

North Ayrshire ADP Annual Report 2014-15

Document Details:

ADP Reporting Requirements 2014-15

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

Appendix 1

- Guidance Notes and Commissioning Diagram

14th September 2015

1. PARTNERSHIP DETAILS

Alcohol and Drug Partnership	North Ayrshire
ADP Chair	Tim Ross
Contact name(s) <i>see note 1</i>	Mark Gallagher
Contact Telephone	01294 310444
Date of Completion	14 th September 2015
Date Published on ADP website(s)	

The content of this Annual Report has been agreed as accurate by the Alcohol and Drug Partnership, and has been shared with our Community Planning Partnership/Integration Joint Board through our local accountability route. **(The annual report has been submitted to the Health and Social Care Partnership)**

Tim Ross

ADP Chair

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

Alcoholanddrugdelivery@scotland.gsi.gov.uk

14th September 2015

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

ANALYSE – Please evidence your ADPs analysis activities/progress

	Theme	R A G see note 1	Evidence <i>see note 2</i>
1	<p>ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment/analysis of need, which takes into consideration the changing demographic characteristics of people (and their families and local communities) affected by problem drug and/ or alcohol use in your area. Please state when this was undertaken and when it is next planned.</p> <p>Please also include here any local research that you have commissioned e.g. hidden populations, alcohol related deaths.</p>	G	<ul style="list-style-type: none"> • The work of North Ayrshire ADP is informed by ‘A Strategy for the Future 2011-2015’ that included the Needs Assessment for Alcohol and Drug services in North Ayrshire. • The ADP has been undertaking a revised Needs Assessment in order to incorporate within the updated Strategy for 2015-18; this will be presented in June 2015. In gathering data to inform the new Strategy and Needs Assessment, a series of consultation events and research methods has been undertaken, consisting of- <ul style="list-style-type: none"> ○ Stakeholder Event in November 2014 where 80 people attended, ranging from service providers, people in recovery, ADP representatives, and family provision ○ Feedback from Recovery at Work committee ○ 2013 Peoples Panel ○ Profiles- Population; Health and Wellbeing; Alcohol; Drugs ○ Waiting Times, referral and discharge ○ Costs of Alcohol ○ Opiate Replacement Therapies submission ○ Peer Research- Addiction Treatment Barriers and Opportunities for Females ○ Evaluation of Addiction Service Provision in North Ayrshire ○ North Ayrshire Families affected by addiction and imprisonment

	See Note 3		<ul style="list-style-type: none"> Overprovision analysis supporting Licensing Policy has been undertaken and submission was made to the Licensing Board http://www.naadp.com/adp-info/alcohol-licensing.aspx <p>Licensing Policy Statement for 2013-2016 was adopted by the Licensing Board on 19 November 2013- http://www.north-ayrshire.gov.uk/business/licences-and-permits/food-alcohol-gambling-licences/licensing-board.aspx</p> <ul style="list-style-type: none"> The ADP was one of two successful pilot sites identified to work in conjunction with Alcohol Focus Scotland. The partnership with AFS is to develop whole population approaches through supporting community engagement in licensing; Exploring the assets and barriers to recovery in North Ayrshire; and developing the Children Affected by Alcohol Toolkit (CHAT) People in recovery have been involved in the ADP Strategic Writing Group, and also being instrumental in the Health and Social Care Partnerships (H&SCP) Strategic Plan consultation. The peer researchers interviewed a total of 279 where this feedback was extremely well received by the H&SCP and as a result there were a number of changes made to the strategic plan. A working group through the CAPSM sub group, commenced to identify children affected by a parental death and how services could ensure the support needs of children and family members is being addressed. This group will present findings to the pan Ayrshire Drug Death Review Group in 2015/16
2	An outcome based ADP Joint Performance Framework is in place that reflects the ADP Local Outcomes and the National Core Outcomes.	G	<ul style="list-style-type: none"> ADP performance framework is outlined in the ADP Delivery Plan 2012-15. This is reflected within the ADP Action Plan for each of the priority areas for the ADP sub groups to report on. The delivery plan reflects low to high level indicators and national outcomes by applying a logic model approach. All ADP funded services complete a quarterly monitoring template in order

	See note 4		to demonstrate activity contributing to key indicators and outcomes
3	<p>Integrated Resource Framework Process</p> <p>Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.</p> <p>Note 5</p>	A	<ul style="list-style-type: none"> North Ayrshire ADP continued to commission services from the previous period as felt important for continuity and to establish governance arrangements with new Health and Social Care Partnership Previously presented data to the Finance & Commissioning sub group in relation to a breakdown of the ADP budget is reflected within the four intervention tiers. <i>(Further details of this breakdown can be found within the Financial Framework in Section 3 of report)</i>
4	<p>Integrated Resource Framework - Outcomes</p> <p>Note 5</p> <p>A coherent approach has been applied to selecting and prioritising investment and disinvestment options – building prevention into the design and delivery of services.</p>	A	<ul style="list-style-type: none"> As above. The ADP contract management framework will inform decisions in aligning resources for the next Strategy 2015-18 with specific functions of the current Finance and Commissioning sub group will be tasked to carry forward

PLAN - Please evidence your ADPs Planning activities/progress

	Theme	R A G see note 1	Evidence see note 2
5	We have a shared vision and joint strategic objectives for people affected by problem substance use & those affected, which are aligned with our local partnerships, e.g child protection committees, violence against women, community safety, prevention including education etc.	G	<ul style="list-style-type: none"> • North Ayrshire ADP's 'A Strategy for the Future 2011-15' has been developed in partnership with a range of stakeholders within the Community Planning Partnership. The ADP has adopted a whole population approach which requires to work within communities to reduce the harmful effects of alcohol and drug misuse on individuals, families and communities. The four key priority areas consist of Prevention, Protection, Communities, and Recovery. • The ADP has broad partnership involvement reflected in the diverse range of agencies from each sector contributing within all of the ADP thematic sub-groups. • The ADP Children Affected by Parental Substance Misuse (CAPSM) sub group has dual reporting responsibilities to the ADP and CPC; in addition the Communities & Prevention sub group reports to the ADP and the Safer North Ayrshire Partnership (SNAP), which is also chaired by the ADP Chair who is the Director for Community Safety • The ADP Lead Officer is a member of the Violence Against Women Partnership (VAWP), and the Adult Support and Protection Committee • The ADP Chair and ADP Lead Officer have been involved in the Improving Children's Outcomes project where this is in partnership with Dartington Research Unit to identify risk factors for children in North Ayrshire. Findings will be shared during 2015-16
6	A. Our planned strategic commissioning work is clearly linked to	G	<ul style="list-style-type: none"> • North Ayrshire ADP operates within the North Ayrshire Community Planning structure and reports to the Community Planning Partnership (CPP). The CPP review and endorse the ADP strategy and Annual Report. The ADP submits a quarterly update to the CPP through the Single Outcome Agreement

<p>Community Planning and local integrated health and social care plans, preparing to support improved outcomes, priorities and processes jointly.</p> <p>Please include your ADP Commissioning Plan or Strategy if available.</p> <p>Please include information on your formal relationship to your local child protection committee.</p> <p>B. What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route.</p> <p>Please include information on the level and frequency of feedback you have received through your local accountability route/CPP/ Joint Integration Board.</p>		<ul style="list-style-type: none"> • The CPP reporting structure is documented within page 6 of the ADP strategy http://www.naadp.com/resources/site1/General/FINAL_NA ADP Strategy 2011-15-1.pdf • The ADP held a session for Elected Members in November 2014. This was an opportunity to raise the profile of the various aspects of recovery work taking place and an update from the CPP Lunchtime Briefing delivered in the previous year. • The ADP Lead Officer is a member of the CPC and the Adult Support & Protection (ASP) Committee. • Members of the ADP includes representatives from Community Justice Authority, Criminal Justice Partnership and Police Scotland, NHS Addiction Services and Public Health • Lead Officers from the ADP, CPC, ASP and VAWP meet on a quarterly basis in order to highlight activity and identify opportunities for collaborative work • The ADP Chair and ADP Lead Officer has been members of the Strategic Planning Group in order to input and inform the new H&SCP Strategic Plan and to align with the ADP's commitments for 2015-18 • The ADP Children Affected by Parental Substance Misuse (CAPSM) sub group has dual reporting responsibilities to the ADP and Child Protection Committee
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	See note 6		
7	Service Users and carers are embedded within the partnership commissioning processes	G	<ul style="list-style-type: none"> • The Service User Committee (Recovery at Work-RAW) was formally constituted in March 2014. Since then the Chair of RAW is now a member of the ROSC sub group and ADP Committee. • Through representation within the ADP structure this has enhanced communication and opportunities for people in recovery to input to ADP developments, in particular, representation on the ADP Strategy Writing Group • At every RAW committee meeting the agenda incorporates ADP activity, which is fed back to the respective sub groups/ ADP committee • RAW members engaged in the Stakeholder Event in November where discussions were used to inform the new strategy for 2015-18 • Other forms of engagement has involved attendance at the ADP Providers Forum; trained as SMART Facilitators and attendance within the SMART Facilitators Forum • The contract monitoring template requires services to submit evidence of service users and families/carers contribution to service delivery/ developments as per Quality Principles • Submission of proposal to the Integrated Care Fund to support the delivery of Recovery Café • Involvement in working group to identify how findings from the Female Peer Research can be incorporated within service development • The ADP Policy Officer along with 8 people in recovery compiled and undertook questionnaires within 3 localities of North Ayrshire in relation to the community views of the 5 priorities identified within the H&SCP Strategic Plan. A total of 279 people were interviewed • Service users engaging in thematic group work programmes attended the initial meeting at Ayrshire College in order to scope out the resources required to deliver community learning. This resulted in a number of courses taking place in the community and also enhancing the uptake of service users accessing mainstream education
8	A person centered	G	<ul style="list-style-type: none"> • As detailed above, the ADP has a number of effective communication strands to

<p>recovery focus has been incorporated into our approach to strategic commissioning. Please advise if your ROSC is 'in place'; 'in development' or in place and enhancing further.</p> <p>Describe the progress your ADP has made in implementing a Recovery Oriented System of Care (ROSC), please include what your priorities are in implementing this during 2015-16. This may include:</p> <ul style="list-style-type: none"> • ROSC service review and redesign • Identify and commission against key recovery outcomes • Recovery outcome reporting across alcohol and drug services (Please outline what 		<p>ensure people in recovery are involved in recovery activity</p> <ul style="list-style-type: none"> • The Recovery Oriented Systems of Care (ROSC) sub group is a formal strand of the ADP and its remit is working towards one of the strategic key priority areas. The group is represented by a number of providers to ensure recovery based approaches and opportunities are being enhanced and promoted with appropriate support being provided within all stages of recovery. • A number of recovery café evenings took place in 2014/15 where this was an opportunity to promote recovery and engage with wider stakeholders including family members, service users and SMART facilitators • As a prelude to engagement with RAW the capacity building group was delivered • A practitioner's forum takes place bi-monthly where a diverse range of services attend. This provides an opportunity to reflect and share recovery practice throughout the area. • The ADP has a two year partnership with SMART UK in order to enhance the use of mutual aid provision within North Ayrshire. A total of 22 staff and service users has undertaken the Facilitators Training where a series of SMART meetings take place throughout the locality • A wide range of outcome tools are currently utilised within the quarterly contract management template. The template is outcome focused with services providing evidence to support their submission • The ADP Aim Statement features the RCQ in demonstrating an increase in recovery capital for individuals engaging in ADP funded services • The ADP website continues to promote recovery and up to date recovery literature • Attendance at the Recovery Walk in Edinburgh attended by staff and service users • The ADP Policy Officer and Ayrshire College Addiction Liaison Officer interviewed a number of people in recovery in order to assess the suitability of co-facilitating workshops within the College. The workshop training took place in March with plans for co-facilitating workshops with the 3 Ayrshire College campuses during 2015/16.
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	<p>current/planned recovery tool you are using)</p> <ul style="list-style-type: none"> • Individual recovery care plan and review • Involved mutual aid and recovery communities <p>Please include your recovery outcomes for all individuals within your alcohol and drug treatment system for 2014/15 if available.</p>		<ul style="list-style-type: none"> • Staff and Service Users presented Female Peer Research findings at a public protection event in Stirling; Showcase Event in Irvine; and SDF Conference in Glasgow
9	<p>All relevant statutory requirements regarding Equality Impact Assessments have been addressed during the compilation of your ADP Strategy and Delivery Plan.</p> <p>Please advise when this was undertaken and is next planned.</p>	G	<ul style="list-style-type: none"> • North Ayrshire ADP's 'A Strategy for the Future' 2011 - 2015 incorporates an Equality and Diversity Impact Assessment to ensure the needs of all groups within North Ayrshire are identified and met, paying particular attention to those most at risk of harm. • As described in Section 1 above, a series of consultation and research methods has been used to inform the Needs Assessment and Strategy for 2015-18. This information will be presented in June 2015

DELIVER - Please evidence your ADPs Delivery activities/progress

	Theme	R A G see <i>note 1</i>	Evidence <i>see note 2</i>
10	<p>Delivery of Joint Workforce plans, as outlined in 'Supporting The Development of Scotland's Alcohol and Drug Workforce' statement are in place across all levels of service delivery which are based on the needs of your population.</p> <p>see note 7</p>	G	<ul style="list-style-type: none"> • The ADP is committed to ensuring there is a confident and competent workforce where the ADP Workforce Development sub group takes account of the wide array of training opportunities for all staff, which is reflected within the Harmonised Framework, incorporating Child Protection Committee, Prevention and Service Support Team, Sexual Health Training Team, Scottish Recovery Network, Choose Life, and Adult Support and Protection. • The Getting Our Priorities Right (GOPR) document, which was translated into localised guidance for children's and adult services was formally launched in April 2014 where the CAPSM sub group monitors service developments • Staff development information is incorporated within the quarterly contract monitoring template • The RORY training resource was delivered to the remaining Primary Schools in collaboration with Alcohol Focus Scotland in order to support our preventative approach. All primary schools now deliver RORY. • STRADA delivered the 2 day Motivational Interviewing course to practitioners who engaged in the High Impact Training • 2 two hour NPS briefing sessions were delivered to front line staff. A full evaluation report of the training was completed and the ADP will deliver annual refresher training as a result. • Specific learning and development information is incorporated within ADP website which is applicable to practitioners at all levels • The ADP funds the Prevention and Service Support Team (PSST) offering training to hundreds of participants. An annual training calendar is provided with a diverse range

			<p>of subjects offered, and is updated on a regular basis to reflect the needs of individuals and changes in trends.</p> <ul style="list-style-type: none"> • North Ayrshire ROSC Practitioners Forum is made up of staff involved at various levels within statutory and non-statutory, and voluntary sector addiction services. The remit of the Forum identifies practice related matters, identifying and contributing to the resolution of barriers to addiction services becoming more recovery orientated. • The ADP in conjunction with National Advisory Team hosted the Drug & Alcohol Improvement Game in June 2014. This was attended by a diverse range of services which took the opportunity to review systems of care and identify methods to enhance provision. • 22 staff and service users trained in Self-Management and Recovery Training (SMART)
11	<p>Please provide a bullet point summary of your ADP's Alcohol and Drug Provision, to demonstrate the range of prevention, treatment/recovery & support interventions (including early interventions) commissioned by the ADP which have been delivered in the reporting period.</p>	G	<ul style="list-style-type: none"> • As described in Section 3 below, this provides a breakdown of funding towards each of the 4 Tiers of interventions

	We recognise there will be overlaps – please use local definitions.		
12	<p>Please provide a brief summary of the interventions your ADP has delivered to support communities:</p> <p>a) Prevention of developing problem alcohol/drug use b) Community Safety/ violence against women/Reducing Reoffending c) Children/ CAPSM d) Supporting People in moving on from treatment and care services for ongoing</p>	A	<ul style="list-style-type: none"> • A network of SMART Recovery meetings take place throughout North Ayrshire, which is initially co-facilitated by a staff member and service user where the staff member withdraws. This has proven successful to engage with the ‘hidden population’ who do not engage with mainstream services. • Commissioned an alcohol support service to enhance earlier engagement with individuals and prevent them accessing Tier 3 services • The delivery of the RORY resource within all primary schools which has enhanced addiction related awareness in an age appropriate manner. • Naloxone Training for Trainers was delivered to 10 prison peer mentoring services • Delivery of Jump2It initiative for P5-P7 pupils within 12 primary schools • Formal processes established between Tier 3 and Tier 2 services • Partnership with Ayrshire College through delivery of community education and individuals accessing mainstream education • Supporting the Multi Agency Problem Solving Group with specific funding for the delivery of diversionary activity during each 12 week deployment • Regular Recovery Cafes engaging with a diverse range of stakeholders • Engagement in the Prison Throughcare group • Launching the GOPR Practitioners Guide in order to enhance partnership working between child and adult services • Undertaking Parenting Capacity Assessments • Recovery literature promoted through the ADP website • Engaging with Alcohol Focus Scotland to identify recovery in North Ayrshire

	recovery (e.g Self Directed Support, mutual aid/recovery communities)		
13	<p>A. A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision</p> <p>B. Describe how all ADP Partners contribute to delivering outcomes identified in the Joint Strategic Needs Assessment (box 1) which includes prevention, recovery,</p>	G	<ul style="list-style-type: none"> • The ADP Finance, Commissioning and Performance Monitoring group (FCPM) has a dedicated Contract Monitoring Officer who is responsible for receiving quarterly and annual reports from all ADP funded services. This information is presented to the FCPM group that meet on a 6 weekly basis • The contract management approach assesses whether services funded by the ADP are positively contributing towards the 7 core national outcomes and North Ayrshire's Single Outcome Agreement. • A unique monitoring tool is issued to each service containing agreed outcomes and performance indicators that are relevant to their respective Service Specifications and which contribute to the seven ADP Core Outcomes. • Standardised reporting formats have allowed uniform data to be collected, evaluated and reported. Feedback from services includes that this has supported them submitting robust and honest self-evaluations, where evidence based approaches, positive impacts and value for money is demonstrated • All quarterly returns have an overall risk rating allocated to each service using the Risk Assessment matrix.

	treatment, support and throughcare services through ROSC provision, where in place.		
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REVIEW - Please evidence your ADPs Delivery activities/progress in reviewing Strategies/Outcomes

	Theme	R A G see note 1	Evidence <i>see note 2</i>
14	ADP Delivery Plan is reviewed on a regular basis, which includes a review of the provision of prevention activity, recovery, treatment and support services (ROSC).	G	<ul style="list-style-type: none"> The ADP Action Plan is reviewed by each of the sub groups on a regular basis to ensure actions are contributing towards the delivery plan and strategic objectives. A quarterly update is then provided to the ADP
15	Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services, which incorporates	G	<ul style="list-style-type: none"> As described in Section 13 above

	<p>recommendation 6 from the Delivering Recovery Report.</p> <p>see note 8</p>		
16	<p>A schedule for service monitoring and review is in place, which includes statutory provision.</p>	A	<ul style="list-style-type: none"> • The ADP Finance, Commissioning and Performance Monitoring group (FCPM) has a dedicated ADP Contract Monitoring Officer who is responsible for receiving quarterly and annual reports from all ADP funded services. • The next Strategy 2015-18 will include a schedule for reviewing all services, revised service specifications and ongoing contribution towards strategic objectives
17	<p>Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.</p>	A	<ul style="list-style-type: none"> • The evaluation undertaken by the Lighthouse Foundation, engaging with family members of those in recovery and to establish their views on the availability of services and their input with the family members recovery will be incorporated within new strategy • ADP funded services ensure the views of service users views are collated through the use of group evaluations, joint reviews and exit evaluations which are presented within quarterly returns • Findings from the Female Peer Research has been remitted to the ADP ROSC sub group
18	<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>B. Please advise when (and how) your ADP has/plans</p>	A	<ul style="list-style-type: none"> • The ADP reports directly to the CPP providing quarterly updates to the SOA and key thematic streams. • See section 11 re- contract monitoring arrangements incorporates quality service indicators, quality assurance through on-going staff and service development, and service user engagement • The Quality Principles has been incorporated within monitoring templates where ADP funded services are required to provide evidence in how these are being achieved. The FCPM and ADP Committee will review progress during 2015/16

	<p>to undertake an assessment of local implementation of the '<u>Quality Principles: Standard Expectations of Care and Support in Drug and alcohol Services.</u></p> <p>See notes 9 and 10</p>		
19	<p>Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please include any information around the following:</p> <ul style="list-style-type: none"> • your (updated, if applicable) Key Aim Statement • a specific update on your progress in implementing it – have you achieved it/when do you 	A	<ul style="list-style-type: none"> • Key Aim Statement- North Ayrshire ADP will increase the level of recovery capital by 15% by September 2016 for all discharged cases • The Recovery Capital Questionnaire is now being implemented across all ADP funded addiction services; however we are unable to provide an update to progress. A working group is addressing this matter in order to progress.

	<p>plan to do so?</p> <ul style="list-style-type: none"> Outline the work of your ORT Accountable Officer How many people were in receipt of opiate replacement therapies in your area between 1 April 2014 & 31 March 2015 	<p>The ORT Accountable Officer has been instrumental in supporting a number of actions linked to the recommendations made via the Independent Expert Review of Opioid Replacement Therapies. The following describes some of the actions/activities:</p> <ul style="list-style-type: none"> Substance use (including specific aspects relating to ORT prescribing) and ADP Priorities are embedded into the new Health and Social Care Strategic Plan and SOA mechanisms; We have implemented elements of a visionary blended model of ORT prescribing. A new GP led prescribing service supported by the local Addiction Services has been implemented with up to 35 service users now being prescribed ORT (this is in addition to other service users continuing to be prescribed and supported by other medical prescribing options e.g. Consultant Psychiatrist). The recruitment of an Advanced Nurse Practitioner and Pharmacist Prescribers is at an advanced stage; ROSC training and training regarding the local 'Recovery Capital Questionnaire' (RCQ) has been made available to all new Addiction Service staff; We have introduced the local 'RCQ' and our local electronic information system (SAMS) has been updated to reflect this; Our Specialist Pharmacist in Substance Misuse has been crucially involved in all aspects of our ORT developments and provided an essential link with our local pharmacy contractors; The overall service has increased the opportunity and the numbers of service users being prescribed alternative ORT medication in addition to Methadone e.g. Suboxone There was a total of 1111 in receipt of ORT between 1 April 2014 & 31 March 2015 At 31/03/2015 there was 888 in receipt of ORT
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- Information on length of time on ORT and dose

Methadone Dose as at 31/03/2015

- 0 – 50 369
- 51 – 100 433
- 101 – 150 55
- 151 – 200 6
- 200 + 1

Years	No. of Clients
Over 20	1
19 – 20	6
17 – 18	9
15 – 16	6
14	27
13	13
12	36
11	34
10	30
9	34
8	36
7	34
6	36
5	63
4	70
3	71
2	84
1	97
1>	201

	<ul style="list-style-type: none"> • Information about any related staff training in ORT provision or recovery orientated systems of care. • Detail of any ORT focussed groups operating in the area. • GP engagement – how drug and alcohol treatment is being delivered in primary care settings. <p>See note 10</p>		<ul style="list-style-type: none"> • SMART facilitators trained • One WRAP facilitator trained. • One Charge Nurse has undertaken the non-medical prescribing course. • One GP prescriber was supported to attend the RCGP Certificate in the Management of Drug Misuse Part 2. • GP Prescriber undertook shadowing with Consultant Psychiatrist to increase skill and promote addiction prescribing learning • Pharmacy Prescriber undertook shadowing with Consultant Psychiatrist to increase skill and promote addiction prescribing learning • All clinical staff were supported to attend the Scottish Recovery Consortium training <ul style="list-style-type: none"> • A network of SMART meetings throughout North Ayrshire • Funding the Methadone Cessation programme <ul style="list-style-type: none"> • A new GP led prescribing service supported by the local Addiction Services has been implemented with up to 35 service users now being prescribed ORT • 498 ABI Screenings carried out with 268 ABI's delivered in GP settings • Primary care based detoxification of alcohol dependence as described in 'NHS Ayrshire and Arran Addiction Services - Home detoxification intervention for alcohol or opiates – Guidance for General Practitioners (ADTC 48/3)'. GPs are fully involved in supporting Specialist Addiction Services in undertaking supportive home and community detoxification and access to inpatient treatment (when required)
20	<p>Please describe in brief bullet points how your ADP and partners are</p>	A	<ul style="list-style-type: none"> • The ADP delivered a development session to 17 Elected Members in November 2014. This was an opportunity to promote the diverse range of activity taking place and remit of the ADP and thematic sub groups. Feedback from Elected members was very positive and would welcome the opportunity to meet on a regular, more informal

	<p>contributing to delivery of a Whole Population Approach for Alcohol.</p>		<p>basis, in order to promote the work of the ADP within their own constituencies.</p> <ul style="list-style-type: none"> • The ADP website continues to attract large numbers where a wide range of literature is consistently provided for all community members • Ongoing engagement within education settings to promote alcohol/drug awareness • Engaging with 3TFM (Community Radio Station) where service users developed a radio programme to promote recovery in the community. The group has agreed to produce and deliver four recovery focussed broadcasts over the coming year. • Attendance at the North Ayrshire Showcase Event in October at Menzies where the ADP hosted a stall and delivered a presentation on the peer research project • Presentation was delivered by ADP Chair, Lead Officer and Policy Officer at the Strategic Partnership Group meeting • Engagement with Ayrshire College to learn of the flexibility of tailoring programmes that reflect needs/ challenges to engaging in mainstream education. • ADP Lead Officer delivered a presentation to the NA Citizens Advice Service during their Development Day • ADP Policy Officer, NHS Public Health Manager and a member of the SU Committee attended community engagement training in January as part of the AFS pilot project. • A meeting took place with Licensing Board Chair to highlight nature of pilot work taking place and identifying areas of support. • A series of community engagement events took place along with AFS in order to gather feedback relating to recovery in North Ayrshire. • Network of SMART meetings being delivered throughout the locality where this has contributed to engaging with individuals not known to services • 6 Members of RaW committee undertook local research on behalf of HSCP to enquire about HSCP strategic plan, interviewing 279 members of the public using market research model. Findings impacted upon final draft of HSCP strategic plan. • MAPSG has seen Safe Positive Communities deployments in a number of areas in North Ayrshire. There is still a strong focus on involving young people in making a difference in their communities and the mini Environmental Visual Audits (mini-EVAs) offer a great opportunity to do this. • The ADP hosted a stall at Ayrshire College in conjunction with other partners involved
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			in the MAPSG
21	How many service users are in receipt of prescriptions for problem alcohol use?	G	<p>For the year April 2014 – March 2015 there was 6,404 within the NHS Ayrshire & Arran Health Board area.</p> <ul style="list-style-type: none"> • 4882 from community dispensing and Specialist Services • 1522 from Hospital setting <p><i>There are several caveats and sources of inaccuracy (such as the lack of Diazepam information and the potential for double counting between the hospital and community)</i></p>
22	How many service users are receiving counselling/support through ADP commissioned services?	G	<p>Tier 2</p> <p>Momentum 38 active clients on 31/03/15. Between 01/04/2014 – 31/05/2015, 151 service users engaged</p> <p>Rosemount Family Worker (Alcohol Support) from April 2014 to 31st March 2015 supported 236. Rosemount caseload: 64 Group work young people/parents - 35 Children's units: 14 Addictions caseload: 3 Addictions duty: fortnightly offering appointment's to 7 per day (approx 25 days/year) allowing for failures to attend, approx 120 adults</p> <p>Richmond Fellowship 81 individuals engaging with the service</p> <p>Tier 3</p> <p>NHS Addiction Service Drug 931 Alcohol 130</p> <p>NAC Addiction Service</p>

			332 service users receiving support, including group work. Tier 4 Kyle Addiction Unit 93 referrals
23	How many service users have received treatment for ARBD in the reporting period?	A	9 service users on the ARBD spectrum receiving support from NAC addiction services.

3. FINANCIAL FRAMEWORK

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

Total Income from all sources

Income	Alcohol	Drugs	Total
Earmarked funding from Scottish Government	989,175	615,821	1,604.996
Funding from Local Authority			
Funding from NHS (excluding funding earmarked from Scottish Government)			
Funding from other sources- BBV MCN			30,000
Total			£1,634.996

End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Drug	615,821	615,821	0
Alcohol	989,175	975,738	13,437
Total			£13,437

Tier No	Tier Description	No. of services	Funding allocation	% of total
1	Interventions available within broader community settings, such as, education, training, welfare rights, housing, meaningful activities and employability services	11	£182,362	10%
2	Local services including harm reduction team and local counselling services	14	£483,637	30%
3	Specialist alcohol and drug support services	8	£932,707	58%
4	Inpatient/residential	1	£36,290	2%
	TOTALS	34	£1,634,996	100%

14th September 2015

4. PERFORMANCE FRAMEWORK - PROGRESS

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

HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug abuse

*** Please note Improvement Goals/ Targets reflect 3 year targets as per ADP Delivery Plan ***

Indicators	Baseline	Improvement Goal/Target	RAG	Key actions delivered to support this outcome in 2013/14
Drug related hospital admissions	2010- 278	<p>2012- 267 (203 patients), (measure is 217.8, Scottish average 107.2)</p> <p>2013- 290, measure is 243, Scottish average 124</p> <p>Target is 280 by 2018</p>	A	<p>Delivery of the Take Home Naloxone Training 4 Trainers programme delivered to addiction service staff, family services, people in recovery and Prison peer mentors.</p> <p>A Health Clinic commenced for DTTO service users as a partnership between DTTO team and NHS Addictions, offering information & support on BBV, sexual health & general health issues</p>
Drug-related mortality		2012- 15, Scottish average 11	A	8 drug related deaths in 2014-15. <i>This number has yet to be finalised due to timescales of toxicology results.</i>

		<p>2013- 11, Scottish average is 10</p> <p>Target- 11</p> <p>2014- 18 confirmed deaths</p>		Continued funding for the Alcohol Liaison service based within two general hospitals, signposting and referral agents to improve access to primary and community alcohol support services.
Alcohol related hospital admissions	2010-1107	<p>2012- 1228 (872 patients), (measure is 920.5, Scottish average 693.3)</p> <p>2013- 1208, measure is 925, Scottish average 696</p> <p>Target- 1156</p>	A	Commissioned The Richmond Fellowship to deliver a Tier 2 Alcohol Support Service
Alcohol related mortality	2010- 26	<p>2012- 17, Scottish average 21</p> <p>2013- 23, Scottish average is 21</p> <p>Target- 21</p>	G	
Prevalence of hepatitis C among people who inject drugs (PWID)	2010- 50.9%	<p>2011- 44.9%, Scottish average 53%</p> <p>Target- 21</p>	G	<ul style="list-style-type: none"> • Joint commissioning of the Momentum service by the ADP and BBV Managed Care Network • A successful application was submitted to the Integrated Care Fund in order to deliver a Hepatitis C Peer Coordinator post, commencing in 2015 • Health & Homelessness Nurse attendance at the Hep C support

				<p>group</p> <ul style="list-style-type: none"> • BBV Nurses attend the Momentum service on a monthly basis to carry out testing and offer sexual health advice. • Ayrshire College took part in World Aids Day. Information stands were provided by Health Promotion Practitioners and a BBV nurse on main campus reception areas. This resulted in 317 interactions with students on advice, information and signposting for BBV/Sexual Health testing. There was also 58 C-Card signup. • 2 Blood Borne Virus Awareness Workshops were delivered to 28 Ayrshire College students.
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PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others

Indicators	Baseline	Improvement Goal/ Target	RAG	Key actions delivered to support this outcome in 2013/14
Population prevalence of problem drug users	2009- 1800	2012- 1800 Target- 1710	G	<ul style="list-style-type: none"> • Meetings of the Pan Ayrshire Drug Trend Monitoring Group take place quarterly. Information regarding decisions made by the group and information on trends and adverse incidents are reported through a Drug Trends Bulletin
Drug use last month (pupils age 15)	2010 was 15.1%, Scottish average is 11.4%	2013- 45, 10.6%, Scottish average 9.4 Target- 42	A	<ul style="list-style-type: none"> • The ADP website has incorporated a wide range of preventative information where a number of community members has accessed the 'Contact Us' section in order to support their specific needs • Representatives of North Ayrshire Council Trading Standards, Youth Services, Police Scotland and NHS Ayrshire and Arran hosted a stall at Saltcoats Market and Irvine Bridgegate in December. This proved to be a successful initiative in raising awareness of the dangers of NPS, particularly relevant during the party season. In addition, this was an opportunity to discuss NPS with current users and around 10 people received information and harm reduction advice
Drug use last year (pupils age 15)	2010 was 22.4%, Scottish average 18.5%	2013- 74, 17.3%, Scottish average 15.5% Target- 70	A	

Population exceeding weekly and/or daily limits	2011 NHS A&A was 41.9%, Scottish average 43.4%	No updated figures	G	<ul style="list-style-type: none"> The market approach was replicated at Ayrshire College in February, which was well received and looking to repeat in the coming year. The risks associated with NPS were targeted by police and partners through nationwide operational activity and an awareness-raising campaign in August. The activity was backed by a two-week nationwide marketing campaign to help raise awareness of the dangers of taking NPS. The campaign is aimed at young people aged 11-18 year-olds as well as their key influencers such as parents and teachers. In North Ayrshire Campus Police Officers delivered NPS presentations entitled 'New Psychoactive Substances – Why risk your life?' to almost 2000 4th-6th year pupils. STREETWISE was launched in North Ayrshire. The project was created by a partnership involving local young people, Modern Apprentices, North Ayrshire Council Youth Services and Police Scotland with support from other partners including the NHS. STREETWISE provided an innovative, immersive experience for young people. It challenged them to think about the dangers and consequences of alcohol, drugs (including NPS), road safety and internet safety (including cyberbullying and inappropriate texting) and gave them the opportunity to contemplate and discuss relevant issues such as violence and knife carrying and dangerous driving. Rory training was delivered to the remaining 8 Primary schools in conjunction with Alcohol Focus Scotland. Initial evaluation was positive where several teachers are beginning to identify pupils or situations now that their knowledge of warning signs or even just signs has increased Campus Police Officers located within secondary schools Fire Service Liaison Officers engage with all secondary schools delivering a series of presentations as part of the Fire Safety for Schools Programme; and Firereach courses delivered throughout
'Binge Drinkers'	2011 NHS A&A was 19.2%, Scottish average 21.1%	No updated figures	G	
Problem drinking	2011 NHS A&A was 11.4%, Scottish average 11.7%	No updated figures	A	
Weekly drinkers (pupils age 15)	2010 was 28.9%, Scottish average 20.4%	2013- 60, measure 13.5%, Scottish average 11.6 Target- 57	A	

				<p>the year.</p> <ul style="list-style-type: none"> • In January and February 2015 'Cut it Out' presentations were delivered to students at Ayrshire College Kilwinning Campus. This presentation is designed to reduce the number of Road Traffic Collisions and covers the dangers associated with drink/drug driving. • 1867 Home Fire Safety Visits were carried out throughout North Ayrshire during 2014/15 • Jump2it project delivered positive messages about healthy lifestyles to 12 primary schools across North Ayrshire. A unique educational basketball initiative including topics such as the importance of fitness and healthy eating, and the dangers of smoking and alcohol. This is the second year of funding from the ADP. The programme uses positive role models from the Glasgow Rocks professional basketball team • Ayrshire College Addiction Liaison Officer delivered a number of NPS workshops to students and student services staff. NPS is also discussed as part of Drug Awareness workshops • The ADP continues to provide funding for diversionary activity within the MAPSG programme. 16 Portable Pitch Sessions delivered as part of MAPSG. Other activity included a Test Purchase Operation at Off Sales premises and it was pleasing that the premises passed. • Art Exhibition launched in December in partnership between Rosemount, National Galleries, School of Art, as part of young people's activity agreements • Alcohol Awareness Week took place within Ayrshire College during Q3. A total of 26 multi-agency training inputs were delivered to 627 College students. Alcohol Awareness workshops: 5 workshops to 52 students. 11 combined Alcohol and Drug Awareness workshops were also delivered to 161 students. • As part of a 'New Year, New You' campaign which took place in
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				<p>January 2015, the Addictions Liaison Officer provided an interactive information stand at each of the main college campuses which encouraged students to drop a glass size and be more aware of the number of units they consume.</p> <ul style="list-style-type: none"> • Ayrshire Police Division launched a social media campaign to coincide with the Festive Safer Streets campaign and new Drink Driving limits. With the support of a local taxi firm, local funeral director and the Scottish Ambulance Service they set up a photograph at the Bridgegate, Irvine of a taxi, police car, ambulance and hearse with the headline 'Who's Taking You Home Tonight?' • The NHS continues to deliver Alcohol and Drug Policy Training for managers. They also continue to support a number of companies on the development of alcohol and drug policies on an individual basis. • SPICE training was delivered to CLAD staff in August • FAS annual awareness event took place in September. Multi-agency FAS training was delivered. Audit work looking at how many women continue to drink alcohol during pregnancy with data being used for improvement work – small tests of change (PDSA model) to improve outcomes for pregnant women with overall aim to reduce number of women consuming alcohol during pregnancy. • Maternal alcohol consumption to be highlighted on paediatric notes. The purpose will be to have this information available for children who require assessment for FAS.
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RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use

Indicators	Baseline	Improvement Goal/Target	RAG	Key actions delivered to support this outcome in 2013/14
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<p>No national information is currently available for recovery indicators</p>		<p>The ADP has committed within the Aim Statement and Single Outcome Agreement that we will evidence an increase in recovery capital through the introduction of the Recovery Capital Questionnaire</p>	<p>A</p>	<ul style="list-style-type: none"> • Methadone and Alcohol Cessation programme continues to prove an effective initiative resulting in a number of service users reducing and completely detoxing. • FITBA4U provides a structured sport, employability and health programme that helps build confidence, improve health, extend social networks and develops skills, qualifications and goals moving towards employment, education and training. Attendees completed 12 week employability course at Ayrshire College • NAC Addiction Service delivers a number of activity based themes including Creative Arts, Allotments and Gym groups as well as thematic groups involving Parenting Programme; Single Gender and Relapse Prevention Groups; and Recovery Capacity Group • The ADP's two year partnership with SMART UK has seen the development of a network of meetings throughout the locality. 22 staff and service users are now trained as SMART Facilitators • A number of Recovery Cafés took place which involved engagement with family members of the service user committee and incorporated the launch of DVD produced by the Arts & Crafts group. Initial meeting took place to explore the opportunity to deliver the Recovery Café within the community where a local church has been supportive of a joint venture commencing in 2014/15 • A number of partners engaging at the weekly Care & Share group • Welfare Rights advice delivered by the NAC Money Matters team providing group work to support vulnerable people through Welfare Reform changes; support improved financial stability and an information session delivered to a small recovery group • 5 people in recovery began training to co-facilitate workshops in collaboration with the Addiction Liaison Officer at Ayrshire College campuses across Ayrshire. Workshops will take place in 2015. • Recovery café events delivered throughout the year engaging with a wide range of stakeholders • Kyle Addiction Unit (Tier 4 service) provides a promoting recovery in
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				the community group facilitated by peer worker on a monthly basis. Kyle Addictions Unit reformed their family support group which is available to family/carers/friends every Wednesday evening.
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CAPSM / FAMILIES: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances

Indicators	Baseline	Improvement Goal/Target	RAG	Key actions delivered to support this outcome in 2013/14
Maternities with drug use	2010- 20.9%, Scottish average 18.8%	2011- 82, 19.6, Scottish average 19.7 Target- 77	A	<ul style="list-style-type: none"> • FAS annual awareness event took place in September • The Ayrshire Addiction Training calendar incorporates 3 full days training for FASD, which PSST deliver in partnership with the Specialist Midwife. • 100% of pregnant women were screened for alcohol use. Referral pathway for pregnant women who consume alcohol has been formulated. Using the PDSA model, small tests of change are being introduced. Pregnant women who are alcohol dependant are referred to the Vulnerable Families Midwives for care via High Risk Pregnancy protocol.
Child protection with parental alcohol/drug misuse	2012- 50	2013- 54 cases, 19.5%, Scottish average 9.6% 2014- 77, 28.8, Scottish average 10.9 Target- 73	A	<ul style="list-style-type: none"> • Numbers of children on the child protection register who have parental drug and/or alcohol misuse recorded against them are reported quarterly to NACPC. • Ongoing completion of Parenting Capacity Assessments taking place which helps to inform risk assessments and children's plans. Those parents identified are offered the opportunity to participate in the NAC Addiction Service Parenting group work programme • Children 1st 4ward Steps service provision supports pregnant women with substance misuse issues and delivery Mellow Parenting training to a diverse range of services • Two additional posts are funded through the ADP in order to support

				<p>vulnerable young people and families within a number of settings through delivering a range of individual and group based interventions</p> <ul style="list-style-type: none"> • North Ayrshire Young Carers provides support to young people aged between 8–18 years who have been affected by parental substance misuse and are represented on the CAPSM sub group • Child Protection Committee training delivered on a multi-agency basis • GOPR Practitioners guide launched in April 2014 • A working group through the CAPSM sub group has been meeting to review current arrangements to support children where there has been a parental drug related death. • Rosemount’s parenting group involved generating an information and awareness discussion around drugs and alcohol, with the parents being supported to identify issues pertinent to their situations. • Drugs/alcohol input delivered to Rosemount’s Activity Agreement during which 4 young people attended. Focus was determined by the young people and legal highs and cannabis were considered closely. 2 of the young people offered insight into their relationships with alcohol and cannabis respectively, advising their increased use correlated significantly with times of stress and depression. • STRADA 2 day Motivational Interviewing course took place in December. Positive feedback received from participants with an interest in the 3 day training event.
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COMMUNITY SAFETY: Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour

Indicators	Baseline	Improvement Goal/ Target	RAG	Key actions delivered to support this outcome in 2013/14
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Drug use funded by crime	2010- 13.5%	No update since 2011- 51 16.2%, Scottish average 20.9%	A	<ul style="list-style-type: none"> • The Multi-Agency Problem Solving Group (MAPSG) has continued to make a sustained impact in communities. Through effective community engagement, the group has responded to issues of concern, tailoring their approach to meet the specific needs of the areas being targeted. • Police Scotland (Ayrshire Division) has promoted a wide range of activity, partnership working and safety messages through social media. This has been extremely effective in encouraging conversations, engagement and feedback from local communities. • Two additional posts are funded by the ADP in order to support vulnerable young people involved within the criminal justice system with positive work taking place with HMP YOI Polmont to support transition to the community • Programmes Approach Team Drugs and Alcohol worker delivered individualised and group work interventions to under 18 year olds on CPO's • 1867 Home Fire Safety Visits were carried out throughout North Ayrshire during 2014/15 • The ADP continues to fund Police Scotland for their attendance within A&E at weekends and special events. This ensures that people working or attending A&E departments feel safe from alcohol induced incidents of violence and aggression • DTTO running two SMART groups, with an added focus on health & fitness, attending the gym weekly in addition to the group. • The Men's and Womens Group Work programmes (for those on CPO) have been updated to include a Substance Use module focussing on safer alcohol use, cannabis use and general drug education • ABI training provided for new CJ staff. ABIs continue to be delivered by CJS staff for Social Work Court Reports and Case Management. • South West Scotland Community Justice Authority has moved
Serious assault	2012- 7.35%, Scottish average 6.1%	2013- 105, 7.7%, Scottish average 6.1%	A	
Common assault	2012- 112.8, Scottish average 102.5	2013- 1619, 118, Scottish average 113	A	
Vandalism	2012- 138.5, Scottish average 100.3	2013- 1495, 109, Scottish average 97 (definition has changed since last update)	A	
Breach of the Peace	2012- 35.6, Scottish average 46.8	2013-1789, 130, Scottish average 133 (definition has changed since last update)	G	

				from having one of the highest reconviction rates to being amongst the lowest. The ADP engages closely with the CJA in order to identify methods of more effective transition between prison and the community
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ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less readily available

Indicators	Baseline	Improvement Goal/Target	RAG	Key actions delivered to support this outcome in 2013/14
Pupils age 15 being offered drugs	2010- 50.3%, Scottish average 42.5%	2013- 151, 33%, Scottish average 35% (used to be Health Board area prior to 2014)	A	<ul style="list-style-type: none"> • Campus Police Officers located within secondary schools • Community Policing Teams carry out enforcement activity on a regular basis involving integrity testing, test purchasing and agent sales • Ongoing funding for the Multi Agency Problem Solving Group (MAPSG), delivering diversionary activity. MAPSG has seen Safe Positive Communities deployments in a number of areas in North Ayrshire. There is still a strong focus on involving young people in making a difference in their communities and the mini Environmental Visual Audits (mini-EVAs) offer a great opportunity to do this. • KA Leisure hosted a series of fun days within Arran, Ardrossan, Stevenston, Dalry, Largs and Irvine with an estimated 3500 people attending • Session delivered to Elected members highlighting the work of the ADP and request for them to consider promoting within their respective constituencies
Drug misuse in neighbourhood	2010- 13.7%	2012- 17.7%, Scottish average 12.9% 2013-30, 12.6%, Scottish average 11.9% Target- 28	A	
% people perceiving rowdy behaviour very/fairly	2012- 15.6%, Scottish average	2013- 33, 13.8%, Scottish average 12.6%	A	

common in their neighbourhood	14.5%	Target- 31	
Licenses in force- on & off trade	2012- 399	2013- 401, no update	A
Applications for licenses	2012- 13 (on & off sale) 142- personal licences	2013- 1515 personal licences in force, 137, Scottish average 123 2013- 8 (2 were refused) Personal licenses 161 (3 refused)	G

SERVICES: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery

Indicators	Baseline	Improvement Goal/Target	RAG	Key actions delivered to support this outcome in 2013/14	
Screenings for alcohol use disorders		To contribute towards the 4076 overall target for NHS Ayrshire & Arran	G	ABI screenings	
				PCATs	266
				GP LES	498
				Maternity Ante Natal	1293
				A&E	-
				Total	2057

Alcohol brief interventions	1425 ABI's delivered in North Ayrshire & a further 742 delivered by the ALN service across Ayrshire	To contribute towards the 4076 overall target for NHS Ayrshire & Arran	G	<table border="1" data-bbox="1037 201 1823 571"> <thead> <tr> <th colspan="2" data-bbox="1037 201 1823 229">ABI's delivered</th> </tr> </thead> <tbody> <tr> <td data-bbox="1037 234 1518 263">PCATs</td> <td data-bbox="1525 234 1823 263">266</td> </tr> <tr> <td data-bbox="1037 268 1518 296">GP LES</td> <td data-bbox="1525 268 1823 296">268</td> </tr> <tr> <td data-bbox="1037 301 1518 330">Maternity Ante Natal</td> <td data-bbox="1525 301 1823 330">517</td> </tr> <tr> <td data-bbox="1037 335 1518 363">A&E</td> <td data-bbox="1525 335 1823 363">-</td> </tr> <tr> <td colspan="2" data-bbox="1037 368 1823 397"><i>Non-HEAT Wider Settings:</i></td> </tr> <tr> <td data-bbox="1037 402 1518 430">Criminal Justice</td> <td data-bbox="1525 402 1823 430">232</td> </tr> <tr> <td data-bbox="1037 435 1518 464">SACRO Bail Supervision</td> <td data-bbox="1525 435 1823 464">142</td> </tr> <tr> <td data-bbox="1037 469 1518 497">Total</td> <td data-bbox="1525 469 1823 497">1051 (HEAT)</td> </tr> <tr> <td></td> <td data-bbox="1525 502 1823 531">374 (Non-HEAT)</td> </tr> </tbody> </table> <p data-bbox="1037 612 2020 683"> In addition- Alcohol Liaison Service delivered 742 ABI's on a pan Ayrshire basis Current target states 90% of service users should access drug and alcohol treatment within 3 weeks and 100% should wait no longer than 6 weeks to access drug and alcohol treatment. </p>	ABI's delivered		PCATs	266	GP LES	268	Maternity Ante Natal	517	A&E	-	<i>Non-HEAT Wider Settings:</i>		Criminal Justice	232	SACRO Bail Supervision	142	Total	1051 (HEAT)		374 (Non-HEAT)
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	374 (Non-HEAT)																							
Treatment waiting times	100% compliance- Exceeded target with 98% being achieved	Maintain current delivery to exceed the 90% national target	G	<p data-bbox="1037 834 2020 904"> Q4- 100% for alcohol & 96.7% drugs being seen within 3 weeks, and 100% seen within 4 weeks Q3- 98.5% for alcohol & 98.2% for drugs being seen within 3 weeks and 100% seen within 6 weeks Q2- 97.9% for alcohol & 97.6% for drugs being seen within 3 weeks and 100% seen within 6 weeks Q1- 97.9% being seen within 3 weeks and 100% seen within 6 weeks </p>																				

5. ADP & MINISTERIAL PRIORITIES

ADP Priorities 2014/15

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

Undertaking CAPSM research to enhance our approach in supporting children and families

No progress to report as there continues to be contractual implications in the nature of information that can be shared. The ADP will continue to be involved in discussions.

Network of SMART Recovery meetings throughout the locality

The initial SMART meetings commenced within Largs and Springside in October 2014. Since then further meetings has commenced in Kilbirnie, Kilwinning, Largs (evening), Irvine, 2 x DTTO. A total of 22 staff and people in recovery are trained as SMART Facilitators

SMART meetings are initially co-facilitated by peers and staff with staff member then withdrawing after 12 weeks/ when appropriate. The SMART facilitator's forum continues to take place on a bi-monthly basis.

The ADP will be extending the partnership agreement with UK SMART for a further two years.

Recovery Café taking place within the community

A number of Recovery Cafe events have taken place with each event targeting specific groups. This included staff and peer SMART Facilitators; a Xmas Cafe event to NAC Addiction staff, service users and their families within the Church of Nazarene; service users and their families from the Arts and Crafts Group showcasing their DVD, promoting recovery through puppetry. Canvases were also displayed to a range of stakeholders; and a café night for Kinship Carers/ Lighthouse Foundation family members.

14th September 2015

Through the positive delivery of the Recovery Café events this supported the submission to the Integration Care Fund. The proposal was successful and as a result the Recovery Café will be delivered from the Church of Nazarene, Ardrossan on a weekly basis, commencing in April 2015.

Introduction and delivery of addiction specific resources within primary and secondary schools

Rory training was delivered to a further 7 primary schools. All primaries within North Ayrshire are now delivering the RORY resource. An initial evaluation took place where the training and resource has supported teaching staff become confident in addiction related matters.

The Substance Prevention in Community Education (SPICE) programme (aimed at pupils from P7 to S6) has been completely revamped to reflect up to date information and incorporating NPS information. Staff from the Community Learning & Development Team received training on the SPICE resource.

The Children Harmed by Alcohol Toolkit (CHAT) resource has been developed following a number of focus group meetings. We are aiming to deliver the 3 month pilot during Q1 2015.

The Jump2It workshops (alcohol, smoking & healthy eating) were delivered to 12 primary schools. This followed with 450 P5-P7 pupils attending a tournament at Inverclyde Sports Centre in February 2015. A member of the Service User Committee was a volunteer at the event. The 4 winning teams then attended the finals event within the Emirates Arena, Glasgow.

Staff from the Young Persons Support Team (YPST) joined the CAPSM sub group where they promoted delivery of the CHARLIE resource, which specifically supports children affected by parental addiction issues. The CHARLIE resource is being showcased in April where the ADP will promote to wider networks.

Creating an ADP Providers Forum to enhance the sharing of effective practice

The first provider's forum took place where the main focus involved updated contract monitoring arrangements. The event was well received with providers indicating this would be a good opportunity to share practices and to deliver on a 6 monthly basis. The next forum will take place in April 2015 with a specific focus on the new ADP Strategy, Delivery Plan and Quality Principles.

Recovery Capital Questionnaire will be utilised within all ADP funded services

14th September 2015

All ADP funded addiction services is now delivering the Recovery Capital Questionnaire. The ADP commenced a working group in order to develop wider service resources and systems where the RCQ can be incorporated, demonstrating baseline and review information.

ADP Priorities in 2015/16

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

- Raising the profile of the Recovery at Work committee and supporting committee members to undertake training/ employment and social enterprise opportunities
- Introduction and delivery of addiction specific resources within secondary schools
- Further developing the SMART network across North Ayrshire.
- Recovery Café taking place and to engage with community stakeholders and services
- Formal review of all ADP funded services

Ministerial Priorities

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

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

The Quality Principles has been incorporated within quarterly monitoring templates where all ADP funded services are now tasked to evidence activity and allow the ADP to demonstrate how the Principles are being embedded. Services have been encouraged to highlight any areas where the ADP can support them.

The Principles has been discussed within ADP Committee, Finance & Commissioning sub group and Workforce Development sub group. In addition awareness of Quality Principles was raised at the Practitioners Forum through an Action Learning Set model. Work will continue to enhance awareness and explore local implementation methodology.

14th September 2015

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

The ADP Chair and Lead Officer are members of the Prison Throughcare Group. The group is scoping the support needs and pathways from prison to the community, including those in Police custody. The ADP is leading on enhancing current SMART groups and linking up prison and community peers in order to raise the profile of opportunities following release from custody.

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

Waiting Time standards were exceeded for 2014-15. The ADP Finance and Commissioning sub group will continue to review quarterly monitoring information in order to evidence activity towards ministerial priorities, identifying remedial action in a timeous manner.

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

The ADP Finance and Commissioning sub group will continue to review quarterly monitoring information in order to evidence activity towards national outcomes/ ministerial priorities. The NHS Shared Addiction Management System (SAMS) and North Ayrshire Council CareFirst database continue to be developed in order to capture key activity.

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

Following the successful delivery of ABI during 2014-15 within priority and non-priority settings, the ADP Finance and Commissioning sub group will continue to monitor progress on a quarterly basis where any remedial actions will be identified.

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

Alcohol Focus Scotland is working with North Ayrshire ADP on a pilot project to reduce alcohol harm in North Ayrshire. One of the projects within this pilot is work to explore the assets and barriers to alcohol recovery in North Ayrshire. The focus for this work is to consider the wider community assets/barriers that impact and influence a person's recovery from alcohol problems, including non-treatment services and wider environmental factors. A series of focus groups will take place across North Ayrshire where we are planning to recruit focus group participants who are well established in their recovery journey. In addition, we intend to organise at least one focus group with family members of people in recovery, who may have a unique insight in to what has helped/hindered their family member's recovery.

C.H.A.T. (Children Harmed by Alcohol Toolkit) will aim to provide practitioners working with children and young people aged 3-16 years with a range of interactive resources that can help build resilience and protective factors and support the development of emotional and social awareness.

Following the successful application of funding from the Integrated Care Fund, the Recovery Cafe will be delivered on a weekly basis by the Recovery at Work Committee along with staff members. This will be an opportunity to promote recovery and becoming a key community asset.

The ADP will continue to promote recovery through attendance at external events, website and service user engagement methods.

Increase the delivery of SMART meetings throughout the locality that will support engagement with individuals not known to services. SMART will be promoted to individuals at particular risk when exiting hospital, prison and residential settings.

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

Engagement within the pan Ayrshire Drug Related Death review group where findings can be shared on a local level. Awareness raising programmes delivered within education and young people settings.

Earlier engagement with individuals within generic community settings will be promoted with support to Tier 2 alcohol services.

- **Increasing compliance with the Scottish Drugs Misuse Database (SDMD), both SMR25a and b;**

The ADP Finance and Commissioning sub group will continue to review quarterly information to enhance practice/ recording.

14th September 2015

- **Increasing the reach and coverage of the national naloxone programme and tackling drug related death(DRD)/risks in your local ADP;**

35% target for 2015-16 is to deliver 163 kits

- The ADP will continue to deliver the Take Home Naloxone programme and Training 4 Trainers (T4T) to a diverse range of staff disciplines, family members and people in recovery;
- The T4T will be offered to community and prison peer mentors;
- Naloxone will be discussed, and offered at point of assessment, for any service user advising of association with opiates;
- Reviewing homeless housing policy in the storage of naloxone within residential settings
- Promoting the World Overdose Day and naloxone literature

Engagement within the pan Ayrshire Drug Related Death review group where findings can be shared on a local level. A locality working group has commenced with a focus on sharing information and supporting children/ families affected by drug related deaths.

- **Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).**

- Ongoing delivery of NPS training to a diverse range of service providers
- An annual report will be circulated in respect of NPS training, highlighting learning and developments
- Working in partnership with Scottish Families Affected by Alcohol and Drugs (SFAD)
- Engagement on the National Expert Review Group on NPS and to adopt findings
- Services to gather and record information at point of assessment
- Delivery of the pan Ayrshire Drug Trend Monitoring Group, with dissemination of a quarterly bulletin highlighting trends
- Collate information within the drug trend monitoring template for wider circulation
- NPS awareness sessions delivered within secondary schools, incorporated within the Substance Prevention in Community Education (SPICE) resource, and utilising Campus Police Officers to promote
- NPS resources circulated within the ADP network and incorporated within ADP website
- NPS workshops delivered within Ayrshire College
- Consider and respond to the sale of NPS through engagement with Trading Standards and Police Scotland

14th September 2015

- The delivery of awareness raising campaigns to a range of stakeholders
- The drug monitoring form will continue to be promoted in order gather concerns with drug taking behaviour. The quarterly bulletin will be circulated on a quarterly basis to the ADP network.

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.

- We would appreciate the Scottish Government responding to feedback we provided in this section from last year's Annual report? There does not seem to be any consideration to the points raised
- There requires being a section to demonstrate what level of support the ADP has received from national commissioned services?
- Profiles timescales not helpful
- Annual report should be in line with Delivery Plan i.e. new Delivery Plan commenced in April 2015 though will not report on progress within the Annual report till September 2016. Why does the annual report require to be completed mid-year?
- Funding to the ADP should be 3 yearly to reflect the Strategic timeframe and to allow services to have more security for staffing
- This annual reporting template should only be used at the end of each strategy not annually as its repetitive- the annual report should be a summary of progress of the Delivery Plan
- The length of time to complete the template is extremely excessive where the same information is repeated within a number of sections