AGENDA ITEM No.9

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	7 October 2015
Agenda Item	9
Title	East Renfrewshire Alcohol & Drug Partnership Delivery Plan 2015-2018

Summary

This report seeks to inform the Integration Joint Board of the Alcohol and Drug Partnership Delivery Plan 2015-18 and feedback provided by the Scottish Government.

The enclosed report provides an overview of the:-

- Comprehensive partnership activity to address the national alcohol and drug outcomes in particular how we are evidencing the delivery of a recovery orientated system of care.
- How we aim to address the ministerial drug and alcohol priorities, our local improvement goals and how we intend to deliver these priorities.
- ADP Performance across all of the core national indicators.
- ADP Governance and Financial Accountability Framework

Feedback provided by the Scottish Government on ADP delivery and progress to date is very positive highlighting that the delivery plan was very strong and aligned well with the national guidance. The plan was well structured and highlighted the range of good work and progress the ADP has made to date, as well as clearly setting out your planned activities for future delivery which builds on the significant work already undertaken. The Scottish Government has commended the East Renfrewshire delivery plan as an example of best practice.

Presented by	Janice Thomson, Alcohol and Drug Partnership Co-ordinator

Action Required

Integration Joint Board members are asked to note content and comment on the delivery plan.

Implications checklist – check box if applicable and include detail in report

☐ Financial	☐ Policy	☐ Legal	☐ Equalities
☐ Efficient Government	☐ Staffing	☐ Property	☐ IT

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATION JOINT BOARD

7 October 2015

Report by Julie Murray, Chief Officer

EAST RENFREWSHIRE ALCOHOL & DRUG PARTNERSHIP DELIVERY PLAN 2015-2018

PURPOSE OF REPORT

1. To update the Integration Joint Board on the Alcohol and Drugs Partnership Delivery Plan 2015-2018. The report details the range of partnership activity to address both national and local alcohol and drug outcomes and ministerial priorities.

RECOMMENDATION

2. Integration Joint Board members are asked to note content and comment on the delivery plan.

REPORT

Outcomes

3. The Alcohol and Drug Partnership Delivery Plan 2015-18 identifies our shared vision and shows how we will deliver better outcomes for individuals, families and communities affected by drugs and alcohol. The plan is aligned to the core outcomes and planning processes with all public protection partnerships including child protection, violence against women and girls, adult protection, integrated children's services, MAPPA, criminal justice, and community safety and defines our contribution to the East Renfrewshire Single Outcome Agreement and Health and Social Care Strategic Plan. The delivery plan will work towards the following outcomes ensuring that:
    - People are healthier and experience fewer risks as a result of alcohol and drug use
    - Fewer adults and children are drinking or using drugs at levels that are damaging to them selves or others
    - Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use
    - Children and family members of people misusing alcohol and drugs are safe, well supported and have improved life chances
    - Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour;
    - People live in positive, health promoting environment where alcohol and drugs are less readily available
    - Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.

Priorities

4. The ADP is committed to taking forward activities to implement the following ADP and national ministerial priorities :

- Compliance with the **Drug and Alcohol Treatment Waiting Times** Local Delivery Plan (LDP) Standard
- Implementation of **improvement methodology** at the 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;
- Preparation of local systems to comply with the new **Drug & Alcohol Information System (DAISy)**, expected to be operational by Autumn 2016.
- A proactive and planned approach to responding to the needs of **prisoners affected by problem drug and alcohol use** and their associated throughcare arrangements. It is expected that **ADPs (including Health Board partners) and the Scottish Prison Service will work more closely to ensure a consistent process and sharing of information before, during and after an individual is in custody**. A further key priority area for the Scottish Government is effectively supporting women who offend;
- Compliance with the **Alcohol Brief Interventions** Local Delivery Plan (LDP) Standard;
- Ongoing implementation of a **Whole Population Approach for alcohol**, recognising harder to reach groups and supporting a focus on communities where deprivation is greatest;
- ADP engagement in improvements to reduce **alcohol-related deaths**;
- Tackle **Drug Related Death** risks in your local ADP;
- Continue to prioritise the reach and coverage of Naloxone kits for people at risk of opiate overdose, including on release from prison;
- Improving identification of, and preventative activities focused on, **New Psychoactive Substances**;
- Increasing compliance with the **Scottish Drugs Misuse Database**, both SMR25 (a) and (b);
- **Service Users and Families** – ensuring service users and families play a central role in the partnership commissioning process and evaluating the impact of our services;
- **Workforce Development -** undertake a workforce development strategic blueprint with support from Scottish Drugs Forum to incorporate the 15 National Learning Priorities from CoSLA and Scottish Government Supporting the Development of Scotland's Alcohol and Drug Workforce. We will ensure integration and alignment with Health and Social Care Partnership workforce planning and other key drivers such as GIRFEC/ Children and Young People (Scotland) Act 2014.
- **Recovery Orientated System of Care** – alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive. We will continue to support positive performance in relation to people moving from alcohol and drug services into recovery.

Feedback

5. Feedback provided by the Scottish Government on the East Renfrewshire ADP Delivery Plan and progress to date is very positive noting that the plan and activities within it more than fully meet the expectations of Scottish Ministers and builds on the significant work already undertaken. The plan clearly illustrates strong leadership and the commitment of the ADP and members and highlights service user involvement, recommendations from hidden populations, the redesign of children's services to effectively meet the requirements through the Children and Young People (Scotland) Act 2014 would be helpful to share with other ADP's. The Scottish Government has commended the East Renfrewshire delivery plan as an example of best practice.

FINANCE AND EFFICIENCY

6. None

CONSULTATION

7. The delivery plan has been developed in consultation with East Renfrewshire Council, East Renfrewshire Community Health and Social Care Partnership, Voluntary Action East Renfrewshire, Police Scotland, Scottish Fire and Rescue Service, NHS Greater Glasgow and Clyde and PARTNER - People Achieving Recovery Together in East Renfrewshire.

PARTNERSHIP WORKING

8. The Alcohol and Drug Partnership comprise of the following partners: East Renfrewshire Health and Social Care Partnership, East Renfrewshire Council, Voluntary Action East Renfrewshire, Police Scotland and Scottish Fire and Rescue Service.

IMPLICATIONS OF THE PROPOSALS

Policy
9. None

Staffing
10. None

Legal
11. None

Property
12. None

Equalities
13. None

IT
14. None

CONCLUSIONS

15. This report demonstrates the significant range of improvement activity to address the seven national alcohol and drug outcomes. Feedback to date by the Scottish Government on ADP progress is very positive with specific areas such as the implementation of a recovery orientated system of care and extensive work taken to support a whole population approach being commended.

RECOMMENDATIONS

16. Integration Joint Board members are asked to note content and comment on the delivery plan.

REPORT AUTHOR AND PERSON TO CONTACT

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September 2015

KEY WORDS

A report detailing the Alcohol and Drug Partnership Delivery Plan 2015-18 and feedback provided by the Scottish Government

Alcohol, drugs, outcomes, activity, performance, governance

East Renfrewshire Alcohol and Drugs Partnership

DELIVERY PLAN 2015 – 2018

EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Voluntary Action East Renfrewshire Third Sector Interface

POLICE SCOTLAND Keeping people safe

SCOTTISH FIRE AND RESCUE SERVICE Working together for a safer Scotland

1. PARTNERSHIP DETAILS

Alcohol & Drug Partnership:	East Renfrewshire
ADP Chair	Julie Murray
ADP Co-ordinator	Janice Thomson
Contact telephone	07740456951
Email:	Janice.thomson@eastrenfrewshire.gov.uk
Date of Completion:	15th June 2015

The content of the delivery plan has been agreed as accurate by the Alcohol and Drug Partnership.

Julie Murray

Chair East Renfrewshire Alcohol and Drugs Partnership

2. Introduction

The Alcohol and Drug Partnership (ADP) provides strategic responsibility for addressing alcohol and drug related problems in East Renfrewshire. Membership of the partnership comprises senior representatives from across NHS Greater Glasgow and Clyde, East Renfrewshire Council, East Renfrewshire Health and Social Care Partnership, Police Scotland and East Renfrewshire Voluntary Action. The ADP strategy identifies our shared vision and shows how we will deliver better outcomes for individuals, families and communities affected by drugs and alcohol.

'Our vision is for a safe and inclusive community where we prevent the harm caused by alcohol and drugs and support individuals in their recovery to live longer, healthier lives and realise their full potential.'

The three year strategy and delivery plan defines our core outcomes and their contribution to the East Renfrewshire Single Outcome Agreement. The strategy and delivery plan are aligned to core outcomes and planning processes with all public protection partnerships including child protection, violence against women and girls, adult support and protection, integrated children's services, MAPPA, criminal justice, and community safety. The delivery plan will work towards the following outcomes ensuring that:

- People are healthier and experience fewer risks as a result of alcohol and drug use
- Fewer adults and children are drinking or using drugs at levels that are damaging to themselves or others
- Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use
- Children and family members of people misusing alcohol and drugs are safe, well supported and have improved life chances
- Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour;
- People live in positive, health promoting environment where alcohol and drugs are less readily available
- Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.

3. Governance and Financial Accountability Arrangements

The Alcohol and Drugs Partnership reports directly to both the Community Planning Partnership (CPP) and Health and Social Care Partnership (HSCP). There is direct representation at a senior strategic level across the ADP/CPP and HSCP this enables planning priorities, outcomes and performance to be reported through the Single Outcome Agreement and HSCP Strategic Plan.

The CPP's approach to integrated operational partnership working is driven by five SOA work streams and the management of cross-cutting issues. The ADP reports directly through ***SOA4. East Renfrewshire residents are safe and supported in their communities and homes. Outcome 4.6 People are improving their health and well being by recovering from problematic drug and alcohol use.***

The new East Renfrewshire Integration Joint Board will be established in August 2015. Partners across the HSCP/CPP/ADP have worked collaboratively and contributed directly to the development of the new health and social care strategic plan. Core actions in relation to alcohol and drug prevention and recovery are aligned and will be reported through the health and wellbeing outcome of the strategic plan.

The ADP utilises the Covalent performance management system to record and monitor performance across the range of delivery plan outcome indicators and targets. ADP alcohol and drug indicators/targets/actions are reported six monthly and annually through the Community Planning Performance and Accountability Review and HSCP Performance Accountability Review. There is both six monthly and annual feedback on the range of alcohol a drug indicators, targets and actions through the Performance Accountability Review. The Chair of the ADP submits and presents a full end of year report to both the CPP and HSCP and feedback is provided directly by both partnerships.

The Alcohol and Drug Partnership has responsibility for directing and reporting on the use of funding from the NHS Board and other partners to support the delivery of the alcohol and drug strategy. The Alcohol and Drug Partnership develops reviews and agrees investment based on assessed need and agreed core outcomes. Recommendations for investment are made within the Addictions Planning and Implementation Group and ratified by the ADP as and when required. Accountability for core NHS alcohol and drug spend is reported through the East Renfrewshire Health and Social Care Partnership.

4. Financial Framework 2015-18

Income	2016 £	2017 £	2018 £
Alcohol Misuse	540348	542181	544033
Drug Misuse	858689	862761	866874
Total Income	**1,399,037**	**1,404,942**	**1,410,907**

Expenditure	2016 £	2017 £	2018 £
Prevention	284773	287228	289708
Treatment & support	750947	757119	763353
Recovery	360013	363614	367250
Total Expenditure	**1,395,733**	**1,407,961**	**1,420,311**
Over/Underspend for Year	**3303**	**-3019**	**-9404**
See Appendix for detailed breakdown of spend.	**A**	**B**	**C**

Support in Kind	Description
Police Scotland	• Expenditure relating to police deployment to address alcohol and drug related offences, Community Safety Tasking and Coordinating, Licensing issues and policing of license premises. Tackling anti-social behaviour and the provision of school campus police officers.
ERC Education	• Expenditure relating to ERC contribution to drug and alcohol delivery within health and wellbeing/curriculum for excellence. • Quality Improvement Officers contribution to prevention planning and implementation. • Additional drug and alcohol education awareness sessions delivered to all P7 children in East Renfrewshire through Safety in the Park. • Campus Police Officers contribute to curricular inputs • School Health Coordinator supports delivery of drug and alcohol CPD for staff and in curricular delivery.
NHSGGC	• Expenditure relating to Acute Secondary Care, Acute Liaison and Injecting Equipment Provision is funded directly by NHSGGC Board.

5. ADP & Ministerial Priorities

ERADP Priority	Summary
1. Recovery Orientated System of Care (ROSC)	• The service review and redesign to support a recovery orientated system of care is now fully embedded and operational. We will continue to support positive performance in relation to people moving from alcohol and drug services into recovery. ROSC is in place and enhancing further.
2. Whole Population Approach	• Continue to focus on upstream work to support whole population approach to reducing alcohol consumption. Work through primary care to embed ABI delivery and support ABI delivery in wider settings. New local delivery targets have been aligned for next three years and actions agreed to support and increase delivery to meet the target. • Ensuring a whole population approach including specific action on licensing and overprovision, implementing local public health alcohol campaigns will be ongoing through the delivery plan to achieve ADP targets set within the delivery plan.
3. Waiting Times	• We will continue to sustain performance to meet waiting times local improvement target and HEAT standard. Support staff to implement new DAISY Information system.
4. Increasing Data Compliance SDMD & DATWTD	• As part of our ongoing quality assurance plan, we will work with ISD to review audit reports for the number of SMR25bs completed in the first 26 weeks following initial assessment. Local improvement Goal set 100% SMR25a completion, 100% SMR25b completion, 100% SDMD/DATWTD completion • 100% with a scheduled 12 week follow up will be completed within the 8 week window by March 2018.
5. Increasing the reach and coverage of the national naloxone programme.	• Naloxone delivery is suboptimal this will be addressed through the priority actions detailed in the delivery plan to meet the target.
6. Reducing drug related deaths (DRD)	We will continue to progress a range of work streams to achieve this aim: • Collection of local drug related deaths data and monitoring for trends and areas for potential action • Learning from national, international developments, research and reports in the field of DRD • Take Home Naloxone – delivery is mainly through drug and alcohol services, prisons and injecting equipment providers, future plans include GPs, custody suites and acute hospitals. • Opiate Replacement Therapy in a Recovery Orientated System of Care including the use of buprenorphine • Foil Pilot- to encourage route transition away from injecting • Monitoring and response to developments with Novel Psychoactive Substances through the board wide Drug Trend Monitoring Group. • Development of Information Sharing Protocols between ambulance and drug and alcohol services • Specific Drug Death Action Plan in place and reviewed annually this includes review of care pathways,

	critical incident review and implementation of overdose awareness campaign within front line services.

ERADP Priority	Summary
7. *Quality Principles*: *Standard Expectations of Care and Support in Drug and Alcohol Services*	• We will implement and monitor *Quality Principles*: *Standard Expectations of Care and Support in Drug and Alcohol Services.* • Agree process for auditing implementation of the quality principles and standards across all addiction services.
8. Service Users Families and Carers	• We will continue to ensure and demonstrate that service users and their families play a central role in the partnerships commissioning process and evaluating the impact of our services. • Service user methods and processes are incorporated in the day to day running of service and planning structures. There is a service user plan in place and regular monthly feedback to service users by the community addiction team. Service user and carers are integral to service level specifications. • Service users play an active role in service development and are directly represented on the ADP Addiction Planning and Implementation Group.
9. Workforce Development	• We will undertake a workforce development strategic blueprint with support provided by STRADA. Identify and articulate local workforce development needs aligned with national learning priorities and develop local workforce strategies and implementation plans to meet these needs. We will work directly with the full range of nationally commissioned organisations to support the implementation and delivery of the workforce plan in addition to local partners across Corporate Learning and Development, NHS GGC, HSCP, CPC and Health Improvement.
10. Responding to the recommendations outlined in the independent expert group on opioid replacement therapies	• Local improvement goal in place. We will implement the new Scottish Government Recovery Outcome tool across addiction services by December 2015. Detailed actions on ORT are outlined in the delivery plan.
11. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS)	• Work to improve identification and prevention of NPS is co-ordinated through the Greater Glasgow and Clyde Drug Trend Monitoring Group (DTMG). Membership of the group is extensive and includes ADP representation. Core recommendations for collaboration, co-ordination, monitoring and responding to NPS by the DTMG are detailed in the delivery plan. Key areas of this work stream include: • Work with partners in the Acute, Mental Health, Sexual Health, Young People's Services, Police Scotland and the Third Sector to improve communication networks and data collection. This includes piloting different methods of data collection looking at the most practical and effective ways, taking into consideration factors such as where and when to collect information to maximise reliability and usefulness. We are also working on how and when information is disseminated to wider partners.

ERADP Priority	**Summary**
11. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS)	• A GGC NPS event took place recently to consider the pathways for individuals needing help and advice or those with issues regarding NPS, stimulant, club drug use. The aim of the event was to begin to identify gaps in service provision, including what data is collected, shared with, and the referral pathway. A report is currently being finalised and will be disseminated across the network. • We are undertaking research in partnership the Glasgow Drug Court and Glasgow University to look for drugs of abuse including NPS in urine screening to identify what is detected in different levels of screening. We will also look at self reports of use compared to what is actually present. There are difficulties in testing for many NPS as there are so many and change structure so frequently. Broad spectrum testing is not useful as it often fails to detect drugs that are low in concentration. This is particularly relevant for some NPS as many of these substances are active at very low doses. This work has implications for not only addiction services but also services such Mental Health and Acute as it is difficult to accurately determine what is causing symptoms, how to treat and what possible interactions there may be with prescribed medications. • Additional research is planned by partners in A&E and in Mental Health inpatient services, the findings of which will be fed back in to the Drug Trend Monitoring group to inform future work.
12. Prison & Through Care	The NHS GGC Substance Misuse Strategy covering services in HMP Greenock, HMP Barlinnine and HMP Low Moss is in the final planning stage, this will fit with national development plans in conjunction with our key partners, SPS and ADPs this includes the following key areas: • Contribute and deliver HEAT Targets and SMR. This will be supported by specialised assessment tools and future developments such as the DAISY. Outcome recording will be part of this process. • The Tiered Model Approach is being adopted in order to be a truly inclusive service and in order to meet the needs of the prison population. Naloxone provision, Alcohol Brief Interventions and Pre Release Harm Reduction among more intensive interventions will continue to be provided and developed. • Medical and Specialised Support Staff will work together sharing joint recovery and through care plans. Recovery focused interventions which look at developing the individual's assets will be key. This will be in keeping with current practice and national policy. There is already extensive work ongoing with the Scottish Recovery Consortium and local Recovery Networks, this will be further developed creating recovery networks within prison and accessibility of these on release to communities. • Individualised specialist support will be included in the strategy and there is strong links with NHS services across the range, such as Health Improvement and Blood Bourne Virus Services. All areas have been developed with key services involved.

6. Performance Framework and Priority Actions to Improve Outcomes 2015/18

Note baselines and local improvement goals/targets were reviewed utilising the ScotPho profile analysing all available time trend data to enable more robust assessment of the longer term direction of travel. This included benchmarking across our SOLACE benchmarking family in line with the local government benchmarking framework. Further detail is available in a supplementary benchmarking report.

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

Indicators	ER Base/ Current Value	Benchmark Current Value	National Current Value	Target 2015/16	Target 2016/17	Target 2017/18	Performance Note and Benchmark
1. Drug related hospital stays EASR per 100,000 population	**61 2012/13**	**86 2012/13**	**125 2012/13**	**60**	**58**	**55**	Rates of drug related hospital stays increased in Scotland and East Renfrewshire peaking in 2008/09. The long term trend is increasing. East Renfrewshire rate lies in the lower quartile and is significantly lower than the rate for both Scotland and our benchmarking partners. Stabilise and reduce rate to 55 per 100,000.
2.Alcohol related hospital stays EASR per 100,000 population	**438 2013/14**	**631 2013/14**	**697 2013/14**	**425**	**415**	**400**	Rates of alcohol related hospital stays increased in Scotland and East Renfrewshire peaking in 2004/5 in East Renfrewshire and 2007/8 in Scotland then deceasing for both East Renfrewshire and Scotland. East Renfrewshire rate lies in the lower quartile and is significantly lower than the rate for both Scotland and our benchmarking partners. Reduce rate to 400 per 100,000.
3.Alcohol related mortality EASR per 100,000 population	**17.6 2013**	**15.2 2013**	**21.4 2013**	**16**	**15**	**14**	The long term trend in relation to alcohol related mortality is decreasing for both Scotland and East Renfrewshire. The East Renfrewshire rate lies in the lower quartile and is significantly below the Scottish rate but higher than our benchmarking partners. Reduce rate to benchmark partners.
4.Drug related mortality per 100,000 population	**3.3 2013**	**5.3 2013**	**9.9 2013**	**3.3**	**3.3**	**3.3**	The rate of drug related deaths in East Renfrewshire increased from 2003 and peaked in 2009 reducing from this period to the current value. The overall long term trend is increasing. The East Renfrewshire rate lies in the lower quartile and is significantly lower than both the rate for Scotland and our benchmarking partners. Stabilise and maintain low rate.

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

Indicators	ER Base/ Current Value	Benchmark Current Value	National Current Value	Target 2015/16	Target 2016/17	Target 2017/18	Performance Note and Benchmark
5. Number of naloxone kits issued and coverage as % of problem drug users.	75 9%	TBC	TBC	100% Case Load N=138 15%	100% Case Load 20%	100% Case Load 25%	Performance in relation to naloxone is suboptimal uptake by service users has been limited. Service plan in place to increase uptake has shown positive increase in performance in last year with 45% of caseload trained and kits issued. New revised improvement target in place to reach 100% n=138 of case load by March 2016. This will be reviewed annually.
6. Hepatitis C positives among PWID %	50 2011/12	36.6 2011/12	53 2011/12	48	46	45	We have seen a positive increase in HCV initiation on treatment which is 33% above current target. Additionally there was a 12.7% reduction in Hep C positives in PWID on previous year 2011/12. Time trend is reducing note data only available for three years 2008-2011. Current value is below Scotland average and above benchmarking partners. Reduce to 45% by 2017/18.
7. Total number of individuals seen at Injecting Equipment Providers (IEP).	153 2014	N/A	N/A	Data Only	Data Only	Data Only	We have seen a 50% reduction in the total number of clients and new clients seen at IEP sites between 2012/13 and 2013/14. This can be explained by a shift to the new enhanced NEO database system which reduces errors in relation to double registrations. The current value indicates that the number has stabilised over the last year. Data only no target set this is continuously monitored as part of the IEP service provision across GGC.

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

Priority Action	Key actions to support this outcome in 2015/18	Lead	By When
1. Drug related hospital discharges	• Implement joint working with acute liaison and A&E staff to provide early intervention and referral, early initiation of a treatment plan for drug use and referral on to community services, improve identification of frequent A & E attendees with a substance use presentation and non fatal illicit overdose. • Workforce development is a significant priority of the acute addiction action plan. A range of new resources will be developed and introduced in acute hospitals to support staff education on drugs face to face education sessions will continue to be delivered. • The acute addiction plan will incorporate New Psychoactive Substances (NPS) with priorities being progressed on communication, data collection and training. This work is being taken forward in conjunction with GGC Drug Trends Monitoring Group Action Plan. • Harm reduction initiative negotiated and agreed between Glasgow Addiction Services and Glasgow Acute services for naloxone to be dispensed to drug patients (at risk of overdose) on discharge from general acute hospitals in Glasgow. Scheduled to commence summer 2015.	Acute Services	March 2016 Acute Addiction Plan reviewed annually.
2.Alcohol related hospital discharges	• Implement new alcohol screening and brief intervention pilot within A&E. Provides early intervention and referral, early initiation of a treatment plan for substance use. • Continue to deliver and meet waiting times target. Delivery across acute, wider settings and oral maxillofacial clinic. • During 2013-14 an on line education resource developed specific to the acute alcohol withdrawal guidelines (GMAWS). New on line education resources will be developed for acute alcohol screening and brief interventions.	Acute Services	March 2016 Acute Addiction Plan reviewed annually.

National Outcome One: Health People are healthier and experience fewer risks as a result of alcohol and drug use			
Priority Action	**Key actions to support this outcome in 2015/18**	**Lead**	**By When**
3.Alcohol related Deaths	• Sustaining performance in relation to faster access across acute and community services in addition to improving and increasing the reach of ABI delivery across primary care and wider settings, ensuring a whole population approach including specific action on licensing and overprovision and local public health alcohol campaigns will be ongoing through the delivery plan to achieve the target set in relation to alcohol related mortality. • Alcohol deaths audit currently being progressed in conjunction with NHSGGC Public Health to assess trends and variances and consider the impact of introducing ABI and Acute Liaison interventions due to report 2016/17. • Clinical Service Review Mental and Health and Addictions completed this included a review of current services, future changes and models of care. Due to report August 2015. Recommendations will be incorporated into both the ADP delivery and service improvement plan.	Acute Services Primary Care Health Improvement Public Health Clinical Services Review Group ERC Environment	March 2016 Ongoing.
4.Drug Related Deaths	• Implement the Drug Death Action Plan this will include review of care pathways, critical incident review, and implementation of overdose awareness campaign within front line services. • Review all drug related deaths at the multi-disciplinary team meeting and CAT team meeting. • Continue to sustain performance and quick access to recovery focussed care through community and secondary services. • Drug Death Prevention Research Associate appointed. The postolder provides detailed analytical support in relation to drug related deaths and reports to the ADP.	ER HSCP Addiction Services Acute Services Public Health	March 2016 Ongoing.

National Outcome One: Health People are healthier and experience fewer risks as a result of alcohol and drug use			
Priority Action	**Key actions to support this outcome in 2015/18**	**Lead**	**By When**
5.Naloxone	• The target for naloxone has not been achieved uptake by service users has been limited this will be addressed through the delivery of the following actions to meet ADP target: • All CAT/ Recovery Team to complete naloxone training for trainers. • Service user recovery plan will include as standard naloxone in Tier 3 clinics. • Staff caseload will be reviewed and targets for naloxone delivery set for each worker. This will be monitored at each team meeting. • Roll out the pilot to provide training and supply via PGD of take home naloxone kits in community pharmacy injecting equipment providers (IEPs) within East Renfrewshire.	ER HSCP Addiction Services Community Pharmacy	March 2016 Ongoing.
6. Hepatitis C positives among PWID %	• Disseminate dried blood spot kits and patient information to all shared care GPs to support testing and to identify patients who are ready to engage in treatment. • A case finding initiative offered to Primary Care, utilising software to identify patients with a recorded history of risk for HCV to support testing. • Implement diagnostic testing pilot in community pharmacies providing injecting equipment. This identifies needle exchange and methadone clients with undiagnosed infection, supporting primary prevention and treatment.	NHSGGC	March 2016 Ongoing
7. Injecting Equipment Providers (IEP).	• Launch pharmacy campaign to promote drug services to IEP clients 2015-16. Develop posters to highlight the range of services and interventions on offer and support with an appointment card, where pharmacy staff physically make an appointment on the client's behalf and promote attendance. • Dry Blood Spot Testing Pilot is now underway with the first sites due to go live June 2015. It is hoped that those clients who do not have access to testing through drug services or GP's will accept the offer of convenient testing through their pharmacy IEP. This will promote testing to monitor any potential outbreaks or clusters, as seen recently with HIV. • Recent changes to the Misuse of Drugs Act, allows the provision of foil for smoking heroin. Funding secured to roll out the pilot and provide foil across all IEP's over the next year 2015/16.	NHSGGC Public Health Community Pharmacy	March 2016 Ongoing.

National Outcome Two: Prevalence
Fewer adults and children are drinking or using drugs at the levels or patterns that are damaging to themselves or others

Indicators	ER Base/ Current Value	Benchmark Current Value	National Current Value	Target 2017/18	Performance Note and Benchmark
1. Percentage of 15 year pupils who used illicit drugs in the last month	11 2013	7 2013	9 2013	**8%**	East Renfrewshire, Scotland and Benchmarking partners all reduced the % of illicit drugs used in last month between the last two survey periods 2010 and 2013. Whilst the reduction is more stable across Scotland the trend in East Renfrewshire has fluctuated in the last four survey periods reaching a peak in 2010. Target to stabilise and reduce below national rate and aim to meet benchmark rate. This is a three year target as national reporting not available annually to monitor this indicator.
2. Percentage of 15 year old pupils who have used an illicit drug in the last year	18 2013	12 2013	16 2013	**13%**	East Renfrewshire, Scotland and Benchmarking partners all reduced the % of illicit drugs used in last year between the last two survey periods 2010 and 2013. Whilst the reduction is more stable across Scotland and benchmarking partners the trend in East Renfrewshire has fluctuated in the last four survey periods. Target to stabilise and reduce below national rate and meet benchmark rate. This is a three year target as national reporting not available annually to monitor this indicator.
3. Percentage of 15 year old pupils drinking on a weekly basis	11.7 2013	12.6 2013	11.6 2013	**8%**	East Renfrewshire, Scotland and Benchmarking partners all reduced the % of weekly drinking in pupils between the last two survey periods 2010 and 2013. This has now brought East Renfrewshire in line with national average and slightly below the benchmark. Aim to continue to reduce proportion of children drinking by 3.7% by next survey report 2017. This is a three year target as national reporting not available annually to monitor this indicator.

4. Estimated prevalence of problem drug use amongst 15-64 year olds (%)	**1.47 2013**	**1.27 2013**	**1.68 2013**	**1.25%**	Overall long term trend in prevalence for Scotland, East Renfrewshire and Benchmarking Partners is increasing. 2013 prevalence survey reported slight reductions in prevalence for Scotland and East Renfrewshire but an increase within our benchmarking partners. Aim to continue to reduce East Renfrewshire rate to below rate of benchmark partners target 1.25 by 2017 and longer term to reduce to 0.95%. This is a three year target as national reporting not available annually to monitor this indicator.

National Outcome Two: Prevalence
Fewer adults and children are drinking or using drugs at the levels or patterns that are damaging to themselves or others

Indicators	ER Base/ Current Value	Benchmark Current Value	National Current Value	Target 2017/18	Performance Note and Benchmark
5. Estimated drug prevalence rate of male population 15-64 (%)	2.10 2013	1.85 2013	2.45 2013	**1.8%**	Overall long term trend in prevalence for Scotland, East Renfrewshire and Benchmarking Partners is increasing. 2013 prevalence survey reported slight reductions in prevalence for Scotland and East Renfrewshire but an increase within our benchmarking partners. Aim to continue to reduce East Renfrewshire rate to below rate of benchmark target 1.8 by 2017.Three year target national reporting not available annually.
6. Estimated drug prevalence rate of female population 15-64 (%)	0.88% 2013	0.96% 2013	0.69% 2013	**0.7%**	East Renfrewshire female prevalence rates are increasing with rates doubling between the period 2006 and 2013. This is in contrast to Scotland where the rate has remained stable. The rate for the benchmarking partners has also increased but not at the same rate. Aim to stabilise and reduce to 0.7%. This is a three year target national reporting not available annually to monitor this indicator.
7. Percentage of individuals exceeding daily and/or weekly drinking limits	15% 2011	20% GGC 17% East Dun 2011	43.4% 2011	**12%**	The percentage of individuals drinking to excess increased by 6.4% between 2008 and 2011. The rate is lower than Scotland, NHSGGC and East Dunbartonshire. Aim to stabilise and reduce rate by 3% by 2017. This is a three year target national and local reporting not available annually to monitor this indicator.
8. Percentage of individuals binge drinking	25% 2011	31% NHSGGC 27% East Dun	21.% 2011	**21%**	The percentage of individuals binge drinking increased between 2008 and 2011 by 9% in East Renfrewshire. The rate is higher than Scotland and lower than the NHSGGC and East Dunbartonshire rate. Aim to reduce to Scottish rate by 2017/18. This is a three year target national and local reporting not available annually to monitor this indicator.
9. Percentage of males binge drinking	36% 2011	42% NHSGGC 31% East Dun	26% 2011	**26%**	The percentage of males binge drinking increased between 2008 and 2011 by 14% in East Renfrewshire. The rate is higher than Scotland and East Dunbartonshire but lower than the NHSGG rate. Aim to reduce to Scottish rate by 2017/18. Three year target national and local reporting not available annually to monitor this indicator.

10. Percentage of females binge drinking	**16% 2011**	**20% NHSGGC 16% East Dun**	**16.7% 2011**	**13%**	The percentage of females binge drinking increased between 2008 and 2011 by 5% in East Renfrewshire. The current rate is equal to the Scottish rate. Aim to reduce by 3% by 2017/18. This is a three year target as national and local reporting not available annually to monitor this indicator.

National Outcome Two: Prevalence
Fewer adults and children are drinking or using drugs at the levels or patterns that are damaging to themselves or others

Priority Action	Key actions to support this outcome in 2015/18	Lead	By When
1. Children and Young People Drug and Alcohol Prevalence	• Deliver evidenced based prevention and education programmes on alcohol and drugs to all children within the school curriculum. • Implement the revised GGC Alcohol and Drug Prevention and Education Model which promotes consistent practice and standards and provides a solid evidence base for all prevention and education activity. This has included a full quality assurance review of alcohol and drug education resources for primary and secondary school in line with curriculum for excellence, GIRFEC and the prevention and education model. • Implement new substance misuse policy for schools and support with tailored alcohol and drugs workforce training for teachers. • Deliver drug and alcohol awareness workshops annually to all primary seven pupils in East Renfrewshire in line with GIRFEC and Curriculum for Excellence. • Ensure young people are able to access alcohol and drugs services appropriate to their needs - prevention, harm reduction and treatment support is provided through a range of services to ensure a clear pathway and co-ordinated response for children and young people through the Youth Addiction Service and Young Person's Services. • Integrated Children's Services are currently being re-designed. The Youth Addiction Service will be aligned within the new Youth Intensive Support Service this will further increase the opportunity to implement a whole systems approach to service delivery, increasing partnership working and information sharing to better meet the needs of the young people as part of an early intervention approach.	ERC Education HSCP Health Improvement ERC Environment	March 2016 ongoing August 2016 Annually. August 2016

2. Adult Drug Prevalence	• Improving reach into and reducing drug prevalence is a core action of the ADP delivery plan. Current reach into drug prevalence is 30%. Needs assessment completed to identify and explore hidden population of problem drug users and barriers to treatment. Recommendations and appropriate actions are included in the addictions service quality improvement plan to support reduction in drug prevalence (see ROSC) • Review workforce development training to support a recovery approach to drugs. Undertake a workforce development strategic blueprint with support provided by STRADA.	HSCP Community addiction Services ADP/STRADA	March 2016 March 2017

National Outcome Two: Prevalence
Fewer adults and children are drinking or using drugs at the levels or patterns that are damaging to themselves or others

Priority Action	Key actions to support this outcome in 2015/18	Lead	By When
2. Adult Drug Prevalence	• Continue to review and develop the annual alcohol and drugs training plan and integrate with ER/HSCP Corporate Learning and Development calendars as appropriate. • Develop and promote a local recovery campaign and work with key partners such as the Scottish Recovery Consortium and partner ADPs within Greater Glasgow and Clyde. • Review and ensure effective implementation of the drugs workplace policy in line with healthy working lives. • Improve identification and prevention of NPS. Review national and international findings on NPS supply, legislation, risks, harms, prevalence and effectiveness of interventions • Prevalence of use including data on population groups using NPS and identifying the particular risks for each of these groups • Scoping the range and nature of NPS currently available. Gather and synthesise the emerging intelligence from frontline staff and services to inform ongoing developments. • Undertake research in partnership the Glasgow Drug Court and Glasgow University to look for drugs of abuse including NPS in urine screening to identify what is detected in different levels of screening. • Carry out a Training Needs Analysis for all staff groups working with those using or	ERHSCP/Health Improvement ADP/SRC HSCP Health Improvement ERC GGC Drug Trends Monitoring Group	March 2016 Annually March 2017 March 2016 March 2018

	at risk of using NPS. • Develop specific training programmes for staff groups including mental health and NHS Acute staff as well as other frontline staff in the community. • Develop protocols to address internal and inter-agency communication. • Investigation of models for drug services targeting NPS and club drug users. • Consider proposal to pilot a dedicated service for NPS users in partnership with local ADPs.		

National Outcome Two: Prevalence
Fewer adults and children are drinking or using drugs at the levels or patterns that are damaging to themselves or others

Priority Action	Key actions to support this outcome in 2015/18	Lead	By When
3. Adult Alcohol Prevalence	• Continue to focus on upstream work to support whole population approach to reducing alcohol consumption • Work through primary care to embed ABI delivery and support ABI delivery in wider settings. • Ensure staff can access training opportunities to raise awareness, change attitudes and develop Alcohol Brief Intervention skills in relation to Primary Care and wider settings. • Provide targeted flexible ABI delivery sessions to the four primary care cluster practices by October 2015. • Include ABI delivery as part of live active health model – include within service level agreement and reporting. • Work with Anticipatory Primary Care to consider an ABI improvement plan. • Continue to support significant focus on alcohol and overprovision working jointly with LSO/Licensing Forum/Board/Police and Public. • Review alcohol workforce development to support a whole population approach to alcohol. Undertake a workforce development strategic blueprint with support provided by STRADA. • Develop an alcohol communications plan which ensures campaign messages are consistent & targeted based on local population needs and builds on national communications platforms this will include: • Raising awareness of sensible drinking messages in line with government recommendations through the year	Primary Care/Health Improvement ADP/ERC Environment ADP/STRADA HSCP Health Improvement	March 2016 Ongoing Nov 2017 March 2017 March 2016 Ongoing

	• Implement a specific 'Alcohol Behaviour' campaign annually • Review and ensure effective implementation of the alcohol and drugs workplace policy in line with healthy working lives.	HSCP Health Improvement	March 2017

National Outcome Three: Recovery
Individuals are improving their health, well-being and life chances by recovering from problematic drug misuse.

Indicators	ER Base/ Current Value	Benchmark Current Value	National Current Value	Target 2015/16	Target 2016/17	Target 2017/18	Performance Note and Benchmark
1.% of individuals moving from alcohol and drug treatment to recovery	**7% 2014/15**	**N/A**	**N/A**	**8%**	**9%**	**10%**	We have seen positive improvement and increase in the numbers of individuals moving through treatment to recovery in the first two years of operation of the recovery service with 10.3% in 2012/13 and 11.9% 2013/14. The current base position in 2014/15 is 7%. This is due to a high initial caseload of individuals who made positive progress in their recovery journey and were ready to move on to the new recovery service. The base position has stabilised and new 3 year targets are set against the new baseline.
2. Recovery Outcome Score	**N/A**	**N/A**	**N/A**	**TBC**	**TBC**	**TBC**	We are currently piloting the new Scottish Government recovery Outcome Tool. We will implement outcome reporting utilising the new tool across both community services and recovery service by end of December 2015. Improvement goals will be set when a full year of outcome data is available to ensure appropriate baseline.
Drug and Alcohol Use							
Self Care and Nutrition							
Relationships							
Physical &Emotional wellbeing							
Mental Health and Wellbeing							
Occupying Time and Fulfilling Goals							
Housing and Independent Living							
Offending/Money/ Children							

National Outcome Three: Recovery
Individuals are improving their health, well-being and life chances by recovering from problematic drug misuse.

Priority Action	Key actions to support this outcome in 2015/18	Lead	By When
Recovery Orientated System of Care	• The service review and redesign to support a recovery orientated system of care is now fully embedded and operational. We will continue to support positive performance in relation to people moving from alcohol and drug services into recovery. • We will pilot the new Scottish Government Recovery Outcome Tool within addiction services and report by October 2015. • Implement the new recovery outcome tool following completion of the pilot across community addiction and recovery services. • Review recovery planning between health and social care staff. • Implement Hidden Population Needs Assessment recommendations to support ROSC. • Develop recovery induction welcome pack and extend across community addiction services. • Review and update all recovery pathways. • Continue to support and promote peer support/mutual aid. The PARTNER mutual aid group will actively promote mutual aid within CAT clinic. • Deliver SPIRIT training as a core component of the recovery group work programme. • Scope advocacy services and peer support opportunities within treatment services. • Develop and implement fire safety through recovery programme and pathway with the Scottish Fire and Rescue Service. • Implement a programme of recovery workforce development across specialist addiction services. This includes the postgraduate certificate in addiction, CBT, psychological therapy core skills, SPIRIT training, naloxone. Senior addiction nurses will undertake the ready to lead management course.	HSCP Addiction Services PARTNER Scottish Fire and Rescue Service	March 2015 Ongoing December 2015 Ongoing October 2017 September 2015 March 2016

National Outcome Three: Recovery
Individuals are improving their health, well-being and life chances by recovering from problematic drug misuse.

Priority Action	Key actions to support this outcome in 2015/18	Lead	By When
Opiate Replacement	• Establish internal audit process with regard to Opiate Replacement Therapy. Complete an annual audit of long term ORT cases. • All service users booked in for ORT will be appropriately prepared for engaging in ORT prior to recovery plan. • Review and audit CAT clinics in Barrhead and revise CAT clinic guidance. • The ADP will work with the health board's medical lead for ORT and will liaise with local clinical directors to implement the outcomes of improvement methodology exercises. • The ADP supports developing the national pharmacy action plan, "Prescription for Excellence" to extend the potential patient benefits of this approach to those with an alcohol or drug problem. • The ADP will seek to expand the role of the community pharmacy network in prevention, treatment and recovery. Previous local ADP supported initiatives have included alcohol scratch card pilot, disulfiram supervision and supporting the expansion of the pharmacy take-home naloxone scheme. • A local specification of pharmaceutical care for ORT patients is being developed in conjunction with the Prescribing and Pharmacy Support Unit (PPSU) and the Area Pharmacy Contractors Committee (APCC). This is tailored to meet local needs and has been informed by the experiences and results of initial pilots in other health boards.	HSCP Addiction Services NHSGGC Pharmacy Lead	March 2016
Service Users Families and Carers	• Full range of essential care services available and all service users informed of open access to ROSC. Service users participating in the recovery service will be issued with a ROSC diary to complete through their recovery journey. • Service users are placed at the centre of the service: they participate in initial and ongoing assessment, planning of interventions and review of their needs. • Develop and implement family support within the community recovery service • Review service specifications for alcohol and drugs services in consultation with service users. • Review access to services Equality Impact Assessment.	HSCP Addiction Services	March 2016 ongoing. October 2016 June 2016

			March 2016

National Outcome Four: CAPSM/ Family Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances

Indicators	ER Base/ Current Value	Benchmark Current Value	National Current Value	Target 2017/18	Performance Note and Benchmark
1.Child protection with parental alcohol misuse (per 10,000)	**3.9 2013 (data not available for 2014)**	**6.8 2014**	**6.2 2014**	**3.9**	There is a positive reduction of 50% in the rate of child protection cases with parental alcohol misuse since 2012 in East Renfrewshire (beginning of the time series). Conversely the rate for both Scotland and our benchmarking partners has increased during this same period. East Renfrewshire lies in the lower quartile. A provisional improvement goal is set to maintain current low rate.
2.Child protection with parental alcohol or drug misuse (per 10,000)	**6.3 2014**	**11.2 2014**	**10.9 2014**	**5**	There is a positive reduction of 45% in the rate of child protection cases with parental drug or alcohol misuse since 2012 in East Renfrewshire (beginning of the time series). Conversely the rate for both Scotland and our benchmarking partners has increased during this same period. East Renfrewshire lies in the lower quartile. A provisional improvement goal is set to maintain current low rate.
3.Child protection with parental drug misuse (per 10,000)	**4.3 2014**	**6.7 2014**	**6.7 2014**	**4**	There is a positive reduction of 50% in the rate of child protection cases with parental drug misuse since 2012 in East Renfrewshire (beginning of the time series). Conversely the rate for both Scotland and our benchmarking partners has increased during this same period. East Renfrewshire lies in the lower quartile. A provisional improvement goal is set to maintain current low rate.
4.Maternities with drug use (per 1,000 maternities)	**6.3 2010/11**	**16.4 2010/11**	**19.7 2010/11**	**5**	Time trend data available for period 2007-2011. Overall time trend is increasing for this indicator. The East Renfrewshire rate is significantly below the Scottish and benchmarking partner rate. Aim to stabilise and maintain low rate.

National Outcome Four: CAPSM/ Family Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances			
Priority Action	**Key actions to support this outcome in 2015/18**	**Lead**	**By When**
Child Protection ***Early Years*** ***GIRFEC*** ***Children's Services Redesign***	• The East Renfrewshire CPC launched a new practitioner's GOPR guidance 'Working Together to keep Children Safe, Supporting Children, Young People and Families affected by Drug and/or Alcohol Misuse. This includes a GOPR toolkit to inform CMAP assessment on working SMART and Improving Outcomes. • To support GOPR guidance we deliver multi-agency training through child protection to practitioners in universal services to support the early identification of children at risk or in need. • Fetal Alcohol Spectrum Disorder will be embedded in our multi-agency training programme. • CMAP will be reviewed to ensure that it is fully compatible with the Children and Young People (Scotland) Act 2014. • Review and complete ADP/CPC joint self evaluation and develop a joint ADP/CPC Improvement Plan. • Continue to promote effective information sharing between the Community Addiction Team and Children & Family Teams through monitoring attendance at Child Protection meetings. Attendance at child protection meetings by addiction staff continues to be high. Reports are provided to inform the process. • Implement Pre Birth to three Framework - vulnerable pregnant women are supported at an early stage by the Special Needs in Pregnancy Services (SNIPS); a multi agency team working together to provide bespoke support and ensure the safety of children. Robust assessments are helping identify potential risks and needs of unborn babies and plans are jointly agreed to ensure babies are kept safe and healthy. • Early Years Collaborative - a multi-disciplinary home team developed to identify and test changes to services relating to vulnerable children. Two Family First workers will be appointed in Barrhead as a test of change to provide early intervention and decrease the number of families involved with formal assessments or referrals. • A further test of change to be progressed in relation to early pregnancy and alcohol. .	CPC HSCP/Children and Families/ICS ADP/CPC HSCP Addiction Services SNIPS/Maternity Services HSCP/Children & Families EYC/Health Improvement	March 2016 August 2016 July 2017 March 2016 Current – pathway in place June 2015 December 2015

National Outcome Four: CAPSM/ Family Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances

Priority Action	Key actions to support this outcome in 2015/18	Lead	By When
Children's Services Redesign	ERHSCP are embarking on a Children's Service Re-design in 2015 to ensure effective implementation of the new legislation. The new act which enshrines Getting it Right For Every Child (GIRFEC) approach which will become statutory in August 2016. *The GIRFEC* implementation plan will further embed cultural, systems, and practice change into children and young people's services with the introduction of the named person and lead professional roles and the one child, one plan approach. We aim to be prepared for the delivery of effective Request for Assistance ensuring prompt, quality, effective multi-agency responses to families needs. Key actions include: • Improve pathway to allow for effective and proportionate earlier intervention. • Refresh data collection linked to GIRFEC to inform service re-design. • Skill-up Senior Practitioners to make decisions - increase their knowledge and partnerships with the third sector. • Continue to provide a quality Child Protection back-up system and continue to improve our practice around investigations ensuring timescales are adhered to. • Map business regarding requests pre-birth to 8 and link with the family navigators as part of the early years collaborative • Analyse our business and amend / adjust our project management plan / process to better meet the needs of children and families. • Link with key partners in third sector mainly Enable, Partners in Advocacy, Woman's Aid and the Carers Centre to sign post families to appropriate Community Resources promoting inclusion. • Deal with requests promptly on the day of enquiry. • Ensure the public and families receive a thorough and prompt response and that they are given excellent information and guidance regarding a range of issues from children's wellbeing to child care concerns.	HSCP/Children & Families	August 2016

	• Ensure team members contribute effectively to developing a quality service and participate in the evaluation and development of the team.		

National Outcome Five: Community Safety
Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour

Indicators	ER Base/ Current Value	Benchmark Current Value	National Current Value	Target 2017/18	Performance Note and Benchmark
1.Serious assault (per 10,000)	**1.1 2012**	**3.74 2012**	**6.1 2012**	**Reduce by 15%**	Rates of serious assault across Scotland and East Renfrewshire have fallen since 2009 (beginning of the time series). East Renfrewshire has the lowest rate of serious assault in Scotland. The rate of series assault in East Renfrewshire is significantly below Scotland and all our benchmarking partners. Aim to maintain low rate and reduce by 15% 2017/18.
2.Common assault (per 10,000)	**41.3 2012**	**87.8 2012**	**102.5 2012**	**Reduce by 15%**	Rates of common assault across Scotland and East Renfrewshire have fallen since 2009 (beginning of the time series). East Renfrewshire has the lowest rate of common assault in Scotland. The rate of common assault in East Renfrewshire is significantly below Scotland and all our benchmarking partners. Aim to maintain low rate and reduce by 15% 2017/18.
3.Vandalism (per 10,000)	**61.3 2012**	**73.4 2012**	**100.3 2012**	**TBC**	Rates of vandalism across Scotland and East Renfrewshire have fallen since 2009 (beginning of the time series). East Renfrewshire lies in the lower quartile with only three other ADP areas having marginally lower rates of vandalism Perth & Kinross, Outer Hebrides and Orkney. The rate of vandalism in East Renfrewshire is significantly below Scotland and all our benchmarking partners. Aim to maintain low rate and reduce by 2017/18
4.Breach of the peace (per 10,000)	**8.6 2012**	**31.5 2012**	**46.8 2012**	**TBC**	Rates of breach of the peace across Scotland and East Renfrewshire have fallen since 2011 (beginning of the time series). East Renfrewshire has the lowest rate in Scotland and is significantly below Scotland and all our benchmarking partners. Aim to maintain low rate and reduce by 2017/18
5.Drug use funded by crime %	**12.7 2012**	**22.5 2012**	**20.9 2012**	**10%**	Rates of drug use funding by crime have significantly decreased across East Renfrewshire since the time series began 2006. East Renfrewshire has the second lowest rate in Scotland. Our rate is lower than both Scotland and our benchmarking partners. Aim to maintain low rate and reduce to 10% by 2017/18
7. Number of dwelling house fires where alcohol and drugs is a contributory factor	**4 2014/15**			**25%**	The number of dwelling house fires where alcohol is a contributory factor has significantly reduced over the last four years from 11 2011/12, 8 2012/13, 6 2013/14 and 4 2014/15. Target to decrease by 25% 2017/18.

National Outcome Five: Community Safety Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour			
Priority Action	**Key actions to support this outcome in 2015/18**	**Lead**	**By When**
Intelligence Led Policing Task and Co-ordinating	• Use intelligence led police, task and co-ordinating to ensure that a focussed and proactive approach is used to tackle antisocial behaviour, crime and availability of alcohol and illegal drugs.	Police Scotland	March 2016 Ongoing
Joint Action Plans Community Safety/ Police Scotland	• The multi agency task and co-ordinating group (Police, Community Safety, Environmental Health, Trading Standards, Housing, Fire, Cleansing and Youth Services, Adult Protection, Social Landlords) is well established and will continue to develop local action to address current anti-social behaviour and alcohol and drug related issues.	Community Safety Services	March 2016 Ongoing
SOA Model for Improvement	• Develop and implement a new SOA4 Model for Improvement Project - Reducing Common and Serious Assaults. Three development workshops will be progressed to consider what, and how we currently tackle this issue and identify tests of change to reduce levels of assault and improve public safety.	Police Scotland	December 2016
VAW & Girls	• Cross cutting work is taking place to develop a new VAW & Girls delivery plan to address the priorities in Equally Safe. A series of four planning workshops are being progressed throughout 2015/16.	HSCP Strategic Services ADP co-ordinator	September 2017
Fire Safety Through Recovery	• To prevent and reduce death or injury from fire we continue to target individuals considered to be most at risk. This will be achieved through the development of robust partner agency referral pathway and delivery of home fire safety visits. This will include the development of a new protocol 'Fire Safety through Recovery Programmes' designed specifically to improve fire and home safety of substance use service users.	Scottish Fire and Rescue Service/HSCP Addiction Services	November 2017

National Outcome Five: Community Safety Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour			
Priority Action	**Key actions to support this outcome in 2015/18**	**Lead**	**By When**
Prison Service and Through Care	• SPS and NHSGGC Prison Addiction Strategy June 2014 provides a comprehensive and detailed outcome focused action plan to deliver and respond directly to the needs of prisoners and their through associated through care arrangements. • 'Better Health Better Lives' Health Improvement Framework, currently being embedded across Scottish Prisons - each prison has a local action plan which includes drugs, alcohol and tobacco. • NPS is a national emerging issue. SPS are working with CREW to develop awareness training to prison staff and peer supporters (Training for Trainers). • Naloxone – SPS will pilot during 2015/16 training for prison staff in the administration of naloxone to prisoners during first on the scene emergency overdose situations. SPS will also expand the naloxone peer support network within prisons. • Recovery Orientated Systems of Care (ROSC) development work currently being scoped with SG, NHS and SPS. • Continued collaborative working with national mentors Shine and the Wise Group. • *Supporting Women Offenders* local Criminal Justice Services will implement further services for women offenders as part of the developing service to support the recommendations of the Angiolini Commission on Women Offenders. • The Persistent Offenders Partnership (POP) will work to secure more diversion from prosecution –through early intervention strategies and improved working with partners.	Scottish Prison Service	March 2018
Criminal Justice Services	• We will continue to work directly through criminal justice services to address offending specific work streams include women offenders and families, prison through care, persistent offenders, community payback orders, young offenders and joint training and effective practice. • We will support and contribute to the 'Redesigning the Community Justice System' in relation to new models, accountability, risk management, workforce development, third sector and funding arrangements.	HSCP Criminal Justice Services	March 2018

National Outcome Six: Environment People live in positive, health promoting local environments where alcohol and drugs are less readily available

Indicators	ER Base/ Current Value	Benchmark Current Value	National Current Value	Target 2015/16	Target 2016/17	Target 2017/18	Performance Note and Benchmark
1.Percentage of people perceiving rowdy behaviour very/fairly common in their neighbourhood	**3.4 2013**	**9.1 2013**	**12.6 2013**	**3.1**	**3.1**	**3.1**	The percentage of people perceiving rowdy that behaviour is common has reduced across Scotland and East Renfrewshire since 2007 (beginning of the time series). East Renfrewshire has the second lowest rate in Scotland and is significantly below Scotland and all our benchmarking partners. Aim to maintain low rate and reduce to 3.1% by 2017/18
2.Premise licences in force – on trade (per 10,000)	**16.5 2013**	**30.2 2013**	**26.6 2013**	**15.5**	**14.5**	**13.9**	East Renfrewshire has one of the lowest rates of premises licences – on trade in Scotland second only to East Dunbartonshire with a rate of 13.9 per 10,000. Aim to reduce to East Dunbartonshire rate by 2017/18
3.Premise licenses in force – off trade (per 100,00)	**6.6 2013**	**12.35 2013**	**11.4 2013**	**6.6**	**6.6**	**6.6**	East Renfrewshire has significantly lower rates of premises licenses – off trade than Scotland and all the benchmarking partners. The rate for East Renfrewshire is the lowest in Scotland. Aim to maintain current low rate by 2017/18.
4.Premise licences in force – total (per 10,000)	**75.2 2013**	**140.4 2013**	**123.5 2013**	**75.2**	**75.2**	**75.2**	East Renfrewshire has significantly lower rates of premises licenses than Scotland and all the benchmarking partners. The rate for East Renfrewshire is the lowest in Scotland. Aim to maintain current low rate by 2017/18.
5.Personal licences in force (per 10,000)	**23.2 2013**	**42.9 2013**	**38 2013**	**22.5**	**22.0**	**21.0**	East Renfrewshire has one of the lowest rates of personal licences in force in Scotland second only to East Dunbartonshire with a rate of 21.7 per 10,000. Aim to reduce to East Dunbartonshire rate by 2017/18
6.Percentage of Premises Pass Challenge 25 Diligence Testing	**85% 2012/13**	**N/A Local indicator**	**N/A Local indicator**	**100%**	**100%**	**100%**	The percentage of premises passing the challenge 25 diligence test has increased over the last two years from 51% to 85% passing the test purchase. Aim to maintain high level of pass rate and increase to 100% over the next three years.
7.Percentage children being offered drugs (pupils aged 15)	**37% 2013**	**32% 2013**	**35.6% 2013**			**32%**	The percentage of children being offered drugs aged 15 in East Renfrewshire is higher than Scotland and our Benchmarking partners. The overall trend is reducing in both Scotland and East Renfrewshire. Aim to reduce to benchmark rate by 2017/18
8.Percentage perception drug misuse in neighbourhood	**5.3 2013**	**7.8 2013**	**11.9 2013**			**5%**	East Renfrewshire has one of the lowest rates of perceived drug misuse in the neighbourhood in Scotland. The rate has decreased for East Renfrewshire and remained stable for Scotland (since the beginning of the time series in 2007). The East Renfrewshire rate is significantly below

							Scotland and all our benchmarking partners. Aim to maintain low rate and reduce to the level for Falkirk rate by 2017/18.

National Outcome Six: Environment People live in positive, health promoting local environments where alcohol and drugs are less readily available

Priority Action	Key actions to support this outcome in 2015/18	Lead	By When
Drink and Drug Driving	• Implement a range of high profile campaigns targeting drink and drug driving.	Police Scotland	March 2016 Ongoing
Test purchasing and enforcement of under-age sales restrictions.	• Implement Challenge 25 Diligence Testing in the prevention of the sale of alcohol and tobacco to all off sales premises in East Renfrewshire annually	Environment & Trading Standards ERC	March 2016 Ongoing
Support the Effective Implementation of Licensing (Scotland) Act	• Continue to review and monitor licenses with regard to the licensing objectives. • Complete Public and Licensee consultation on availability of alcohol • Complete overprovision assessment • Complete consultation on licensing board policy • Ensure representation on licensing forum and lobbying of licensing board to establish overprovision statement aligned to recommendations.	ADP/LSO/Health Improvement	March 2016 Ongoing August 2017 November 2017
Licensing Forum	• Increase participation of young people on licensing forum • Implement training for licensing forum members • Develop licensing forum work plan.	Licensing Forum	March 2016 Ongoing

Licensed Trade	• Continue to support licensed trade association in East Renfrewshire.	Licensing Standards	March 2016 Ongoing

National Outcome Seven: Services Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery

Indicators	ER Base/ Current Value	Benchmark Current Value	National Current Value	Target 2015/16	Target 2016/17	Target 2017/18	Performance Note and Benchmark
1.Number of alcohol brief interventions delivered in accordance with the HEAT standard guidance	**288 2014/15**	**N/A**	**TBC**	**419**	**419**	**419**	The current delivery of brief interventions is suboptimal. There are continued challenges to embed delivery in practice. New local delivery targets have been aligned for the next three years and actions agreed within the delivery plan to support and increase delivery to meet the target.
2.Percentage of clients waiting no more than three weeks between referral to a specialised alcohol service and start of treatment	**100% 2013/14**	**TBC**	**96.8% 2013/14**	**95%**	**95%**	**95%**	Based on data currently available Q1-Q3 2014/15 100% of people are accessing recovery focussed alcohol treatment within three weeks. Aim to maintain high level of performance and continue to exceed target of 95% by 2017/18.
3.Percentage of clients waiting no more than three weeks between referral to a specialised drug service and start of treatment	**100% 2013/14**	**TBC**	**91.7% 2013/14**	**95%**	**95%**	**95%**	Based on data currently available Q1-Q3 2014/15 100% of people are accessing recovery focussed drug treatment within three weeks. Aim to maintain high level of performance and continue to exceed target of 95% by 2017/18.
4.Scottish Drug Misuse Database	**92% 2012**	**83% 2012**	**62.9 2012**	**100%**	**100%**	**100%**	The current rate of SDMD initial completeness is higher than both the national and benchmarking partner's rate. Aim to target 100%

initial completeness %							of SDMD over each of the three years.
5.Scottish Drug Misuse Database follow-up initial completeness %	**21.6% 2011**	**15.4% 2011**	**12.1% 2011**	**50%**	**75%**	**100%**	Note no comparable data not available for 2012. The East Renfrewshire rate of SDMD follow up is higher than the national rate and benchmarking partner's rate. Aim to increase follow up completeness to 100% by 2017/18.

National Outcome Seven: Services Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery			
Priority Action	**Key actions to support this outcome in 2015/18**	**Lead**	**By When**
Waiting Times	• We will continue to sustain performance to meet waiting times local improvement target and HEAT standard. • This will be managed through existing service redesign, service user pathway, and process for managing waiting times through routine monitoring of activity and feedback loop. • Anonymous records would be entered on an exceptional basis only, in accordance with the guidance provided by ISD.	HSCP Addiction Services	Quarterly Reporting
SDMD	• As part of our ongoing quality assurance plan, we will work with ISD to review audit reports for the number of SMR25bs completed in the first 26 weeks following initial assessment. • This will provide a more detailed breakdown of the follow-up reports submitted to ISD at various time points, and will allow the identification of those falling out with the 10-14 week window of initial assessment. • We will complete data quality assurance audit to ensure completion of all SMR 25a and SMR 25b in Community Addiction Services. • We will implement a new administrative system within addictions services to manage and track completion of SMR 25a and 25b.	HSCP Addiction Services	Quarterly Reporting
Quality Principles*: *Standard Expectations of Care and Support	• Implement and monitor *Quality Principles*: *Standard Expectations of Care and Support in Drug and Alcohol Services.* • Agree process for auditing implementation of the quality principles and standards across all addiction services. • Complete review of service delivery against quality principles to support ROSC in conjunction with addictions staff and service users. • Pilot person centred satisfaction questionnaire in line with the Quality Principles. Consider findings and implement across services. • Review service specifications for alcohol and drugs services in consultation with service users. Develop recovery induction pack for service users in line with the quality principles.	HSCP Addiction Services	March 2017
Commissioning for Recovery Quality Improvement Plan	• ADP draft commissioning and quality improvement plan 2015-18 developed. This will require to be updated to include the new *Quality Principles*: *Standard Expectations of Care and Support in Drug and Alcohol Services.* • Community Addiction Service Quality Improvement plan in place and reviewed annually.	HSCP Addiction Services/ Strategic Services	November 2016 Annual

The 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 in addition to the nationally commissioned organisations. Please set out any issues/areas of support required to help deliver your plan.

The ADP values and welcomes the range of support currently in place through all of the national partners including the Drug and Alcohol Delivery Units, NHS Health Scotland, Public Health Information Scotland, Alcohol Focus Scotland, Scottish Training for Drugs and Alcohol, Scottish Recovery Consortium, Scottish Drugs Forum, Scottish Families Against Alcohol and Drugs, Scottish Health Action on Alcohol Problems, Lloyds Partnership Drugs Initiative, Crew, NHS Education Scotland. There are no issues identified we have worked collaboratively with and across the range of organisations both from a policy, research and public health intelligence perspective and operationally to support strategic workforce planning, quality improvement, whole population and recovery approach to prevention and treatment and currently through the national outcome reporting pilot. We would welcome the continued specialist support and ADP delivery events targeting key areas of quality improvement.

Population Health Improvement Directorate
Public Health Division

Directorate for Safer Communities
Safer Communities Division

T: 0131-244 2278
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The Scottish Government
Riaghaltas na h-Alba

LEGACY 2014
XX COMMONWEALTH GAMES SCOTLAND

ADP Chairs
ADP Co-ordinators

Copied to:
NHS Directors of Finance
Community Planning Partnerships (CPPs)

31 August 2015

Dear Colleague

Alcohol and Drug Partnership (ADP) Feedback from ADP Three Year Delivery Plans 2015-18

1. Thank you for sharing your three year Delivery Plans with the Scottish Government.

2. As you know this is the second time ADPs have shared their Plans. The first time was in 2012 and was shortly after the Planning and Reporting Guidance was initially published. The Plans received in 2012 gave us some helpful insight into the work of ADPs, but did not provide a national picture as Plans were not well developed in the majority of areas and we were unable to draw any real conclusions.

3. Through the Plans received in June, we have seen significant progress in ADP planning compared to those received in 2012 and we have seen **significant improvements** in some areas of the Plans in comparison to ADP Annual Reports (received last year), but **there continues to be gaps, variance in the level of detail provided and areas where further improvements are needed. We are aware that some ADPs are delivering more than they evidence through their Plans and Reports.**

4. In comparison to the ADP Reports received last year we have seen **progress/improvements** in:

- **Performance Frameworks** – significant improvements seen: these are more robust with clearer links and connections to both national and local outcomes, indicators, strengthened with SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound)* improvement goals and activities.

- **Recovery Orientated Systems of Care** (ROSC) – **16 ADPs have a ROSC in place, 11 ADPs are enhancing further.** The other 14 ADPs are developing their ROSC, with the majority achieving a good level of progress.

- **For the first time we have seen strengthened ADP accountability routes** - to Community Planning Partnerships and, for some ADP areas, to the newly established Integrated Joint Boards, making the connections and links to local improvements and outcomes through SOAs and local Plans.

- **Service User recovery outcomes** - being captured/planned to be captured in 12 ADPs through local systems, the SGs Recovery Outcomes Web (ROW) tool (which is currently being piloted) and Drug & Alcohol Information System (DAISy).

- **Planned Quality Improvement** – through evidenced implementation of The Quality Principles and the scheduled work with the Care Inspectorate to validate local services self- assessment against the Quality Principles.

- **Workforce** – positive progress in relation to workforce development and whilst there is continued work to be progressed, a large number of ADPs have developed in this area. It is clear that a large number of ADPs are taking cognisance of the vital role workforce development and planning has in the new landscape of Health and Social Care Integration and around the growth of Recovery Oriented System Care and Recovery Focused Principles. There is also a clear indication of the National Commissioned Organisations. Whilst a great deal of progress has been made there are still opportunities to develop quality assurance systems to assess the quality and impact of learning and development as well as the workforce planning required to align with the implementation of DAISy and the ROW tool.

- **Alcohol Brief Interventions** (ABIs) - positive examples of areas taking responsibility for sustaining ABI delivery, setting local targets for delivery and providing more detailed accounts of delivery settings and plans for training.

- **Implementing a Whole Population Approach for Alcohol (WPA)** - Most ADPs are reporting some form of WPA measures within their plan. The most common whole population activities relate to licensing, education activity (predominantly focused on school education or general awareness campaigns) and delivery of ABIs. We can see a number of ADPs are clearly building on the momentum they have made on these areas in the last three years. We are encouraged to see some ADPs are branching out from this core activity. Examples of broader work include: community engagement work, either linked specifically to licensing or more generally to understanding the impact of alcohol in the community; addressing alcohol's harm to others; workplace initiatives addressing alcohol use; workforce development on WPA; and planned engagement work with community planning and elected members.

- **Opioid Replacement Therapies (ORT)** - *(recommendations made by the independent expert group on opioid replacement therapies in Scotland in their 'Delivering Recovery' paper)* – ADPs who are prioritising these issues are doing so in an encouraging manner. We have seen improvements around: the development of mutual aid services and recovery hubs, involving those with lived experience in the development of peer support networks and also continuing support for those who are no longer in receipt of ORT; a strong focus on continued training of those in services in recovery orientated practice; and Engaging GPs and Community Pharmacists in the delivery of ORT, an aspect which was identified as essential from the ORT report.

- **New Psychoactive Substances (NPS)** – It is encouraging to see most ADPs now form part of a Drug Trend Monitoring Group or NPS Steering Group and key partners such as Police Scotland, NHS and Trading Standards are also involved in these

groups. There is some positive work planned on education and it is encouraging to see SALSUS being used to inform this work. There is also some positive work planned on research to gather local prevalence data to better understand the scale of the NPS issue.

Scottish Government – Financial Investment

5. ADPs will be aware that Ministers wish to understand the financial position of ADPs and the value for money spend/planned investment from the Scottish Government's allocation.

6. We have been unable to draw conclusions at a national level from the Financial information shared through the Plans. This is disappointing. The Scottish Government invests substantial public funds in ADPs and non-provision of financial information is unacceptable. Only four ADPs provided clear planned financial investment for 2015-18 and seven provided investment information for 2015-16.

7. ADPs are expected to provide robust financial spend information through their Annual Reports and Plans. As outlined in the 2015-16 ADP funding letter, we are looking for Delivery Plans and Annual Reports to **set out all resources utilised** in prevention, treatment, recovery or dealing with the consequences of problem alcohol and drug use in your localities. **Annual Reports must detail how the earmarked SG allocation was spent in each area during 2014-15**.

Feedback to ADPs on Delivery Plans and Annual Reports

8. It is expected that detailed feedback on ADP Plans will be provided from your CPPs/local accountability route. The Scottish Government's feedback for individual ADPs on their 2015-18 Delivery Plan, is attached at **Annex A**.

9. We thought it would be useful for ADPs to have sight of the reviewing document being used within Scottish Government to undertake our analysis & feedback to you from the Annual Reports (expected 15 September), this is attached at **Annex B.**

National Support

10. As you will be aware, the SG ADP National Support Team is available to support your capacity building, sharing of learning and good practice amongst ADPs around 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 the social work/care sector in relation to drug and alcohol policy objectives and drug and alcohol workforce development.

11. We strongly encourage ADPs to use the national support available to them as well as utilising local expertise. Please contact Susan.Weir@scotland.gsi.gov.uk in the first instance to discuss opportunities for support.

ADP Events

12. An ADP Chairs event is scheduled for 22 October. The event will focus on the role of ADP Chairs as leaders; ADP governance and accountability, finance and quality improvement.

13. An ADP Co-ordinators event is being held on 12 November. This event will likely focus on findings from the ADP Delivery Plans, Quality Improvement, DAISy (Drug & Alcohol Information System) development and implementation plans and the associated Recovery Outcomes Web (ROW) tool.

14. As you know we have been running an implementation pilot for the Recovery Outcomes Web (ROW) tool in East Renfrewshire, Glasgow, Aberdeenshire and Angus. The ROW tool enables measurement of recovery outcomes in service users, services and across ADP areas and its data will help populate the Drug & Alcohol Information System (DAISy being introduced in autumn 2016. The pilot is currently at its end stage and informal feedback has been very positive, although the formal evaluation has still to conclude. However in preparation for offering Scottish drug and alcohol services and ADPs this tool, we will be conducting a short survey to assess the number of ROW visual tools required by services and will be offering workforce development sessions for staff. Scottish Drug Forum's Workforce Development Team will be providing half day workforce development sessions between late October 2015 and the end of March 2016 in health board areas across Scotland. The national ROW tool pilot report with next steps will be available in October this year.

15. Agenda's and information on how to register for these events will be shared with ADPs as soon as possible.

16. If you require any further information on the content of this letter please contact Amanda Adams, Scottish Government Alcohol Team: Amanda.adams@scotland.gsi.gov.uk

Yours sincerely

Daniel Kleinberg
Tobacco, Alcohol
and Diet Team Leader

Beverley Francis
Head of Drugs
Policy Unit

Annex A

ADP Delivery Plan 2015 – 2018

Scottish Government Analysis & Feedback

ADP	**East Renfrewshire**

elivery Plan		
oes the ADP delivery Plan over 2015-2018?	Yes	*If no please state period.*

eedback for ADP: Overview

hank you for sharing your ADP Plan with us. We felt it was very strong and aligned well with the ational guidance. Your Plan was well structured and highlighted the range of good work and rogress your ADP has made to date, as well as clearly setting out your planned activities for future elivery which builds on the significant work already undertaken. Service User Involvement, ecommendations from hidden populations, the redesign of children's services to effectively meet ıe requirements through the children and young people (Scotland) Act 2014 would be useful for us ı share with other ADPs as examples, with your ADPs permission.

our Plan clearly illustrates strong leadership and the commitment of your ADP and members. our Plan has been well thought through and clearly demonstrates your priorities, actions with an ssigned lead and by when with targets and measures.

our Performance Framework is excellent and clearly sets out the outcomes, indicators, improvemer nd activities. To make it even stronger, logic models could be used to demonstrate the links betwee ctivities and the impact they are expected to have.

hank you for giving your permission allowing us to use it as an example of good practice for other DPs.

Part 1 Governance & Accountability Arrangements			
. Does the ADP plan list ıe names of the rganisations directly ngaged in preparing the lan?	**Details**		**Feedback For ADP**
	Yes		It's really encouraging to see the shared vision for all members (organisations) of the ADP.

. **Does the ADP plan vidence that it has been greed by partner rganisations?**	Yes		Shared approach – shared vision
. **Does the Plan outline ocal governance rrangements for eveloping and verseeing delivery of the lan?**	Yes		Your ADP Plan highlights the clear areas of responsibility across all your partners and the shared vision and approach which is in place within East Renfrewshire.
. **Does the Plan evidence ie route and frequency ie ADP reports to their overnance rrangement?**	*Route:*		We can see your ADP reports directly to both the Community Planning Partnership (CPP) and Health and Social Care Partnership (HSCP).
	Frequency:		6 monthly
b) How often does the DP expect to receive edback	*4b)*		Your Plan highlights that feedback to the ADP from both the CPP and HSCP is anticipated on an annual basis.
. **Does the plan evidence ow the ADP intends to emonstrate their ontribution to the utcomes under the ublic Bodies (Joint /orking) (Scotland) Act?**	Yes		Your ADP Plan advises - The new East Renfrewshire Integration Joint Board will be established in August 2015. Partners across the HSCP/CPP/ADP have worked collaboratively and contributed directly to the development of the new health and social care strategic plan. Core actions in relation to alcohol and drug prevention and recovery are aligned and will be reported through the health and wellbeing outcome of the strategic plan. This is really encouraging.
. **Does the plan evidence ie ADP relationship with ie Integrated Joint Board JB) and Community lanning Partnership?**	Yes		See box 5 above. In addition the ADP Plan clearly evidences the SOA outcomes that the ADP reports on.
. **Does the Plan evidence ow the ADP, CPP and B are planning to upport improving utcomes jointly?**	Yes		See Box 5 above.
. **Finance: Does the Plan et out how the ADP lentified the resources tilised in prevention, eatment, recovery or ealing with the onsequences of problem lcohol and drug use in ieir locality?**	Yes		**Your ADP Plan has a clear financial framework for each year 2015-18. This is commendable and is encouraging to see. Thank you for providing the detail that sits within the 4 pillars of the financial framework and providing information on the investment from partners including support in kind.**

Part 2 Ministerial /ADP Priorities and Embedding Service Users into processes	Details		Feedback For ADP
. Does the ADP plan lentify a small number of trategic changes which the DP intends to achieve uring the 3 years of the lan in order to deliver the lcohol Framework and the oad to Recovery?	Yes		Your ADP has identified strategic changes/outcomes in your plan which align well with the Ministerial priorities. It's encouraging to see the planned activities linked to these. Your ADP Plan and the activities within it more than fully meet the expectations of Scottish Ministers.
0. Do the above strategic hanges evidence how the ill contribute to a Single utcome Agreements and ealth and Social Care ntegration? (these may be utcomes or outputs that revent alcohol or drug elated harm and/or improve erson centred recovery ervices.	Yes		
1. Recovery Orientated ystems of Care (ROSC)	In place and enhancing further		It is encouraging to see your ADP is enhancing your ROSC further through a rage of measures which includes, recommendations from your hidden populations needs assessment and implementation of a programme of recovery workforce development across specialist addiction services. We can see a key action for your ADP to support your ROSC is the development is a commissioning and quality improvement plan which will also include the Quality Principles.
2. Does the Plan emonstrate/advise how the DP is/intends to capture ervice users recovery utcomes?	Yes		Through the Recovery Outcomes Web Tool
3. Does the Plan evidence ow service users and carer re embedded within the artnership/commissioning rocess?	Yes		Your ADP Plan fully evidences that your ADP will continue to ensure and demonstrate that service users and their families play a central role in the partnerships commissioning process and evaluating the impact of your services, you have provided a range of evidence within your plan which includes – demonstrating how your service users play an active role in the running and planning of your services, your ADP also has a service users plan in place which is reviewed on a monthly basis.
4. Does the plan evidence ow service users/families re involved in evaluating	Yes □		Yes see box 13 above.

npact and supporting nprovement of statutory nd third sector services?			

Part 3	Priority Areas/Request for National Support
5. Opioid eplacement herapies ORT)	It is clear from your plan that work to fully address the recommendations made in the ORT report is continuing. Working alongside Primary Care Services such as community pharmacies and the health board's medical lead, to expand their role in areas of prevention, treatment and recovery can only be beneficial and it will be interesting to hear how this develops over the lifespan of the plan.
6. New sychoactive ubstances NPS)	Would of expected more detail on planned NPS work up to March 2018. Would of expected to see more detail on education and awareness raising, particularly in relation to the new legislation on NPS.
7. Vorkforce evelopment	It is welcomed by Scottish Government that clear evidence, building on the yearly ADP report that workforce development will continue to be a local priority for East Renfrewshire ADP. The ADP have highlighted the need to utilise national support to develop and progress this work in addition to working in a collaborative way with local partners and stakeholders. It would have been helpful to see milestones and timelines for workforce development over the delivery plan cycle and it is hoped that will be evidenced in the ADP annual report. No indication was given in relation to ministerial priorities in line with workforce development activity, although this may be evident in the annual report. Lack of information was provided in relation to the wider ROSC workforce, therefore it is hoped that will be developed in the workforce model being developed. It would be interesting to note the resource allocation to workforce development activity within East Renfrewshire. An update of the workforce strategy is vital to chart progress of workforce activity as well as the local structures set up to progress and monitoring developments. It has been noted that the ADP in the past, and wish to engage with the full range of national support that is available including the Drug and Alcohol Teams within SG.
8. Alcohol rief nterventions ABI)	Your plan includes ABI delivery as part of the 'Alcohol related Deaths' priority action, and it is positive to see that your ADP intends to improve and increase the reach of ABI delivery across primary care and wider settings. We would welcome further detail about the wider settings your ADP is focussing on, in particular any evaluation work you are planning, and it would be helpful if you could provide updates in your ADP Annual Reports.
9. ADP equest for ational upport	We acknowledge the engagement your ADP has had to date with the ADP National Support Team and national commissioned organisations and would encourage you to continue to utilise these resources.

Part 4	Performance Framework		
	Details		***Feedback***
0. Does the ADP Plan vidence a performance amework?	Yes √	No □	The performance framework includes all of the key elements required, set out in a very clear and accessible manner.
1. Do you consider it to e robust? (e.g. based on	Yes √	No □	The framework is logically set out, with improvement goals clearly informed by

›gic models emonstrating how lanned activities link to ıtended outcomes)			trends and benchmarking data. Actions linked to each outcome are presented at the end of each section. These could be more explicitly linked to the outcomes they are expected to impact on – possibly by using a logic model?
2. Does the performance amework include all core utcomes and Indicators?	Yes √	No □	Again, this is all very clearly set out and easy to follow.
3. Does the performance amework include any ›cal outcomes?	Yes □	No √	
4. Does the performance amework include any ›cal Indicators?	Yes √	No □	A few local indicators are included.
5. Are SMART nprovement Goals in lace for all core ıdicators? (are they clear ambitious?)	Yes √	No □	SMART improvement goals are in place for all core indicators, and for each of the 3 reporting years, where data are available annually. Targets are clear and based on analysis of tends and benchmarking data. If earlier progress is made than anticipated, the longer terms goals may need to be adjusted? Although data are not yet available for some.
5b) Are SMART nprovement Goals in lace for all local ıdicators? (are they clear ambitious?)	Yes √	No □	
6. Are SMART nprovement Goals videnced to 2018?	Yes √	No □	And for each year up to 2018, where data will be available.
7. Are planned activities nked to planned utcomes?	Yes √	No □	Although it would be helpful if possible to be even more explicit about how the activity is expected to influence the outcome. Logic models could help with this.
8. Does the performance amework evidence aseline data?	Yes √	No □	It is helpful that the baseline for the benchmarking ADPs and Scotland is provided too. This is then used to inform the improvement goals.
9. Benchmarking: Has aseline data been used? yes, is the comparison gainst Scotland or nother ADP(s) or both?	Yes, against Scotland and the SOLACE benchmarking family of ADPs		

ANNEX B

ADP Annual Reports for 2014-15 are due by 15 September and should be sent to the alcohol and drug delivery mailbox: Alcoholanddrugdelivery@scotland.gsi.gov.uk

ADP ANNUAL REPORTS 2014-15: Scottish Government Analysis and Feedback

Part 1

NHS XXX																						
XXX ADP				Reviewer:								Analyst:										
	Analyse				**Plan**					**Deliver**				**Review**								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**
RAG Status																						
Evidence Full, Partial, None																						

Feedback for ADP: Please provide a few comments on your general sense of the Annual Report and in particular the RAG status and level of evidence.

Part 2 Analyse			
	Details		**Feedback**
. Does the Report vidence Joint Strategic eeds Assessment being ndertaken?	Yes	No	[Box 1 – advise date when last undertaken and when next planned] [If ADP has included any local research, note page and paragraph numbers]
. Does the Report vidence Integrated esource Framework rocess ?	Yes	No	[Box 3 e.g. scoping/review?]
. Does the Report vidence Integrated esource Framework utcomes?	Yes	No	[Box 4 e.g. resource transfer, service redesign, ROSC]

Part 3 Plan			
. Does the Report vidence a shared vision nd joint strategic bjectives which are ligned to local artnerships?	**Details**		**Feedback**
	Yes	No	[Box 5]
. Does the ADP Report vidence the formal elationship with the ocal: • **Child Protection Committee?** • **Adult Protection Committee?**	Yes Yes	No No	[Box 5/6]
. Does the Report vidence how the ADPs lanned strategic ommissioning work is nked to Community lanning and local ntegrated health and ocial care plans, reparing to support mproved outcomes, riorities and processes?	For links to CPP Yes For links to H & Sc Yes	No No	[Box 6]
. Does the Report nclude a copy/link to the DP Commissioning Plan	Yes	No	[note page and paragraph number]

r Strategy?			
. Does the ADP Report etail the formal ccountability route for lanning and Reporting?	Yes	No	[Box 6b]
. Does the Report vidence the route and equency the ADP eports to their overnance rrangement?	Route:		
	Frequency:		
b) Did the ADP receive eedback on this Report om their accountability oute?	Feedback:		
0. Does the Report vidence Service Users nd Carers are embedded ithin the partnership ommissioning process?	Yes	No	[Box 7]
1. Recovery Orientated ystems of Care (ROSC)	In Place In Development In place and enhancing further		[Box 8 and please comment on priorities evidenced as appropriate]
1b). Does the Report vidence Recovery utcomes for all ndividuals within the DPs alcohol and drug eatment system	Yes	No	[Box 8 - Please note the tool used if evidenced in report]
2. Does the ADP Report vidence that statutory equirements for Equality mpact Assessments ave been addressed uring compilation of DP Strategy and elivery Plan?	Yes	No	[Box 9 - please state when this was undertaken and is next planned]

Part 4 Deliver			
	Details		**Feedback**
3. Does the Report vidence Workforce ctivities?	Yes	No	[Box 10, please copy and paste relevant information from Report – it is likely to feature in other areas to, e.g activities linked to ROSC]
4. Does the Report vidence the ADPs rovision to demonstrate ıe range of Prevention, eatment/recovery & upport interventions ncluding early ıterventions) ɔmmissioned by the DP and delivered in the eporting period?	Yes	No	[Box 11 – first time we have asked for this info – if doable can you record as the example in the guidance e.g. • A programme of prevention education across primary and secondary education • 4 statutory frontline treatment services • 2 Recovery Services for follow on support (community based and 3rd sector)
5. Does the Report vidence a summary of DP interventions elivered to support their ɔmmunity?	Yes	No	[Box 12 – please provide a summary]
6. Does the Report vidence a transparent erformance framework ɔr all ADP Partner rganisations who eceive funding through ıe ADP, including tatutory provision?	Yes	No	[Box 13 – [please note brief details e.g. performance outcome reporting through which group and frequency]
6b). Does the Report vidence how all partners ɔntribute to delivering utcomes identified in the ɔint Strategic Needs ssessment?	Yes	No	
Part 5 Review			
7. Does the Report vidence that the ADP elivery Plan is reviewed n a regular basis, which ıcludes the review of the rovision of prevention ctivity, recovery, eatment and support ervices (ROSC)?	**Details**		**Feedback For ADP**
	Yes	No	[Box 14]
8. Does the Report vidence the ADPs rogress towards	Yes	No	[Box 15 – please provide a brief summary & copy and paste information for further ORT analysis]

utcomes focussed ontract monitoring rrangements being in lace for all ommissioned services?			
9. Does the Report vidence a schedule for ervice monitoring and eview which includes tatutory provision?	Yes	No	[Box 16]
0. Does the Report vidence how Service sers and their Families re playing a central role n evaluating the impact f statutory and 3rd sector ervices?	Yes	No	[Box 17]
1. Does the Report vidence the robust uality assurance system n place which governs ne ADP and evidences ne quality, effectiveness nd efficiency of service?	Yes	No	[Box 18]
2. Does the Report vidence when how and ne ADP Plans/has to ndertake and ssessment of local nplementation of the uality Principles?	Yes	No	[Box 18b – please copy and paste the detail around the Quality Principles for further analysis]
3. Does the Report vidence the progress eing made by the ADP in aking forward the ecommendations from ne ORT report?	Yes	No	[Box 19 & Part 5 – please copy and paste info for further analysis]
4. Does the ADP Report vidence how the ADP nd Partners are elivering a Whole opulation Approach for lcohol?	[Box 20 & Part 5 – please copy and paste info for further analysis]		
5. How many service sers are in receipt of rescriptions for problem lcohol use?	[Box 21 – this may not be doable for all ADPs, please copy and paste info for further analysis]		
6. How many service sers are receiving ounselling/support hrough ADP ommissioned services?	[Box 22 – intended to by just for those receiving support for alcohol or both alcohol and drugs – please copy and paste for further analysis]		
7. How many service	[Box 23]		

sers received treatment r Alcohol related Brain amage (ARBD) in the eporting period?	

Part 6 Financial Framework			
8. Does the Report vidence Financial nformation as requested n the Standard eporting Template for 014-15?	Details		Feedback
	Yes	No	[Part 3 of Standard Reporting Template – please note page and paragraph numbers for further analysis]
9. Finance: Does the lan set out how the ADP lentified the resources tilised in prevention, eatment, recovery or ealing with the onsequences of problem lcohol and drug use in neir locality?	Yes	No	[Part 3 of Standard Reporting Template]

Part 7 Ministerial and ADP Priorities/National Support /ADP Feedback on Standard Reporting Template			
0. Does the Report vidence the progress nade in taking forward ne 5 ADP commitments nade for 2014-15?	Details		Feedback
	Yes	No	[Part 5 of Standard Reporting Template]
1. Does the Report vidence the ADPs 5 key ommitments for 2015-6?	Yes	No	[Part 3 of Standard Reporting Template]
2. Does the Report vidence progress made ith the Ministerial riorities?	Yes	No	
3. Does the Report vidence SMART nprovement Goals for linisterial Priorities?	Yes	No	
4. Is there evidence of ne ADP working with ommissioned rganisations? If so	Yes	No	

hich ones?			
5. Please copy and aste any requests for upport from SG ADP ational Advisors.			
6. Please copy and paste pecifics on NPS			
7. Please copy and paste ny feedback from the DP around the Standard eporting Template			

Part 8	Performance Framework		
	Details		**Feedback**
8. Does the Report vidence a performance amework?	Yes	No	[Part 4 and Box 2]
9. Do you consider it to e robust? (e.g. based on gic models emonstrating how ctivities link to outcomes)	Yes	No	[Part 4]
0. Does the performance amework include all core utcomes and Indicators?	Yes	No	[Part 4]
1. Does the performance amework include any cal outcomes?	Yes	No	[Part 4]
2. Does the performance amework include any cal Indicators?	Yes	No	[Part 4]
3. Are SMART nprovement Goals in lace for all core dicators?	Yes	No	[Part 4]
re they clear & mbitious?	Yes	No	
3b) Are SMART nprovement Goals in lace for all local dicators?	Yes	No	
re they clear & mbitious?	Yes	No	

4. Have SMART nprovement Goals been chieved as expected?	Yes	No	[Part 4] *(this is likely to vary across the report, so your general sense in a sentence or 2 would be fine)*
5. Are planned activities nked to planned utcomes?	Yes	No	[Part 4]
6. Does the performance amework make use of aseline data?	Yes	No	[Part 4]
7. Benchmarking: Has nis been undertaken? If es, is the comparison gainst Scotland or nother ADP(s) or both?	[Part 4]		

3. Performance Framework – Generic Comments where appropriate.