needs of the local community in mind.	
Service users' views will be sought in order to constantly monitor the type, delivery and development of services.	

Getting Our Priorities Right	
Outcome	Evidence Situation in Moray 2009/10
Services must record information in line with GOPR Guidelines	
Services must complete assessment in line with GOPR Guidelines	
Agencies must provide services and interventions in line with GOPR Guidelines	
Services must prioritise in line with GOPR Guidelines	
Services must take account of pregnancy in line with GOPR Guidelines	
Services must close cases in line with GOPR Guidelines	
Services must work towards confidentiality in line with GOPR Guidelines	
Services must record data in line with GOPR Guidelines	
Services must implement an action plan and training in line with GOPR Guidelines	
All services must have a named individual in line with GOPR Guidelines	
All services must work towards diversity and equality in line with GOPR Guidelines	

Self Assessment Part 2 (Q2)

Lead Officer: Sandy Riddell, Chair MADP

Part 2 of the self assessment will monitor and evaluate the performance of the Moray Alcohol and Drug Partnership in auditing the performance of drug and alcohol service delivery in Moray (Please see **MADP Q2**). This is based on advice and guidance provided through the Audit Scotland report on Drug and Alcohol Services in Scotland.

Governance for Partners and Partnerships	
Outcome	Evidence Situation in Moray 2009/10
The MADP have agreed priorities and plans	
The MADP have adequate provision for Risk	
The MADP have appropriate accountability	
The MADP have clear commissioning processes	

Performance Management Framework	
Outcome	Evidence Situation in Moray 2009/10
The MADP have adequate provision for data Collection	
Service Quality	

Evidence Based Services	
Outcome	Evidence Situation in Moray 2009/10
Meeting Basic Requirements	
Making full use of existing evidence	
Involving service users, their families, service providers and commissioners	

5. Delivery - Waiting Times

Lead Officer: Rankin Barr, Chair Management and Performance Subgroup

All figures reported within this section will be reported using the Waiting Times Database collated for ISD.

Referrals Received	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Referrals received					

Treatment to Discharge	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Planned					
Unplanned					

Number of Discharge and Discharge Types	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Planned					
Unplanned					
Disciplinary					

Referral to Assessment	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Service Users Offered					
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

Referral to Assessment	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Still Waiting					
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

Assessment to Care Plan	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Offered Appointment					
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

Assessment to Care Plan	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Still Waiting					
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

Decision to First Treatment	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Offered Appointment					
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

Decision to First Treatment Still Waiting	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

Referral received to Structured Intervention Offered Appointment	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

Referral received to Structured Intervention Still Waiting	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

Referral Received to Substitute Prescribing Offered Appointment	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

Referral Received to Substitute Prescribing Still Waiting	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

Referral Received to Community Rehab Offered Appointment	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

Referral Received to Community Rehab Still Waiting	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

Referral to discharge Offered Appointment	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

Referral to discharge Still Waiting	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
< 7 Days – 21 Days					
22 Days – 28 Days					
5 Weeks – 26 Weeks					
27 Weeks +					

6. Delivery – Forward Planning

Lead Officer: Rankin Barr, Chair Management and Performance Subgroup

On completion of the first 5 sections, the community analyst will report findings in this section. This will include a report on how Moray has performed in relation to the National targets, HEAT Targets and the Single Outcome Agreement.

Consultation

The MADP consulted with the following people/agencies in the construction of the Moray Delivery plan.

- Eileen Bush MVS0
- Sharon Milton Grampian Police
- James Grant Turning Point Scotland
- Lynn Geddes Moray Council on Addictions
- Ian Smillie Scottish Association of Alcohol and Drug Action Teams (SAADAT)
- Pat Greenhough Scottish Drugs Forum (SDF)
- Hilary Smith West Lothian ADP
- Liam McLaughlin Perth and Kinross ADP
- Mike Perera NHS Grampian
- Tracy Gervaise NHS Grampian
- William Adam NHS Grampian
- Sandy Riddell The Moray Council
- Service Users Direct Access Service
- Jaqci Goldthorp Equalities – CHSCP
- Service Users Integrated Service Base
- Blair Dempsie Operations Manager – The Moray Council
- Andrew Fowlie NHS Grampian
- Andy Jamieson Community Safety
- Rankin Barr Turning Point Scotland
- Adrian Moar Community Safety
- Ian Wood Aberlour
- Jean Sinclair Integrated Drug and Alcohol Service
- Corinne Begg NESCP
- Amanda Ware Community Analyst

Acknowledgment

The MADP Support Team would like to express their gratitude to all those from Moray, especially the service users who gave up their time to complete the survey or granted an individual interview. Thank you for your generosity and co-operation in sharing your perspectives, experiences of and solutions regarding delivering better services in Moray

Many thanks also go to the members of the short life working group, Mike Perera, Pat Greenhaugh, James Grant, Ian Smillie and Amanda Ware for their invaluable contribution to the planning, monitoring and implementation of the plan.

References

SWIA	Guide to Supported Self Evaluation	January 2009
Care Commission	Inspection Guidance for Care Service Providers	2009/10
Scottish Government	Local Delivery Plan – Priorities for the NHS Scotland Guidance	2009/10
West Lothian ADAT	Outcome Commissioning – Digest of Key Documents and Tools	2008
Perth and Kinross ADP	Outcomes and Performance Framework for Substance Misuse Services	2009
Audit Scotland	Drug and Alcohol Service in Scotland	March 2009
Scottish Government	National Quality Standards for Substance Misuse Service	Sept 2006
Scottish Government	National Performance Framework	2009
NHS Scotland	HEAT Targets	2009/10
Scottish Government	Changing Scotland's Relationship With Alcohol	2008
Scottish Government	The Road to Recovery	2008
Scottish Government	Delivering better Outcomes: An Outcomes Toolkit for alcohol and Drugs Partnerships Version 1	2009



Moray Alcohol and Drug Partnership

MADP – Q2 2009/10 Self Assessment

Measuring Quality in
Moray

Introduction

Self assessment provides a systematic and regular review of activities and results within any structure or organisation. The process allows for strengths and values to be evidenced and areas in where improvement can be made identified, actioned and monitored. Honest and informed self knowledge is the basis of building a culture of excellence. The introduction of Self Assessment in Moray will allow the MADP to engage in a process of increased shared awareness about the availability of resources, how they have been allocated and to better monitor the effectiveness of service delivery.

The object of using self assessment for the provision of drug and alcohol services in Moray is to achieve a comprehensive review of service delivery and to help design a process for ensuring consistent delivery of high quality services for those who require to use them. At the core of our self assessment is the ability to continue to assess what we do and how we do it.

With the Care Commission, HMIe and SWIA looking for more consistent use and application of quality processes, MADP now require to create a benchmark in Moray. In order to provide consistency in the provision of drug and alcohol services in Moray, the MADP will use the self assessment action plan developed by Audit Scotland and published in the Drug and Alcohol Services in Scotland report as a base for the standard statements within the MADP Self Assessment Q2. The Q2 will ultimately feed the information for the Moray Delivery Plan 2009/10 which will be published in April 2010 and be used as the tool to deliver a performance management framework

for the MADP. The Q2 will allow for a robust monitoring and evaluation framework to evidence, assess and improve the quality of service provision in Moray.

The Q2 will assist in providing a benchmark for quality in the delivery of drug and alcohol provision in Moray and will give a foundation to a process which will enable the MADP to examine and improve on the standards they are delivering.

Guidance

The Q2 will be completed by the Management and Performance Subgroup and be presented to the MADP Partnership for approval. The MADP Support Team will be responsible for the administration of the Q2; however accountability for completion will be with the Lead Officer (Chair of the Management and Performance Subgroup).

The Q2 is made up of three key standard statements:

- Governance for partners and partnerships
- Performance management framework
- Evidence-based services

Within the standard statements will be an outcome for the MADP. It is essential that the MADP considers the Responsibility from each Outcome and provides evidence to show that this has been met. In any areas where the Responsibility has not been met the MADP must, within the section for Areas for Improvement, note:

- How it will be taken forward
- Who is responsible for taking it forward
- What the time scale is for taking it forward

1. Governance for Partners and Partnerships

Standard Statement 1.1

Outcome

The MADP have agreed priorities and plans

Responsibility	Evidence	Areas for Improvement
Are all outcomes, strategies and action plans related to drugs and alcohol in a local area compatible?		
Is there joint involvement in strategic planning, priority setting, and resource allocation by partner agency and partnerships?		
Does planning for drug and alcohol services happen across agency and partnership boundaries?		
Are service outcomes, priorities and plans included in all service development and commissioning activities?		

Standard Statement 1.2**Outcome****The MADP have adequate provision for Risk**

Responsibility	Evidence	Areas for Improvement
Has a joint risk assessment been carried out against agreed key priorities and actions?		
Are identified risks being actively addressed and monitored?		

Standard Statement 1.3**Outcome****The MADP have appropriate accountability**

Responsibility	Evidence	Areas for Improvement
Is there an agreed scheme of delegation that clearly states what services, resources and responsibilities partner agencies have devolved to other partner agencies or partnerships?		
Has a joint financial framework been agreed by all relevant parties?		
Does the joint financial framework include: <ul style="list-style-type: none">• An agreed budget?• Regular update reports?• Accounting systems?		
Will the joint financial framework allow the tracking of the funding?		

Standard Statement 1.4

Outcome

The MADP have clear commissioning processes

Responsibility	Evidence	Areas for Improvement
Is the commissioning process between partners integrated, or at a minimum, complementary?		
Is there a clear protocol or established arrangements for commissioning and developing services involving NHS boards, local councils and the voluntary and private sectors?		
Do the commissioning arrangements link to each partner's mainstream activities and budget processes?		
Is there a standard contract or service level agreement used for all drug and alcohol services across the area?		
Does the contract or service level agreement include: <ul style="list-style-type: none"> • Clearly defined roles and responsibilities? • Lines of accountability? • Quality Standards, e.g. clinical guidelines or good practice that should be followed? • Expected activity and/or outcomes? 		
Does every service have a contract or service level agreement in place?		

Are there shared guidelines, protocols and procedures with essential services (such as in housing, children's services and employment services) detailing the criteria for referral between services, the treatment and support options available and the protocols for sharing information between services?

2. Performance Management Framework

Standard Statement 2.1

Outcome
The MADP have adequate provision for data Collection

Responsibility	Evidence	Areas for Improvement
Do performance monitoring arrangements collect robust and proportionate information on costs and performance of drug and alcohol services?		
Is there an agreed minimum level of data to be collected by all drug and alcohol services at a local level?		
Do these data incorporate: <ul style="list-style-type: none"> • National data requirements? • Clear definitions? • Activity, outcomes and spend so that value for money can be monitored and evaluated? • Set timescales for collection? 		
Is there a brief reporting template for services to complete the data?		

Standard Statement 2.2**Outcome**
Service Quality

Responsibility	Evidence	Areas for Improvement
Does the performance framework include service quality such as national quality standards, application of clinical guidelines and service users' views?		
Is this performance framework monitored regularly?		
Are protocols in place to deal with failures in the application of these quality measures?		

3. Evidence Based Services

Standard Statement 3.1

Outcome Meeting Basic Requirements

Responsibility	Evidence	Areas for Improvement
Has all expenditure on drug and alcohol services in the area been identified?		
Have the range, activity and outcomes (or aims if outcomes are not available) of all the services provided in the area been mapped out?		
Are there evidenced reasons to justify the split of spending between different types of services?		

Standard Statement 3.2**Outcome****Making full use of existing evidence****Responsibility****Evidence****Areas for Improvement**

Is all of the information collected locally used to regularly review current provision against good practice, service activity and service outcomes (where available)?

Is this information used to identify evidenced options for change?

Is this latest evidence of effectiveness and identified good practice used?

Is this information used to change existing services or commission new ones?

Standard Statement 3.3

Outcome

Involving service users, their families, service providers and commissioners

Responsibility	Evidence	Areas for Improvement
Have the views of service users, their families, service providers and commissioners on the quality, accessibility and range of existing services being canvassed?		
Have the views of services users, their families, service providers, commissioners and the police on the new trends in drug and alcohol use been canvassed?		
Is the latest evidence of effectiveness and identified good practice used?		



Moray Alcohol and Drug Partnership

MADP - Q1 2009/10 Self Assessment

Measuring Quality in
Moray

Introduction

Self assessment is a systematic and regular review of activities and results within any structure or organisation. The process allows for strengths and values to be evidenced and areas in where improvement can be made identified, actioned and monitored. Honest and informed self knowledge is the basis of building a culture of excellence. The introduction of Self Assessment in Moray will allow the MADP to engage in a process of increased shared awareness about the availability of resources, how they have been allocated and to better monitor the effectiveness of service delivery.

In order to provide consistency in the provision of drug and alcohol services in Moray, the MADP have used the National Quality Standards for Substance Misuse Services and Getting Our Priorities Right frameworks to develop the Self Assessment (Q1). The Q1 will ultimately feed the information for the Moray Delivery Plan 2009/10 which will be published in April 2010 and be used as the tool to deliver a performance management framework for the MADP as well as the qualitative data provided through the Outcomes Database and the Waiting Times Database. The Q1 will allow for a robust monitoring and evaluation framework to evidence, assess and improve the quality of service provision in Moray.

The Q1 will assist in providing a baseline for quality in the delivery of services in Moray and will give a foundation to a process which will enable services to examine and improve on the standards they are delivering. The Q1 will also provide services that are currently not part of any regular reporting arrangement an opportunity to evidence that they are meeting the minimum standards.

Guidance

The self assessment will be analysed and the results will provide evidence for the Moray Delivery Plan to provide accountability for the MADP in evidencing the quality of services being delivered in Moray and allow any gaps in service delivery to be addressed. Services should use the self assessment as a working document and advice and guidance on completing self assessment can be obtained from EFQM or The Department for Trade and Industry.

The self assessment form is a WORD document and can be added to and saved. It would be advantageous to the MADP for this document to be emailed on completion, however if this is not possible a paper copy will be accepted within the set timeline. Any service that intends submitting a paper copy would be advised to send by recorded delivery to ensure that proof of posting is available. In all circumstances, services should retain a copy for their own records.

In the self assessment you are requested to provide evidence regarding the quality of your service and to show the capacity to improve your service. You should complete the self assessment document for all standard statements including all areas of responsibility. You must provide evidence that shows how well you are meeting the quality statements and assess your performance against these. You will also identify areas where your service could improve and set out how and when you will make these improvements. You must also provide evidence that you involve people who use services and carers not just in their own care/support but also in assessing and improving all aspects of your service.

Standard Statements 1.1 – 1.11 are written from the perspective of the people who use the services. Standard Statements 2.1 – 2.11 mirror the GOPR action planning process. It was a recommendation from SWIA that ADP's better review and evaluate GOPR processes and the Q1 will allow MADP to further meet this requirement.

It is important that in completing the Q1, that the Standard Statement is fully understood and that you are clear as to what is expected. You should look at how practice in the service you operate contributes to evidencing the statement. Providing evidence is key when completing self assessment, you must look at what evidence you can provide to identify how you have done something rather than stating that you have done it.

All self assessments will be evaluated through the Management and Performance Framework and provide accountability to the MADP Management and Performance Subgroup and the Moray Delivery Plan. All self assessments will be discussed with services through the process of Management Meetings held as part of SLA/Contracts.

Standard Statement 1.1**Outcome**

You will provide service users with all the information they need to help them decide about using the service.

Responsibility	Evidence	Areas for Improvement
You provide clear and correct information on all the support available in the area.		
You provide all the information required to get help from the service.		
You provide details of who the service is for, what it offers, and how to end contact.		
You provide details of any rules/boundaries and ways of working, such as confidentiality, sharing information and making a complaint.		

Standard Statement 1.2

Outcome

You will have all the information you need about arrangements for ending your contract with the service.

Responsibility	Evidence	Areas for Improvement
You will consider the needs of children at all times.		
You inform other services/agencies about children when service users are moving on.		
You provide information on how service users can get further help.		
You provide information on how service users can deal with risks or setbacks.		
You engage with service users to look at choices/risks they face.		
You gain the views of service users regarding the service they receive.		
Appropriate reports are kept and copies given to service users.		
You have a system in place to keep in touch if required.		

Standard Statement 1.3

Outcome

You will be able to access safe, quality surroundings when engaging with services.

Responsibility	Evidence	Areas for Improvement
The service and facilities offered will be of a good standard – safe and appropriate.		
The service will employ and train its staff to make sure you are treated with respect and dignity.		
The service will make sure that bullying, harassment or discrimination of any kind is not tolerated.		
The service will respect your religious, spiritual, cultural or other beliefs and need, and those of others who use the service.		

Standard Statement 1.4**Outcome**

You will be involved in a full assessment which makes sure that decisions about your care and support are based on your needs.

Responsibilities**Evidence****Areas for Improvement**

You will take part in a full assessment of your drug and/or alcohol use and other needs. This assessment will be kept up to date.

Improving your situation will involve discussing areas in your life such as your family, children, aspirations, health, employment and housing.

Your views will be listened to and used to develop your personal plan.

With your agreement, your information will be shared with other services and it will be made clear to you when this might be done without your permission.

Standard Statement 1.5**Outcome**

You will receive a written personal plan that clearly sets out what the service will provide to meet your needs.

Responsibility	Evidence	Areas for Improvement
After assessment you will be involved in developing your personal plan.		
What is expected to be achieved will be clearly stated in your personal plan.		
Who does what and when will be made clear in your personal plan which will be kept up to date.		
Your responsibilities will be made clear in the plan.		
As your situation changes, your personal plan will be reviewed to reflect these changes.		

Standard Statement 1.6

Outcome

The service will work with you to achieve the jointly agreed actions in your personal plan.

Responsibilities	Evidence	Areas for Improvement
You will be informed about what the service offers, how it can be help and how to take part.		
You will have time to think about your choices.		
You will be offered a supportive working relationship to help meet your needs.		
You will be supported to take action to meet your needs identified in your personal plan.		
You will be supported in finding ways to avoid future problems with drugs and/or alcohol.		
You will be expected to work together with the service to make sure that there is a joint responsibility for meeting your needs.		

Standard Statement 1.7

Outcomes

You will be able to discuss and plan your long-term support with service staff, involving your family, other organisations, services or representatives as appropriate.

Responsibility	Evidence	Areas for Improvement
From the start, the service will work with you to support you to achieve your future goals.		
The service will support you with all parts of the plan such as identifying personal strengths and maintaining positive relationships.		
The service will assist you to make helpful contacts before you leave.		

Standard Statement 1.8**Outcome**

You will receive quality support and care.

Responsibility

If you have needs the service cannot meet, appropriate professional help will be sought.

Evidence**Areas for Improvement**

The service will meet relevant legal requirements.

Workers (paid and unpaid) will be appropriately trained and supervised.

The service will continuously review how it addresses the needs agreed in your personal plan.

Standard Statement 1.9**Outcome**

The service will work with a wide range of partners, including other services, so that needs are met.

Responsibility	Evidence	Areas for Improvement
Funders and providers will jointly design services that meet local requirements and national plans and will ensure they work together in a co-ordinated way		
Funders and providers will ensure that evidence-based best practice is used to inform service design and delivery.		
Local services will be able to meet the needs of all those affected by alcohol or drugs.		
Services will consult with other agencies, such as housing and employment, when appropriate, to meet your needs as agreed in your personal plan.		
All drug and alcohol specialist services will have clearly written service specifications.		

Standard Statement 1.10**Outcome**

The service you receive has been designed with you, your family, and the needs of the local community in mind.

Responsibility	Evidence	Areas for Improvement
The service will treat everyone fairly in the way they work.		
All services will work together to offer the best help with your changing situation.		
How the local community are involved with the service will be clearly laid out.		
The service will recognise the needs of members of your family and those who live with and, where appropriate, seek support for them.		

Standard Statement 1.11

Outcome

Your views will be sought in order to constantly monitor the type, delivery and development of services.

Responsibility	Evidence	Areas for Improvement
You will be given a list of your rights and responsibilities when using the service.		
To improve the service, at least once a year, you will be asked in confidence for your views and ideas on the service.		
To improve this service, at least once a year, other local organisations will be asked in confidence for their views and ideas on the service.		
If you want to join a group with others using services then you will be given support and training to do so.		

Standard Statement 2.1

Outcome

Services must record information in line with GOPR Guidelines

Responsibilities	Evidence	Areas for Improvement
<p>Agencies should always ascertain whether adult service users are parents or are responsible for children. Basic information about the number, age and gender of the children should be sought and whether the parent needs any help with child care. Information regarding others living in the household should be sought, particularly as to whether their drug or alcohol related problems might also have implications for the children. Permission should be routinely sought from all service users to liaise with other professionals involved with the family (particularly social workers, health visitors and other medical staff). During their work with adult substance misusers who are parents, agencies should ask about any areas of vulnerability which affect them and other members of their family, including children. Procedures should be in place to ensure that any changes in the living situation of the child/children are picked up, the implications considered and that liaison with other professionals is ongoing.</p>		

Standard Statement 2.2

Outcome

Services must complete assessment in line with GOPR Guidelines

Responsibilities

Agencies should make a preliminary assessment, along with the service user and other workers, where appropriate, of the implications for all the children involved, of any alcohol or drug use or changes in patterns of use, the additional help needed and the risks posed. Assessment of the implications for children should remain ongoing. Agencies should consider specific guidance for staff concerning how to ensure that assessment is systematic, yet sensitive, and that the complex issue of the optimum timing of information gathering is addressed. It is important to check the validity/accuracy of any information offered by a parent about their parenting capacity with a reliable third party. The SCODA assessment model (see Getting Our Priorities Right) should form the basis of any assessment. Assessments should also take into account the implications of other difficulties which parents/carers may have, such as mental health or personality problems. Adult agencies using The Single Shared Assessment need to ensure that when completing this tool, that they also meet the requirements of their own agency GOPR action plan.

Evidence

Areas for Improvement

Standard Statement 2.3

Outcome

Agencies must provide services and interventions in line with GOCR Guidelines

Responsibilities

Agencies providing services for adults should hold current information about the range of services for children and families and ensure that this is available to parents. In many cases this will involve offering support to help families access and use these services.

The assessment should lead to specific actions to support positive parenting, reduce risks identified and enhance the life and well-being of the child or children. These actions may be undertaken by the agency dealing with the adult or may involve referral elsewhere.

Where immediate risk to a child is identified, or where a child is living in circumstances which do not provide adequate nurturing and his/her development is impaired, or at risk of impairment, then concerns should be shared with social work so that an Initial Referral Discussion can take place between Social Work Health and Police to decide what further action is necessary. (see NESCP Guidelines).

Evidence

Areas for Improvement

Standard Statement 2.4**Outcome****Services must prioritise in line with GOPR Guidelines****Responsibilities**

Agencies providing services for adults with drug or alcohol problems should consider referrals of people with responsibility for children under 16 to be a priority category for allocation.

Evidence**Areas for Improvement**

Standard Statement 2.5**Outcome****Services must take account of pregnancy in line with GOPR Guidelines****Responsibilities**

When a woman is pregnant and she, and/or her partner, has problems with drugs or alcohol (or a newborn baby is found to be in this situation), then an assessment of risk and need must be made in respect of both the unborn child (and baby), the parents or carers and any other children in the family. The assessment should cover both consideration of the provision of appropriate services and whether referral under child protection procedures is indicated. Any baby who is born with neonatal abstinence syndrome and who has not been previously identified, should be automatically referred to social work. Reference should be made to the NESPC Guidelines for fuller advice on working with families in the ante and postnatal stages and separate guidance will be produced if required. There are formal arrangements in place regarding pregnancy - see protocol.

Evidence**Areas for Improvement**

Standard Statement 2.6**Outcome****Services must close cases in line with GOPR Guidelines****Responsibilities**

When an agency providing services is closing a case, or withdrawing services, the implications of this for any children must be considered. This will involve liaison with others and the provision of additional support or monitoring.

Evidence**Areas for Improvement**

Standard Statement 2.7

Outcome

Services must work towards confidentiality in line with GOPR Guidelines

Responsibilities

Agencies must put in place written confidentiality policies, which are discussed with, and made available to, all service users. These should address both routine liaison (see NESCPG Guidelines) and information sharing when there are specific concerns about a child. Policies must state that, if there are any perceived risks to the well-being of children, normal confidentiality arrangements will be overridden.

If permission to undertake routine liaison is refused by the service user, then the agency involved with the service user should consider how its own staff can undertake a fuller assessment of the circumstances of the children. Confidentiality policies must be in line with the relevant legislation outlined in 'Getting Our Priorities Right'.

Evidence

Areas for Improvement

Standard Statement 2.8**Outcome****Services must record data in line with GOCR Guidelines**

Responsibilities	Evidence	Areas for Improvement
<p>There is a responsibility for all agencies to collect and collate data on the number of children identified as having parents who receive services for substance misuse issues. Recording systems must be in place to ensure that such information is available for reporting purposes. The agency action plan should address whether any changes in recording systems are needed and how confidential information will be kept. A description of the minimum data set, which should be recorded regarding service users' children, should be included.</p>		

Standard Statement 2.9

Outcome

Services must implement an action plan and training in line with GOPR Guidelines

Responsibilities	Evidence	Areas for Improvement
The action plan should address how implementation will be achieved, the timescale for this, how regular monitoring will take place, what training will be provided and how the agency will continue to support staff to meet the requirements of "Getting Our Priorities Right". Agencies should ensure that child protection training is made available to staff on a regular basis.		

Standard Statement 2.10**Outcome****All services must have a named individual in line with GOPR Guidelines****Responsibilities**

Each agency should identify a named individual who is responsible for the implementation of the action plan, ensuring that all staff are familiar with the NESPC Guidelines and how to access them, ensuring all new staff are aware of the action plan and receive training, updating information regarding services for children and families and maintaining links with protection agencies (Social Work and the Police).

Evidence**Areas for Improvement**

Standard Statement 2.11**Outcome****All services must work towards diversity and equality in line with GOPR Guidelines****Responsibilities**

Action plans must reflect agencies' commitment to diversity and equality within the context of the Race Relations Act 1976 and the Race Relations [Amendment] Act 2000.

Evidence**Areas for Improvement**

Appendix 3a

Moray Alcohol and Drug Partnership – Service Reporting						
Service			Quarter			
Number of service users with substance misuse problem			Service Information		Service User Information	
Drugs and Alcohol			Number of new referrals		Number of service users who live with children	
Drugs			Number of returning referrals		Number of Children on service user households	
Alcohol			Number of discharges		Number of service users/partners who are pregnant	
Parental/Carers Substance Misuse			Number of Single Shared Assessments Completed		Number of service users who have housing problems	
Carers for those with drug and alcohol problems			Number of Care/Support Plans completed		Number of service users who are homeless	
Total number of active service users			Number of Reviews		Number of service users who are living at home	
			Number of Brief Interventions		Number of service users living in rural area	
Age range of active service users					Number of service users working with Criminal Justice Services	
08 – 12					Number of service users who have been released from prison	
13 – 16					Number of Service users who tested positive for BBV	
17 – 21					Number of service users who have been tested for BBV	
22 – 35					Number of service users who have mental health issues	
36 – 45					Number of service users who have benefit problems	
46 – 45						
56 – 65						
66 – 75						
75+						

MADP Outcomes DB		Service:	Quarter						
Reported Progress Against Each Outcome									
<i>(outline to what extent outcomes have been achieved as at your service users latest care plan review in this quarter)</i>									
Overall Category	x = outcomes delivered	Outcomes Menu			Number of SU Reviewed this Quarter with this Outcome	Fully Achieved at Exit	Progress this Quarter	No Change this Quarter	Deteriorated/ Relapse this Quarter
Access to services		Appropriate referrals received							
		Client satisfaction with referral process							
		Client access to a GP							
		Client seen within rural area							
		Improved access to suitable accommodation							
Substance misuse behaviour		Not using illicit drugs							
		Client becoming drug free							
		Reduction in use of prescribed drugs							
		Reduction in the use of illicit drugs							
		Reduction in risk-taking behaviour							
		Changes in the method of use							
		Not consuming alcohol							
Physical, psychological and mental health		Reduction in the consumption of alcohol							
		Improvement in physical health							
		Improvement in psychological health							
		Improvement in mental health							
		Improvement in self management of Blood Borne Virus							
Education, Training and Employment		Reduction in hospital admission (s)							
		Improved employability skills							
		Moved into employment							
		Improved engagement with education/training							
		Improved engagement with voluntary work							
Parenting/ Children		Improved literacy and numeracy skills							
		Improved parenting capacity							
		Improved supportive environment for children							
		Improved participation in family activities							
Criminal Activity		Improved protection of children							
		Reduction in criminal activity							
		Improved personal safety							
Housing, and Accommodation		Improved ability to sustain a tenancy							
		Improved independent living skills							
		Improved ability to live independently							
		Improved suitability of accommodation							
Personal Development		Improved personal relationships							
		Improved ability to manage finances							
		Increased motivation to change							
		Increased feeling of being able to make positive choices							
		Improved ability to manage own behaviour							
		Increased understanding of impact of substance use on carers/ family members/ Children							
		Increased confidence and self-esteem							

Guide to Information Required

Number of Service Users with Main Substance Misuse Problem	
Drugs & alcohol	How many service users the service is working with who have either drug or alcohol misuse problems or both.
Drugs	
Alcohol	
Parental/carer substance misuse	The number of service users (i.e. children & young people) of the service who have a parent or carer with substance misuse problems
Number of clients who are carers for individuals with drug/alcohol problems	Number of service users of the service who are carers for people with substance misuse problems, or have a family member affected by substance misuse
Number of active clients	Number of active service users in the service in this quarter

Service Information	
Number of new referrals	Number of new referrals to the service in this quarter
Number of returning referrals	Number of referrals received this quarter for service users who are returning to the service within 6 months of previous discharge
Total number of discharges this quarter	Total number of service users discharged this quarter
Number of Single Shared Assessments completed	Number of service users with SSA completed this quarter
Number of Care Plans completed	Number of service users with a care plan completed this quarter
Number of Care Plans reviewed this quarter	Number of service users whose care plan has been reviewed at least once in this quarter
Number of brief interventions completed	Number of brief interventions completed at least once during this quarter

Client Information	
Number of clients who live with children	How many active service users the service is working with who live, full time or part time, with children in their household
Number of children in client households	Total number of children known to live in active service users' households
Number of clients/partners who are pregnant	How many active service users the service is working with who are pregnant, or have a partner who is pregnant
Number of Clients who have housing issues	How many active service users the service is working with who are judged to be, or be at risk of becoming, homeless, roofless or live in temporary accommodation
Number of Clients tested positive for BBV	How many active service users the service is working with who have tested positive to a blood borne virus
Number of Clients living in rural areas	How many active service users the service is working with who are living in a rural area
Number of Clients who have mental health issues	How many active service users the service is working with who have been diagnosed with a mental health issue

Outcomes Reporting Sheet	
Reported progress against each outcome (outline to what extent outcomes have been achieved as at your service users latest review in this quarter)	This section collates information on all service users by the outcomes they are working towards, and is based on the progress information gathered from the most recent service user review in the quarter.
Number of clients reviewed this quarter with this outcome	The number of service users working towards this outcome with the service, who were reviewed in this quarter
Fully achieved at exit	The number of service users who have fully achieved the outcome at discharge from the service (service user is judged to have progressed as far as possible towards agreed outcome goals)
Progress	The number of service users who have made progress this quarter
No change	The number of service users who have not progressed, or not regressed, this quarter (this is not necessarily a negative measure and can include sustained behaviour change)
Deteriorated/relapse	The number of service users whose progress has regressed/relapsed or deteriorated in this quarter

