

STANDARD REPORTING TEMPLATE

Outer Hebrides 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	Outer Hebrides
ADP Chair	Gordon Jamieson, Chief Executive, NHS Western Isles
Contact name(s) <i>see note 1</i>	Suzanne Macaulay, Development Officer
Contact Telephone	01851762021
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.

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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 <i>see note 2</i>
1	<p>ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment/analysis of need, which takes into consideration the changing demographic characteristics of people (and their families and local communities) affected by problem drug and/ or alcohol use in your area. Please state when this was undertaken and when it is next planned.</p> <p>Please also include here any local research that you have commissioned e.g.</p>	A	<ul style="list-style-type: none"> • Work undertaken towards a strategic Alcohol and Drugs Needs Assessment. An epidemiology update has been completed and a service mapping exercise started in order to inform a subsequent Needs Assessment to be carried out across the Outer Hebrides by 2016. The Needs Assessment is expected to take 1 year to complete. The results of these exercises will inform an Outer Hebrides ADP Recovery Orientated System of Care (ROSC) Strategy and ROSC Implementation Plan which will be produced by 2016/17. • Information is collated from reports produced by ISD, NRS, Health Scotland, ScotPHO, SALSUS and the Scottish Health Survey. Briefing papers and publication summaries are produced and circulated to the ADP following any national publications. • Overprovision analysis supporting licensing policy is in place in the Outer Hebrides. • ADP Substance Misuse Information and Research Officer has aided in the planning and development of service provision through the gathering and collation of local and national data.

	<p>hidden populations, alcohol related deaths.</p> <p>See Note 3</p>		<ul style="list-style-type: none"> NHS Western Isles produced Community Health Profiles to document geographic health inequalities across local planning areas in the Outer Hebrides. Weekly alcohol consumption was included in these profiles and will assist in targeting resources and interventions.
2	<p>An outcomes based ADP Joint Performance Framework is in place that reflects the ADP Local Outcomes and the National Core Outcomes.</p> <p>See note 4</p>	G	<ul style="list-style-type: none"> The Outer Hebrides Single Outcome Agreement (SOA) includes an outcome on alcohol which the Outer Hebrides ADP contributes to through mutually agreed indicators and information sharing with the CPP: <i>'Communities are safer, and healthier by preventing and reducing the harmful effects of alcohol'</i> Outer Hebrides ADP performance framework is included and detailed in the Outer Hebrides ADP Delivery plan 2015 -18. Work undertaken to ensure Outer Hebrides ADP outcomes and indicators are aligned with national ADP core outcomes and local SOA outcomes Clear baseline data, indicators and targets identified within Outer Hebrides ADP Delivery Plan 2015 – 18 and 2014-15 information included in Section 4. All ADP funded services report on outcomes, as agreed in their Service Level Agreement and Terms & Conditions of Grant. Outcomes are recorded in a locally developed Outcomes Database. Work undertaken by Outer Hebrides ADP to review indicators, outcomes and targets in order to ensure national and local targets are being evidenced. Further review required to streamline recording and reduce number of indicators recorded.

3	<p>Integrated Resource Framework Process</p> <p>Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.</p> <p>Note 5</p>	A	<ul style="list-style-type: none"> • Service mapping commenced to identify current resources and budget allocations in order to establish a baseline of service provision prior to ROSC development. Service mapping includes local authority, health, social care, voluntary sector and mutual aid organisations that will be involved in the development of a ROSC. It also includes outcomes mapping, a literature review and budget allocation to ensure an accurate review of existing services is carried out to allow an accurate baseline is established. An epidemiology review has been completed to inform this. • All ADP funded services reported on their budget, expenditure and any variance on a bi-annual basis. This was examined in conjunction with existing baseline data to scope activity, costs and variations in service delivery and support further development of services. All funded services asked to submit a copy of their accounts at the end of each financial year. • The Outer Hebrides ADP Executive Group review and monitor finances and make decisions on what should be done with earmarked monies. This group monitored the development of the new model to be implemented from 2015/16 onwards. • Where appropriate, the Outer Hebrides ADP utilises the nationally available Integrated Resource Framework data through the ISD website, broken down into a local health board and local authority level • The Integrated Joint Board is in the process of developing a local IRF.
4	<p>Integrated Resource Framework - Outcomes</p> <p>Note 5</p>	A	<ul style="list-style-type: none"> • Alcohol and Drug Service review commenced with first stage being service mapping to identify comprehensive baseline information in order to inform a resource transfer in 2015/16 within core budget to support service redesign and ROSC development.

	A coherent approach has been applied to selecting and prioritising investment and disinvestment options – building prevention into the design and delivery of services.		<ul style="list-style-type: none"> • SMR25s, Drug and Alcohol Treatment Waiting Times and the locally developed Outcomes Database provide us with information from service provision and outcomes for clients throughout the Outer Hebrides, This allows us to effectively evaluate service provision and identify areas for future development. • Work undertaken with mental health and partner agency staff to discuss options for the possible development of hours and weekend services. This will be considered alongside the ROSC development and appropriate resources allocated, as required.
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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	G	<ul style="list-style-type: none"> • The Outer Hebrides ADP strategy identifies the shared vision and strategic priorities of all partner agencies. Vision:

	<p>substance use & those affected, which are aligned with our local partnerships, e.g child protection committees, violence against women, community safety, prevention including education etc.</p>		<p><i>‘The Outer Hebrides is a healthy community where the problems of substance use are prevented and reduced’</i></p> <p>Priorities:</p> <ul style="list-style-type: none"> – Early Years – Early intervention – Problems drinkers and substance users – Assist in the promotion of a healthy Outer Hebrides (with our partners) <ul style="list-style-type: none"> • All partner agencies promote this vision and priorities and are monitored and reflected within any relevant plans. • Members of the Outer Hebrides ADP include representatives from Health, Education, Criminal Justice, Third Sector and the community. This enhances the sharing of the vision. • The Outer Hebrides ADP vision and priorities are clearly aligned to other local plans and strategies. • A combination of local and national services are funded ensuring wide comprehensive input and vision within the Outer Hebrides ADP. • The Outer Hebrides Single Outcome Agreement (SOA) includes an outcome on alcohol which the Outer Hebrides ADP contributes to through mutually agreed indicators and information sharing with the CPP: <i>‘Communities are safer, and healthier by preventing and reducing the harmful effects of alcohol’</i>
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6	<p>A. Our planned strategic commissioning work is clearly linked to Community Planning and local integrated health and social care plans, preparing to support improved outcomes, priorities and processes jointly.</p> <p>Please include your ADP Commissioning Plan or Strategy if available.</p> <p>Please include information on your formal relationship to your local child protection committee.</p> <p>B. What is the formal arrangement within your ADP for reporting on your</p>	A	<ul style="list-style-type: none"> • Work commenced on developing a commissioning strategy through discussion and the agreement of the Outer Hebrides ADP committee on the future direction of funding. The development of this work has been decided upon during the reporting period and is detailed in the Outer Hebrides ADP Delivery Plan 2015 -18. • The Outer Hebrides ADP Strategy 2011-2015 and Outer Hebrides ADP Delivery Plan 2015 - 18 identifies contributions to the Single Outcome Agreement and details the local reporting arrangements to the Community Planning Partnership. • The Outer Hebrides ADP ensures that our strategic priorities link to the OHCPP Single Outcome Agreement 2105 – 18 through mutually agreed indicators and information sharing with the CPP in relation to their following outcome: <ul style="list-style-type: none"> ▪ <i>‘Communities are safer, and healthier by preventing and reducing the harmful effects of alcohol’</i> • The Chair of the Outer Hebrides ADP is a member of the Chief Officers Group for Child and Adult Protection and provides a link between the groups by providing updates at both groups, when appropriate. • The Child Protection Co-ordinator and Development Officer has become a member of the ADP committee during 2015 in order to strengthen links and provide a stronger relationship between the Outer Hebrides ADP and Child and Adult Protection. Two other members of the ADP Committee are members of the Child Protection and Adult Protection committees. <p>B:</p> <ul style="list-style-type: none"> • Outer Hebrides ADP Governance states that <i>‘The Chair should be an individual involved in the operation of the Community</i>
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	<p>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.</p> <p>See note 6</p>		<p><i>Planning Partnership at a strategic level'</i></p> <ul style="list-style-type: none"> • The Outer Hebrides ADP Chair, Vice Chair and two other members of the Outer Hebrides ADP are members of the CPP and provide a link between the groups by sharing information and updating members on each committee, when appropriate. Through this, the ADP strategy and other relevant documents, such as the Delivery Plan, are presented to the CPP. No formal feedback has been received to date from the CPP but the representation of ADP members on the CPP committee ensures relevant information is shared. Outer Hebrides ADP committee meetings include a standing agenda item of 'Feedback from other committees' to allow time to share relevant information from other committees the Outer Hebrides ADP members sit on. • The ADP committee have also suggested the ADP Co-ordinator (post currently vacant) attend the CPP to share and discuss relevant info, where appropriate, in future in order to formalise this arrangement and to strengthen the current procedure. • A copy of the Outer Hebrides ADP Strategy is forwarded to the Community Planning Partnership.
7	<p>Service Users and carers are embedded within the partnership commissioning processes</p>	R	<ul style="list-style-type: none"> • Service user and carer consultation and involvement are planned as a central part of the both the Commissioning process. Actions have been identified to develop and strengthen practise in this area with planned work included in the Outer Hebrides ADP Delivery Plan 2015 – 18. • Development work to involve service users and carers with the Outer Hebrides ADP at all levels of local planning, design and delivery of services has been planned as part of the Outer Hebrides ADP Commissioning Strategy including service user and carer consultation on service redesign and service provision, service user and carers within service level agreement and commissioning plan and revised and strengthened participation within ADP and geographical sub groups.

8	<p>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.</p> <p>Describe the progress your ADP has made in implementing a Recovery Oriented System of Care (ROSC), please include what your priorities are in implementing this during 2015-16. This may include:</p> <ul style="list-style-type: none"> • ROSC service review and redesign • Identify and commission against key recovery outcomes • Recovery outcome reporting across alcohol and drug services (Please outline what current/planned recovery tool you are using) 	A	<ul style="list-style-type: none"> • As stated above, the first stage of the Outer Hebrides ADP ROSC development is a service mapping exercise and this process started in 2014 - 15. Service user and carer involvement is a central part of the Outer Hebrides ADP ROSC implementation plan for 2015 – 2018 with actions identified and currently underway. • A Networking Day was held in October 2014 for all ADP funded services in order to discuss the Quality Principles and introduce the principles of a ROSC. • Each service SLA specifies that it is the service provider's responsibility to carry out regular service evaluations with service users and all funded services are asked within their bi-annual monitoring forms to provide service user feedback and copies of any evaluation that have taken place in the period. This process has been reviewed and actions have been identified to revise and update practice in line with the ROSC development. • ADP Sub group membership now includes membership from mutual aid organisations (Narcotics Anonymous, Alcoholics Anonymous), this will be developed in line with the ROSC development • Recovery Matters training has been delivered by the Scottish Recovery Consortium in Stornoway and Uist. Training was attended by all ADP funded services, voluntary and mutual aid organisations • Services currently use a variety of evaluation tools including Outcomes Star, E Aspire and Polkinghorne adapted tool; within 2015/16 the Recovery Outcomes Web will be used in line with the ROSC development • Within the reporting period, the Outer Hebrides ADP have agreed upon the implementation of a ROSC and future actions have been agreed. To implement this, the following priority actions are being taken forward:
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	<ul style="list-style-type: none"> • Individual recovery care plan and review • Involved mutual aid and recovery communities <p>Please include your recovery outcomes for all individuals within your alcohol and drug treatment system for 2014/15 if available.</p>		<ul style="list-style-type: none"> – Outer Hebrides ADP ROSC strategy which states core values and principles developed and will be widely disseminated during 2015 – Epidemiology review undertaken and paper produced within the reporting period in order to contribute to baseline information which will inform decisions making on resource allocation – Extensive service mapping undertaken including outcomes mapping with all appropriate services including voluntary sector and mutual aid organisations throughout the Outer Hebrides to contribute to baseline information which will inform decisions making on resource allocation – Identify implications of the ROSC development for service users, carers and service staff – Carry out actions from ROSC Communication Plan in order to communicate effectively with local staff and service users – Carry out skills training including general ROSC training, specific intervention training, recovery plans, recovery tools, Recovery Outcomes Web and associated paperwork in order to support best practice and peer mentor training. – Performance measure review – Pilot of recovery practice including the development of practice guidelines for staff and individuals in recovery – Development of strategic, service provider and service user Recovery Champions to be advocates for both the ROSC and recovery.
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			<ul style="list-style-type: none"> – Advanced training to ensure ROSC is understood and embedded in practice – A series of solution – focused workshops will be held to allow problem solving, identification of barriers and solutions • All funded services are required to report on indicators through the locally developed Outcomes Database. Please see Section 4 ii for current outcomes for all individuals within your alcohol and drug treatment system for 2014/15. All treatment service users are expected to have an individual focused care plan and for this to be reviewed.
9	<p>All relevant statutory requirements regarding Equality Impact Assessments have been addressed during the compilation of your ADP Strategy and Delivery Plan.</p> <p>Please advise when this was undertaken and is next planned.</p>	A	<ul style="list-style-type: none"> • An EQIA was undertaken in 2014 on the OH ADP Strategy and will be undertaken again in 2015. A more comprehensive EQIA will be undertaken on the Outer Hebrides ADP Delivery Plan, ROSC strategy and on the Commissioning Strategy in 2016 in relation to service redesign. • All services who apply for funding to the Outer Hebrides ADP are asked within the application form if they have an Equality and Diversity Policy and/or an Equality Impact Assessment Tool. This is included within the marking criteria for all application.

DELIVER - Please evidence your ADPs Delivery activities/progress

	Theme	R A G see note 1	Evidence see note 2
10	<p>Delivery of Joint Workforce plans, as outlined in 'Supporting The Development of Scotland's Alcohol and Drug Workforce' statement are in place across all levels of service delivery which are based on the needs of your population.</p> <p>see note 7</p>	A	<ul style="list-style-type: none"> The Outer Hebrides ADP Support team met with STRADA staff during the reporting period to develop work on a Training Needs Analysis (TNA) which, it was agreed, would take 1 year and commence from April 2015. Following the restructuring of STRADA, we will follow up work with the Scottish Government Alcohol and Drug Delivery Unit to carry out a TNA in the Outer Hebrides and work in partnership to compile a Strategic Workforce Development (SWFD) blue print for the Outer Hebrides alcohol and drug workforce. ADP Support staff have organised the following training during the reporting period: <ul style="list-style-type: none"> STRADA: Introduction to Motivational Interviewing (2 Day) -Stornoway & Uist STRADA: Children and Families Affected by Parental Substance Misuse (2 Day) - Stornoway & Uist Introduction to Substance Misuse – Stornoway & Uist Scottish Drugs Forum - NPS Training – Stornoway & Uist Scottish Recovery Consortium – Recovery Matter – Stornoway & Uist Substance misuse and the local scene – Stornoway with Uist planned later in the year

			<ul style="list-style-type: none"> • ADP staff have provided inputs to Public Protection Training run by the Child Protection Co-ordinator and Development Officer. • Development work has taken place to organise the delivery of Alcohol Focus Scotland training for early years and education staff on the national resources 'Oh Lila' and 'Rory' in September 2015. • All funded services are required to report within their biannual monitoring form on all training they have attended and any measures taken to improve the ability of the workforce to meet the needs of the service users. • Alcohol Brief Intervention (ABI) training has been embedded within the Health Behaviour Change corporate training within NHS Western Isles. There are currently 2 ABI trainers and a scoping exercise is being carried out to identify other potential trainers to ensure full coverage throughout the whole of the Outer Hebrides. • Future applications forms are going to be amended to ensure all agencies applying for funding have allocated some monies to a training budget. • Terms and conditions of grant are issued to all funded services where it specifies that: <i>'Attendance to training/workforce development events arranged by the Outer Hebrides ADP is mandatory for funded services unless otherwise advised by the Outer Hebrides ADP.'</i> • All funded services are going to be provided a list of mandatory training and where it can be accessed. • Survey carried out with local funded service staff in 2014 with a key learning
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			priority identified as being legal highs. Scottish Drugs Forum have now delivered training courses to substance staff in Lewis and Uist to address this need.
11	<p>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.</p> <p>We recognise there will be overlaps – please use local definitions.</p>	G	<ul style="list-style-type: none"> NHS Alcohol and Mental Health Liaison Nurse (Lewis & Harris) Provides a service that offers clients with alcohol dependency and/or drug misuse issues. Action for Children: Early Years Drug and Alcohol Service (Lewis & Harris) Provides parents who are substance user's support to provide the level of physical care and nurturing that, babies and small children need (pre-birth to 5 years). Provides activity based parenting sessions which will enable parents with substance misuse issues to engage more positively with their children. Supports healthy lifestyles in all aspects from cooking, budgeting, reducing substance misuse, seeking employment or education and undertaking diversion activities e.g. gym, swimming, walking. Action for Children: Early Intervention Children and Family Support Service (Lewis & Harris) A substance misuse early intervention service working with 11 – 18 year olds in Lewis or Harris identified as having been under the influence of substances. This services provides individual based sessions, initially in a 6 week block, which will address substance misuse and any issues associated with this and also provides longer term intervention, involving young people in diversionary activities and in a community based service. Action for Children: Early Intervention Young Person Liaison Worker

			<p>(Lewis & Harris) Provides a weekend and evening service for young people (9-18 years) affected by alcohol and substance misuse. The worker links in with Community Learning and Development Youth services offering specialist support and information to those that require it. The project worker is also trained to act as the appropriate adult should young people be involved with the police and require support at the police station.</p> <ul style="list-style-type: none"> • Hebrides Alpha Trading CIC (Lewis & Harris) Training and employment services for individuals over 18 with addictions to alcohol and other drugs. • Hebrides Alpha Supported Accommodation Unit The organisation provides a Supported Housing Project for over 18s as well as a therapeutic programme for any person seeking to change their lives significantly to address problems (alcohol or drug misuse, mental health difficulties or other social or psychological difficulties) which hinders the client's development, and functioning (particularly with reference to housing, employment and relationships within and with the community). • Crossreach: Dochas Housing Support Worker (Lewis & Harris) The provision of a Specialist Housing Support Service for those with substance related issues who are homeless or struggling to maintain a tenancy • Martins Memorial Church: The Well, Drop In (Lewis & Harris) A drop in facility for problem drinkers and substance users who are in recovery. This service offers evening and weekend support and diversionary activities for those affected by harmful and problematic drinking or substance use. It provides advice, information and access to further social support and signposting.
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			<ul style="list-style-type: none"> • Third Sector Hebrides: Staran CIC Boat Project (Lewis & Harris) The project provides services for people who are in recovery from drug and alcohol abuse. It provides activities at weekends, in the evenings and during holiday periods. The Boat Project will allow clients to develop boat building and craft skills through making a small boat from a kit which will be used for racing. • Substance Misuse Partnership Uist & Barra The SMPUB offers community based, substance misuse counselling, support and recovery services covering Uist & Barra through the provision of a wide range of services including: <p>Cothrom offer education, adult literacy learning, training and work based skills such as furniture restoration, work placements, a gardening project and person centred recovery work.</p> <p>Caraidean Uibhist provide befriending and mentoring support to individuals affected by substance misuse issues. Support offered can be one to one, group or telephone based.</p> <p>Community Learning and Development offer a youth based project called RADICAL which offer substance related educational inputs to local youth work and school settings</p> • Caladh's part time Substance Support Worker (Uist) provides individual support to clients in recovery from alcohol and drug related issues and has also developed a new youth cafe • Voluntary Action Barra and Vatersay host a part time Substance Support Worker (Barra) who provides early years and early intervention support, educational and training inputs and a one to one counselling service for those affected by, or at risk from, alcohol and drug issues
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			<ul style="list-style-type: none"> • NHS Substance Misuse Coordinator (Uist & Barra) Provides a community based, substance misuse counselling and support service covering Uist & Barra • The Mens Shed (Uist) This project offers a drop in service and a variety of diversionary activities to male service users affected by, or at risk of, problem drinking. • Youth Film Project (Uist & Barra) The project will allow youths to work with their peer groups to develop new skills working with film technology as a tool for learning and development whilst focusing on misuse as a subject.
12	<p>Please provide a brief summary of the interventions your ADP has delivered to support communities:</p> <p>a) Prevention of developing problem alcohol/drug use</p> <p>b) Community Safety/ violence against women/Reducing Reoffending</p>	G	<p>The Outer Hebrides ADP has funded a variety of interventions to support communities, which provides challenges with such a geographically dispersed population.</p> <p>a) In the previous section, we described our early years and early intervention work which is aimed at contributing to the prevention of problem alcohol and drug use.</p> <p>b) The ADP sits as a member on the Community Safety Partnership which provides an extensive range of links to local partners and sharing of information around local community safety issues. ADP services provide interventions for offenders subject to criminal justice orders. Substance education campaigns which are run throughout the year also contributes to this area.</p>

	<p>c) Children/ CAPSM</p> <p>d) Supporting People in moving on from treatment and care services for ongoing recovery (e.g Self Directed Support, mutual aid/recovery communities)</p>		<p>c) The funded services described in the section above have links to data sharing partnership work around the early identification of child protection</p> <p>d) Funded services have strong links to local mutual aid organisations such as AA's, the recently developed NA's and a local church based recovery network called 'The Road to Recovery'. This has been identified as an area of development in the 2015 – 18 Delivery Plan.</p>
13	<p>A. A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision</p>	G	<ul style="list-style-type: none"> • All funded services complete an Outcomes Database and monitoring form as part of a performance management framework. • The Terms and Conditions of Grant which are issued to all funded services stipulated that all services are required to submit a six monthly and annual Monitoring Form and Outcomes Database. Non compliance can result in funding being withheld or withdrawn. • The Monitoring Form and Outcomes Database outline achievements around outcomes and impact. A SWOT and gap analysis is carried out on this and this is reported to and monitored by the ADP Executive group. • The ADP support team and ADP members carry out service visits on an annual basis to review progress made against service aims and objectives. • Planning and reporting timetables are reviewed on a regular basis to ensure that the Outer Hebrides ADP has a sufficient performance management in place. This is regularly reviewed a further review in line with ROSC is planned for 2015/16, as outlined in the Outer Hebrides ADP Delivery Plan 2015 – 18. The current structure ensures that the Outer Hebrides ADP has an understanding of current outcomes performance prior to service development planning in order to assist with resource allocation.

	<p>B. Describe how all ADP Partners contribute to delivering outcomes identified in the Joint Strategic Needs Assessment (box 1) which includes prevention, recovery, treatment, support and throughcare services through ROSC provision, where in place.</p>	<p>A</p>	<ul style="list-style-type: none"> • All tier 3 and 4 treatment services contribute to the HEAT A11 standard on a quarterly basis. This information is collated into a report and shared with Outer Hebrides ADP for members information and attention. • The Outer Hebrides ADP Executive group meet on a quarterly basis and ensure that the budget is monitored and controlled. <p>Please see section 1</p>
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REVIEW - Please evidence your ADPs Delivery activities/progress in reviewing Strategies/Outcomes

	Theme	R A G see note 1	Evidence see note 2
14	ADP Delivery Plan is reviewed on a regular basis, which includes a review of the provision of prevention activity, recovery, treatment and support services (ROSC).	A	<ul style="list-style-type: none"> • The Outer Hebrides ADP Delivery Plan is reviewed formally on an annual basis by the ADP members at a Development Day and throughout the year by the ADP Support team through the delivery of the ADP Support Team Action Plan which aligns with the Delivery Plan. • The ADP Support Team produce an annual team action plan which covers all the aspects of the delivery plan. The action plan covers tasks needed to complete the action, time needed, lead officer, RAG priority status, progress and date completed. This is agreed by Outer Hebrides ADP members and reviewed by the Support Team on a regular basis. Variance of planned tasks to completed tasks are looked at; in this reporting period, the ADP Co-ordinator was on a phased retirement period from January on to March and the ADP Admin Officer left her post, which impacted on the capacity of the ADP Support Team. Due to this, some planned areas of work such as the ROSC development, had to be pushed back to later in the year when suitable cover was identified in order to take it forward again. • Reports on certain aspects, for example HEAT Standards, are sent to the Outer Hebrides ADP members on a quarterly basis. • Reports on service delivery are taken to the Outer Hebrides ADP meetings twice a year. • Reporting arrangements which demonstrate the impact of services and aggregate data to inform service level/strategic adjustments are in place and

			<p>reported to the Outer Hebrides ADP Executive Group. These are then homologated by the ADP members.</p> <ul style="list-style-type: none"> Annual report and Delivery Plan are circulated to the Outer Hebrides Community Planning Partnership.
15	<p>Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services, which incorporates recommendation 6 from the Delivering Recovery Report.</p> <p>see note 8</p>	A	<ul style="list-style-type: none"> Work commenced on developing a commissioning strategy through discussion and the agreement of the Outer Hebrides ADP committee on the future direction of funding. The development of this work has been decided upon during the reporting period and is detailed in the Outer Hebrides ADP Delivery Plan 2015 -18 All funded services are issues with Terms and Conditions of Grant and a Service Level Agreement (SLA) which stipulate the outcomes that each service will be required to report on. All services applying for funding must be outcomes focused and are required to report on which outcomes they will be delivering for their client group and how their service reflects the ADP strategic outcomes. The Terms and Conditions of Grant sets out the monitoring process and adherence to it is part of the monitoring process. All funded services are required to report on their progress in meeting their aims and objectives. This is monitored through the Outer Hebrides ADP Executive Group and flagged up to the ADP members is required.
16	<p>A schedule for service monitoring and review is in place, which includes statutory provision.</p>	G	<ul style="list-style-type: none"> Six monthly and annual Monitoring Forms and Outcomes Databases are completed by all funded services. Performance is reported to the Outer Hebrides ADP Executive Group.

			<ul style="list-style-type: none"> • Annual service visits are conducted by Outer Hebrides ADP Support Team and ADP members and a report is submitted to the Executive Group for consideration. • The reporting mechanisms are continually being reviewed, evaluated and developed to ensure that they reflect accurate outcomes performance. • All funded services are provided support on how to record and report on outcomes
17	Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.	R	<ul style="list-style-type: none"> • Service user and carer consultation and involvement are planned as a central part of the both the Commissioning process. Actions have been identified to develop and strengthen practise in this area with planned work included in the Outer Hebrides ADP Delivery Plan 2015 – 18. • Development work to involve service users and carers with the Outer Hebrides ADP at all levels of local planning, design and delivery of services has been planned as part of the Outer Hebrides ADP Commissioning Strategy including service user and carer consultation on service redesign and service provision, service user and carers within service level agreement and commissioning plan and revised and strengthened participation within ADP and geographical sub 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.	A	<ul style="list-style-type: none"> • Six monthly and annual Monitoring Forms and Outcomes Databases are completed by all funded services. Performance is reported to the Outer Hebrides ADP Executive Group. • Annual service visits are conducted by Outer Hebrides ADP Support Team and ADP members and a report is submitted to the Executive Group for consideration.

	<p>B. Please advise when (and how) your ADP has/plans to undertake an assessment of local implementation of the ‘<u>Quality Principles: Standard Expectations of Care and Support in Drug and alcohol Services.</u>’ See notes 9 and 10</p>		<ul style="list-style-type: none"> • The reporting mechanisms are continually being reviewed, evaluated and developed to ensure that they reflect accurate outcomes performance • Within the reporting period, the Outer Hebrides ADP have agreed upon the implementation of a ROSC and future actions have been agreed, as detailed in section 8. The Quality Principles are central to the planned ROSC and the Outer Hebrides ADP will ensure that they are incorporated into all services. The assessment of this local implementation will occur through service monitoring and evaluation and also at the planned series of solution – focused workshops will be held to allow those involved in the ROSC development to discuss problem solving, identification of barriers and solutions. • A Networking Day was held for staff from all areas of the Outer Hebrides in October 2014 for all ADP funded services in order to discuss the Quality Principles and introduce the principles of a ROSC.
19	<p>Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following:</p> <ul style="list-style-type: none"> • your (updated, if applicable) Key Aim 	A	<ul style="list-style-type: none"> • The current Outer Hebrides ADP key aim statement for ORT is due for review in 2015. • Outer Hebrides ADP ORT Key Aim Statement (2013): <i>We will continue to develop and evolve The Outer Hebrides Outcomes Database Reporting System for all funded services through 2013 – 2015 in order to provide us with information to improve services re the recovery pathway and fill perceived gaps in service where funding allows. This is in tandem with and complements the ADP’s monitoring form. During 2013 – 2015 we will adapt the Outcomes Database to include a traffic light system for each service highlighting their</i>

	<p>Statement</p> <ul style="list-style-type: none"> • 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 		<p><i>performance in relation to the main key aims and objectives within their individual SLA's to further inform the ADP re value for money of the service provided</i></p> <ul style="list-style-type: none"> • It was agreed that the Outer Hebrides does not have a high enough number of ORT cases to require an appointed ORT Accountable Officer. This will be reviewed in 2015. <p>A total of 12 people were in receipt of opiate replacement therapies in the Outer Hebrides between 1 April 2014 & 31 March 2015.</p> <p>Please note: The above figures may not be an accurate representation of patients in receipt of prescriptions for substance dependence due to limitations in recording systems. For example, it is not possible to show Dummy Prescribing data as we are unable to define the number of individuals this prescribing activity relates to.</p> <p>The individuals who have received treatment through Primary Care may not be service users.</p>
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	<p>alcohol treatment is being delivered in primary care settings.</p> <p>See note 10</p>		
20	<p>Please describe in brief bullet points how your ADP and partners are contributing to delivery of a Whole Population Approach for Alcohol.</p>	A	<ul style="list-style-type: none"> • 3 topic based campaigns were run throughout 2014 – 15 in partnership with NHS Health Promotion Dept and other partners and funded services. The ADP support staff ensure regular advertising for alcohol and drug information relating to campaigns appeared in the local press along with linking to the NHS Health Promotion Dept resources services to publicise information on the NHS facebook page and through email bulletins to staff and networks. • Campaigns included: <ul style="list-style-type: none"> – Summer campaign planned by partnership of agencies to raise awareness of alcohol, drugs, sexual health and safety messages. Targeted summer period, local music events, country shows and rural dances. To provide information on safer drinking, safer sex, legal highs and drugs to people across the Outer Hebrides during the summer period from June – Sept 2014. Objectives were to enable people to make healthy choices, to ensure they are aware of how to access support services and to encourage them to get home safely over the summer period – Winter campaign planned by partnership of agencies to raise awareness of alcohols affects on mental health and Seasonal Affective Disorder (SAD) and drugs (in particular cocaine) Aimed to target winter/festive period, licensed

			<p>premises, work places, community settings e.g. halls and outreach support workers and to provide information on safer drinking, mental health issues related to alcohol, and cocaine to people across the Outer Hebrides during the winter/festive period.</p> <p>– ADP Support team and NHS Western Isles raised awareness through a number of events across the islands. Pupils at the local high school in Stornoway participated in a FASD workshop and ‘Pregnant Pause’ Flashmob. Student’s of the Lews Castle College helped raise awareness at the college over lunchtime by speaking to passers-by and issuing resources about FASD. General information leaflets were promoted to the public and staff in various settings and through online promotion and email distribution to networks.</p> <p>• A future action for the Outer Hebrides ADP is to develop a structured plan to a whole population approach for alcohol.</p>			
21	How many service users are in receipt of prescriptions for problem alcohol use?		57			
22	How many service users are receiving counselling/support through ADP commissioned services?			Alcohol Service	Drug Service	
			Service users	649	95	
			New referrals received	460	57	
			Returning referrals	109	16	
			TOTAL	744		
23	How many service users have received treatment for ARBD in the reporting period?		0			

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	£546,392	£161,951	£708,343
Funding from Local Authority	£40,000	£40,000	£80,000
Funding from NHS (excluding funding earmarked from Scottish Government)	£43,521	£41,860	£85,381
Funding from other sources			
Total	629,913	243,811	873,724

Total Expenditure from sources

	Alcohol	Drugs	Total
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	254,734	73,484	328,218
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	210,372	68,208	278,580
Recovery	84,607	65,903	150,510
Dealing with consequences of problem alcohol and drug use in ADP locality	80,200	36,216	116,416

Total	629,913	243,811	873, 724
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End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Drug	161,951	161,951	0
Alcohol	541,392	541,392	0
Total	703,343	703,343	0

Total Underspend from all sources

Underspend £	Proposals for future use

Support in kind

Provider	Description
NHS	<ul style="list-style-type: none"> Executive level support from Chief Executive and Director of Public Health Support function from: <ul style="list-style-type: none"> NHS Chief Accountant to manage ADP budget

	<ul style="list-style-type: none"> – NHS finance to arrange transfers of funds – Health Promotion Manager to line manage ADP Support Team – Mental Health manager to line manage substance misuse staff <ul style="list-style-type: none"> • Accommodation and associated costs for: <ul style="list-style-type: none"> – ADP Support Team in NHS Health Promotion Dept – NHS Substance Misuse staff and CAHMS nurse
CNES	<ul style="list-style-type: none"> • Social Work Manager time to line manager Alcohol and Drug Support Worker posts • Accommodation and associated costs for Alcohol and Drug Support Worker posts

4. PERFORMANCE FRAMEWORK - PROGRESS

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

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

This section demonstrates progress made re-establishing baselines, local improvement goals/targets and progress for all national core outcomes using both national and local indicators.

HEALTH:					
People are healthier and experience fewer risks as a result of alcohol and drug use					
Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Drug related hospital admission (Rate per 100,000 population)	2011/12: 41.3 per 100,000 pop	2013/14: 37.9 per 100,000 pop	2017/18: Reduce and remain below Scottish rate	A	2013/14: 124.6 per 100,000 pop
Alcohol-related hospital discharges (Rate per 100,000 population)	2011/12: 929.9 per 100,000 pop	2013/14: 862.1 per 100,000 pop	2017/18: Reduce below Scottish rate	R	2013/14: 696.9 per 100,000 pop
Alcohol-related mortality (Rate per 100,000 population)	2011: 27.0 per 100,000 pop	2013: 26.3 per 100,000 pop	2017/18: Reduce below Scottish rate	R	2013: 21.4 per 100,000 pop
Drug-related mortality (Rate per 100,000 population)	2011: 4.4 per 100,000 pop	2013: 6.7 per 100,000 pop	2017/18: Reduce and remain below Scottish rate	A	2013: 10 per 100,000 pop
Prevalence of hepatitis C among people who inject drugs (Percentage)	No information available for this indicator	No information available for this indicator	Maintain current levels	A	2011/12: 53%

Commentary/ Key Actions delivered to support this outcome in 2014/15 <ul style="list-style-type: none"> Over the past five years the number of drug related hospital discharges in the Outer Hebrides has been fluctuating, however it remains significantly lower than the Scottish average. Over the past five years the number of alcohol related hospital discharges in the Outer Hebrides has been falling, however it remains significantly higher than the Scottish average and is one of the highest in the whole of Scotland. In 2013, the rate of alcohol related deaths fell once again, however this is still higher than the national average. 	
Priority areas going forward <ul style="list-style-type: none"> Alcohol related discharge Alcohol-related mortality 	Areas to monitor going forward <ul style="list-style-type: none"> Drug-related discharges Drug-related mortality

i) National Core indicators

PREVALENCE					
Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others					
Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Prevalence of problem drug users (Percentage)	2006: 0.38%	2012/13: 0.7%	Reduce and remain below the Scottish rate	G	2012/13: 1.7%
Prevalence of injecting drug users (Percentage)	No information available for this indicator	No information available for this indicator	Maintain current levels	A	No information available for this indicator
Drug use last month – pupils age 15 years (Percentage)	2006: 9.0%	2013: 4.0%	Reduce and remain below the Scottish rate	G	2013: 9.4%

Drug use last year – pupils age 15 years (Percentage)	2006: 18.0%	2013: 8.2%	Reduce and remain below the Scottish rate	G	2013: 15.5%
Above limit drinkers – daily and/or weekly (Percentage)	All Islands (incl. Orkney, Shetland and Western Isles) 2003: 17.9%	2008-2011: Males – 35.5% Females – 23.6% Total – 29.4% (Next update is 2012-15)	Reduce and remain below the Scottish rate	G	2008-2011: Males – 48.7% Females – 38.6% Total – 43.4%
Binge drinkers – twice daily limits (Percentage)	All Islands (incl. Orkney, Shetland and Western Isles) 2003: 28.8%	2008-2011: Males – 18.5% Females – 7.3% Total – 12.8% (Next update is 2012-15)	Reduce and remain below the Scottish rate	G	2008-2011: Males – 26.0% Females – 16.7% Total – 21.1%

'Problem' drinkers	All Islands (incl. Orkney, Shetland and Western Isles) 2003: 14.1%	2008-2011: Males – 14.4% Females – 8.6% Total – 11.6% (Next update is 2012-15)	Reduce and remain below the Scottish rate	A	2008-2011: Males – 13.9% Females – 9.5% Total – 11.7%
Weekly drinkers – pupils age 15 years (Percentage)	2006:25.0%	2013: 7.6%	Reduce and remain below the Scottish rate	G	2013: 11.6%
<u>Commentary/ Key Actions delivered to support this outcome in 2014/15</u> <ul style="list-style-type: none"> Outer Hebrides reported drug use in the last month and drug use in the last year amongst 15 year old pupils has seen a significant reduction since previously reported 2010 figures, remaining below the Scotland rate. The number of weekly drinkers amongst pupils aged 15 years in the Outer Hebrides has reduced significantly since baseline 2006 and again since 2010, and remains below the rate for Scotland. There is no updated information available at present for many of these indicators. However, the Outer Hebrides ADP will continue to monitor these as and when information becomes available. The priority areas and the areas to monitor going forward are listed below and are based on the most up to date information available. 					
<u>Priority areas going forward</u> <ul style="list-style-type: none"> 'Problem' drinkers 			<u>Areas to monitor going forward</u> <ul style="list-style-type: none"> Prevalence of problem drug use Drug use among pupils age 15 years Above recommended limit and binge drinkers Weekly alcohol use among pupils age 15 years 		

RECOVERY Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use					
Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Drugs spend reduction	No information available for this indicator	No information available for this indicator	Not applicable	A	No information available for this indicator
Injecting drugs reduction	No information available for this indicator	No information available for this indicator	Not applicable	A	No information available for this indicator
Drug abstiners (12 weeks)	No information available for this indicator	No information available for this indicator	Not applicable	A	No information available for this indicator
Drug user's employment/education improvement	No information available for this indicator	No information available for this indicator	Not applicable	A	No information available for this indicator
<u>Commentary/ Key Actions delivered to support this outcome in 2014/15</u>					
<ul style="list-style-type: none"> There is no updated information available at present for these recovery indicators. However, the Outer Hebrides ADP will continue to monitor these as and when information becomes available. 					
<u>Priority areas going forward</u>			<u>Areas to monitor going forward</u>		
			<ul style="list-style-type: none"> All indicators 		

CAPSM/FAMILIES					
Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life chances					
Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Maternities with drug use (Rate per 1,000 maternities)	No information available for this indicator	2010/11 – 2012/13: 0	Maintain current levels	G	2010/11 – 2012/13: 19.7 per 1,000 maternities
Maternities with alcohol use (Rate per 1,000 maternities)	No information available for this indicator	No information available for this indicator		A	No information available for this indicator
Children protection with parental alcohol/drug misuse (Rate per 10,000 population aged less than 18+ years)	No information available for this indicator	As at 31/7/14: Alcohol and/or drug abuse: 9.9 Drug misuse: Not available Alcohol misuse: 9.9 (all per 10,000 pop. aged <18 years)	Reduce and remain below the Scottish rate	A	As at 31/7/14: Alcohol and/or drug abuse: 10.9 Drug misuse: 6.7 Alcohol misuse: 6.2 (all per 10,000 pop. aged <18 years)
Positive ABI screening (in ante-natal setting)	2012/13: 0	2014/15: 0	Maintain current levels	G	Not collected nationally
<u>Commentary/ Key Actions delivered to support this outcome in 2014/15</u>					
<ul style="list-style-type: none"> There is no updated information available at present for many of these indicators. However, the Outer Hebrides ADP will continue to monitor these as and when information becomes available. 					
<u>Priority areas going forward</u>			<u>Areas to monitor going forward</u>		
<ul style="list-style-type: none"> Children protection with parental alcohol misuse 			<ul style="list-style-type: none"> Positive ABI screening (in ante-natal setting) 		

COMMUNITY SAFETY					
Communities and individuals live their lives safe from alcohol and drug-related offending and anti-social behaviour					
Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Drug use funded by crime (Percentage)	No information available for this indicator	No information available for this indicator	Not applicable	A	2011/12: 20.9%
Reconviction of DTTO-ers (as a percentage of all DTTO-ers)	No information available for this indicator	2012/13: 0	Reduce and remain below the Scottish rate	G	2012/13: 62%
ASBO rate (Rate per 10,000 population)	2011/12: <u>Serious assault</u> 4.69 per 10,000 pop <u>Common assault</u> 71.87 per 10,000 pop <u>Vandalism</u> 61.76 per 10,000 pop <u>Breach of the peace</u> 47.67 per 10,000 pop	2013/14: <u>Serious assault</u> 1.8 per 10,000 pop <u>Common assault</u> 71.9 per 10,000 pop <u>Vandalism</u> 54.4 per 10,000 pop <u>Breach of the peace</u> 61.3 per 10,000 pop	Reduce and remain below the Scottish rate Reduce and remain below the Scottish rate Reduce and remain below the Scottish rate Reduce and remain below the Scottish rate	G	2013/14: <u>Serious assault</u> 6.1 per 10,000 pop <u>Common assault</u> 113.3 per 10,000 pop <u>Vandalism</u> 97.4 per 10,000 pop <u>Breach of the peace</u> 133.8 per 10,000 pop
CPOs with alcohol/drug treatment (as a percentage of all CPOs issued)	No information available for this indicator	2013/14: 6.1 (combined drug and alcohol CPOs)	Reduce and remain below the Scottish rate	R	2013/14: 2.0 (combined drug and alcohol CPOs)
Alcohol/drug fuelled offences	No information available for this indicator	No information available for this indicator	Not applicable	A	No information available for this indicator

Commentary/ Key Actions delivered to support this outcome in 2014/15

- There is no updated information available at present for many of these indicators. However, the Outer Hebrides ADP will continue to monitor these as and when information becomes available.

Priority areas going forward

- CPOs with alcohol/drug treatment

Areas to monitor going forward

- ASBO rate:
 - Serious assault
 - Common assault
 - Vandalism
 - Breach of the peace

LOCAL ENVIRONMENT					
People live in positive, health-promoting local environments where alcohol and drugs are less readily available					
Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Pupils age 15 years being offered drugs (Percentage)	2006: 44%	2013: 21.7%	Reduce and remain below the Scottish rate	G	2013:35.6%
Drug misuse in neighbourhood	2009/10: 2.2%	2013: 2.0%	Reduce and remain below the Scottish rate	G	2013:11.9%
People perceiving rowdy behaviour very/fairly common in their neighbourhood	2009/10: 5.1%	2013: 3.1%	Reduce and remain below the Scottish rate	G	2013:12.6%
Number of premises licences in force	2012/13: On sale licence – 30.4 Off sale licence – 13.9 Total – 44.3 (all per 10,000 pop. aged 18+ years)	2013/14 On sale licence – 30.0 Off sale licence – 14.8 Total – 44.8 (all per 10,000 pop. aged 18+ years)	Reduce below the Scottish rate Reduce below the Scottish rate Reduce below the Scottish rate	R	2013/14 On sale licence – 26.6 Off sale licence – 11.4 Total – 38.0 (all per 10,000 pop. aged 18+ years)
Number of personal licences in force	2011/12: 117.2 per 10,000 pop. aged 18+ years	2013/14: 118.6 per 10,000 pop. aged 18+ years	Reduce and remain below the Scottish rate	A	2013/14: 123.5 per 10,000 pop. aged 18+ years
Number of new applications for premises licences and the number refused	2011/12 On sale applications: 1 Off sale applications: 0 Applications refused: 0	2013/14 On sale applications: 0 Off sale applications: 0 Applications refused: 0	Maintain current levels	G	2013/14 On sale applications: 268 Off sale applications: 232 Applications refused: 14
Commentary/ Key Actions delivered to support this outcome in 2014/15					
<ul style="list-style-type: none"> In the Outer Hebrides, 2.0% of the population perceive drug misuse to be a negative aspect of their neighbourhood. This has decreased slightly and remains much lower than the national average. 					

<ul style="list-style-type: none"> • There has been a slight increase in the rate of premises licences in force in the Outer Hebrides. There was a larger increase in the rate of off sale licences than there was of on sale licences. The rate of both on and off sale licences in force in the Outer Hebrides is higher than the national rates. • For a third consecutive year, the rate of personal licences in force in the Outer Hebrides has increased, however it remains below the national rate. • There were no new applications for premises licences received in the Outer Hebrides in 2013/14. • There is no updated information available at present for some of these indicators. However, the Outer Hebrides ADP will continue to monitor these as and when information becomes available. 	
<p><u>Priority areas going forward</u></p> <ul style="list-style-type: none"> • Number of premises licence in force 	<p><u>Areas to monitor going forward</u></p> <ul style="list-style-type: none"> • Number of personal licences in force • Number of applications for premises licences and the number refused

SERVICES					
Alcohol and drug prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery					
Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Number of screenings (using a validated tool) for alcohol use disorders delivered and the percentage screening positive with the breakdown of:	<p>A&E : 27</p> <p>Well North: 424</p> <p>GPs: 390</p> <p><u>Wider settings</u> 17</p> <p>TOTAL 1,001</p>	<p>A&E : 311</p> <p>Well North: 361</p> <p>GPs: 639</p> <p><u>Wider settings</u> 177</p> <p>TOTAL 1,488</p>	To increase	G	No information available for this indicator
i) % eligible for ABI	<p>i) A&E: 48%</p> <p>Well North: 23%</p> <p>GPs: 35%</p> <p><u>Wider settings</u> 76%</p> <p>TOTAL 26%</p>	<p>i) A&E: 33%</p> <p>Well North: 27%</p> <p>GPs: 22%</p> <p><u>Wider settings</u> 21%</p> <p>TOTAL 25%</p>	Decrease	G	
ii) % eligible for referral to treatment services	<p>ii) A&E: 30%</p> <p>Well North: 2%</p> <p>GPs: Unknown</p> <p><u>Wider settings</u> Unknown</p> <p>TOTAL 2%</p>	<p>ii) A&E: Unknown</p> <p>Well North: 1%</p> <p>GPs: Unknown</p> <p><u>Wider settings</u> Unknown</p> <p>TOTAL 1%</p>	Decrease	G	
Number of alcohol brief interventions delivered in accordance with the HEAT Standard guidelines	2012/13: 74.6%	2014/15: 104%	To achieve set target	G	2014/15: 162%

Percentage of clients waiting for more than 3 weeks between referral to a specialist drug and alcohol service and start of treatment	2012/13: Alcohol – 2.8% Drugs – 5.8%	2014/15: Alcohol – 2.3% Drugs – 11.4%	Reduce and remain below the Scottish rate	A	2014/15: Alcohol – 3.6% Drugs – 5.6%
SDMD initial completeness – the number of patients in SDMD divided by number of patients in DATWT	2011/12: 87.5%	2014/15: 64.7%	Increase to 100%	R	2014/15: 81.2%
<u>Commentary/ Key Actions delivered to support this outcome in 2014/15</u> <ul style="list-style-type: none"> In the Outer Hebrides, 1,488 screenings (using a validated screening tool) were delivered across the priority settings and within the community. This represents a slight increase since 2013/14. There was an increased number of screenings delivered by A&E, GPs and the wider settings. There was a slight reduction in the percentage of those screened who were deemed to be eligible for an ABI. The proportion eligible for referral to treatment services has also reduced. In 2014/15, 351 ABIs were delivered in the Outer Hebrides – this represents an increase of approximately 10% on the previous year and exceeded the annual target. Work continues in the Outer Hebrides around embedding ABIs within current practice in the priority settings and within the community. During 2014/15, 97% of alcohol clients and 90% of drug clients waited no more than three weeks between referral to a specialist drug and alcohol service and start of treatment. No client waited longer than 6 weeks to start specialist treatment. Due to the small number one long wait can dramatically skew the waiting times. 					
<u>Priority areas going forward</u> <ul style="list-style-type: none"> Number of alcohol brief interventions delivered in accordance with the HEAT Standard guidelines 			<u>Areas to monitor going forward</u> <ul style="list-style-type: none"> Number of screenings (using a validated tool) of alcohol use disorders delivered Percentage of clients waiting for more than 3 weeks between referral to a specialist drug and alcohol service and start of treatment. 		

ii) Local indicators¹

HEALTH						
People are healthier and experience fewer risks as a result of alcohol and drug use						
Indicator	Apr 11 – Mar 12	Jul 12 – Feb 13	Apr 13 – Mar 14	Apr 14 – Mar 15	Goal/Target	R A G
Experience an improvement in physical health	342 (44%)	199 (42%)	205 (28%)	336 (45%)	Increase	G
Experience an improvement in mental health	306 (40%)	148 (31%)	239 (32%)	323 (43%)	Increase	G
Experience an improvement in co-occurring health issues	138 (18%)	64 (14%)	87 (12%)	140 (19%)	Increase	G

PREVALENCE						
Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others						
Indicator	Apr 11 – Mar 12	Jul 12 – Feb 13	Apr 13 – Mar 14	Apr 14 – Mar 15	Goal/Target	R A G
Are alcohol dependent	277 (36%)	165 (35%)	104 (14%)	236 (32%)	Decrease	R
Are drug dependent	n/a	20 (4%)	32 (4%)	72 (10%)	Decrease	R
Are currently stable	249 (32%)	201 (42%)	188 (25%)	320 (43%)	Increase	G
Are intravenous drug users	0 (0%)	2 (0.4%)	4 (0.5%)	3 (0.4%)	Decrease	A

¹ This information excludes figures reported by RADICAL and Outreach Project – Street based work due to the nature of these projects.

Have reduced their risk-taking behaviour	263 (34%)	234 (49%)	189 (26%)	303 (41%)	Increase	G
Is an Armed Forces Veteran	n/a	0 (0%)	2 (0.3%)	4 (0.5%)	Monitor for changes	A
Has a gambling problem	n/a	2 (0.4%)	1 (0.1%)	6 (0.8%)	Monitor for changes	A

RECOVERY Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use						
Indicator	Apr 11 – Mar 12	Jul 12 – Feb 13	Apr 13 – Mar 14	Apr 14 – Mar 15	Goal/Target	R A G
Has reduced their daily drug spend	n/a	14 (3%)	20 (3%)	56 (8%)	Increase	G
Has reduced their daily alcohol spend	n/a	122 (26%)	211 (29%)	315 (42%)	Increase	G
Are in recovery process	n/a	85 (18%)	125 (17%)	193 (26%)	Increase	G
Have moved from recovery to maintenance	n/a	81 (17%)	94 (13%)	117 (16%)	Increase	G
Are unemployed	238 (31%)	148 (31%)	235 (32%)	288 (39%)	Decrease	R
Are in full-time employment	111 (14%)	50 (11%)	79 (11%)	99 (13%)	Increase	G
Are in part-time employment		12 (3%)	20 (3%)	22 (3%)	Increase	A
Are in education/training	132 (17%)	80 (17%)	99 (13%)	182 (24%)	Increase	G
Is retired	n/a	25 (5%)	66 (9%)	81 (11%)	Monitor for changes	R

Is on sickness/disability allowance	n/a	39 (8%)	99 (13%)	130 (17%)	Monitor for changes	R
Alcohol/drugs has affected their employment e.g. Absenteeism	n/a	57 (12%)	79 (11%)	76 (10%)	Decrease	G
Alcohol/drugs has affected their education e.g. Absenteeism	n/a	28 (6%)	35 (5%)	27 (4%)	Decrease	G
Experienced an improvement in employability status	124 (16%)	79 (17%)	75 (10%)	111 (15%)	Increase	G
Experienced an improvement in educational attainment	61 (8%)	40 (8%)	49 (7%)	35 (5%)	Increase	R
Have moved into employment	30 (4%)	19 (4%)	32 (4%)	30 (4%)	Increase	A
Have moved into education/training	34 (4%)	12 (3%)	47 (6%)	16 (2%)	Increase	R
Has moved out of employment	n/a	2 (0.4%)	4 (0.5%)	9 (1.2%)	Decrease	R
Has moved out of education/training	n/a	1 (0.2%)	5 (0.7%)	1 (0.1%)	Decrease	G
Have achieved qualifications in this period	43 (6%)	24 (5%)	54 (7%)	37 (5%)	Increase	R
Increased knowledge of the consequences and risks of alcohol and drugs	666 (86%)	*	557 (75%)	605 (81%)	Increase	G
Are in settled housing	357 (46%)	246 (52%)	420 (57%)	528 (71%)	Increase	G
Are in temporary accommodation	52 (7%)	31 (7%)	45 (6%)	43 (6%)	Decrease	A
Are homeless	18 (2%)	11 (2%)	39 (5%)	51 (7%)	Decrease	R
An improved ability to sustain a tenancy	108 (14%)	38 (8%)	181 (24%)	67 (9%)	Increase	R

Improved independent living skills	136 (18%)	56 (12%)	101 (14%)	172 (23%)	Increase	G
Improved personal relationships	328 (42%)	163 (34%)	205 (28%)	266 (36%)	Increase	G
Feel involved in their local community	239 (31%)	161 (34%)	132 (18%)	164 (22%)	Increase	G
Increased ability to make positive choices ⁴	512 (66%)	*	174 (24%)	366 (49%)	Increase	G
Increased confidence and self-esteem ⁴	460 (60%)	*	288 (39%)	385 (52%)	Increase	G
Improved ability to maintain their finances	230 (30%)	346 (73%)	183 (25%)	251 (34%)	Increase	G
Improved school/college/training attendance rates	117 (15%)	42 (9%)	56 (8%)	43 (6%)	Increase	R

CAPSM/FAMILIES Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances						
Indicator	Apr 11 – Mar 12	Jul 12 – Feb 13	Apr 13 – Mar 14	Apr 14 – Mar 15	Goal/Target	R A G
Improved their parenting skills	60 (8%)	25 (5%)	51 (7%)	68 (9%)	Increase	G
Providing an improved supportive environment for children	71 (9%)	27 (6%)	56 (8%)	59 (8%)	Increase	A
Participating in family activities	102 (13%)	36 (8%)	77 (10%)	87 (12%)	Increase	G
Experiencing improved protection of children	66 (9%)	36 (8%)	51 (7%)	50 (7%)	Increase	A
Children affected by substance misuse with improved school attendance rates	67 (9%)	15 (3%)	11 (1%)	23 (3%)	Increase	G

Children affected by substance misuse with improved school attainment	22 (3%)	13 (3%)	15 (2%)	25 (3%)	Increase	A
Children affected by substance misuse with improved self-confidence and resilience skills	44 (6%)	29 (6%)	40 (5%)	22 (3%)	Increase	R
Increased number of children having positive relationship with parents	97 (13%)	31 (7%)	81 (11%)	69 (9%)	Increase	R
Improved accommodation profile for service users with children living with them	15 (2%)	11 (2%)	20 (3%)	27 (4%)	Increase	A
Improved illicit drug/alcohol profile for service users with children living with them	33 (4%)	14 (3%)	51 (7%)	26 (3%)	Increase	R
Increased understanding of the impact substance use has on carers/family members/children	103 (13%)	59 (12%)	113 (15%)	131 (18%)	Increase	G
Local authority has been involved with children	n/a	30 (6%)	81 (11%)	34 (5%)	Monitor for changes	G
Children have had a Statutory Child Protection intervention by Social Work Services	n/a	16 (3%)	35 (5%)	22 (3%)	Monitor for changes	G
Children looked after by the Local Authority	n/a	13 (3%)	21 (3%)	22 (3%)	Monitor for changes	A

COMMUNITY SAFETY						
Communities and individuals live their lives safe from alcohol and drug-related offending and anti-social behaviour						
Indicator	Apr 11 – Mar 12	Jul 12 – Feb 13	Apr 13 – Mar 14	Apr 14 – Mar 15	Goal/Target	R A G
Report funding their drug use through crime	6 (0.8%)	2 (0.4%)	11 (1.5%)	8 (1.1%)	Decrease	G
Are on a DTTO/probation	45 (6%)	38 (8%)	38 (5%)	58 (8%)	Decrease	R
Has a criminal case pending	n/a	15 (3%)	25 (3%)	44 (6%)	Decrease	R

Is on a Community Payback Order (with alcohol treatment required)	n/a	17 (4%)	32 (4%)	47 (6%)	Decrease	R
Is on a Community Payback Order (other)	n/a	9 (2%)	9 (1%)	13 (2%)	Decrease	R
Is on bail	n/a	2 (0.4%)	5 (0.7%)	10 (1.3%)	Decrease	R
Has been in prison in the previous 12 months	n/a	19 (4%)	24 (3%)	39 (5%)	Decrease	R
Alcohol use has resulted in involvement with the Criminal Justice System within the reporting period	n/a	68 (14%)	74 (10%)	118 (16%)	Decrease	R
Service user given a DTTO who has been reconvicted within one year	n/a	1 (0.2%)	10 (1.4%)	18 (2%)	Decrease	R
Service user who has been convicted of vandalism (malicious mischief), breach of the peace, assault or anti-social behaviour within the reporting period	n/a	43 (9%)	53 (7%)	67 (9%)	Decrease	R
Service user who has had a drink driving conviction within the reporting period.	n/a	6 (1%)	8 (1%)	14 (2%)	Decrease	R

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						
Indicator	Apr 11 – Mar 12	Jul 12 – Feb 13	Apr 13 – Mar 14	Apr 14 – Mar 15	Goal/Target	R A G
New referrals received	293 (38%)	248 (52%)	494 (67%)	549 (74%)	Monitor for changes	A
Returning referrals	123 (16%)	96 (20%)	85 (12%)	126 (17%)	Decrease	R

Referrals to other agencies	115 (15%)	141 (30%)	17 (24%)	200 (27%)	Monitor for changes	G
Signposted to other agencies	n/a	64 (14%)	80 (11%)	171 (23%)	Monitor for changes	G
Discharges from the service	166 (22%)	164 (35%)	341 (46%)	310 (42%)	Monitor for changes	A
Unplanned discharges from the service	55 (7%)	65 (14%)	102 (14%)	120 (16%)	Monitor for changes	R
Initial care plans agreed	307 (40%)	198 (42%)	422 (57%)	391 (53%)	Increase	R
Have an individual focused care plan	265 (34%)	161 (34%)	386 (52%)	349 (47%)	Increase	R
Care plans reviewed	243 (31%)	137 (29%)	249 (34%)	332 (45%)	Increase	G
Care plans completed	186 (24%)	135 (28%)	239 (32%)	277 (37%)	Increase	G

5. ADP & MINISTERIAL PRIORITIES

ADP Priorities 2014/15

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

ADP Priorities in 2015/16

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

1. Development and implementation of a Recovery Orientated System of Care (ROSC)

We will develop and implement a ROSC in the Outer Hebrides in line with Scottish Government policy to ensure that local treatment, review and aftercare are integrated and priority is given to empowering people to sustain their recovery.

2. Commissioning

We intend to begin development of a commissioning approach from 2016 onwards. The Outer Hebrides ADP Needs Assessment which is due to be completed in 2016 will be used as a foundation for the development of the commissioning process. We will design and implement evidence based service commissioning for voluntary, statutory and public bodies which will strengthen local partnership working & joint accountability.

3. Workforce Development

We will undertake a Training Needs Analysis (TNA) in 2015-16. Following the TNA the Outer Hebrides ADP will work in partnership with STRADA in 2015-16 on compiling a Strategic Workforce Development (SWFD) blue print for the Outer Hebrides alcohol and drug workforce.

The Outer Hebrides ADP will develop a Strategic Workforce Development (SWFD) blue print for the Outer Hebrides alcohol and drug workforce in 2015-16 and implement this in 2016-17. This work will assist the Outer Hebrides ADP in implementing a robust ROSC for the Outer Hebrides.

4. Review of Governance

We will undertake a review of our Governance procedures in 2015/16 in order to align with our ROSC development, strengthen links with local partners and improve audit and scrutiny

5. Development of a structured whole population approach to alcohol

We will develop a structured plan in order to contribute to a whole population approach to alcohol within the Outer Hebrides.

Ministerial Priorities

ADP funding allocation letters 2015-16 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2015/16. Please outline these below.

- **Implementing improvement methodology at local level, including implementation of the *Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services* and responding to the recommendations outlined in the independent expert group on opioid replacement therapies;**

The Outer Hebrides ADP has prioritised the development of a ROSC from 2015 – 18. This development will align with the Scottish Governments' Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services quality improvement framework and the Scottish Governments' recommendations from the QATs report to ensure 2015 – 2018 service development in the Outer Hebrides is focused on the development of an effective, recovery oriented system of care that will be measurable at service, local and national levels. A care system will be developed that enables 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. All service redesign will be in line with the ORT review recommendations. Please note, the Outer Hebrides ADP had a total of 12 people in receipt of opiate replacement therapies between 1 April 2014 & 31 March 2015.

- **Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements;**

The Service Manager for Criminal Justice Social Work is a member of the OHADP – and takes responsibility for co-ordinating all prisoners throughcare by ensuring contact is made through prison based mentoring where available and / or referring in advance of release to addictions services locally.

- **Compliance with the Drug and Alcohol Treatment Waiting Times Local Delivery Plan (LDP) Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD);**

We will continue with current monitoring and reporting. Local reports are run and delivered to services on a monthly basis in order to ensure regular checks on the data are made and to ensure accuracy and completeness. The level of anonymous clients entered on to the DATWTD is being monitored. At 31/03/15, 5.4% of clients have been entered as anonymous (as a percentage of all clients entered on the database in the year).

- **Preparing local systems to comply with the new Drug & Alcohol Information System (DAISy) which is expected to be operational by Autumn 2016;**

The Outer Hebrides ADP current monitoring and evaluation process includes an outcomes database which funded services are aware will change to the new DAISy when advised by Scottish Government.

- **Compliance with the Alcohol Brief Interventions (ABIs) Local Delivery Plan (LDP) Standard;**

Exceeding the original goal when delivery of ABIs was introduced as a HEAT target has been detrimental for future targets. Our small population and rurality of the islands presents challenges in terms of future delivery. However, the ADP is encouraging delivery across all settings by, for example, giving GPs local targets to help embed delivery of ABIs, and closely monitoring

performance. Train the trainer training is to be delivered again to capture staff changes and update existing staff. The ABI planning group is to continue meeting on a regular basis to monitor progress, review compliance and address any issues.

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

Development of a structured whole population approach to alcohol is a key commitment area for 2015 onwards for the Outer Hebrides ADP.

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

This is done through two sets of actions:

- Health improvement work
 - support for ABIs across priority and wider settings so reduce the number of people who move from hazardous to harmful alcohol use
 - addressing the alcohol use of children and young people through Action for Children projects to delay onset of drinking and prevent young people from developing alcohol related problems
 - supporting recovery through diversionary projects such as Staran boat building and the Uist Men's Sheds
- Patient care:
 - alcohol liaison nursing and treatment services funded by ADP
 - ADP working with criminal justice services to ensure those who are diverted from prosecution are able to access treatment services.

- **Increasing compliance with the Scottish Drugs Misuse Database (SDMD), both SMR25a and b;**
Compliance over 2014/15 has varied in quality and will be both monitored going forward and targeted as an area for improvement. The Outer Hebrides ADP will continue to support services to identify missing records and continue to ensure all compliance checks and correspondence from ISD are passed on to the individual services.

- **Increasing the reach and coverage of the national naloxone programme and tackling drug related death(DRD)/risks in your local ADP; and**
The Outer Hebrides ADP does not currently have a naloxone programme; this decision will be reviewed within 2015.

- **Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).**
The Outer Hebrides ADP has worked with SDF to provide NPS training for local substance staff from across the Outer Hebrides during 2014 – 15, as detailed in section 10.

APPENDIX 1: NOTES

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

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

RED Not yet started or being considered for the future

- AMBER** Work in progress but not yet completed or still some development needed
- GREEN** Work either completed or a pattern of work fully established to the ADP specification and now an on-going piece of work which includes further enhancements.

2. This column should be used to **describe the range of evidence** used to support the RAG Score. We do not require the source documents to be attached unless specifically requested

3. **Joint Strategic Needs Assessment:** Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. (<http://www.nhsconfed.org/Publications/briefings/Pages/joint-strategic-needs-assessment.aspx>). It is recognised that grey literature is issued in-between specific Commissioned Strategic assessments such as prevalence and ADPs will wish to factor this into their on-going planning.

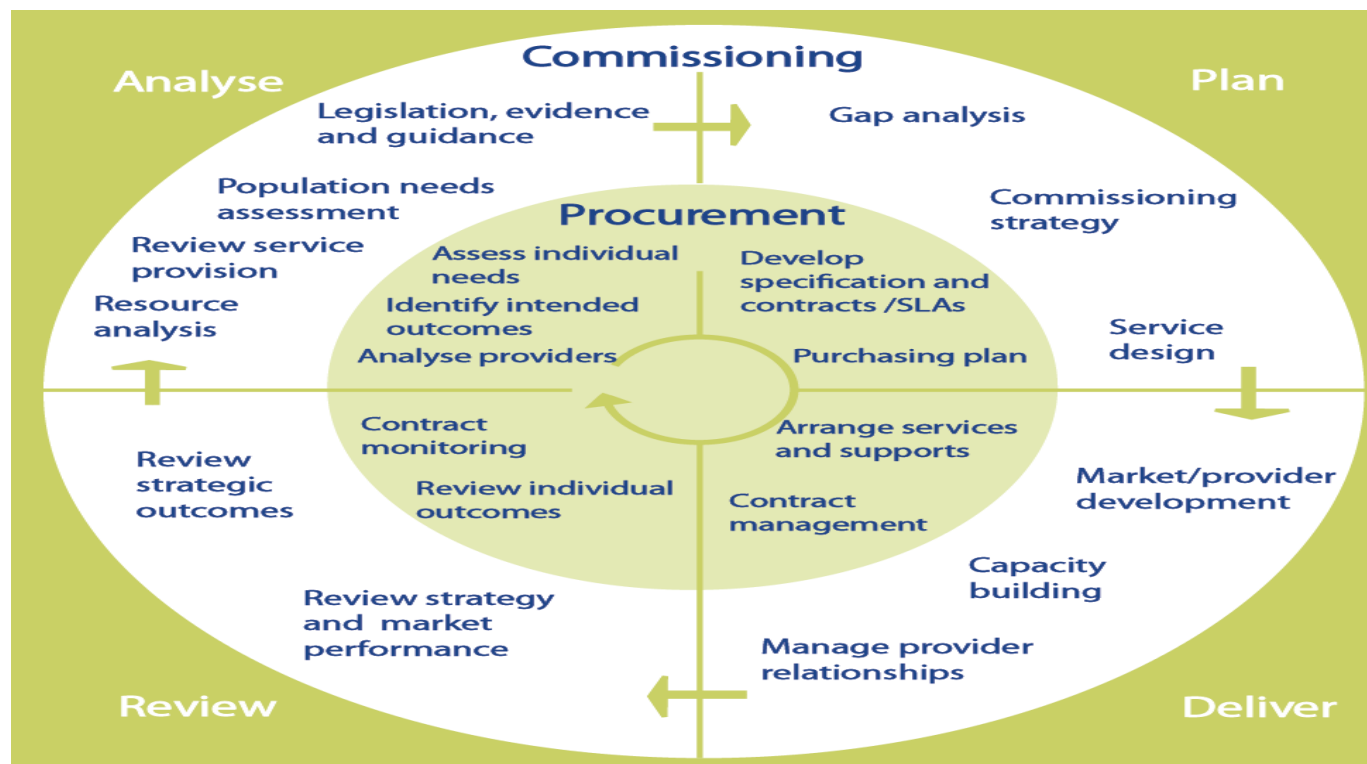
4. **Joint Performance Framework:** a national assessment process on how effectively local partnerships are achieving these improvements. (http://www.sehd.scot.nhs.uk/publications/cc2004_02.pdf)

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

The Integrated Resource Framework was developed jointly by the Scottish Government, NHS Scotland and COSLA to enable partners in NHS Scotland and Local Authorities to be clearer about the cost and quality implications of local decision-making about health and social care. The IRF helps partnerships to understand more clearly current resource use across health and social care for different population groups, enabling better local understanding of costs, activity and variation across service planning and provision for different population groups, enabling better local understanding of costs, activity and variation across service planning and provision for different population groups. (<http://www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives/integrated-resource-framework/>)

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

6. Please indicate in your evidence if you have received feedback on this report from your Community Planning Partnership/Integrated Joint Board or other accountability route, specifying who that is. Strategic commissioning is informed by The Commissioning Cycle (the outer circle) which drives purchasing and contracting activities (the inner circle), and these in turn inform the on-going development of Strategic Commissioning. Strategic commissioning is defined as 'term used for all activities involved in assessing and forecasting needs, links investment to desired outcomes, considering options, planning the nature, range and quality of services and working in partnership to put this in place. Strategic commissioning process is defined by four stages, analyse, plan, deliver and review as presented visually in the diagram below.



7. The [Alcohol and Drug Workforce Statement](#) is addressed to anyone who has a role in improving outcomes for an individual, families or communities experiencing problematic drug and alcohol use.

8. A full range of **essential care Services** include identifiable community rehabilitation services – including using people with lived experience; access to detoxification and residential rehabilitation; access to a full range of psychological and psychiatric services; services addressing employability and accommodation issues.

<http://www.scotland.gov.uk/Resource/Doc/217018/0058174.pdf>)

9. **Quality Assurance Framework:** A guidance document which sets out the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met. Examples of how to improve the quality of your services may be found at

<http://www.qihub.scot.nhs.uk/media/458288/efficient%20and%20effective%20cmht%20prototype%20version%201.pdf>

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

11. **The Independent Expert Review of Opioid Replacement Therapies in Scotland** 'Delivering Recovery' can be found at <http://www.gov.scot/Publications/2013/08/9760/downloads>

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

