

Name of Meeting: Executive Group
Date of Meeting: 13th October 2014
Paper completed by: Carol Muir
Agenda Item: 9

Document Details:

ADP Reporting Requirements 2013/14

- 1 Partnership Details**
- 2 Self-Assessment:**
- 3 Finance Framework**
- 4 Core & Local Indicators and key activities 2013/14**
- 5 ADP & Ministerial priorities**

Appendix 1

- § Guidance Notes and Commissioning Diagram**

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1. PARTNERSHIP DETAILS

Alcohol & Drug Partnership:	Argyll & Bute
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Date of Completion:	
Date published on ADP website(s)	

The content of this template has been agreed as accurate by the Alcohol and Drug Partnership, and has been shared with our Community Planning Partnership:

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ADP Chair

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

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2. ADP Self-Assessment 1 April 2013 – 31 March 2014

	Theme	R A G See 1	Evidence See Note 2
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ANALYSE

1	<p>ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment of need, which takes into consideration the changing demographic characteristics of substance misusers in your area. Please also include here any local research that you have commissioned</p> <p>See Note 3</p>	A	<p><i>The ADP commissioned a Needs Analysis from Neil McKeganey in 2011. This was published in January 2012. The document was used as the basis for the ADP Strategy. It provides some data towards developing a full JSNA for the ADP. It also builds on the work undertaken by Marina Barnard in relation to the needs of young people in Argyll & Bute published in 2010.</i></p> <p><i>An Information, Research and Performance Officer has been appointed (0.8 wte) for the ADP. This has increased the capacity of the ADP to process data. The ADP is in the process of developing a Balanced Scorecard to reflect the National and Local Indicators to ensure the ADP has the ability to understand the range of factors influencing its work. The ADP Delivery Plan has also been developed with short and medium term indicators.</i></p> <p><i>A more detailed assessment by geographical locations will be undertaken in the next three years to provide a clearer picture of variations across Argyll & Bute. This work has begun for alcohol in partnership with the Licensing Forum, but needs to be further developed to look at drug usage. Argyll & Bute ADP has offered to be a pilot area for the new DAISy alcohol and drug database and it is hoped that this can also be used to develop a clearer picture of geographical differences to focus future work.</i></p> <p><i>As detailed elsewhere the ADP has commissioned STRADA to undertake a Training Needs Analysis across Argyll & Bute ADP services. The TNA will involve both statutory and non statutory services within the ADP.</i></p>
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	Theme	R A G See 1	Evidence See Note 2
2	<p>An outcomes based ADP Joint Performance Framework is in place that reflects the ADP National Outcomes.</p> <p>See note 4</p>	A	<p><i>We have an agreed local outcomes framework based on the ADP National Outcomes (presented in the ADP Strategy and the 2012-13 Annual report).</i></p> <p><i>The ADP is developing a Balanced Scorecard to reflect both national and local indicators. This scorecard will be carried out in partnership and combine data from the partners of the ADP to reflect the impact of drugs and alcohol across different areas and responsibilities.</i></p> <p><i>The Commissioning process for adult services has developed a performance framework for both statutory and non-statutory services that is outcome based. This should be in operation by the end of 2014 and will ensure treatment services reporting is outcome focused.</i></p>
3	<p>Integrated Resource Framework - Process</p> <p>Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.</p> <p>Note 5</p>	A	<p><i>The ADP budget for 2014/15 was developed in partnership through the ADP Resource & Performance Group which includes NHS, Council, Police and Third Sector partners. The ADP Resource Group will manage the process of determining funding bids from partner agencies for funds unallocated at the budget setting stage.</i></p> <p><i>The ADP is actively working on jointly commissioning adult services across the independent and statutory sector, this will include a tendering process for the award of contracts within the independent sector and the negotiation of a Service Level Agreement for statutory services provision for 2014/15. This has included considerable work on pooling funding between the NHS Highland Argyll & Bute CHP, Argyll & Bute Council and the ADP. The new contracts are scheduled to be place by the end of 2014.</i></p> <p><i>Significant work will be required to collate partner expenditure and outcomes achieved to provide a meaningful baseline in establishing a cost benefit analysis and this is not currently a key priority. The focus of work has been to ensure equity of service across the different geographical areas of Argyll & Bute, taking into account the remote and rural aspects of the area.</i></p>
4	<p>Integrated Resource Framework - Outcomes</p>	A	<p><i>This work will be progressed in line with the Delivery Plan and Performance Management work of the ADP. Initial meetings have been held to determine the scope of the work and further time will need to be allocated to move this forward.</i></p>

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	Theme	R A G See 1	Evidence See Note 2
	Note 5 A coherent approach has been applied to selecting and prioritising investment and disinvestment options – building prevention into the design and delivery of services.		

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	Theme	R A G	Evidence
5	We have a shared vision and joint strategic objectives, which is aligned with our local partnerships, e.g child protection committees, violence against women, community safety etc.	G	<p><i>The ADP Strategy 2013-2016 was agreed in March 2013 following consultation with partners and stakeholders. The ADP Delivery Plan was approved in January 2014 and was developed with all partners. The Delivery Plan includes leads, key partners and short and medium term outcomes.</i></p> <p><i>The ADP was represented in the CPP Single Outcome Agreement workshops and the ADP Delivery Plan informed the work on the SOA Action Plans. Actions from the ADP Delivery Plan are incorporated into the CPC Improvement Plan.</i></p> <p><i>The Strategy has reaffirmed the aims of the ADP and set out a clear vision of the work for the next three years and the Delivery Plan clearly indicates how this will be realised.</i></p>
6	A. Our strategic commissioning work is clearly linked to Community Planning priorities and processes. Please include your ADP Commissioning Plan or Strategy	A	<p><i>A. Commissioning within the ADP is progressing for adult addiction services. The work builds on the ADP Strategy and is linked with the CPP and National priorities on reducing the harmful impact of drugs and alcohol. Of the 6 key priorities in the SOA, the work of the ADP and the services it will commission links directly to the following – Children and young people have the best possible start; and People have active, healthier and independent lives; people and communities are safer and stronger.</i></p>

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	<p>if available.</p> <p>Please include information on your formal relationship to your local child protection committee and Criminal Justice Adult Services.</p> <p>B. What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route.</p> <p>See note 6</p>		<p><i>Commissioning of drug and alcohol services for adults continues and revised timeline was agreed in June 2014. Other areas of commissioning will be developed during 2014/15.</i></p> <p><i>A member of the ADP is represented on the Argyll & Bute Child Protection Committee and a member of the Criminal Justice Service also sits on the ADP Delivery group.</i></p> <p><i>B. The Argyll & Bute ADP structure shows the local accountability route for the various groups of the ADP. The Executive Group is the vehicle to update to the Argyll & Bute Strategic Community Planning Partnership/ Management Committee on the delivery Plan and Annual report</i></p>
7	<p>Service Users and carers are embedded within the partnership commissioning processes</p>	R	<p><i>The involvement of service users and carers is still being planned within the ADP processes. The need for independent service user groups was highlighted in the ADP Strategy.</i></p> <p><i>There is a need to ensure that service users and carers are supported to fully engage in all processes of the ADP and this needs to be addressed carefully to ensure active involvement and not engagement on a token basis.</i></p> <p><i>Consultation was undertaken with service users from 6 locations across Argyll and prior to the recent commissioning of 3rd sector services. An ex service user now in recovery will be a member of the formal scoring panel for the 3rd sector tender</i></p> <p><i>The statutory addiction service is in process of working with SDF's Quality Improvement team and this work involves a 2 stage consultation with service users.</i></p>
8	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning.</p> <p>Describe the progress your ADP</p>	A	<p><i>The current commissioning process has taken a clear person centred approach and is looking to be the first steps towards embedding recovery oriented systems of care to drug and alcohol services in Argyll & Bute.</i></p> <p><i>The service specifications that underpin the tendering of the independent sector and the service level agreement for the statutory sector have focused on assets based and recovery</i></p>

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	<p>has made in implementing a ROSC, please include what your priorities are in implementing this during 2014-15. This may include:</p> <ul style="list-style-type: none"> • Recovery Orientated System of Care service review and redesign • Identify and commission against key recovery outcomes • Recovery outcome reporting across alcohol and drug services eg. Outcome STAR. Other • Individual recovery care plan and review • Involved mutual aid and recovery communities <p>Please include your outcomes for all individuals within your alcohol and drug treatment system for 2013/14 if available.</p>		<p><i>focused person centred approaches and the data reporting on a mixture of output/processes and outcomes for service users and their families/carers. As part of the commissioning process, consultation was undertaken with service users.</i></p> <p><i>Specialist Statutory Sector Addiction Services in Argyll and Bute are provided by the Argyll and Bute Addiction Team (ABAT). This is an integrated team comprising staff employed by NHS Highland and Argyll and Bute Council. Services are delivered in close partnership with primary care NHS services, Council services such as homelessness, welfare advice, community learning, children and families, criminal justice, adult protection etc and with both independent sector addiction and wider services (Women's Aid, Rape Crisis, Homestart, Food Banks, Salvation Army, Befriending, CAB, Youth Projects etc) in the provision of holistic recovery orientated systems of care.</i></p> <p><i>Argyll & Bute ADP seeks to enter into a Service Level Agreement (SLA) for the delivery of community based services, in line with the Scottish Government's Road to Recovery – Recovery Oriented Systems of Care, to complement the existing and about to be commissioned independent sector services, to provide holistic person centred and recovery orientated care and support for people affected by addictions.</i></p>
9	<p>All relevant statutory requirements regarding Equality Impact assessments have been addressed during the compilation of our ADP Strategy and Delivery Plan</p>	A	<p><i>An Equality Impact Assessment (EIA) will be updated in relation to the ADP Strategy and Delivery Plan. The ADP Strategy was reviewed to ensure it met with the needs of target populations and did not raise any possible areas of discrimination. The ADP Delivery Plan was developed in partnership with a wide range of partners including service users.</i></p>

DELIVER

10	<p>Joint Workforce plans, as outlined in 'Supporting The Development of Scotland's</p>	A	<p><i>The ADP Performance Management & Resource Group (Workforce, Finance and Performance) have discussed the need for the Workforce Development Plan particularly to increase knowledge and competence across generic services.</i></p>
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	Alcohol and Drug Workforce' statement are in place across all levels of service delivery which are based on the needs of your population. (see note 7)		<i>STRADA have been contracted to undertake a Training Needs Assessment to begin the Workforce Development process. This will take place during 2014/15</i>
11	A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision	A	<p><i>The commissioning for adult addiction services has included the development of a performance management framework, which has both output and outcome measures. This will be in place for both statutory and non-statutory services.</i></p> <p><i>The ADP balanced scorecard has been developed and uses local and national indicators to give an overview of different elements of the ADP Strategy. The ADP Delivery Plan indicators have also been set in a performance database to ensure these are monitored and reported to the partnership.</i></p> <p><i>The Resource Group revisited the grant application forms for the ADP non-recurring funds in line with ADP Strategy and the budget allocation agreed by the ADP. The ADP is also reviewing local forum processes to ensure that small grant funding in each of the local forums is being allocated using similar forms and procedures.</i></p>

REVIEW

12	ADP Delivery Plan is reviewed on a regular basis.	G	<i>Following the agreement of the ADP Strategy in March 2013, the ADP Delivery Plan was developed with partner input to reflect the Strategy and local delivery. Progress on the Delivery Plan is regularly reported to the ADP Resource Group and will be reviewed by this group annually</i>
13	Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services, which incorporates recommendation 6 from the Delivering Recovery Report (see note 8)	A	<i>The new commissioning process (tendered and SLAs) will introduce outcome focussed monitoring for addiction services in Argyll & Bute. This process should be in place during the financial year 2014/15</i>

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14	A schedule for service monitoring and review is in place, which includes statutory provision	A	<p><i>Monitoring of all services will form part of the ADP Forward Workplan and there is recognition of the need to have an effective monitoring process in place.</i></p> <p><i>The tendering for the new adult addiction services will take place in 2014 and has a clear performance framework and monitoring system.</i></p> <p><i>Current addiction services are monitored in a number of ways – data is collected on all services by the ADP support staff on the Drug and Alcohol Treatment Waiting Times Database; the statutory ABAT team provide an Annual Report to the ADP of activities and outcome data and provide data to Pyramid (the Council performance management system utilised by the ADP) Third Sector outputs are monitored by the Argyll & Bute Council/NHS Highland Addictions Manager. The new tender will have clearer performance monitoring requirements</i></p>
15	Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.	R	<p><i>This is an area of service provision that has not yet been developed and is still under review by the ADP. Service user groups are established in Argyll & Bute but traditionally have been linked to service providers. Work is currently beginning to widen these groups to support service users with developing their own groups to provide peer support. This has been identified as a priority in the ADP Delivery Plan and will be progressed in 2014-15. Discussions have also taken place with the Scottish Families Affected by Drugs organisation to look at pilot family support groups in Argyll & Bute.</i></p> <p><i>The ADP has identified this as an area of need and is planning to scope this work in 2014/15</i></p> <p><i>See point 7 for info re consultation with service users.</i></p>
16	<p>A. There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.</p> <p>See note 9</p>	R	<p><i>A. The ADP will identify the component elements of a robust quality assurance system and ensure that this is developed as part of the commissioning process for all areas of service provision.</i></p> <p><i>The system will incorporate the Highland Quality Ambition and the Healthcare Quality Standards as per the ADP Strategy</i></p> <p><i>B. The ADP has been working towards developing Opioid Replacement Therapies in Argyll &</i></p>

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<p>B. Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please also include your Key Aim Statement and a specific update on your progress in implementing.</p>	<p><i>Bute. An ORT sub group is in development & the Terms of Reference have been agreed and populated with representatives from relevant agencies. The first meeting of this group will take place in late September.</i></p> <p><i>Key Aims of the ORT sub group include:</i></p> <ul style="list-style-type: none"> • <i>Implementation, across Argyll & Bute, of the recommendations from the “Independent Expert Review of Opioid Replacement Therapies in Scotland”</i> • <i>To review current service provision in relation to recommendations 1-7 in the review to ensure quality of service delivery and reporting; with specific priority to be given to areas with unmet need.</i> • <i>Make recommendations as to the remodelling of existing services and their procedures in order to meet recommendations 1-7 in the review.</i> • <i>To make recommendations to ensure that the delivery, accountability and governance systems are in place to ensure that opioid replacement therapies are delivered in the context of a recovery oriented system of care throughout Argyll & Bute (Recommendation 8-9).</i> • <i>To identify how Argyll and Bute ADP can contribute to the national recommendations (10-11) in relation to information and research.</i> • <i>To link with the NHS Highland wide ORT group.</i> <p><i>In addition ABAT, the statutory sector service, is developing a framework for quality assurance of their evolving non medical prescribing services.</i></p>
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3. Financial Framework

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

We still aim to include in the future a breakdown of the money that is contributed to the agenda via our partners as support in kind. Work is required to define the breakdown and to work with partners to identify income and expenditure. This work will be done for year 2014/15.

Total Income from all sources

Income	Alcohol	Drugs	Total
Earmarked funding from Scottish Government	698,065	550,117	1,248,182
Funding from Local Authority	0	0	0
Funding from NHS (excluding funding earmarked from Scottish Government)	0	0	0
Funding from other sources	0	0	0
Total	698,065	550,117	1,248,182

Total Expenditure from sources

	Alcohol	Drugs	Total
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)			
Alcohol Brief Interventions - GP practices	69,975		69,975
ABI Admin support	2,671		2,671

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ABI supplies	299		299
ABI Transition	6,273		6,273
Research & Communication officer -Encompass			11,000
Training Strategy Group - Multi Agency Training & Staff Development			17,336
Forum Support & Local Service Development			70,500
Project 81 Youth and Community Enterprise Ltd –Youth Worker Post			20,081
Mid Argyll Youth Development Services			8,921
CLD/PH -Islay & Jura Youth Connection			17,191
Kaleidoscope - Dunoon Grammar School Research Project			906
Kaleidoscope - STEPS to Excellence			4,988
Kaleidoscope - PX2 Personal Development Programme			2,660
Young Persons Football Development League - Campbeltown & District Juvenile FA			2,415
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)			
Argyll & Bute Addiction Team –(NHS/A & B C & Social Care Services)			722,942
Outcome Star Licences			566
Naloxone resources		2,523	2,523
Blarbuie Woodland Enterprise -Recovery at Blarbuie Woodland			4,515
Galgael Trust- Barmaddy Restored			9,104
Oasis-Specialised Youth Addictions Worker			20,029
Oasis-Part time Addiction Worker			6,874
Oasis-Youth Family Worker			14,280
Oasis-Psychotherapy			1,170
Rothesay Joint Campus by Homestart- Mental Health Support for Vulnerable Young People			3,510
Kintyre Youth Café - Young persons and families support			13,257
Argyll and Bute Addiction Team- Safe storage of medication			445
KADAS - Young persons sessional worker			5,288

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Recovery			
Dealing with consequences of problem alcohol and drug use in ADP locality			
Community Rehabilitation across A & B – as per independent providers below			
OASIS			9,742
Kaleidoscope			18,942
KADAS			9,200
HART			24,625
Encompass			27,691
Other			
3rd Sector Travel Reimbursement			5,486
Website creation			5,160
ADP Support team & administration			107,630
Total			1,248,196

End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Drug	550,117		
Alcohol	698,065		
Total	1,248,182	1,248,196	(14)

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Total Underspend from all sources

Underspend £	Proposals for future use

Support in kind

Provider	Description

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4. Core and Local Indicators 2013/14

Please include progress made re-establishing baselines, local improvement goals/targets and progress using the RAG system for all national and local outcomes.

1. Priority – Maximised Health in Argyll and Bute											
Health in Argyll & Bute is maximised and communities feel engaged and empowered to make healthier choices regarding alcohol and drugs											
ADP Indicator	Data								Target 2013/2014	G A R	
Number of Alcohol Brief Interventions carried out		FQ2 2012-13	FQ3 2012-13	FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	259		
	ADP	404	266	258	288	304	207	238			
Number of clients reporting an increase in overall quality of life		FQ1 2013-14		FQ2 2013-14		FQ3 2013-14		FQ4 2013-14	>=21		
	ADP	9		21		17		24			
Number of clients reporting improved psychological health status		FQ3 2012-13			FQ4 2012-13		FQ1 2013-14			>=32	
	ADP	33			39		23				
Breakdown of service users by type of substance misused - alcohol		FQ2 2012-13	FQ3 2012-13	FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	Data Only		
	ADP	68	60	46	60	53	44	35			
Breakdown of service users by type of substance misused - drugs		FQ2 2012-13	FQ3 2012-13	FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	Data Only		
	ADP	26	40	20	26	25	17	22			
Number of drug-related hospital discharges (three year rolling average)		FY 2008-2009		FY 2009-2010		FY 2010-2011		FY 2011-2012	FY 2012-2013	<=41	
	ADP	42		44		45		44	35		
Number of alcohol-related hospital discharge rates (three year rolling average)		FY 2008-2009		FY 2009-2010		FY 2010-2011		FY 2011-2012	FY 2012-2013	<=790	
	ADP	871		891		836		804	731		
Number of alcohol-related		2007	2008	2009	2010	2011	2012	2013	<=21		

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1. Priority – Maximised Health in Argyll and Bute										
Health in Argyll & Bute is maximised and communities feel engaged and empowered to make healthier choices regarding alcohol and drugs										
ADP Indicator	Data								Target 2013/2014	G A R
mortality (three year rolling average)	ADP	28	28	26	26	24	23	16		
Rate of drug related deaths per 1,000 of population.		2007	2008	2009	2010	2011	2012	2013	<=0.11	
	ADP	0.10	0.04	0.08	0.05	0.13	0.08	0.06		
	Scotland	0.09	0.11	0.10	0.09	0.11	0.11	0.10		
Prevalence of hepatitis C among injecting drug users	Not available at Argyll and Bute level									
Estimated prevalence of Problem Drug Use Amongst 15-64 year olds in Scotland.		2003		2006		2009			Less than Scotland	
	ADP	1.35		0.94		1.28				
	Scotland	1.84		1.62		1.71				
Estimated prevalence of injecting drug use amongst 15 - 64 yr olds in Scotland		2003		2006		2009			Less than Scotland	
	ADP	0.32		0.41		-				
	Scotland	0.67		0.79		-				
Proportion of individuals drinking above daily and/or weekly recommended limits.	Not available at Argyll and Bute level									
Proportion of individuals drinking above twice daily recommended limits.	Not available at Argyll and Bute level									
Proportion of individuals who are alcohol dependent.	Not available at Argyll and Bute level									

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2. Priority – Integrated Care Pathways									
Effective integrated care pathway offering a flexible range of services from assessment to recovery is in place in Argyll & Bute									
ADP Indicator	Data							Target 2013/2014	G A R
% ADP Clients waiting >3 wks from referral to SD&A service & treatment		FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	FQ1 2014-15		90%	
	ADP	92.90%	89.60%	96%	95.60%	96.30%			
No of clients in specialist services		FQ3 2012-13	FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	FQ1 2014-15	Data Only
	ADP	213	174	232	207	180	185	164	
No of unplanned discharges		FQ3 2012-13	FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	FQ1 2014-15	<=89
	ADP	113	79	93	102	101	76	89	
The number of planned discharges who are free from problematic alcohol or other drug use.		FQ3 2012-13	FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	FQ1 2014-15	>=42
	ADP	38	50	38	41	44	56	26	
Number of Alcohol Misuse Clients who 'Did not Attend' their assessment appointment		FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	FQ1 2014-15	<=74	
	ADP	62	64	73	56	78	89		
Number of Drug Misuse Clients who 'Did not Attend' their assessment appointment		FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	FQ1 2014-15	<=33	
	ADP	32	32	41	23	50	25		
Number of Alcohol Misuse Clients who 'Did not Attend' their treatment appointment		FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	FQ1 2014-15	<=2	
	ADP	4	3	9	1	5	1		

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2. Priority – Integrated Care Pathways										
Effective integrated care pathway offering a flexible range of services from assessment to recovery is in place in Argyll & Bute										
ADP Indicator	Data							Target 2013/2014	G A R	
Number of Drug Misuse Clients who 'Did not Attend' their treatment appointment		FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	FQ1 2014-15		<=1	
	ADP	3	5	4	1	1	1			
Percentage reduction in daily drugs spend during treatment		FY 2011-12		FY 2012-13		FY 2013-14			0%	
	ADP	0.00%		0.00%		0.00%				
Percentage of clients injecting in the last month during treatment		FY 2010-11		FY 2011-12		FY 2012-13			<=2%	
	ADP	7.00%		0.00%		0.00%				
Proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow-up		FY 2011-12		FY 2012-13		FY 2013-14			0%	
	ADP	0.00%		0.00%		0.00%				
Proportion of clients receiving drugs treatment experiencing improvements in employment/education profile during treatment		FY 2011-12		FY 2012-13		FY 2013-14			0%	
	ADP	0.00%		0.00%		0.00%				
Number of screenings for alcohol use disorders delivered		FY 2011-12		FY 2012-13		FY 2013-14			>=6642	
	ADP	6901		6592		6433				
Percentage positive screening for alcohol use disorders		FY 2011-12		FY 2012-13		FY 2013-14			<=15%	
	ADP	13%		16%		15%				
Percentage of drug and alcohol service clients receive at 3 month follow-up treatment		FY 2010-11		FY 2011-12		FY 2012-13			>=15%	
	ADP	0%		17%		29%				

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2. Priority – Integrated Care Pathways						
Effective integrated care pathway offering a flexible range of services from assessment to recovery is in place in Argyll & Bute						
ADP Indicator	Data				Target 2013/2014	G A R
Percentage of drug and alcohol service clients receive at 12 month follow-up treatment		FY 2010-11	FY 2011-12	FY 2012-13	>=27	
	ADP	13%	48%	19%		
Percentage of drug and alcohol service clients annual follow-up treatment (after 3 month and 12 month follow-up)		FY 2010-11	FY 2011-12	FY 2012-13	>=27	
	ADP	44%	12%	24%		
Number of residents reported to the Scottish Drug Misuse database as new client per 1,000 population		FY 2009-10	FY 2010-11	FY 2011-12	<=1.39	
	ADP	1.90	1.17	1.11		
	Scotland	2.19	2.20	2.16		

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3. Priority – Protection from Harm										
Individuals, families and communities in Argyll & Bute are protected against substance misuse harm										
ADP Indicator	Data							Target 2013/2014	G A R	
Number of drink/drug driving offences		FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	FQ1 2014-15	<=28		
	ADP	34	38	21	27	28	28			
Number of Naloxone kits issued		FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	FQ1 2014-15	>=16		
	ADP	6	29	12	14	14	19			
The number of service users, family/friends and staff receiving Naloxone training	Data not currently collected but will be by January 2015.									
Number of needles issued		FQ3 2012-13	FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ1 2014-15	>=4320		
	ADP	3218	6075	5335	5457	4439	3063			
Number of needles returned		FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	FQ1 2014-15	>=757		
	ADP	853	700	440	475	815	980			
Percentage of accidental dwelling fires where substance misuse was suspected to be a contributory factor		FQ3 2012-13	FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	FQ1 2014-15	<=4%	
	ADP	21.00%	4.00%	25.00%	19.00%	13.00%	0.00%	0.00%		
Percentage of new clients at specialist drug treatment services report funding their drug use through crime		FY 2009-10		FY 2010-11		FY 2011-12		Data Only		
	ADP	15%		29%		36%				
	Scotland	20%		22%		21%				
Proportion of victims reported offender under the influence of alcohol/drugs		FY 2010-11							Insufficient data to set target.	
	ADP	6								
1 year reconviction frequencies rate - Offenders given a DTT Order		FY 2009-10		FY 2010-11		FY 2011-12		<=1		
	ADP	1.6		0.5		1				

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3. Priority – Protection from Harm						
Individuals, families and communities in Argyll & Bute are protected against substance misuse harm						
ADP Indicator	Data				Target 2013/2014	G A R
Number of premises and occasional licences in force per annum and the overall capacity of premise licences	Awaiting Data					
Number of new applications for premises or occasional licences, and proportion refused on the grounds of overprovision	Awaiting Data					
Percentage of people perceiving drug misuse or dealing to be common or very common in their neighbourhood		FY 2003-04	FY 2005-06	FY 2007-2008	<=5%	
	ADP	2%	7%	7%		
Percentage of people noting 'alcohol abuse' as a negative aspect in their neighbourhood		FY 2003-04	FY 2005-06	FY 2007-2008	<=2	
	ADP	2%	2%	3%		

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4. Priority – Children and Young People									
Children affected by parental and personal substance misuse are protected and build resilience through the joint working of adult and children's services in Argyll & Bute									
ADP Indicator	Data						Target 2013/2014	G A R	
Number of Domestic Abuse cases where perpetrator under influence of alcohol/drugs		FQ4 2012-13	FQ1 2013-14	FQ2 2013-14	FQ3 2013-14	FQ4 2013-14	FQ1 2014-15	<=68	
	ADP	94	98	116	85	66	52		
Number of children in the Child Protection Register where substance misuse was a factor		FQ4 2013-14		FQ1 2014-15		FQ2 2014-15		>=36	
	ADP	47		31		30			
% Children referred to Children's Reporter for alcohol/drug misuse		FQ4 2013-14		FQ1 2014-15		FQ2 2014-15		>=0.10%	
	ADP	0.10%		0%		0.10%			
No of families reporting a alcohol/drug problem & offered support through pregnancy	Awaiting Data								
No of families reporting a alcohol/drug problem & offered support through the early years of parenthood	Awaiting Data								
No of families offered an intervention as a carer	Awaiting Data								
No of families offered an intervention as a carer	Awaiting Data								
Rate of maternities recording drug use - 3yr rolling average		FY 09/10	FY 10/11	FY 11/12	FY 12/13		<=11.1		
	ADP	10.5	11.7	10.5	11.0				

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4. Priority – Children and Young People							
Children affected by parental and personal substance misuse are protected and build resilience through the joint working of adult and children's services in Argyll & Bute							
ADP Indicator	Data				Target 2013/2014	G A R	
Rate of maternities recording alcohol use - 3yr rolling average			FY 12/13		Insufficient data to set target.		
	ADP	15.0					
Proportion positive ABI screenings in ante-natal setting			FY 12/13	FY 13/14	Insufficient data to set target.		
	ADP	0.15%	0.00%				
Number of Child Protection case conference identifying parental drug & alcohol abuse as a concern/risk			FY 11/12	FY 12/13	Insufficient data to set target.		
	ADP	18	0				
The number of children in divisionary activities	Awaiting Data						
Number of children separated from families due to substance misuse	Awaiting Data						
Increase in young people completing school, college or training	Positive Destinations Available. Do we want to use this instead?						
Percentage of young people being offered drugs in the last year			2006	2008	2010	<=31%	
	ADP	35%	32%	26%			
Percentage of 15 year olds who have taken an illicit drug in the last year			2006	2008	2010	<=25%	
	ADP	22%	31%	21%			
Percentage of 15 yr olds who usually take illicit drugs at least once a month			2006	2008	2010	<=7%	
	ADP	8%	12%	2%			

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4. Priority – Children and Young People												
Children affected by parental and personal substance misuse are protected and build resilience through the joint working of adult and children's services in Argyll & Bute												
ADP Indicator	Data									Target 2013/2014	G A R	
Percentage of 15 year olds drinking on a weekly basis	ADP	2006			2008			2010			<=27	
The number of children in divisionary activities	Awaiting Data											
Number of children separated from families due to substance misuse	Awaiting Data											
Young people's involvement with leisure activities by drug status	2006			2008			2010					
	Never Used Drugs	Used Drugs in Last Month	Used Drugs but Not in Last Month	Never Used Drugs	Used Drugs in Last Month	Used Drugs but Not in Last Month	Never Used Drugs	Used Drugs in Last Month	Used Drugs but Not in Last Month			
See Friends	85%	95%	90%	85%	86%	94%	83%	85%	97%	Data Only		
Listen to music	86%	90%	90%	87%	81%	97%	87%	88%	95%	Data Only		
Watch films/DVDs	71%	75%	68%	67%	76%	71%	71%	76%	81%	Data Only		
Play on computer games	55%	57%	51%	57%	24%	45%	61%	53%	51%	Data Only		
Look around shops	57%	67%	53%	58%	38%	58%	50%	65%	49%	Data Only		
Read comics or magazines	51%	43%	44%	49%	14%	39%	44%	44%	38%	Data Only		
Read books	41%	34%	36%	38%	10%	26%	43%	18%	43%	Data Only		
Go to watch sport matches	23%	32%	18%	28%	14%	29%	23%	29%	19%	Data Only		
Do a sport e.g. football, swimming	72%	63%	60%	69%	52%	65%	65%	41%	70%	Data Only		
Go to the cinema	19%	37%	15%	26%	19%	23%	16%	12%	11%	Data Only		

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4. Priority – Children and Young People											
Children affected by parental and personal substance misuse are protected and build resilience through the joint working of adult and children's services in Argyll & Bute											
ADP Indicator	Data									Target 2013/2014	G A R
Hang around the street	53%	78%	64%	48%	86%	77%	46%	71%	65%	Data Only	
Do a hobby, art or play a musical instrument	60%	52%	49%	57%	48%	48%	64%	50%	43%	Data Only	
Go to friend's house	72%	90%	77%	72%	81%	74%	68%	76%	86%	Data Only	
Go to concerts or gigs	9%	27%	18%	5%	5%	10%	5%	12%	5%	Data Only	
Go to church, mosque or temple	8%	11%	8%	6%	0%	3%	8%	6%	5%	Data Only	
Help other people/voluntary work	13%	18%	14%	11%	10%	10%	14%	9%	19%	Data Only	
Do nothing	11%	20%	23%	12%	10%	10%	13%	41%	27%	Data Only	
Young people's involvement with leisure activities by alcohol status	2006			2008			2010				
	Never Drank Alcohol	Drank Alcohol in Last Week	Drank Alcohol but Not in Last Week	Never Drank Alcohol	Drank Alcohol in Last Week	Drank Alcohol but Not in Last Week	Never Drank Alcohol	Drank Alcohol in Last Week	Drank Alcohol but Not in Last Week		
See Friends	78%	91%	88%	76%	93%	89%	82%	87%	83%	Data Only	
Listen to music	80%	89%	89%	80%	86%	93%	86%	89%	88%	Data Only	
Watch films/DVDs	68%	69%	74%	63%	72%	70%	70%	72%	74%	Data Only	
Play on computer games	59%	50%	55%	16%	52%	53%	67%	54%	58%	Data Only	
Look around shops	55%	61%	58%	52%	49%	63%	50%	56%	49%	Data Only	
Read comics or magazines	51%	50%	49%	49%	41%	46%	42%	40%	46%	Data Only	
Read books	51%	33%	37%	41%	23%	39%	52%	33%	39%	Data Only	
Go to watch sport matches	22%	24%	24%	20%	34%	27%	21%	31%	19%	Data Only	
Do a sport e.g. football,	75%	63%	72%	76%	61%	67%	66%	66%	60%	Data Only	

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4. Priority – Children and Young People												
Children affected by parental and personal substance misuse are protected and build resilience through the joint working of adult and children's services in Argyll & Bute												
ADP Indicator	Data									Target 2013/2014	G A R	
swimming												
Go to the cinema	22%	20%	19%	21%	28%	27%	15%	15%	15%	Data Only		
Hang around the street	35%	75%	59%	27%	77%	57%	39%	68%	44%	Data Only		
Do a hobby, art or play a musical instrument	60%	52%	62%	57%	45%	61%	65%	62%	58%	Data Only		
Go to friend's house	63%	80%	78%	63%	77%	76%	63%	79%	68%	Data Only		
Go to concerts or gigs	8%	19%	9%	1%	10%	5%	3%	9%	5%	Data Only		
Go to church, mosque or temple	10%	7%	9%	8%	6%	3%	6%	10%	8%	Data Only		
Help other people/voluntary work	13%	17%	11%	15%	10%	8%	14%	19%	11%	Data Only		
Do nothing	9%	18%	13%	12%	8%	13%	12%	22%	14%	Data Only		

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Health Improvement and Education Action Report for ADP Annual report 2013-14

“The overall rate of hospitalisation associated with alcohol conditions amongst the intermediate geographies (within Argyll & Bute CHP), was 1117 per 100,000 population, relative to an overall Health Board rate of 1291 per 100,000. Significantly higher rates were in four of the intermediate geographies of Dunoon, Campbeltown, Oban North and Oban South, the latter the highest at 2255 per 100,000.”

(Adult Health Profiles 2012 – Epidemiology & Health Science Team (Public Health))

According to Alcohol Focus Scotland the cost of alcohol related harm to Argyll & Bute was around £28 million in 2010/11. This equates to £314 per head of population in Argyll & Bute. The ‘ScotPHO Alcohol and Drugs Profiles 2013’ indicated that Argyll & Bute Council had the highest rate in Scotland for combined on and off trade premise licences at 80.7 per 10,000 population. Statistics on the use of alcohol amongst young people in Argyll & Bute show that there is a higher than average experimentation and use of alcohol than the rest of Scotland (*Argyll & Bute Alcohol and Drug Partnership Strategy 2013-2016*)

Ongoing Activity Aimed At Reducing Alcohol Related Harm

Argyll & Bute Alcohol and Drug Partnership Strategy 2013-2016 has the following as one of its four priorities: “Health in Argyll & Bute is maximised and communities feel engaged and empowered to make healthier choices regarding alcohol and drugs”. The ADP indicates that there needs to be a number of inter-related strands to ensure that individuals and communities have access to appropriate information, knowledge and skills which enable them to make positive, well informed, choices regarding their alcohol use. The ADP makes the point that prevention of problematic use of alcohol “is more cost effective and desirable than treating established problems”. The ADP prevention strategy covers a wide range of activities using many different methods for both focused and whole population approaches. In line with the Joint Health Improvement Plan 2013 – 2016 this work uses an “assets based approach” aimed at creating and supporting healthy communities by building on assets and resources already present in these communities. It involves breaking down boundaries and not looking at topics such as harmful drinking or smoking in isolation from other factors in health, such as poverty, employment status, educational attainment etc. This approach can include activities and programmes aimed at reducing risky behaviours and/or improving community attitudes to alcohol use and can be delivered in settings ranging from Nurseries and Schools through to Adult Education Centres and Older People’s Forums. The types of activities that have already been delivered in some areas of Argyll & Bute include:

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Oh Lila & Rory – two programmes designed by Alcohol Focus Scotland for use with nursery and primary age children respectively which aim to increase children’s resilience and ability to talk about issues that are happening in their home, including alcohol and parental drinking. The training has increased staffs awareness of the issues and confidence to support children when such issues are highlighted.

Schools and Youth service education – across Argyll & Bute there are a range of approaches to the delivery of alcohol education within schools. The Health Improvement Team as well as Drug & Alcohol service Providers and Youth Services supports schools by delivering a variety of activities and programmes which compliment the Curriculum For Excellence including alcohol education at assembly, alcohol workshops within the classroom and alcohol as part of focussed programmes for specific groups. In addition to this there is work being delivered by Peer Educators in some schools in Argyll & Bute.

Community Action Lochgilphead Ardrishaig (CALA) – This community based local action group has focussed on the issues associated with alcohol within the Lochgilphead and Ardrishaig community.

Workplace alcohol education sessions – As part of a Healthy Working Lives initiative or simply as a way of increasing staff knowledge and understanding about the issues associated with alcohol use a number of organisations have requested alcohol workshops and information stalls to come to their workplace

Alcohol & Drug Partnership Local Forums – there are seven local drug and alcohol forums (or Substance Misuse Groups) across Argyll & Bute. Each one is a partnership of local organisations and individuals interested in reducing the harm associated with drug and alcohol use. They support a variety of activities within their community both by providing grants to local groups and by taking a leadership role on events and activities aimed at raising awareness.

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Argyll & Bute ADP Benchmarking report 1013-14

1. Rate Drug Related Hospital Discharges, EASR per 100,000

ADP Core Indicator	2008	2009	2010	2011	2012	Improve ment Goal 13/14	RAG	ADP Ranking
Argyll & Bute	42	44	45	44	35	<=41	G	26 of 30
Scotland	110.17	107.5	116.25	117.62	107.2		G	Would be 17 of 31
Perth & Kinross	78.25	79.82	86.9	83.59	93.80		G	17 of 30
Shetland ADP	670	771	712	945	716		A	18 of 30

Comment:

- Rates of drug related discharges increased in Argyll & Bute peaking in 2010 with decreases in 2011 and 2012. Rates decreased in Scotland between 2008 and 2009 rising again in 2010 reaching a peak in 2011 and 2012.
- Rates have remained relatively stable over the last 5 years in Scotland while Argyll & Bute increased in first three years then decreasing to 35 in 2012
- In relation to benchmarking Argyll & Bute lies in the lower quartile and ranks 26 out of 30 ADP's
- Argyll & Bute rate is statistically significantly better than the Scottish, Perth & Kinross and Shetland rate

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2. Rate Alcohol Related Hospital Discharges, EASR per 100,000

ADP Core Indicator	2008	2009	2010	2011	2012	Target 13/14	RAG	ADP Ranking
Argyll & Bute	968.9	928.4	888.8	868.4	685.6	<=814.3	G	12 of 32
Scotland	828	771.44	758.76	749.09	693.3		G	Would be 19 of 33
Perth & Kinross	588.23	493.59	491.57	479.13	435.92		R	28 of 32
Shetland	670.1	770.4	711.8	944.6	715.8		G	6 of 32

Comment:

- Rates of alcohol related discharges increased in both Scotland & Argyll & Bute reaching a peak in 2008, then decreasing for both Scotland & Argyll & Bute
- In Argyll & Bute the rate of alcohol related discharges decreased from 968.9 in 2008 to 868.4 in 2011 with a reduction in 2012 to 685.6
- In relation to benchmarking Argyll & Bute lies in the upper quartile and ranks 26th out of 30 ADP's
- Argyll & Bute is statistically worse than the Scottish rate and significantly worse than Perth & Kinross. In the years 2008/2009 it ranked significantly worse than Shetland, less so in 2010 with Shetland being worse than Argyll & Bute in 2011 and 2012

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5. ADP & Ministerial Priorities

ADP Priorities 2013/14

Please list the progress you have made in taking forward your ADP's five key commitments for 2013/14.

	ADP Priority	R A G	Evidence
1	Design and implement commissioning plan and tender action	G	Commissioning Plan complete. Commissioning process for independent sector providers progressing to timetable, tendering process complete, evaluating period complete. Tender for independent sector addiction services will be awarded on timetabled date in early November. Commissioning group will continue to meet to progress the SLA for statutory services in A & B.
2	Establish outcomes based performance framework to monitor service impact	G	We have an agreed local outcomes framework based on the ADP National Outcomes (presented in the ADP Strategy).
3	Redesign the ADP Constitution and organisational arrangement to improve the management of the ADP business and communication between partners and stakeholders	G	Constitution redesigned and agreed December 2013 including updated ADP structure showing organisational arrangement.
4	Develop arrangements for service users and carers to be involved in the design and review of services	G	<p>Consultation was undertaken with service users from 6 locations across Argyll and prior to the recent commissioning of 3rd sector services. An ex service user now in recovery will be a member of the formal scoring panel for the 3rd sector tender.</p> <p>The statutory addiction service is in the process of working with SDF's Quality Improvement Team and this work involves a 2 stage consultation with service users.</p>

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5	Finalise balanced scorecard to establish baselines for the ADP	A	The ADP has developed a Balanced Scorecard to reflect both national and local indicators. This scorecard has been developed and is maintained in partnership and combines data from the partners of the ADP to reflect the impact of drugs and alcohol across different areas and responsibilities. The Scorecard is largely completed. There are some data from other agencies that have not been supplied yet. Some data is unavailable at Argyll and Bute level and cannot be reported.
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ADP Priorities in 2014-15

Please list your ADP's five key commitments for 2014/15 following this self-assessment.

- *Complete commissioning process for independent sector and award contract and progress the SLA for statutory addiction services - Develop a joint working protocol to include monitoring and evaluation*
- *Commission Training Needs Analysis to inform Workforce development Plan*
- *Develop protocols for collaborative working between agencies and all ADP partners*
- *Develop service user engagement plan to include new and existing addiction service providers*
- *Collaborate with Integrated Children's services towards better integrated strategic work*

This list is not exhaustive and the ADP will remain flexible during the coming year to be able to respond to locally identified priorities and national expectations that may change the focus of its work.

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Ministerial Priorities in 2013/14

ADP funding allocation letters 2013-14 outlined a range of Ministerial priorities. The Quality Improvement letter issued to ADPs on 3 July 2013 asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2013/14. Please outline these below.

Argyll & Bute ADPs response to local improvement goals and measures for delivering on Ministerial Priorities as outlined within the quality improvement letter of 3rd July include:

Delivering the HEAT standard for drug and alcohol treatment waiting times

% seen within 3 weeks March 2014	% seen within 6 weeks March 2014	% of services providing Waiting times data March 2014	Local Improvement Target 2014-15
96.8%	98.4%	100%	95% seen within 3 weeks 100% seen within 6 weeks 100% of services providing waiting times data
We will continue to sustain performance to meet waiting times towards local improvement target and HEAT standard that			
<ul style="list-style-type: none"> • 90 % of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery 			

Compliance with the Alcohol Brief Interventions (ABIs) HEAT Standard

HEAT Standard Target 2013-14	Total number of interventions delivered 2013-14	% of Target interventions Delivered in 2013-14	Local Improvement Target 2014-15
1066	1082	100%	1066 total ABI delivered 959 (90%) delivered in primary care 107 (10%) delivered in wider settings
We will continue to sustain and embed ABI's In primary care in accordance with the SIGN 74 guidance and continue to widen the delivery of Alcohol Brief Interventions past the largely GP based current delivery. We will review Alcohol Brief Intervention funding/financial incentives, to ensure best value while meeting HEAT targets			

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Increasing the level of compliance and the amount of data submitted to the national Scottish Drug Misuse Database

Total SMR25a Returns 2013-14	Total Individuals On SDMD 2013-14	% with 3 month (SMR25b) Record 2013-14	Total individuals On DATWTD 2013-14	% SDMD/ DATWTD 2013-14	Local Improvement Target 2014-15 % with 3 month (SMR25b) record	Local Improvement Target 2014-15 % SDMD/ DATWTD
56	54	5%	115	47%	80% SMR25a completion 10% SMR25b completion	60%

To increase percentage of individuals who are on SDMD and also on DAWTD to 60% by March 2015

Increasing the reach and coverage of the national Naloxone programme by increasing the number of Naloxone kits supplied to people at risk of opiate overdose.

Area	Estimated number of people with problem drug use aged 15-64 years in 2009/10	Number of drug related deaths registered by national records Scotland in 2011 (calendar year)	Number of take home naloxone kits issued in the community between 1 April 2011 and 30 September 2012	Minimum number of naloxone kits to be issued in Health Board area by 31 March 14 based on reaching a minimum of 15% of population with problem drug use, all recipients being problem opiate users
Scotland	59,600	584	781	8940
A & B	770	12	6	115

The number of Naloxone kits is being increased though we are short on the target having issued 68 kits from 01 April 2013 to 31 March 2014.

Developing local understandings of the prevalence and impact of new psychoactive substances

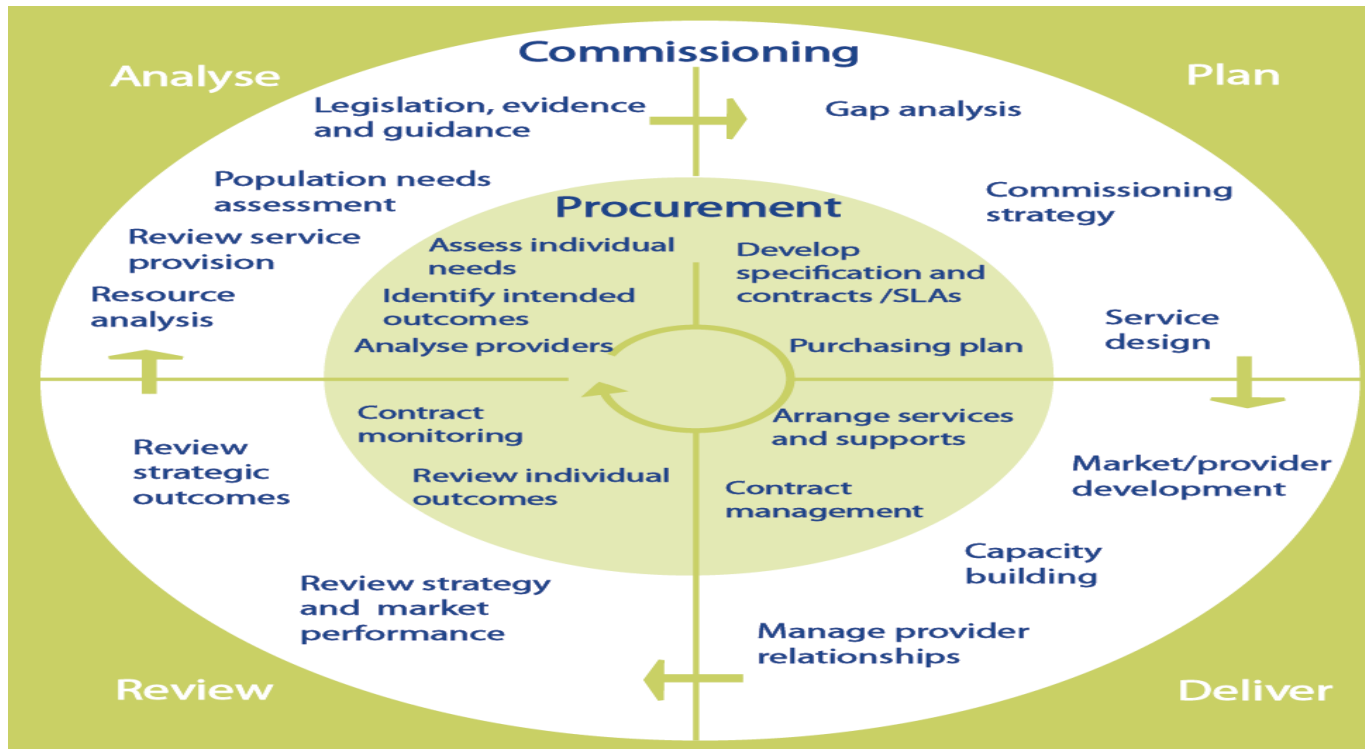
The Senior Health Improvement Specialist delivered Legal High Training developed in partnership with OASIS in Mid Argyll, Oban & Helensburgh. Alcohol and drug (including NPS) awareness training was delivered to staff within the three A&B children's units and to pupils in three schools Hermitage Academy, Campbeltown Grammar & Islay High School with (peer education group)

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APPENDIX 1: NOTES

1. Please complete the RAG column for each theme according to the following definitions:
Red: No action is yet underway
Amber: Action is underway but is not yet completed
Green: Action is completed
2. This column should be used to describe the range of evidence used to support the RAG Score. We do not require the source documents to be attached unless specifically requested
3. **Joint Strategic Needs Assessment:** Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. (<http://www.nhsconfed.org/Publications/briefings/Pages/joint-strategic-needs-assessment.aspx>)
4. **Joint Performance Framework:** a national assessment process on how effectively local partnerships are achieving these improvements. (http://www.sehd.scot.nhs.uk/publications/cc2004_02.pdf)
5. **Integrated Resource Framework:** this is being developed jointly by the Scottish Government, NHS Scotland and COSLA to enable partners in NHS Scotland and Local Authorities to be clearer about the cost and quality implications of local decision-making about health and social care. The IRF helps partnerships to understand more clearly current resource use across health and social care, enabling better local understanding of costs, activity and variation across service planning and provision for different population groups. (<http://www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives/integrated-resource-framework/>)
6. **Please indicate in your evidence if you have received feedback on this report from your Community Planning Partnership/ or other accountability route, specifying who that is.** Strategic commissioning is informed by The Commissioning Cycle (the outer circle) which drives purchasing and contracting activities (the inner circle), and these in turn inform the on-going development of Strategic Commissioning. Strategic commissioning is defined as 'term used for all activities involved in assessing and forecasting needs, links investment to desired outcomes, considering options, planning the nature, range and quality of services and working in partnership to put this in place. Strategic commissioning process is defined by four stages, analyse, plan, deliver and review as presented visually in the diagram below.

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

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8. A full range of essential care Services include identifiable community rehabilitation services – including using people with lived experience; access to detoxification and residential rehabilitation; access to a full range of psychological and psychiatric services; services addressing employability and accommodation issues. <http://www.scotland.gov.uk/Resource/Doc/217018/0058174.pdf>)

9. **Quality Assurance Framework:** A guidance document which sets out the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met. Examples of how to improve the quality of your services may be found at <http://www.qihub.scot.nhs.uk/media/458288/efficient%20and%20effective%20cmht%20prototype%20version%201.pdf>

The Independent Expert Review of Opioid Replacement Therapies in Scotland ‘Delivering Recovery’ can be found at <http://www.scotland.gov.uk/Publications/2013/08/9760/downloads>

The Quality Principles will be published in the coming weeks. This template will be updated with a link to them upon publication.

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

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