July 2015

UPDATED GUIDANCE FOR ALCOHOL & DRUG PARTNERSHIPS (ADPs) ON PLANNING & REPORTING ARRANGEMENTS

1. Introduction

Alcohol & Drug Partnerships (ADPs) are responsible for developing local strategies to deliver improved core and local outcomes on the basis of local need, and for making investment decisions to achieve these. They also have a key role in delivering the national policy initiatives, the *Alcohol Framework: Changing Scotland's Relationship with Alcohol* and *The Road to Recovery*.

This guidance contains the identified nationally agreed core outcomes which all ADPs are expected to deliver against.

The Scottish Government's allocation letter's for earmarked alcohol and drug funding confirms that this funding allocation is to enable ADPs to deliver both nationally agreed core outcomes and local outcomes.

This ADP Planning and Reporting Guidance aims to support the embedding of outcomes based planning and reporting at local level, helping ADPs to self-assess their performance (including benchmarking against other ADPs) and to articulate their contribution to their local SOA/health and social plans in supporting joint improvements, as well as contributing to a national picture of our overall progress in supporting alcohol and drug prevention, treatment and recovery. Improved information flows and visibility of ADPs will also help inform national strategies and decision-making by Scottish Government and CoSLA.

Scottish Government is grateful to members of the ADP Planning and Reporting Group for their work in developing and refining this guidance and to ADPs themselves for their on-going feedback which helps to shape this revised documentation and the standard reporting template for ADP Annual Reports.

The **key principles** on which this guidance is based are to:

- strengthen local partnership working & joint accountability;
- reinforce outcomes based approaches;
- support ADPs to improve accountability to their CPP/Joint Integration Board and demonstrate their contribution to their local SOAs/health and social plans by supporting joint improvements and building on good practice;
- provide local flexibility but within a national framework to enable benchmarking;
- help build the national picture of delivery;
- minimise additional reporting requirements on ADPs.

The very nature of the outcomes which ADPs are seeking to deliver requires cross-cutting partnership working. The national outcomes and indicators for ADPs were developed to take account of, and be consistent with, other relevant national outcomes and indicator frameworks.

The Public Bodies (Joint Working) Scotland Act 2014 – Integration of Health and Social Care commenced April 2015, all 32 Health Board and Local Authority partnerships in Scotland submitted their integrated health and social care plans to Scottish Government Ministers. It is recognised that there are opportunities presented by a fully integrated health and social care landscape, within the wider context of Community Planning. This new landscape is emerging and we will continue to work with Cosla, local authorities, and ADP's to align these developments, influencing the landscape in such a way that ensures

the commissioning and performance management of high quality alcohol and drug services.

From now until 1 April 2016, when integration goes fully live, Integration Joint Boards will be established across the country. The Integration Joint Board will be led by a Chief Officer with representation from the Health Board, Local Authority, third and independent sector organisations, patients and service users.

It is imperative that ADPs link into local decision-making and raise awareness of alcohol and drug issues to inform local priorities, ensuring Strategic and Delivery plans for alcohol and drug outcomes are embedded within new Health and Social Care arrangements.

Information about health and social care integration and the resources available to support implementation are available at www.gov.scot/HSCI or email IRC@scotland.gsi.gov.uk.

The Alcohol and Drug Teams will keep these developments under review and consider any implications as part of continuous monitoring and review of these arrangements. We will keep colleagues informed of developments through a range of methods and via the Drug and Alcohol e-Bulletin.

2. Quality Improvement

In August 2013 the findings of the Independent Expert Group of Opioid Replacement Therapies chaired by Dr Brian Kidd, were published in their report 'Delivering Recovery – Opioid Replacement Therapies in Scotland'.

The Minister for Community Safety and Legal Affairs and Minister for Public Health provided the Scottish Government's response to this report at a parliamentary debate in November 2013 which was summarised in letters to the Scottish Parliament's Health & Sport and Justice committees. The core of the Government's response outlined the development of an alcohol and drug quality improvement framework embedded in improvement methodology.

A significant amount of work has been undertaken since 2013 by ADPs and others, to take forward the various recommendations in the report and to improve the delivery of ORT across the country.

The progression of these recommendations remains a Ministerial priority for 2015-16. To evidence the work that has been undertaken or completed in your ADP on the recommendations, a number of questions have been included in the ADP Standard Reporting Template in Annex G (box 19). We will use all of the information requested to better understand the detail, and appreciate the additional information requested this year. It is expected that DAISy (see section 3 below) will be able to provide a good deal of this material.

The ***Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services*** were published in August 2014, after a period of extensive development and consultation, which ADPs were a core part of. All ADPs are expected to implement the Quality Principles. National Support is available if required.

The '*Delivering Recovery – Opioid Replacement Therapies in Scotland'* report states that recovery is best realised through the development of 'recovery oriented systems of care', meaning systems that enable people to progress at their own pace with a planned and integrated care pathway from their first entry into services to their return to non-specialist services. The quality principles set out what someone who accesses a service can expect to encounter as they move through a recovery oriented system of care, and are measurable at service, local and national levels. They include:

- high-quality, evidence-based interventions;
- workers who are appropriately trained and supervised;
- full strengths-based assessments;
- person-centred recovery plans that are agreed and regularly reviewed; and
- the opportunity for their family to be involved (if this is helpful to the individual).

Lanarkshire ADP volunteered to act as a test site to implement the alcohol and drug quality principles to measure improvement across all services focused on recovery in the local area, including Shotts prison. Learning from this test site has been, and will continue to be, shared with all ADPs. Other ADP areas, including Mid & East Lothian and Dumfries & Galloway, have also undertaken work to self-assess against local implementation of the Quality Principles.

To further support local implementation of the Quality Principles and to continue to support a culture of continuous improvement amongst ADPs and services, we have agreed an 18 month rolling programme with the Care Inspectorate. This programme is expected to begin in Autumn 2015 and our intention is for the Care Inspectorate to work with all ADPs over the 18 month period to validate local areas' self-assessment against the Quality Principles. Once completed, each ADP will be given an individualised briefing highlighting areas of good practice and suggestions for improvement. A national summary report will also be produced, all information in this report will be anonymous. More detail in relation to the programme of work will be circulated in due course.

3. Drug & Alcohol Information System (DAISy) and Recovery Outcomes (Web) Tool

ADPs are aware, that the Scottish Government has commissioned ISD Scotland to develop an integrated drug and alcohol information system which will amalgamate the existing functions of the Scottish Drugs Misuse Database (SDMD), Drug & Alcohol Treatment Waiting Times Database (DATWTD) and gather additional information on alcohol treatment outcomes. Once operational (expected Autumn 2016), this system will reduce data entry requirements on staff and provide more meaningful outcomes information on people accessing treatment services and those in recovery.

Scottish Government would like all alcohol and drug services for treatment, recovery and social care to evidence recovery outcome improvements in services users in a consistent way through a validated tool. Following requests from ADPs, the Scottish Government has developed a validated and peer reviewed recovery outcomes tool known as the Recovery Outcomes Web (ROW) Tool. This was developed in consultation with alcohol and drug services, ADP support teams, service users and key national stakeholders over the period 2013 – 2015.

The ROW tool enables service users to see their own progress, areas for further work, and supports staff in motivating service users and in identifying outcome areas on which to focus. It assists service managers in enhancing service quality and in informing workforce development to ensure a holistic approach to recovery. The ROW tool also supports ADPs and service planners in quality improvement, benchmarking and strategic workforce development. Scottish Ministers are interested to know how service users are progressing across the full range of recovery outcomes with support from alcohol and drug services. For more information on the ROW tool and Draft Guidance please see the following SSKS link:

http://www.ssks.org.uk/topics/drugs-and-alcohol/keep-up-to-date.aspx

Scottish Government expects all alcohol and drug services to report on recovery outcomes progress for their service users using the forthcoming Drug and Alcohol Information System (DAISy) in 2016. At this point the ten outcome measures in the ROW tool will formally become part of DAISy. Use of the ROW tool in alcohol and drug services within ADP areas will allow a single data entry into DAISy for recovery outcomes, with review points being informed by an implementation pilot. This pilot is taking place currently in services within East Renfrewshire, Glasgow, Aberdeenshire and Angus. The pilot evaluation report, anticipated October 2015 will inform Scottish Government advice to ADPs and alcohol and drug services across Scotland.

Support is currently available from the ADP National Support Team/ ISD Scotland to assist services to cross-match outcome scores between existing recovery outcome tools and the RO tool included as part of DAISy. For any enquiries on the ROW tool please contact Biba Brand (SG) on biba.brand@scotland.gsi.gov.uk

4. Resource and Investment

One of the aims of this guidance is to reinforce the key role of ADPs in directing how earmarked and additional resources are utilised locally.

Scottish Government provides earmarked funding to ADPs to help them deliver against agreed outcomes. While this funding is routed for administrative purposes via NHS Boards, it is a partnership resource and **the full allocation must be directed to ADP level for decision-making** informed by robust needs assessment and in line with recognised evidence base. Investment decisions should be transparent and made on a partnership basis in pursuit of locally agreed strategies and delivery plans which seek to deliver nationally agreed core outcomes and local outcomes. ADP funding does not form part of any efficiency or re-investment programme.

It is also expected that this resource will be supplemented by investment from partners' core funding and that the Partnership will be responsible for determining how all the available resource is invested. ADP Plans and Reports received have demonstrated that additional investment across Scotland was provided from partners' core budgets to support alcohol and drugs interventions. Some ADPs also shared that resources in kind were often provided to supplement the SG funding. ADPs should seek to identify investment from both earmarked and core funds as part of their plans and reports.

The nature of problem alcohol and drug use means that the total resources used within localities are often greater than those provided to ADPs via the specific allocations from Scottish Government. ADPs should therefore aim to map out the total resource utilised in preventing, treating or dealing with the consequences of problem drug and alcohol use in their locality and seek to reflect this in their delivery plans and annual reports. This mapping should seek to go beyond direct expenditure by the ADP to identify, where possible, the cost of problem drug and alcohol use in respect of, for example, criminal justice services, hospital admissions, sexual health and BBV interventions, and child protection services. This mapping will provide a fuller picture of the full costs of problem drug and alcohol use for local partners and will help inform long term strategic planning and service redesign to support early intervention and prevention.

Partners are jointly accountable for delivery of the ADP outcomes within this financial framework.

Scottish Ministers have agreed that earmarked funding allocations to support alcohol and drug outcomes will continue from April 2015, once health and social care integration arrangements for adult services are in place.

5. Guidance on Planning & Reporting

This **Guidance on ADP Planning & Reporting Arrangements** outlines what each ADP should include in their ADP Delivery Plan (see Annex A), and their ADP Annual Report (see Annex G) on progress against that Plan. Both the Delivery Plan and Annual Report should be agreed by all ADP partners and validated by your Community Planning Partnership/ Integration Joint Board.

It is anticipated that both Plans and Reports will contain a combination of quantitative and qualitative information.

Annex B Details when ADP Delivery Plans and Annual Reports are due..

ADP Delivery Plan: ADP Delivery Plans have been received in June 2015 and cover the period April 2015 to March 2018;
ADP Annual Report: The next ADP Annual Report covering 1 April 2014 - 31 March 2015 should be **published by 14 September 2015**, with a copy forwarded to Scottish Government.

As requested by ADPs a standard reporting template was developed in consultation with ADPs for Reporting. It is expected that all ADPs will report through this template for Annual Reports, which is attached at Annex G.

ADPs are asked to self-assess against their 3 year delivery plans. Accurate self-assessment is crucial, and helps to determine national support going forward.

ADPs should evidence improvements and progress within Annual Reports – which demonstrate improvements for Service Users/Carer's and families. **Scottish Government is interested to know about the ADP journey, if areas of improvement are in development you are likely not to have the data and information to demonstrate**

impact at the outset, please do still include what you can so Ministers are aware of this work

We appreciate that ADPs are on a journey of continuous improvement and will have different priorities and different starting points. As such we don't anticipate all areas being self-assessed as a green.

The standard reporting template takes account of the evolving delivery landscape and includes opportunities to align with:

- alcohol & drug quality improvement framework
- health & social care integration

There is no requirement for ADPs utilising the standard reporting template to share supporting documents (if available) other than the 2 areas requested:
- ADP Commissioning Plan or Strategy.
- Outcomes for all individuals within your alcohol and drug treatment system for 2014-15

It is anticipated that Community Planning Partnerships (CPPs) will be able to draw from the ADP Delivery Plan and Annual Report to populate their SOA submission.

As ADP accountability is via CPPs (and for HEAT targets/standards via Health Boards), rather than directly to Scottish Government. The Scottish Government will offer light feedback to individual ADPs on Annual Reports and Delivery Plans.

The role of Scottish Government is to ensure that the contents meet the requirements set out in this Guidance and where it does not, agree with ADPs how this might be achieved. Scottish Government will also seek to disseminate good practice identified from the Plans and Reports through a range of methods, including the Alcohol and Drugs e-bulletin and facilitated events.

6. National Support

We would encourage ADPs to use the national support available to them as well as utilising local expertise.

The Scottish Government's National Support Team is in place to support capacity building, sharing of learning and good practice amongst ADPs, with the aim of continuing to support ADPs around agreed priority areas including:

- improving skills to use data for evidencing progress against core outcomes
- delivering recovery-oriented systems of care through system redesign (including the transition from prison back to community and the importance of ensuring effective pathways are in place to support through-care arrangements)
- implementing a whole population approach to addressing problem alcohol use; and
- strengthening SG engagement with social work/care sector in relation to drug and alcohol policy objectives and drug and alcohol workforce development.

The Scottish Government's ADP National Support Team has worked with Oxford Brookes University to develop the Drug and Alcohol Improvement Game (DAIG). This tool provides

health and social care managers and staff with an opportunity to plan how they can work together to continuously improve recovery oriented systems of care in their area. The SG now facilitates Drug and Alcohol Improvement Game (DAIG) and newly developed Health and Justice Improvement Game (HJIG) sessions across the country. The DAIG and HJIG tools provide health, social care and justice managers and staff with an opportunity to plan how they can work together to continuously improve recovery oriented systems of care and reduce re-offending in their area. Please contact Biba Brand (SG National ADP Support Team) on biba.brand@scotland.gsi.gov.uk for more information.

We would encourage ADPs to use the national support available to them as well as utilising local expertise. Please contact Hilary Scott (Hilary.Scott@scotland.gsi.gov.uk), Biba Brand (Biba.Brand@scotland.gsi.gov.uk) or Susan Weir (Susan.Weir@scotland.gsi.gov.uk) should you wish to discuss opportunities for support in more detail.

7. Information Services Division

Information Services Division (ISD) has a specific role in supporting ADPs, particularly in relation to reporting on core indicators and in benchmarking. For the last two years, ISD have provided data on the core indicators through the ScotPHO Alcohol and Drugs Profiles. These are now updated on an on-going basis shortly after new information for an indicator becomes available. Annex E (2) specifies which indicators are available in the Profiles and for what years, and when the source is expected to be updated. New figures will become available in the Profiles 4-6 weeks after the source update. Unfortunately some of the core indicators are not available by local authority or NHS Board so cannot be shown in the Profiles. Therefore Annex E (2) also includes hyperlinks to source publications where the limited information that is available for these indicators can be found.

8. Detailed Guidance

Annex A sets out what each ADP should include in their Delivery Plans for 2015-18, which we expect ADPs to follow.

Annexes B provides the planning and reporting schedule.

Annex C contains the **Core Outcomes,** previously agreed and continuing.

Annex G provides a blank copy of the ADP Standard Reporting Template which we expect all ADPs to use for all Annual Reports. A standard reporting template which includes some examples of evidence in the self-assessment element (part 2) is available in **Annex F**.

Given the importance of providing evidence of progress towards outcomes, the **Core Indicators** are included at **Annexes D (1) & (2)**. Their development has sought to ensure consistency of approach to outcomes and indicators with the revised National Performance Framework, the Healthcare Quality Strategy and other key policy frameworks such as early years and reducing offending and will keep changes under review. It is

recognised that some of the indicators are proxy measures and that some data might not be available annually but these are intended to be both pragmatic and aspirational. Annual reports should set out this data in such a way that makes it clear what data is new and what is repeated from previous years (for example, italicised, bold text or box shading).

A list of possible **Local Indicators** is attached at **Annex E**. It should be noted that these are suggestions only. ADPs may identify others depending on their own local circumstances. Some ADPs are working together to develop joint local indicators (for example, the ADPs within the NHS Greater Glasgow and Clyde Board area). Some may wish to collaborate on joint data collection surveys. In addition, it may be that some of these local indicators could supplement national data and/or could be developed into national indicators. The latter will be kept under review as part of the continuing assessment of this process.

Annexes:

- Annex A — Outlines what each ADP should include in their Delivery Plans for 2015-18
- Annex B — ADP Planning and Reporting Schedule
- Annex C — Core Outcomes for Alcohol and Drug Partnerships (ADPs)
- Annex D (1) — Core Indicators and (2) Core Outcomes and Core Indicators
- Annex E — Possible Local Indicators
- Annex F includes — Standard Reporting Template for ADP Annual Reports– which some examples of evidence in part 2.
- Annex G — Blank Standard Reporting Template for ADP Annual Reports 2014-15.

ANNEX A

ADP Delivery Plan

Your ADP Delivery Plan should reflect the goals of your local ADP Strategy and be agreed by all ADP partners. The next ADP Delivery Plan is due by **15 June 2015** and should cover the period April 2015 to March 2018.

ADP Delivery Plans should be shared with Scottish Government and submitted by email to Alcoholanddrugdelivery@scotland.gsi.gov.uk

Robust performance frameworks should feature within your Delivery Plans – these should include baseline data & measurable improvement goals, where available, which link planned activities to outcomes. ADP Annual Reports should provide an update on progress against these.

Your ADP should ensure that your relationship with service users and their carers is shown clearly throughout your Plan. You should outline in your Plan how service users and carers are/are to be embedded within your partnership commissioning processes and how service users and their families play/will play a central role in evaluating the impact and supporting improvement of your statutory and third sector services.

The format of your Plan is for your ADP to determine in light of local management and reporting requirements. There is no standard template for ADP Delivery Plans, but Plans should include:

- **ADP Partner Organisations**

  Note: Plans should be agreed by all your partner organisations. These would normally include at a minimum: the local NHS Board, local authority, police and the Third Sector. Additional partners may reflect local priorities. The names of the organisations directly engaged in preparing the Plan should be listed.

- **Governance & financial accountability arrangements**

  Note: Your Plan should briefly outline the local governance arrangements for developing and overseeing delivery of the plan. It is important that you include details of how decisions are made on investment of the available financial resources (both earmarked and from partners' core funding). Your ADP *should set out how you identify the resource utilised in prevention, treatment, recovery or dealing with the consequences of problem alcohol and drug use in their locality.*
  Under the Public Bodies (Joint Working) (Scotland) Act 2014 your Plan should articulate your ADP's relationship with the Integrated Joint Board (IJB) as well as your ADP's ongoing relationship with your Community Planning Partnership (CPP). You should indicate how your ADP, CPP and IJB are preparing to support improving outcomes jointly. Your Plan should indicate through what route and with what frequency your ADP reports and advise how often you expect to receive feedback.

- **Financial Investment (including earmarked Scottish Government funding and partners' core funding)**

  Note: Your plan should identify both the earmarked alcohol and drug funding from Scottish Government which the ADP receives (via their NHS Board) to enable you to deliver your local Plan. Where possible ADPs should, provide costed plans over the three years and if available anticipate spend in delivering the NHS Scotland Local Delivery Plan (LDP) standard for delivery of Alcohol Brief Interventions (ABIs).

  Where appropriate, you should also separately identify any other resource (e.g. financial, staffing as well as in kind) which impacts on alcohol and/or drug prevention, treatment and support activities locally – the source of this resource should also be specified.

- **Core & Local Indicators to enable progress to be measured – Performance Framework**

  Note: ADPs should have robust Performance Frameworks within delivery plans which link planned activities to outcomes. This section should outline how you are measuring performance and can demonstrate that the investment in alcohol and drugs delivery is making a direct impact in your area. ***All*** *Core Indicators, as set out at* ***Annex D (1) & (2),*** *should be included in Delivery Plans. In addition, your ADP may have local indicators of progress towards core and local outcomes which should also be outlined in your Plan. Examples of possible local indicators are attached at Annex E.*

  For all indicators, you should include baseline figures (for the start of the reporting period, or the most up-to-date available figures), as well as your SMART (Specific, Measurable, Ambitious, Relevant, Time Bound) improvement goals *for the end of the three year planning period. However, wherever possible, ADPs should present trends as far back as possible to enable more robust assessments of the longer-term direction of travel. This will also help you to consider appropriate improvement goals for the 3 year planning period.*

  ADP Annual Reports should provide an update on progress against these indicators.

  Information Services Division (ISD) ScotPHO website will be helpful.

- **Core & Local Outcomes to be achieved**

  Note: ADP Core Outcomes are attached at Annex D. Your ADP may have local outcomes in addition to these (including any contained in your Single Outcome Agreement). You should demonstrate or advise on how you intend to capture evidence of recovery outcomes on service user progress in your Plan.

  ADPs will also wish to outline how they intend to demonstrate their contribution to the outcomes under the Public Bodies (Joint Working) (Scotland) Act 2014[1].

[1]The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 http://www.legislation.gov.uk/sdsi/2014/9780111024522/pdfs/sdsi_9780111024522_en.pdf

- **Priority Actions & Interventions to Improve Outcomes**

  Note: This section of your Plan should outline priority actions for investment including the increasing emphasis on preventative spend as well as on ensuring treatment and support services are person-centred and recovery-oriented. The Alcohol and Drugs Logic Models [2](and supporting evidence)[3], the Quality Alcohol Treatment & Support Services (QATS) report[4], the Alcohol & Drugs Workforce Statement[5], Delivering Recovery – Opioid Replacement Therapies in Scotland[6] and The Quality Principles: Standard Expectations of Care and Support in Drug & Alcohol Services [7]should be helpful in identifying your priorities. You should indicate arrangements for strengthening service user engagement. The distribution of resources between acute or specialist services, support services (typically Tier 1 and 2) and community-based support for Recovery should be clear and transparent. (The Audit Scotland Self-Assessment Checklist will be helpful in this regard, see "Drug & Alcohol Services in Scotland", pp37-41, Appendix 4, http://www.audit-scotland.gov.uk/docs/health/2009/nr_090326_drugs_alcohol.pdf) Your Plan should also take into account the NHS Scotland Local Delivery Plan (LDP) Guidance[8], which includes, as LDP standards, sustaining and embedding delivery of Alcohol Brief Interventions and sustaining performance in meeting the drug and alcohol treatment waiting times standard.

  All actions and interventions identified should clearly link to delivery of improved national core and local outcomes.

- **Ministerial and ADP Priorities - A high-level summary of key changes to be achieved over the duration of the Plan**

  Note: This summary should identify a small number of strategic changes which your ADP intends to achieve during the three years of the plan period which will help deliver the Alcohol Framework[9] and The Road to Recovery[10], and how these will contribute to

[2] Outcomes Framework for Problem Drug Use, NHS Health Scotland, December 2014
http://www.healthscotland.com/scotlands-health/evaluation/planning/problemdruguse.aspx
[3] NHS Health Scotland Alcohol Logic Model, January 2009
http://www.healthscotland.com/OFHI/alcohol/logicmodels/lm_01.html
[4] Quality Alcohol Treatment & Support report, March 2011:
http://www.scotland.gov.uk/Publications/2011/03/21111515/3
[5] Supporting the development of Scotland's Alcohol and Drug Workforce, December 2010:
http://www.scotland.gov.uk/Publications/2010/12/AandD
[6] Delivering Recovery – Opioid Replacement Therapies in Scotland – Independent Expert Review, August 2013
http://www.gov.scot/Publications/2013/08/9760/0
[7] The Quality Principles, Standard Expectations of care and Support in Drug & Alcohol Services, August 2014
http://www.gov.scot/Publications/2014/08/1726/0
[8]NHSScotland Local Delivery Plan Guidance 2015-16, January 2015
http://www.gov.scot/Publications/2015/01/7433
[9] Changing Scotland's Relationship with Alcohol: A Framework for Action, March 2009:
http://scotland.gov.uk/Publications/2009/03/04144703/0
[10] The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem, May 2008:

your SOA and outcomes under the Public Bodies (Joint Working) (Scotland) Act 2014 . These could be outcomes or outputs but will contribute to preventing alcohol and drug harm and/or improving person-centred recovery services and support. The summary should also identify plans/progress towards implementing a Recovery Oriented System of Care (ROSC). Please identify if your ROSC is 'in place', 'in development', 'in place and enhancing further'.

- **Workforce**

  Note: It would be helpful to see details on how each ADP intends to approach strategic workforce development, workforce planning, delivery of learning and development at a local level and the priorities of the local workforce in line with Recovery Orientated Systems of Care (ROSC) and Scottish Government policy. This includes information on partnerships that are in place to progress this, such as nationally with relevant National Commissioned Organisations and with those at a local level. It is recognised that ADPs are at different points on the workforce development journey, so a summary of the current position and plans going forward would be very useful. The Scottish Government issued the paper "National Support Available to Alcohol and Drug Partnerships (ADPs) to Support Workforce Development" in November 2014 to assist ADPs with their work in this area.

- **Opioid Replacement Therapies**

  Note: ADP plans should continue to address the recommendations set out in the 2013 ORT review[11], particularly in the progression of recovery which is a Scottish Government priority. This would include the development of plans which demonstrate a process towards delivery of Recovery Orientated Systems of Care (ROSC), identified as a key recommendation in the report, the importance of embedding them in the recovery plans of service users, while also ensuring that all staff are trained in their delivery. Reducing drug related deaths was also a key feature of the ORT review and was listed by some ADPs as a key aim statement improvement goal. While progress on implementing these recommendations varies across ADPs, the value in having a key aim statement in place can't be underestimated and each ADP is encouraged to develop a statement that would cover the 3 year delivery period. This should assist in the reporting of progress and the evaluation of ORT provision.

- **New Psychoactive Substances**

  Note: NPS remains a Ministerial priority for the Scottish Government. The Minister for Community Safety and Legal Affairs made a statement to Parliament on 26 February 2015 which outlined the way forward to tackling NPS in Scotland, and included the publication of the Expert Review Group Report on NPS[12]. The Scottish Government is

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http://www.scotland.gov.uk/Publications/2008/05/22161610/0

[11]Delivering Recovery – Opioid Replacement Therapies in Scotland – Independent Expert Review – Executive Summary and Recommendations, August 2013
http://www.gov.scot/Resource/0043/00431024.pdf

[12]Expert Review Group Report on NPS, February 2015
http://www.gov.scot/Publications/2015/02/3802/0

working with a number of partners to take forward the recommendations of the report and are looking for ADPs to assist in this. As such, ADPs should also continue to treat NPS as a priority in their areas and are encouraged to continue to raise the awareness of NPS and ensure that information and advice is available to the public on the dangers of these substances. It is key that the partnership working with Drug Trend Monitoring Groups, police, trading standards, NHS and others continues and that appropriate information is shared to better inform partners of what to see and expect in their respective fields. It is expected that work to build upon our evidence base of the prevalence, harms and emerging trends continues in order to help us develop a better understanding at both a local and national level. ADPs should outline how they intend to achieve this in their Delivery Plans. In addition ADPs should also show how they will develop NPS focused preventative activities which reflect and respond to the particular NPS issues in their respective areas.

- **Whole Population Approach**

  Note: ADPs should continue to support the implementation of a whole population approach to reduce overall alcohol consumption in the population. ADPs should identify through their delivery plans the actions that they will take to implement a whole population approach at a local level. Alcohol Focus Scotland, which provides support to ADPs on whole population approaches, has identified a number of potential actions that could be taken at a local level to support whole population approaches[13].

- **Request for National Support**

  Note: Scottish Government seeks to support ADPs to deliver high quality person-centred prevention, treatment, recovery and support services through the work of the Alcohol and Drugs Delivery Units as well as through our funding of the commissioned organisations (NHS Health Scotland, Public Health Information Scotland (formerly Information Services Division), Alcohol Focus Scotland, Scottish Training for Drugs and Alcohol (STRADA), Scottish Recovery Consortium, Scottish Drugs Forum, Scottish Families Against Alcohol and Drugs, Scottish Health Action on Alcohol Problems, Lloyds Partnership Drugs Initiative, Crew and NHS Education for Scotland (NES)).

  Please set out any issues/areas of support required to help deliver your Plan.

[13] Alcohol Focus Scotland Briefing: Whole Population Approach – Local Implementation
http://www.alcohol-focus-scotland.org.uk/media/1116/whole-population-approach-briefing.pdf

ANNEX B

ADP Planning and Reporting Schedule

Period	3 year Delivery Plan	Annual Report
2015/16	15 June 2015 (2015-18)	14 September 2015 (on 2014-15 activities)
2016/17		12 September 2016 (on 2015-16 activities)
2017/18		11 September 2017 (on 2016-17 activities)
2018/19	11 June 2018 (2018-21)	10 September 2018 (on 2017-18 activities)

ANNEX C

CORE OUTCOMES FOR ALCOHOL & DRUG PARTNERSHIPS (ADPs)

1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use: a range of improvements to physical and mental health, as well wider well-being, should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of drug or alcohol-related mortality.

2. PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others: a reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future.

3. RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use: a range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.

4. FAMILIES: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances: this will include reducing the risks and impact of drug and alcohol misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.

5. COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour: reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.

6. LOCAL ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less readily available: alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in meaningful activities, and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the community.

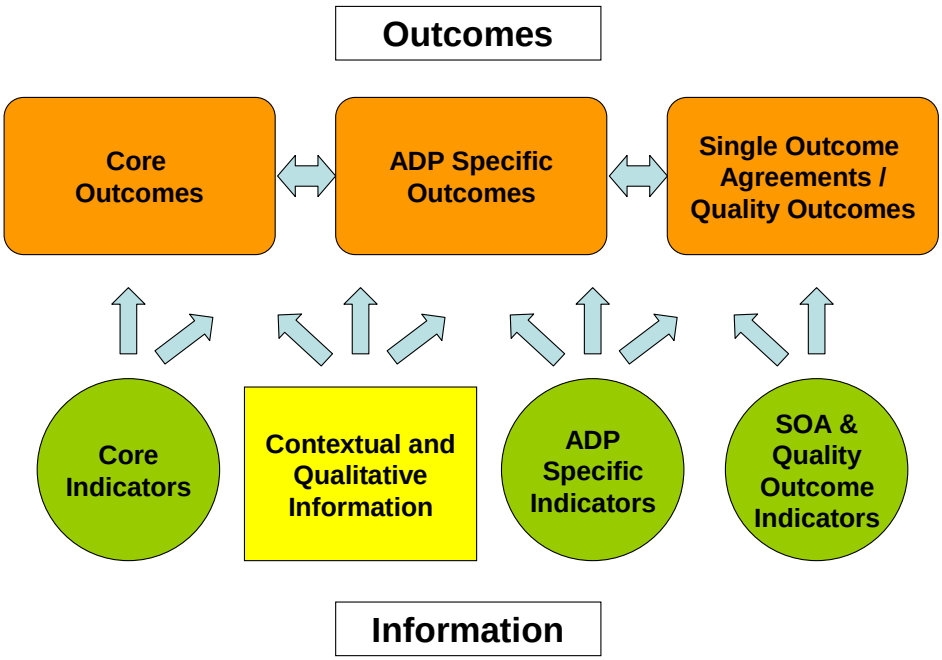
7. SERVICES: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery: services should offer timely, sensitive and appropriate support, which meets the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity and sexual orientation) and facilitates their recovery. Services should use local data and evidence to make decisions about service improvement and re-design.

ANNEX D (1)

CORE INDICATORS

1. As shown in Figure 1, the core indicators are intended to be one type of a range of information that can help indicate progress towards both the core outcomes and locally specific outcomes. They sit alongside indicators which are specific to individual ADPs and their local needs and priorities, indicators contained in single outcome agreements, and a range of contextual and qualitative information. The latter can add much more depth and meaning (e.g. through case-studies and individuals' recovery stories) and help to explain – or even challenge – the picture shown by quantitative indicators.

Figure 1



2. There are limitations to what can be considered as core indicators. Some good potential indicators may only be collected in a few ADPs, but core indicators need to be available consistently for every ADP. The core indicators will evolve and change over time as new data becomes available. There are some outcomes, such as Community Safety, where, for historical reasons, more core indicators are available. For others - notably Recovery - there is clearly room for further development. The selection of these initial core indicators therefore focuses on what data is currently available, but the clear aspiration is to improve these indicators going forward. We have also sought to ensure consistency of approach to outcomes and indicators with the revised National Performance Framework, the Quality Strategy and other key policy frameworks such as early years and reducing offending and will continue to do so. For these reasons, the core indicators provided here should be seen as a starting point.

3. It is recognised that indicators are just that – they are intended to be indicative of progress towards outcomes, but inevitably provide a partial picture of that progress. All

indicators are proxy measures of real outcomes, but some will be more direct than others. In the short-term it may be necessary to use less ideal proxies and even output data to indicate progress towards outcomes. These indicators, while efficient to use, may not always get to the heart of an outcome or an ADP's contribution. Locally specific indicators and contextual and qualitative information will also be vital in interpreting indicators and outcomes and in providing a credible account of the contribution of local partners to observed outcomes (examples of possible local indicators are provided at Annex F).

4. A number of these indicators are only currently available at national or Health Board level and cannot be broken down by ADP. For some indicators, particularly those based on survey data, it is unlikely that samples can be expanded in the current financial climate in order to obtain ADP level data.

5 It will be for ADPs to determine locally for each indicator what direction of travel represents a positive outcome. This may require agreement with local partners. For instance, an increase in the "Number of Child Protection Case Conferences where parental drug and/or alcohol abuse has been identified" may be due to an increase in prevalence in an area and/or an increase in detection rates due to the efforts of local services and professionals. In this case, the ADP will need to discuss and agree both the actions to be taken and the expectations around the impact of these on the indicator with the local Child Protection Committees.

ANNEX D (2): CORE OUTCOMES AND CORE INDICATORS

Core indicators listed in initial ADP reports and/or in Alcohol & Drugs Profiles

Indicator label (ADP report)	Description in initial ADP report	Source (incl. hyperlink)	Description in Profiles	Features	Next update of source data
HEALTH					
1.1 Drug-related hospital discharges	General acute inpatient discharge rates with a drug-related diagnosis in any position; 3 year rolling average using EASR	SMR01, ISD	General acute inpatient & day case stays (EASR) with a diagnosis of drug misuse in any position (standardised rate per 100,000)	- Long-term trend from 1007/98 to 2013/14 data; - Directly age-sex standardised using 2013 European Standard Population and 2011 Census population estimates; - Used 2014 NHS Board boundaries	October 2015
1.2 Alcohol-related hospital discharges	General acute inpatient discharge rates with a alcohol-related diagnosis in any position; 3 year rolling average using EASR.	SMR01, ISD	General acute inpatient & day case stays (EASR) with a diagnosis of alcohol misuse in any position (standardised rate per 100,000)	- Long-term time trend from 1997/98 to 2013/14; - Directly age-sex standardised using 2013 European Standard Population and 2011 Census population estimates; - Used 2014 NHS Board boundaries	October 2015
1.3 Alcohol-related mortality	3 (calendar) year rolling average using EASR; rates per 100,000. Indicator based on underlying cause.	NRS but held by ISD	Alcohol-related deaths (underlying cause) directly age-sex standardised rate (EASR) per 100,000 population; by calendar year	- Long-term time trend for calendar years 1997-2013; - Used 2011 Census population estimates; - Used 2013 European Standard Population; - Used 2014 NHS Board boundaries	August 2015
NEW (Drug-related mortality)	New in Profiles (Feb'14)	NRS but held by ISD	Drug-related deaths (underlying cause) directly age-sex standardised rate (EASR) per 100,000 population; by calendar year	- Long-term time trend for calendar years 2001-2013; - Standardised rather than crude rate; - Used 2011 Census population estimates; - Used 2013 European Standard Population; - Used 2014 NHS Board boundaries	August 2015

1.4 Prevalence of hepatitis C among people who inject drugs (PWID)	Prevalence of hepatitis C among people who inject drugs (PWID). Percentage of injecting drug users testing positive for HVC antibody (% is based on all injecting drug users tested)	Needle Exchange Surveillance Initiative, Health Protection Scotland	As in ADP report	- Years: 2008/09, 2010, 2011/12 - Note that previous data will NOT be updated to account for HB boundary changes.	tbc
PREVALENCE					
2.1 Prevalence of problem drug users	Estimated prevalence (expressed as a percentage of population) of problem drug for each ADP (for ages 15-64).	Drug Misuse Prevalence Study	As in ADP report	- Years 2006, 2009/10, 2012/13 - NHS Board boundaries as in place **prior** to April 2014	Latest report 2014; next release tbc
2.2 Prevalence of injecting drug users	Estimated prevalence (expressed as a percentage of population) of problem drug for each ADP [not reported].	Drug Misuse Prevalence Study	Not available	Still not available	N/A
2.3 Drug use last month (pupils age 15)	Percentage of 15 year olds who usually take illicit drugs at least once a month.	SALSUS	As in ADP report	- Years 2006, 2010 and 2014 - NHS Board boundaries as in place **prior** to April 2014	Next publication due in 2018.
2.4 Drug use last year (pupils age 15)	Percentage of 15 year olds that report using an illicit drug in the last year.	SALSUS	As in ADP report	- 2006, 2010 and 2014 - NHS Board boundaries as in place prior to April 2014	Next publication due in 2018.

2.5 Above limit drinkers	Percentage of individuals drinking above daily and/or weekly recommended limits (males, females, total).	Scottish Health Survey	As in ADP report	- single 4-year aggregate (2008-2011) - NHS Board boundaries as in place **prior** to April 2014	Next full Board breakdown 2012-15 (previous years MAY be revised; tbc)
2.6 Binge drinkers	Percentage of individuals drinking above twice daily ('binge' drinking) recommended limits (males, females, total).	Scottish Health Survey	As in ADP report	- single 4-year aggregate (2008-2011) - 16+ and current drinker - NHS Board boundaries as in place **prior** to April 2014	Next full Board breakdown 2012-15 (previous years MAY be revised; tbc)
2.7 'Problem' drinkers	Problem drinkers are identified as current drinkers in Scottish Health Survey who agree with at least 2 out of 6 statements in CAGE questionnaire (males, females, total).	Scottish Health Survey	As in ADP report	- single 4-year aggregate (2008-2011) - 16+ and current drinker - based on CAGE - NHS Board boundaries as in place **prior** to April 2014	Next full Board breakdown 2012-15 (previous years MAY be revised; tbc)
2.8 Weekly drinkers (pupils age 15)	Percentage of 15 year olds that report drinking on a weekly basis and weekly mean consumption (in units) of those reporting drinking on a weekly basis.	SALSUS	Percentage of 15-year old pupils drinking on a weekly basis.	- Years 2006, 2010 and 2014 - Mean consumption calculations not consistent over years and therefore not reported - NHS Board boundaries as in place **prior** to April 2014	Next publication due in 2018.
RECOVERY					
3.1 Drugs spend reduction	Percentage reduction in daily drugs spend during treatment [not reported].	SDMD, ISD	Not available	Still not available	N/A
3.2 Injecting drugs reduction	Percentage reduction of clients injecting in the last month during treatment [not reported].	SDMD, ISD	Not available	Still not available	N/A

3.3 Drug abstainers (12 weeks)	Percentage of clients who abstain from illicit drugs between initial assessment and 12 week follow-up [not reported].	SDMD, ISD	Not available	Still not available	N/A
3.4 Drug user's employment/education improvement	Percentage of clients receiving drugs treatment experiencing improvements in employment / education profile during treatment [not reported].	SDMD, ISD	Not available	Still not available	N/A
CAPSM / FAMILIES					
4.1 Maternities with drug use	Aggregate 3-year rate (per 1,000 maternities) of maternities recording drug use.	SMR02, ISD	Aggregate 3-year rate (per 1,000 maternities) of maternities recording drug use.	- Years 2005/06-2007/08 to 2009/10-2012/13 - Used 2014 NHS Board boundaries	August 2015
4.2 Maternities with alcohol use	Financial year rate (per 1,000 maternities) of maternities recording alcohol use.	SMR02, ISD	**Not included**	Data regarded as of insufficient quality and completeness to be included in publicly available tool. Please apply to Maternity Team (**NSS.isdmaternity@nhs.net**) for ADP- and Board-specific updates.	N/A
4.3 Child protection with parental alcohol/drug misuse	Number of Child Protection Case Conference where parental drug and alcohol abuse has been identified.	Children's Social Work Statistics (table 4.5 in Additional Tables)	Number and rate of Child Protection Case Conferences where drug and/or alcohol abuse has been identified (rate per 10,000 population under 18); Additional: (1) rate of CPCCs where parental drug misuse has been identified;	- Children on the register at 31st July - Years 2012, 2013 and 2014 - Profiles show rates to enable comparison between areas. - Alcohol/Drugs split allows distinction between drug & alcohol cases, as per requirements of separate drug and alcohol profiles. - Note that overall rate is reported as rate per 1,000 aged under 16 (not 18) in main SG publication. - Using 2014 NHS Board boundaries.	March 2016 March 2016

			(2) rate of CPCCs where parental alcohol misuse has been identified		March 2016
4.4 Positive ABI screening	Proportion of positive ABI screenings in ante-natal setting [not reported].	ADPs	Not available	Screening figures not collected consistently	
COMMUNITY SAFETY					
5.1 Drug use funded by crime	Percentage of new clients entering specialist drug treatment services who report funding their drug use through crime, by ADP area.	SDMD, ISD	As in ADP report	- Years 2006/07 – 2011/12 - No update of Profile indicator possible as no Scotland total available in 2014 source update. - Data currently shown for pre-2014 NHS Board boundaries	
5.2 Reconviction of DTTO-ers	One year reconviction frequency rate for offenders given a Drug Treatment and Testing Order (DTTO). The rates are based upon the number of reconvictions for every 100 offenders.	Criminal Justice Social Work Statistics, Reconviction Rates: table "Reconvictions by Disposal"	Not included	- Data reported by Local Authority but many merged due to small numbers, so does not tally with Board/ADP geographies and therefore cannot be included. - Latest SG publication for 2012/13.	
5.3 ASBO rate	Rate of Anti-Social Behaviour Orders per 1,000 population: Serious Assault, Common Assault, Vandalism and Breach of the Peace.	Recorded Crime Data, Scottish Government (Table 8)	Rate per 10,000 population for 4 indicators - offences often related to alcohol misuse: • Serious assault • Common assault • Vandalism, • Breach of the Peace	- Years2009/10 – 2012/13 except for Breach of the Peace (2011/12-2012/13) - Due to change of definition no consistent figures are available for Breach of the Peace prior to 2011/12 - **In the 2013/14 Recorded Crime publication several definitions have changed so these indicators will be replaced with data for the newly defined indicators** (time trends back to 2004/05).	Indicators will be replaced by end of June 2015

5.4 CPOs with alcohol/drug treatment	Number of Community Payback Order requirements issued with drug or alcohol treatment required, and percentage that are successfully completed (not currently available).	Criminal Justice Social Work Statistics, table "CPO - reqs"	Not included	Previously provided in ADP report as 'management information only'. Reporting is somewhat incomplete hence so far not included.	tbc
5.5 Alcohol/drug fuelled offences	Percentage of victims of a crime who reported that offender was under the influences of alcohol and/or drugs	Scottish Crime and Justice Survey (table 14, p16)	Not included	- Data reported by Police Force / Community Justice area; does not fit in Board/ADP geographies.	N/A
ENVIRONMENT					
6.1 Pupils age 15 being offered drugs	Percentage of 15 year olds who have ever been offered drugs.	SALSUS	As in ADP report	- Years 2006, 2010 and 2014 - NHS Board boundaries as in place **prior** to April 2014	Next publication due 2018
6.2 Drug misuse in neighbourhood	Percentage of people perceiving drug misuse or dealing to be very or fairly common in their neighbourhood.	Scottish Household Survey (Section 4 Neighbourhoods)	As in ADP report	- Years 2007/08, 2009/10, 2012, 2013 - Using 2014 NHS Board boundaries.	August 2015
6.3 Alcohol abuse in neighbourhood	Prevalence of people noting 'alcohol abuse' as a negative aspect of their neighbourhood.	Scottish Household Survey (Section 4 Neighbourhoods)	Percentage of people perceiving rowdy behaviour (e.g. drunkenness, hooliganism or loutish behaviour) to be very or fairly common in their neighbourhood	- New indicator replaced initial question that is no longer asked in survey. - Years 2007/08, 2009/10, 2012, 2013 - Using 2014 NHS Board boundaries	August 2015

6.4 Licenses in force	Number of premise and occasional licences in force per annum (on-sale, off-sale, total; also included: personal licences).	Liquor licensing statistics, Scottish Government	Number and rate of premise [and occasional] licences in force (on-trade, off-trade, both) & Personal licenses in force; per 10,000 population aged 18+.	- Years 2011/12, 2012/13, 2013/14 except split by on/off-trade not available in 2011/12. - Data shown for both Local Authorities and NHS boards.	May 2016
6.5 Applications for licenses	Number of new applications for premise or occasional licences, and percentage refused; also for personal licences	Liquor licensing statistics, Scottish Government	Not included	Some areas have extremely small numbers, therefore data not suitable for inclusion in tool. See hyperlink to SG publication.	Source update for 2012/13 published in March 2014; see hyperlink
SERVICES					
7.1 Screenings for alcohol use disorders	Number of screenings for alcohol use disorders delivered and the percentage screening positive (with % eligible for ABI and % eligible for referral [not reported].	ADPs	Not available		N/A
7.2 Alcohol brief interventions	Number of alcohol brief interventions delivered in accordance with HEAT Standard guidance.	ISD Health Improvement Team	Number and percentage of alcohol brief interventions delivered in accordance with the HEAT Standard guidance, as percentage of target.	- Absolute numbers are not suitable for comparison between areas, hence inclusion of percentage. - Percentages are weighted by population and therefore more comparable between areas of different population size.	Update report due 30 June'15
7.3 Treatment waiting times	Percentage of clients waiting more than 3 weeks between referral to a specialist drug and alcohol service and commencement of treatment.	Drugs and alcohol waiting times database, ISD	Percentage of clients waiting for more than 3 weeks between referral to a specialist service and start of treatment (**per annum**); split into (1) alcohol treatment; and (2) drug treatment.	Separate reporting for alcohol/drugs allows distinction between drug & alcohol cases, as per requirements of separate drug and alcohol profiles.	Update source due in June'15

7.4 Follow up interventions	Number of treatments drug service clients receive at 3 month and 12 month follow-up (and annually after that).	SDMD, ISD	Percentage of patients with initial assessment with a follow-up assessment 10-14 weeks later in SDMD.	- Not a reliable measure of service provision due to low follow-up completion rates. - SDMD reports have not included Scotland-level data from 2014 onwards so indicator cannot be updated. - This information will be available in the SDMD Dashboard currently being developed by ISD.	ISD Dashboard due to be released end of June 2015
Extra measure	Not in ADP reports	SDMD and Drugs and Alcohol Waiting Times Database, ISD	Percentage of patients in SDMD divided by number of patients in Drug & Alcohol Treatment Waiting Times database.	- SDMD reports have not included Scotland-level data from 2014 onwards so indicator cannot be updated. - This information will be available in the SDMD Dashboard currently being developed by ISD.	ISD Dashboard due to be released end of June 2015

Annex E

Possible Local Indicators

Local indicators are those which are specific to a particular ADP and their local needs and priorities, and are not at the moment robustly collected at a national level. These local indicators could be supplemented by a range of contextual and qualitative information. They are measures of local practice, particularly in regards to local licensing and policing policy. It would be helpful for ADPs to share any locally-specific indicators that could potentially be worked-up into consistent, nationally-available indicators in the future.

Examples of local indicators include:

Health

- Number of times naloxone has been used by ambulance staff and A&E

Recovery

- See Annex G for draft Recovery Indicators Included in Information Services Division (ISD) Consultation on the proposed Drug & Alcohol Information System (DAISy) Development.

Families

- Number of contacts with Scottish Families Affected By Drugs helpline, and reasons for contact
- Number of cases of domestic violence

Community Safety

- Rates of drink, driving, drunkenness and drinking in a designated place
- Accidental dwelling fires where impairment due to suspected alcohol/drugs use was a contributory factor
- Number of test purchasing visits and the proportion failed
- Number of alcohol-related noise complaints made to environmental health

Local Environment

- Number of inputs provided to local licensing board and/or forum
- Number of community representations to licensing board

Services

- Proportion of alcohol and drug services with Investors in People Award (or equivalent)
- Proportion of services where an EQIA had been carried out in the last 3 years
- Proportion of services where an assessment for the National Quality Standards for Substance Misuse Services has been carried out in the last 12 months
- Demographic breakdown of users of services (by gender, age, race, disability and sexual orientation)
- Pathways of different drug services client groups (age, gender, health and type of drug use) as they progress through treatment
- Number of naloxone awareness sessions carried out in the last 12 months in ADP

ANNEX F

STANDARD REPORTING TEMPLATE – WHICH INCLUDES SOME EXAMPLES OF EVIDENCE IN PART 2

(insert ADP Name) ADP Annual Report 2014-15

Document Details:

ADP Reporting Requirements 2014-15

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

Appendix 1

- Guidance Notes and Commissioning Diagram

1. PARTNERSHIP DETAILS

Alcohol and Drug Partnership	
ADP Chair	
Contact name(s) *see note 1*	
Contact Telephone	
Date of Completion	
Date Published on ADP website(s)	

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

……

ADP Chair

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

Alcoholanddrugdelivery@scotland.gsi.gov.uk

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

ANALYSE – Please evidence your ADPs analysis activities/progress

	Theme	R A G *see note 1*	**Evidence** *see note 2*
1	**ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment/analysis of need, which takes into consideration the changing demographic characteristics of people (and their families and local communities) affected by problem drug and/ or alcohol use in your area.** Please state when this was undertaken and when it is next planned. **Please also include here any local research that you have commissioned e.g. hidden populations, alcohol related deaths.** See Note 3		• Strategic Alcohol and Drugs Needs Assessment completed to inform strategy and commissioning plans. • Specific population needs assessment for example ARBD, Homelessness, BME, prisoners, Co-morbidity, hidden populations. • Overprovision Analysis supporting licensing Policy has been undertaken. Consultation across partners including the community has taken place.
2	**An outcomes based ADP Joint Performance Framework is in place that reflects the ADP Local Outcomes and the National Core Outcomes.** See note 4		• ADP performance framework is outlined in the ADP Delivery plan 2012/15. • Clear baseline data, indicators and targets identified within delivery plan. • Updates on Performance Framework are included in this annual report.

3	**Integrated Resource Framework Process** **Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.** Note 5		• Baseline data was analysed to support resource transfer across partner agencies. • Mapping of health and social care data undertaken to scope activity, costs and variation in service delivery to inform option appraisal and service redesign to support ROSC
4	**Integrated Resource Framework - Outcomes** Note 5 **A coherent approach has been applied to selecting and prioritising investment and disinvestment options – building prevention into the design and delivery of services.**		• Completed a review of inpatient care resulting in reallocation of resources to primary care. • Alcohol and Drug Service Review identified resource transfer within core budget to support service redesign and ROSC. Option Appraisal completed to identify prioritising investment and disinvestment options.

PLAN - Please evidence your ADPs Planning activities/progress

	Theme	**R A G** *see note 1*	**Evidence** *see note 2*
5	**We have a shared vision and joint strategic objectives for people affected by problem substance use & those affected, which are aligned with our local partnerships, e.g. child protection committees, violence against**		• ADP Strategy shared vision • ADP Strategic objectives

	women, community safety, prevention including education etc.		
6	**A. Our planned strategic commissioning work is clearly linked to Community Planning and local integrated health and social care plans, preparing to support improved outcomes, priorities and processes jointly.** Please include your ADP Commissioning Plan or Strategy if available. Please include information on your formal relationship to your local child protection committee. **B. What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route**. Please include information on the level and frequency of feedback you have received through your local accountability route/CPP/ Joint Integration Board. See note 6		• ADP Commissioning Plan/Delivery Plan identifies contribution to SOA, joint improvement outcomes with CPP and Integrated Joint Board (IJB) and details governance arrangements and reporting to CPP, IJB and CHCP including feedback on performance. • Financial regulations require reference to SOA Outcomes. • ADP Reports to …… • ADP has received feedback from …… on xx occasions, which includes feedback on this Annual Report.
7	**Service Users and carers are embedded within the partnership commissioning processes**		• Process in place to ensure service user and carer involvement across all stages of local planning, design and delivery of services • Service user and carer consultation on service redesign • Service user consultation and evaluation of service provision

			• Service user and carers within service level agreement and commissioning plan • Participation within ADP and sub group
8	**A person centered recovery focus has been incorporated into our approach to strategic commissioning.** **Please advise if your ROSC is 'in place'; 'in development' or in place and enhancing further.** **Describe the progress your ADP has made in implementing a Recovery Oriented System of Care (ROSC), please include what your priorities are in implementing this during 2015-16. This may include:** • **ROSC service review and redesign** • **Identify and commission against key recovery outcomes** • **Recovery outcome reporting across alcohol and drug services (Please outline what current/planned recovery tool you are using)** • **Individual recovery care plan and review** • **Involved mutual aid**		• ROSC is - In place or In development or In place and enhancing further • Strategic Commissioning Plan for Recovery • Recovery outcomes reflected in service specifications • Recovery outcome reporting across drug and alcohol services e.g. outcome star, other. • Recovery champions at both system and service level • Individual recovery plan and review • Strong and active relationship with mutual aid and recovery communities • Individuals can access the range of services and spectrum of support services to move on and into sustained recovery

	and recovery communities Please include your recovery outcomes for all individuals within your alcohol and drug treatment system for 2014/15, if available.		
9	**All relevant statutory requirements regarding Equality Impact Assessments have been addressed during the compilation of your ADP Strategy and Delivery Plan.** Please advise when this was undertaken and is next planned.		• ADP Strategy and Delivery Plan Equality Impact Assessment • Alcohol and Drugs Services/Service Development/Service Redesign Equality Impact Assessments • Alcohol and Drug Policy Impact Assessments • Equality Impact Assessments completed as part of the governance arrangements for commissioned services.

DELIVER - Please evidence your ADPs Delivery activities/progress

	Theme	**R A G** *see note 1*	**Evidence** *see note 2*
10	**Delivery of Joint Workforce plans, as outlined in 'Supporting The Development of Scotland's Alcohol and Drug Workforce' statement, are in place across all levels of service delivery which are based on the needs of your population.** see note 7		See link to the alcohol and drugs workforce statement http://www.scotland.gov.uk/Publications/2010/12/AandD • Alcohol and Drugs Workforce Development Needs Assessment • Alcohol and Drugs Workforce Development Strategy • Alcohol and Drugs Workforce Delivery Plan • Workforce development supported by Performance Review Processes,

			Personal Develop Plans and supervision arrangements • Workforce Development identified within service level agreements
11	**Please provide a bullet point summary of your ADP's Alcohol and Drug Provision, to demonstrate the range of prevention, treatment/recovery & support interventions (including early interventions) commissioned by the ADP which have been delivered in the reporting period.** We recognise there will be overlaps – please use local definitions.		• A programme of prevention education across primary and secondary education • 5 Statutory frontline treatment Services • 2 Recovery Services for follow on support (Community based and 3rd sector)
12	**Please provide a brief summary of the interventions your ADP has delivered to support communities:** **a) Prevention of developing problem alcohol/drug use** **b) Community Safety/ violence against women/Reducing Reoffending** **c) Children/ CAPSM** **d) Supporting People in moving on from treatment and care services for ongoing recovery (e.g. Self Directed Support, mutual aid/recovery communities)**		• Kinship Care for families • Recovery cafes/communities • Community Volunteers • Community Safety Initiatives
13	**A. A transparent performance management framework is in place for all ADP Partner organisations who receive funding through**		• ADP funding regulations require outcome performance reporting. Outcomes are reported and monitored though ADP Executive group every six months.

	the ADP, including statutory provision **B. Describe how all ADP Partners contribute to delivering outcomes identified in the Joint Strategic Needs Assessment (box 1) which includes prevention, recovery, treatment, support and throughcare services through ROSC provision, where in place.**		• Implementation of the Quality Principles & Self Assessment of services in place/being planned. • Targeted Police Scotland Initiatives • Pharmacy – dispensing and prescribing • Housing and Homelessness joint work with Local Authority/ADP/Housing Association

REVIEW - Please evidence your ADPs Delivery activities/progress in reviewing Strategies/Outcomes

	Theme	**R A G** *see note 1*	**Evidence** *see note 2*
14	**ADP Delivery Plan is reviewed on a regular basis, which includes a review of the provision of prevention activity, recovery, treatment and support services (ROSC).**		Delivery plan is reviewed on a regular basis and report submitted to ADP Committee. Reports include: ▪ Systematic recording of progress made, ▪ variance against plans ▪ and remedial actions is in place. ▪ Reporting arrangements which demonstrate the impact of services and aggregate data to inform service-level / strategic adjustments are in place.
15	**Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services, which incorporates recommendation 6 from the**		• ADP outcome contract monitoring officer/group or other arrangement through CHCP/Council. • Contract monitoring framework

	***Delivering Recovery Report*.** see note 8		
16	**A schedule for service monitoring and review is in place, which includes statutory provision**.		• Quarterly service outcome performance reporting to ADP Commissioning Group.
17	**Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.**		• SDF Quality Tool for Service user evaluation (see 16. below) • Service User Evaluations • Service User Focus Groups
18	**A. There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.** **B. Please advise when (and how) your ADP has/plans to undertake an assessment of local implementation of the '*Quality Principles: Standard Expectations of Care and Support in Drug and alcohol Services.*** See notes 9 and 10		• Service Self-Evaluation and Quality Improvement Plan Development • SDF Quality Tools for Staff and Service Users providing quality reports and service improvement support: http://www.sdf.org.uk/drug-service-quality/useful-information/ • Capacity and demand tool from available from SG's Quality and Efficiency Team (QuEST): https://scotlandgov.webex.com/scotlandgov/lsr.php?AT=pb&SP=MC&rID=54686962&rKey=DD0779A39D3D46F8 • Implementation of Quality Principles system/process is in place
19	**Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following:** **- your (updated, if applicable) Key Aim Statement**		

	- a specific update on your progress in implementing it, have you achieved it/when do you plan to do so? **- Outline the work of your ORT Accountable Officer** **- How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March 2015.** **- Information on length of time on ORT and dose** **- Information about any related staff training in ORT provision or recovery orientated systems of care.** **- Detail of any ORT focussed groups operating in the area.** **- GP engagement – how drug and alcohol treatment is being delivered in primary care settings.** See note 10		
20	**Please describe in brief bullet points how your ADP and partners are contributing to delivery of a Whole Population Approach for Alcohol.**		
21	**How many service users are in receipt of**		Such as: • Disulfiram (Antabuse)

	prescriptions for problem alcohol use?		• Acamprosate. • Naltrexone • Chlordiazepoxide Or those listed on the following NHS website: http://www.nhs.uk/Conditions/Alcohol-misuse/Pages/Treatment.aspx
22	**How many service users are receiving counselling/support through ADP commissioned services?**		
23	**How many service users have received treatment for ARBD in the reporting period?**		

3. FINANCIAL FRAMEWORK

Your Report should identify both the earmarked alcohol and the earmarked drug funding from Scottish Government which the ADP has received (via your local NHS Board) and spent in order to deliver your local plan. It would be helpful to identify any other expenditure on drugs and/or alcohol prevention, treatment/support services or recovery which each ADP partner has contributed from their core budgets to deliver the Plan. You should also highlight any underspend and proposals on future use of any such monies.

Total Income from all sources

Income	Alcohol	Drugs	Total
Earmarked funding from Scottish Government			
Funding from Local Authority			
Funding from NHS (excluding funding earmarked from Scottish Government)			
Funding from other sources			
Total			

Total Expenditure from sources

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

End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Drug			
Alcohol			
Total			

Total Underspend from all sources

Underspend £	Proposals for future use

Support in kind

Provider	Description

4. PERFORMANCE FRAMEWORK - PROGRESS

Please include progress made re-establishing baselines, local improvement goals/targets and progress using the ScotPHO website for all national outcomes. You may submit your annual update on your performance framework from your delivery plan, however please include local indicators, linkage between activities, indicators and outcomes, how you will measure if a ROSC has been successfully implemented in your area.

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

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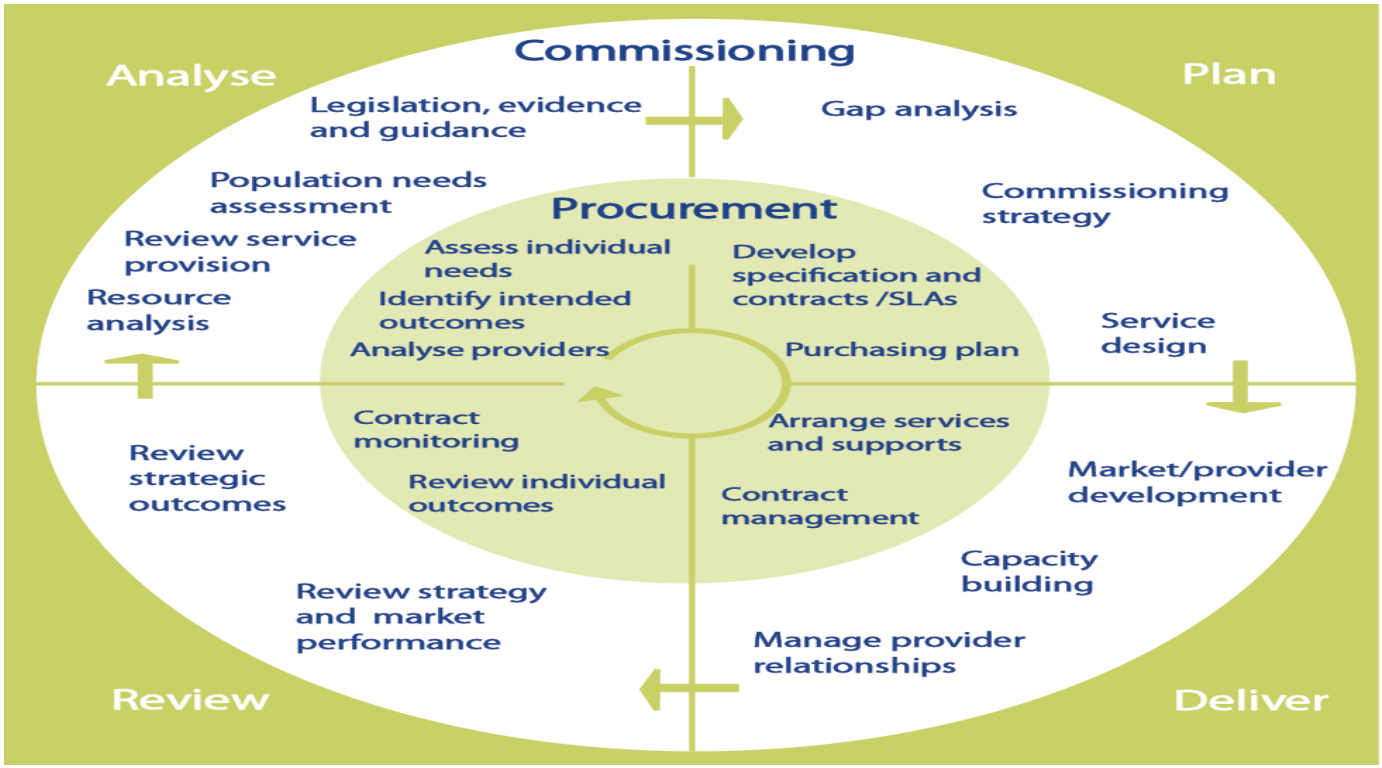

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We are looking to improve this self-assessment for ADPs on a regular basis. Please describe briefly whether you found the questions asked to be useful in considering your current position.

ANNEX G

STANDARD REPORTING TEMPLATE - BLANK

(insert ADP Name) ADP Annual Report 2014-15

Document Details:

ADP Reporting Requirements 2014-15

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

Appendix 1

- Guidance Notes and Commissioning Diagram

1. PARTNERSHIP DETAILS

Alcohol and Drug Partnership	
ADP Chair	
Contact name(s) *see note 1*	
Contact Telephone	
Date of Completion	
Date Published on ADP website(s)	

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

……

ADP Chair

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

Alcoholanddrugdelivery@scotland.gsi.gov.uk

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

ANALYSE – Please evidence your ADPs analysis activities/progress

	Theme	R A G *see note 1*	Evidence *see note 2*
1	**ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment/analysis of need, which takes into consideration the changing demographic characteristics of people (and their families and local communities) affected by problem drug and/ or alcohol use in your area.** Please state when this was undertaken and when it is next planned. **Please also include here any local research that you have commissioned e.g. hidden populations, alcohol related deaths.** See Note 3		

2	**An outcomes based ADP Joint Performance Framework is in place that reflects the ADP Local Outcomes and the National Core Outcomes.** See note 4		
3	**Integrated Resource Framework Process** **Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.** Note 5		
4	**Integrated Resource Framework - Outcomes** Note 5 **A coherent approach has been applied to selecting and prioritising investment and disinvestment options – building prevention into the design and delivery of services.**		

PLAN - Please evidence your ADPs Planning activities/progress

	Theme	**R A G** *see note 1*	**Evidence** *see note 2*
5	**We have a shared vision and joint strategic objectives for people affected by problem substance use & those affected, which are aligned with our local partnerships, e.g child protection committees, violence against women, community safety, prevention including education etc.**		
6	**A. Our planned strategic commissioning work is clearly linked to Community Planning and local integrated health and social care plans, preparing to support improved outcomes, priorities and processes jointly.** Please include your ADP Commissioning Plan or		

	Strategy if available. Please include information on your formal relationship to your local child protection committee. **B. What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route**. Please include information on the level and frequency of feedback you have received through your local accountability route/CPP/ Joint Integration Board. See note 6		
7	**Service Users and carers are embedded within the partnership commissioning processes**		
8	**A person centered recovery focus has been incorporated into our approach to strategic commissioning.** **Please advise if your ROSC is 'in place'; 'in development' or in place and enhancing further.**		

	Describe the progress your ADP has made in implementing a Recovery Oriented System of Care (ROSC), please include what your priorities are in implementing this during 2015-16. This may include: • **ROSC service review and redesign** • **Identify and commission against key recovery outcomes** • **Recovery outcome reporting across alcohol and drug services (Please outline what current/planned recovery tool you are using)** • **Individual recovery care plan and review** • **Involved mutual aid and recovery communities** Please include your recovery outcomes for all individuals within your alcohol and drug treatment system for 2014/15 if available.		
9	**All relevant statutory requirements regarding Equality Impact Assessments have been**		

	addressed during the compilation of your ADP Strategy and Delivery Plan. Please advise when this was undertaken and is next planned.		

DELIVER - Please evidence your ADPs Delivery activities/progress

	Theme	**R A G** *see note 1*	**Evidence** *see note 2*
10	**Delivery of Joint Workforce plans, as outlined in 'Supporting The Development of Scotland's Alcohol and Drug Workforce' statement are in place across all levels of service delivery which are based on the needs of your population.** see note 7		
11	**Please provide a bullet point summary of your ADP's Alcohol and Drug Provision, to demonstrate the range of prevention, treatment/recovery & support interventions**		

	(including early interventions) commissioned by the ADP which have been delivered in the reporting period. We recognise there will be overlaps – please use local definitions.		
12	**Please provide a brief summary of the interventions your ADP has delivered to support communities:** **a) Prevention of developing problem alcohol/drug use** **b) Community Safety/ violence against women/Reducing Reoffending** **c) Children/ CAPSM** **d) Supporting People in moving on from treatment and care services for ongoing recovery (e.g Self Directed Support, mutual aid/recovery communities)**		
13	**A. A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision** **B. Describe how all ADP**		

	Partners contribute to delivering outcomes identified in the Joint Strategic Needs Assessment (box 1) which includes prevention, recovery, treatment, support and throughcare services through ROSC provision, where in place.		

REVIEW - Please evidence your ADPs Delivery activities/progress in reviewing Strategies/Outcomes

	Theme	**R A G** *see note 1*	**Evidence** *see note 2*
14	**ADP Delivery Plan is reviewed on a regular basis, which includes a review of the provision of prevention activity, recovery, treatment and support services (ROSC).**		
15	**Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services, which incorporates recommendation 6 from the *Delivering Recovery***		

	***Report*.** see note 8		
16	**A schedule for service monitoring and review is in place, which includes statutory provision**.		
17	**Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.**		
18	**A. There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.** **B. Please advise when (and how) your ADP has/plans to undertake an assessment of local implementation of the '*Quality Principles: Standard Expectations of Care and Support in Drug and alcohol Services.*** See notes 9 and 10		
19	**Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any**		

	information around the following: • **your (updated, if applicable) Key Aim Statement** • **a specific update on your progress in implementing it – have you achieved it/when do you plan to do so?** • **Outline the work of your ORT Accountable Officer** • **How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March 2015.** • **Information on length of time on ORT and dose** • **Information about any related staff training in ORT provision or recovery orientated systems of care.** • **Detail of any ORT focussed groups operating in the area.** • **GP engagement – how drug and alcohol treatment is**		

	being delivered in primary care settings. See note 10		
20	**Please describe in brief bullet points how your ADP and partners are contributing to delivery of a Whole Population Approach for Alcohol.**		
21	**How many service users are in receipt of prescriptions for problem alcohol use?**		
22	**How many service users are receiving counselling/support through ADP commissioned services?**		
23	**How many service users have received treatment for ARBD in the reporting period?**		

3. FINANCIAL FRAMEWORK

Your Report should identify both the earmarked alcohol and the earmarked drug funding from Scottish Government which the ADP has received (via your local NHS Board) and spent in order to deliver your local plan. It would be helpful to identify any other expenditure on drugs and/or alcohol prevention, treatment/support services or recovery which each ADP partner has contributed from their core budgets to deliver the Plan. You should also highlight any underspend and proposals on future use of any such monies.

Total Income from all sources

Income	Alcohol	Drugs	Total
Earmarked funding from Scottish Government			
Funding from Local Authority			
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Total			

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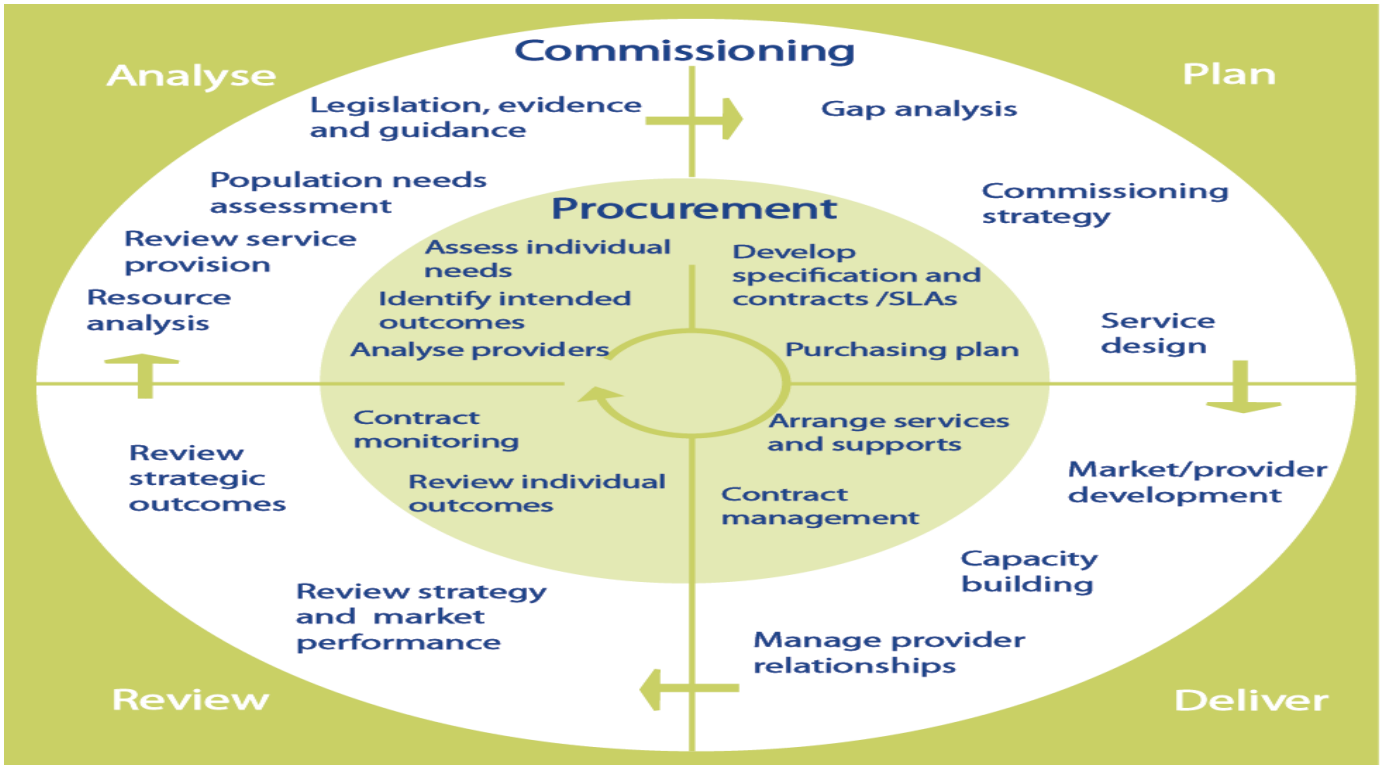

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