

ADP VALIDATED SELF-
EVALUATION OF THE
QUALITY PRINCIPLES:
POSITION STATEMENT:
MORAY ADP

Introduction

The Care Inspectorate on behalf of the Scottish Government are carrying out a programme of work to support the validation of Alcohol and Drug Partnerships and services' self-assessment of performance and progress in implementing and embedding the Quality Principles. The programme will provide an evidence-informed assessment of local implementation, measurement, and quality assurance of Alcohol and Drug Partnerships and services adherence to the Quality Principles at a strategic and service level to support and drive a culture of self-evaluation.

This Position Statement has been designed around the ***Guide to evaluating drug and alcohol services using quality indicators*** for use by Alcohol and Drug Partnerships. It provides a structure within which we can ensure a consistent and professional approach to evidencing implementation of the Quality Principles whilst providing a framework of quality indicators to support self-evaluation which leads to improvement across drug and alcohol services.

The purpose of this ADP Position Statement is aimed at encouraging Drug and Alcohol Partnerships and services to provide a considered view of performance against each of the Quality Principles using the quality indicator framework, highlighting good practice and areas that would benefit from improvement. All questions should be read individually and answered using this template. Once the Position Statement is completed, the information submitted will be considered by the review team.

An evaluative statement around your level of success should be entered in each of the 'Position Statement' boxes; *demonstrate how you know*. This is a free text area. In considering this question, services should be gathering evidence and developing auditing processes which illustrate how well the lives of individuals are improving. ***The Quality Principles: Standard Expectations of care and Support in Drug & Alcohol Services, August 2014*** identify a number of sources of evidence services and Alcohol and Drug Partnerships can use to demonstrate the quality of service provision and adherence to the Quality Principles.

If you have identified areas of good practice, enter this in the '*Good practice*' box.

If you have identified an area for improvement or have a suggestion for an improvement, enter this in the '*Actions required to improve aspects of practice/performance*' box.

It is important to record the evidence that supports each statement in each of the text boxes. This maybe by bullet point and may include a reference to policies, standard operating practices, management information or other sources of evidence not suggested. Provided the evidence source is recorded, there is no need to produce the actual evidence at this stage of the process.

Please complete the Position Statement and return to Amy Goldie at amy.goldie@careinspectorate.com. by **Friday 19 February 2016**.

What Key Outcomes Have we Achieved?	
1. Key Performance Outcomes	
QI 1.1 Improvements in the quality of service provision	
QI 1.2 Adherence to the Quality principles	
QI 1.3 Improvements in outcomes for individuals, carers and families	
Principle 1. You should be able to quickly access the right kind of drug and alcohol service that keeps you safe and supports you throughout your recovery.	
<i>Principle</i>	<i>Demonstrate how you know</i>
1.1 How do you demonstrate that the majority of individuals wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports recovery?	<p>We have a robust performance management process. The Moray Alcohol and Drugs Partnership has a Management and Performance sub group which works in conjunction with the Finance and Commissioning sub group; thereby linking commissioning and procurement directly to the quality of services.</p> <p>The HEAT waiting time target is explicit in the procurement and contractual process. The MADP has a local 72 hr standard performance indicator.</p> <p>The 3 week referral data is part of the performance management report that is scrutinized by the MADP Performance Management Sub Group and is this discussed at team meetings. Performance Reports, which incorporates this measure, are also submitted to the Community Planning Partnership.</p> <p>The provision of a “direct access” service promotes ease of access. Moray can demonstrate 100% compliance against the waiting time target. No member of the public has to wait more than three weeks from referral to receiving an appropriate drug or alcohol treatment, support or recovery service.</p> <p>The provision of services takes account of the rural nature of Moray; with services provided from both a central point and from bases across Moray; including domiciliary visits.</p> <p>The direct access services assessment process incorporates motivational interviewing as part of promoting engagement and the commencement of treatment.</p>
1.2 How do you demonstrate that individuals do	As above. We are able to provide clear data which shows that no member of the public has to wait longer than

<p><i>not wait longer than six weeks to receive appropriate treatment and support</i></p>	<p>three weeks and therefore does not have to wait longer than six weeks to receive a service.</p>
<p><i>1.3 How do you demonstrate improved outcomes for individuals and their families as a result of them accessing and receiving treatment and support services?</i></p>	<p>Moray uses the Outcome Star across all services; with data collated for the district as well as being extrapolated to specific services. This data is reported through the Management and Performance Sub Group and up to the MADP, and is linked into management of contracts and the planning of future services. The data shows that the users of services have improved outcomes.</p> <p>The re-design of services and the increased investment in services has allowed for the development of services which are able to support individuals, family members and those who may see themselves as having a caring role. A key feature in bringing this about is the joint working across clients groups i.e. children and families (incorporating Lloyds TSB and MADP funding), carers support and direct access drug/alcohol services.</p> <p>The contracted Carers service has invested in the use of the Carers star, thereby contributing to providing an outcome focused support plan.</p> <p>The Quarriers services through Arrows, Carers Support and Lloyds TSB project allow coordination of services for the same family, thereby ensuring that they are all linked to direct and easy access. Therefore, if a person comes with a family member then both parties are offered a service on their own, at the point of entry.</p>

<p><i>Identified Good Practice</i></p>
<ul style="list-style-type: none"> • Easy access to services both within Elgin and central and in the community. • Moray is 100% compliant with the HEAT target • The corporate use of the Outcome Star as a tool to both support an individual's recovery and provide information as part of service planning. • Services are provided for those in recovery, carers, and family members with ease of access.
<p><i>Please summarise any actions required to improve aspects of practice/performance</i></p>
<ul style="list-style-type: none"> • Review waiting times and service delivery data to show the times from assessment to first face to face contact following allocation • Through the performance management processes make the link between personal outcomes data and use this as part of the evidence base for the future commissioning of services.

Please indicate on the scale below the level of service performance

Unsatisfactory

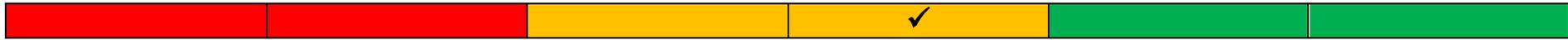
Weak

Adequate

Good

Very Good

Excellent



How well do we meet the needs of our stakeholders through person centred approaches?

2. Getting help at the right time

QI 2.1. Experience of individuals of improved health, wellbeing, care and support

QI 2.2 Prevention, early identification and intervention at the right time

QI 2.3 Access to information about support and treatment options

Quality Principle 2. *You should be offered high quality, evidence-informed treatment, care and support interventions which keep you safe and empower you in your recovery.*

<i>Principle</i>	<i>Demonstrate how you know</i>
<p>2.1 How do you demonstrate that all individuals are treated fairly and equally, with respect and dignity, as a person able to make their own choices?</p>	<p>Moray ADP has increased the investment in direct access services resulting in new comfortable and easily accessible premises. No member of the public has to wait more than three week for assessment and a service (HEAT target). In addition to the premises in Elgin, satellite services are provided from a variety of premises across Moray to facilitate ease of access in addition to domiciliary visits.</p> <p>Both the Quarriers and the MIDAS services works with colleagues from other services to support people who do not consider that they have needs due to alcohol/drug misuse, and therefore do not access the “direct access”, providing the opportunity of bringing about a more comprehensive package of support for people with very complex needs.</p> <p>Packages of support are based on the needs of the person, taking account of their individual needs as well as the needs of family and others (Single Shared Assessment and Outcome Star). All individuals are supported to develop and take responsibility for their support packages and actions; this includes providing appropriate levels of challenge and action to promote the person’s welfare and the welfare of others which includes using legislation as appropriate.</p> <p>Interventions are supported by clear clinical guidelines, good practice standards, and academic underpinning.</p> <p>Support packages and interventions are provided for as long as they are required and are directly related to the use of the Outcome Star and the individual reviews. Outcome Star data is used to review performance and relate</p>

	<p>to personal choices.</p> <p>We recognise that following on from the increased investment and development of services, information provided to the public about how a person is allocated to a lead services and case manager needs to be amended and be clearer. This is linked to further developing the comprehensive case management model.</p>
<p>2.2 How do you demonstrate individuals are able to access safe, secure and comfortable surroundings when engaging with services?</p>	<p>The increased investment in the direct access service has resulted in new and accessible premises, which includes both a front and a discreet entrance. The new premises is decorated and furnished to a high standard.</p> <p>Services in the statutory services are easily accessible, with private interview rooms. In addition to services in Elgin, appointments can and are made in a variety of community settings; including GP surgeries, Social Work offices, and in the person's own home.</p> <p>Appointments are made to take account of the person's personal circumstances e.g. employment, mobility, family commitments and the needs for discretion.</p> <p>The building can be visited and the quality assessed.</p> <p>Service users have input into the Arrows premises as part of Service user involvement.</p>
<p>2.3 How do you demonstrate that the choice of interventions is based on the best available evidence and agreed guidance?</p>	<p>All service users are seen quickly and provided with clear and up to date information about the range of services available, how they will be supported, and the options available to them. (Single Shared Assessment, Outcome Star and Support Plans).</p> <p>Services range from reduction in harm and managing risk through to informal self-help and fellowship groups. Abstinence is not a prerequisite to receiving a service nor is there a requirement that the person admits to any dependency.</p> <p>Family members and those caring for a person, including a young carer are offered a range of services according to their needs and are seen as being in need of a service in their own right.</p> <p>Services users are allocated a named worker from either the Statutory (MIDAS) or non-statutory sector at a weekly allocation meeting. The decision as to which agency takes the lead will be determined by a considered opinion of the needs of the individual. This is linked to further developing an improved case management model.</p>

	<p>The clinical interventions, fellowship, group work and interventions to improve a person's social and emotional position can be and are (when appropriate) run together as part of a comprehensive package of support; with the components being provided by both the statutory and non-statutory sectors.</p> <p>Interventions are based on the most up to date clinical practice and evidenced based interventions. The MADP has positive links to; the Scottish Drugs Forum providing training, support and policy, updates; the Scottish Recovery Consortium and the Scottish Government ADP support.</p> <p>The Social Work part of MIDAS is linked in the adult services three tier model of support which enables users of the service to receive Tier 2 re-ablement interventions and support packages</p> <p>The service redesign involved a wide variety of stake holders which included input in to the design of services and intervention programmes.</p>
<p><i>2.4 How are individuals provided with information on the range of recovery models and therapies which supports their different areas of their life and enables them to move forward at their own pace?</i></p>	<p>All those accessing services are provided with advice, (including harm reduction) information on the range of services and the options available which can include an initial assessment of needs. The assessment is sensitive and carried out at the pace of the individual as part of promoting engagement and helping the person understand how the services can provide support.(Single Shared Assessment and Support plans)</p> <p>The direct access service has positive and direct operational links with services such as employment support, Department of Work and Pensions, Housing Support and a variety of community services, including access to and support in participating in volunteering; thereby facilitating easy access to these services both at the time of access and as part of a treatment and support package.</p> <p>As part of promoting engagement, every person is told about the sharing of information and how this would; if required take place.</p> <p>Following the initial assessment, the case is discussed at the weekly allocation meeting to determine which agency is best placed to take the lead in supporting the individual. Packages of support can range from single agency support through to multi-agency comprehensive packages, alongside peer fellowship groups.</p> <p>The MIDAS Social Work team receive regular Police Concern reports. The names on these reports are checked to see if they are known to services in which case information is passed on to that services for them to take forward. Where the person is not known they are contacted offering an appointment and encouraging them to access services.</p>

	<p>The Social Work Manager is a member of the MARAC meeting and is able to ensure that individuals are provided with information and to contribute to setting up packages of support which helps individuals to stay safe.</p> <p>Service users are involved in the development of an Opioid Replacement Therapy leaflet.</p> <p>The MADP recognises that we need to improve how therapeutic models are promoted both by the services and by utilising the skills of service users; learning from how the use of naloxone is promoted; and developing a bank of information for both users of services and agencies which reflect the development of services.</p>
<p><i>2.5 How are individuals provided with appropriate harm reduction advice which might include safer use, managed use and abstinence?</i></p>	<p>As above, all those accessing service are provided with a range of information, (Blood born Viruses, naloxone, needle exchange and reduction in harm information and records) based on individual needs; with information ranging from risk management and the reduction in harm through to abstinence and emotional/social support.</p> <p>Blood Born virus testing is offered within the direct access service at the point of entry.</p> <p>Needle exchange facilities are available through pharmacy outlets and within the direct access service, with the direct access service also offering harm reduction advice and access to Blood Born virus testing. Blood Born virus testing is available within all the services.</p> <p>Clinical support through the MIDAS (Moray Integrated Drug and Alcohol Service) is provided as part of the comprehensive Moray service thereby ensuring that clinical support is part of the comprehensive package of support.</p> <p>Naloxone is promoted across services as part of measures to reduce risk.</p> <p>The direct access service has a good supply of up to date literature on harm reduction services which include needle exchange, naloxone, and risk reduction.</p>
<p><i>2.6 How is agreement with individuals obtained on how information may be shared with other services including ensuring they understand when this may be done without an individual's agreement?</i></p>	<p>All those accessing services are provided with comprehensive information about the sharing of information and how this could or would take place and this is recorded on the Single Shared Assessment. All service users are given the opportunity to sign a consent form as part of the single shared assessment. All agencies work within the Moray Child Protection framework.</p> <p>All agencies in Moray work to the information sharing protocol and the Moray Child Protection policies and guidelines.</p> <p>The agreement to share information is kept under review by the agencies within the support package, with the</p>

	<p>service user advised that they may review the decision.</p> <p>The need to share information without consent or in certain circumstances without consultation is fully explained to the service user, with the consent to share being signed as part of the assessment process.</p>
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Identified Good Practice

- Ease of access
- Access to wide range of interventions at the point of entry which include but not limited to harm reduction, blood born virus testing, safer sex advice, risk reduction and recovery groups
- Easy access to specialist support e.g. clinical support
- Good relationship between prescribers and dispensers
- MIDAS integrated Health and Social Work Team
- Direct involvement in the MARAC process
- Proactive response to Police concern forms; promoting engagement and follow up
- Moray has good Partnership/Collaborative working at a Moray wide and local level; for example the Buckie NPS initiative.

Please summarise any actions required to improve aspects of practice/performance

- Review of the case allocation process to provide greater clarity as to how decisions are made as to which agency takes the lead.
- Review and improve the case management process so that there is one lead case manager, overseeing the support packages.
- Review and continue to improve person centred practice and the involvement of service users in deciding treatment options.
- Review and improve how the therapeutic models are promoted; with greater use of users of service in promoting naloxone, opioid replacement therapy (including an ORT leaflet for service users) and other interventions.
- Review and development a Moray information bank across all the services.
- Increase the amount of joint case work within MIDAS; and between adult social care services and MIDAS.
- Review how we collect customer satisfaction data and undertake analysis of people who use this service e.g. on a geographical base or a community of interest.
- Review and set up a methodical process assessing customer satisfaction and use this to improve and develop services as part of performance management and commissioning.
- Services to undertake equality impact assessments.

Please indicate on the scale below the level of service performance for this Quality Principle.



3. Impact on staff

QI 3.1 Staff motivation, development and support

Quality Principle 3. You should be supported by workers that have the right attitudes, values training and supervision throughout your recovery journey.

Principles	Demonstrate how you know
<p>3.1 How do you make individuals feel welcome, work in a person centred way and believe that all individuals have the ability to change and recover?</p>	<p>Services are designed and adapted to suit the person, agreeing the support that is best, with the individual being at centre of the development of the package. ,</p> <p>A culture of recovery is becoming established, using positive language and one which accommodates missed appointments and encourages engagement; evidenced through Case records. Services are provided within a comfortable environment at the point of access as well as those across Moray. There is flexibility as to where and when appointments are provided. If a person misses an appointment then there is proactive follow up to promote engagement.</p> <p>All services are able utilise a range of venues and appointment times, enabling flexibility which takes account of a person's circumstances.</p> <p>Peer support is proactively promoted and the positive language of recovery is used which recognises and takes account of those who may be chaotic and needing interventions to reduce harm and risk as well as at those who are at a more developed stage in their recovery journey e.g. promoting recovery rather than only focusing on relapse prevention.</p>
<p>3.2 How do you provide timely evidence informed treatment and support that meets an individual's needs?</p>	<p>Moray provides a direct access service which undertakes a Single Shared Assessment which includes motivational interviewing from the outset. The direct access service is able to prioritise aspects of support which promote an individual's autonomy.</p> <p>Staff support the person to make decisions; which includes providing an appropriate level of challenge as part of promoting change. Packages are flexible and can include long term involvement. There a no time limits for the duration of the service. The duration and level of involvement is agreed by both the staff member and the person; linked to the person's review and to the Outcome star.</p> <p>Substance use/misuse is part of a range of needs; based on the individual assessment. Services are able to</p>

	<p>facilitate complex/multi component packages of support which are flexible and are based on the person's circumstances. The MIDAS service is able to facilitate tier 2 re-ablement packages.</p>
<p>3.3 How do you demonstrate that services provide trauma informed support and recognise any current or previous trauma the individuals are dealing with?</p>	<p>All assessments take account of `trauma' evidenced through the Single Shared Assessment. Moray has direct and easy access to clinical expertise and support which includes areas such psychiatric input, suicide first aid, adult support and protection and physical health assessments. The comprehensive service has access to inpatient facilities either within Moray or externally commissioned.</p> <p>Weekly MIDAS team meetings with consultant input enable options to be considered for complex cases with significant levels of trauma or areas of concern.</p> <p>There is experience and expertise in working with childhood trauma, suicide, domestic abuse, mental health and adults with Incapacity. There is joint working between the MIDAS Social Work staff and Mental Health, adult services and learning disability; enabling comprehensive packages of support to be provided.</p> <p>The Social Work Team Manager is a member of the MARAC group; contributing to packages aimed at keeping a victim safe.</p>
<p>3.4 How are individuals provided with harm reduction advice which may include safer use, managed use and abstinence?</p>	<p>See above section 2.5. The direct access and the MIDAS service provide service users with a comprehensive range of advice relating to individual needs, to reduce harm and risks which can include controlled usage, suicide first aid, risk management through to abstinence; based on needs and risk assessments.</p> <p>Advice and support continues through to the continuing support plan. Risk management meetings are called where there are high levels of concern; with access to consultant practitioner support and consultant Psychiatrist input.</p>
<p>3.5 How do you support individuals to set their own recovery goals and manage their own care and support?</p>	<p>The direct access assessment establishes an outline of the service users needs. The process incorporates motivational interviewing in order to support the person to express their needs and an understanding of the options available to them.</p> <p>All services use the Outcome star which helps the person to establish areas of strength and priority areas for future work. The service users are fully involved in the review process and supported in considering the options available to them; with support being provided to help the person to consider and agree future courses of action. Reviews are person centred, and needs lead, and are signed by the service user and staff member.</p>
<p>3.6 How do you talk to individuals about their plans</p>	<p>Services users are fully involved in their support plan, evidenced through case records; with services linking into</p>

<p><i>and the arrangements for moving through the service and/or reducing, ending their contact with services?</i></p>	<p>agencies across Moray in order to develop and provide comprehensive packages of support.</p> <p>The review process helps the person to plan their packages of support and to link into the wider range of community services. Services are able to link into employment, education, and community options as part of moving through services and becoming more enabled.</p> <p>Moray has close working arrangements with a broad range of services, but MADP recognises that it is in the early stages of developing a broad ROSC and embedding the ROSC concepts across the wider range of services in Moray; fully involving the users of services and those with lived experience, in creating a recovery community.</p> <p>Service users are encouraged to re-engage with services should they have a relapse. All services recognise that relapse occurs and can be part of the change process. Services users are encouraged and contacted to maintain contact or to re-engage without having to start all over again.</p> <p>Those who have moved through services (in the Direct Access service) are followed up with their individual agreement. However; this needs to be embedded into general practice and is an area for development.</p> <p>Links with services such as employment support, volunteering, and peer support groups are built into the person's support plan. The MADP recognises the need to support the wider workforce to feel and be part of the wider recovery community.</p>
<p><i>3.7 How are individuals encouraged to connect with the recovery community and mutual aid groups?</i></p>	<p>Service users are fully involved in the development of their support package which includes positive promotion of recovery/mutual aid groups. Evidenced through case recording and peer discussion.</p> <p>Mutual aid groups run from within the direct access service. These groups are open to anybody; either those being directly supported by agencies within Moray or those who wish to only access the group and no other service.</p> <p>Individuals can be supported to attend a meeting and/or linked into other groups across Moray.</p> <p>Family members are provided with information about groups and are also encouraged, with the person's agreement, to attend the SMART recovery groups.</p> <p>Moray is in the very early stages of developing a recovery community and recognises that this is an area for</p>

further development.

Identified Good Practice

- A culture of recovery is becoming established.
- All services are able to utilise a range of venues and appointment times, enabling flexibility.
- Peer support is proactively promoted and the positive language of recovery is used.
- Single Shared Assessment which includes motivational interviewing from the outset.
- Assessments take account of trauma. There is direct and easy access to clinical expertise and support which includes areas such as psychiatric input, suicide first aid, adult support and protection and physical health assessment
- Weekly MIDAS team meeting with consultant input enables options to be considered for complex cases
- There is experience and expertise in working with childhood trauma, suicide domestic abuse, and mental health and adults with incapacity
- Mutual aid group run from within the direct access service and across Moray

Please summarise any actions required to improve aspects of practice/performance

- The MADP recognises the need to support the wider workforce to feel and be part of the wider recovery community.
- Moray is in the very early stages of developing a recovery community and recognises that this is an area for further development.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory

Weak

Adequate

Good

Very Good

Excellent



4. Impact on the community

QI 4.1 Impact on communities

Quality Principle 3 - that is anyone who has a role in improving outcomes for individuals, families and communities affected by problematic drug and alcohol use.

Principles	Demonstrate how you know
<p>4.1 How well are you building and promoting positive community capacity and engagement to reduce overall alcohol consumption and drug use in your local communities?</p>	<p>Moray adopts a whole population approach in the delivery of services.</p> <p>Alcohol is a high priority for the Moray ADP. This is reflected in the Moray 2015- 2018 Delivery plan, The Moray strategy, and the specification for the delivery of the direct access service.</p> <p>Alcohol is a priority and included under Healthier citizens in the Community Planning Partnership 10 year plan (Moray 2026)</p> <p>Key aspects of the revised direct access service following the tender process that support the whole population approach are:</p> <ul style="list-style-type: none"> • Ensuring the service reaches out to and engages with individuals throughout Moray, applying a creative, early intervention approach which seeks to encourage and support recovery; operating a hub and spoke model, with extensive domiciliary services targeting those who may not wish to or who are unable to access centre based services; e.g. older people • Integrates with services for friends, family and carers to provide a genuine single access service which offers recovery options for all individual family members and holistic family support • Adopts a community development approach and works in partnership with stakeholders and services. Providing advice, support, and training to services such as home care staff and housing support staff. • Alcohol Brief Interventions in GP community setting and expansion into other primary care settings • Investment has been made in the tsiMoray (the third sector interface). tsiMoray will undertake community development work in relation to drugs and alcohol, but within a wider context, to connect and engage with people of all ages where they live, work and socialise (or not as the case may be) and identify the needs and aspirations of communities who would like to improve their health and wellbeing in a holistic sense. The project intends to support the development of activities and opportunities that are co-designed with people and communities throughout the two year project span and that can be subsequently sustained by

	<p>communities once the project is complete.</p> <ul style="list-style-type: none"> • It is recognised that the drinks industry will be a key partner in this initiative, and (discussions are underway with the distillers via the Scotch Whisky Association) that other partnerships may form as projects develop, and that all partnership development will be driven by the needs and aspirations of people and communities. • Data is used to assess areas of greatest need; with key areas being the outlying rural communities, with poor transport facilities and where there are limited leisure opportunities; but with alcohol featuring highly.
<p>4.2 How do you demonstrate improved outcomes for communities as a result of implementing whole population approaches?</p>	<p>The Moray ADP has direct links to the Community planning Partnership which oversees the strategic direction and performance of the Moray 2023 plan and the forthcoming Moray 2026 plan.</p> <p>The MADP strategy and Delivery plan is aligned to Moray 2023. The MADP targets are overseen by the Management and Performance Sub-group which reports to the MADP.</p> <p>The Moray Alcohol and Drug Partnership (MADP) undertake robust measures to ensure that we provide coherent, clear, and robust analysis and knowledge in order to provide the area with a strategic needs assessment. We work very closely with Health and NHS Grampian published 'Health Needs Assessment: Alcohol and Illicit Drugs – providing a number of recommendations, further highlighting the significant problem we have with alcohol. Alcohol remains a significant area of concern.</p> <p>We have worked with all other partners throughout 2015/16 to cross populate data and outcomes in order to ensure that everyone working to improve public protection are working in the same direction. We have worked closely with NHS Grampian Public Health and in looking at the Prevalence, we have (as will be noted below) worked with a wide range of partners and partnerships. We have engaged in joint work with Aberdeen City ADP and Aberdeenshire ADP in looking at New Psychoactive Substances (NPS).</p> <p>Over the last two years, Moray has introduced an aligned 2023 plan, implemented the Public Protection Partnership and Community Safety Partnership Strategy, and inputted to a Grampian wide group specifically looking at overprovision. The MADP plays a key role in cross populating Information across all these partnerships.</p> <p>It has been a key objective to ensure that MADP are supporting, providing information, and direction within these new developments.</p> <p>The MADP will be undertaking a strategic needs assessment in 2016/17.</p> <p>The MADP works with Information Services Division Scotland (ISD), the Scottish Health Survey (SHS) and Scottish</p>

	<p>Adolescence Lifestyle and Substance Misuse Survey (SALSUS) to inform need locally. We work closely with NHS Grampian, Aberdeen City ADP, and Aberdeenshire ADP through the Health Intelligence Group to inform local and regional need.</p> <p>Since the introduction of the Outcome Star in 2012, the MADP analyses everyone’s progress of their recovery journey that comes into drug and alcohol services. We use it to meet the individual needs of service users, service needs and from our locality; using a commissioning approach.</p> <p>Performance Management has allowed us to enhance Direct Access services which has seen an improvement of waiting times, maintaining 100%.</p> <p>The MADP continue to work in partnership with NHS Grampian, Aberdeenshire ADP, and Aberdeen City ADP in promoting the Public Health messages through NHS Grampian and Third Sector Agencies.</p> <p>The MADP continue to deliver the opportunity for all front line staff to contribute to the decision making process and meet quarterly to discuss key topics. The MADP continues to work in partnership with NHS Grampian, Moray Council and pan Scotland bodies. Moray recognises that outcomes for communities are an area of work requiring further development.</p> <p>The MADP has invested in the Third Sector Interface to develop community capacity.</p>
<p>4.3 How do you demonstrate improved outcomes for communities as a result of focused preventative activities to raise awareness of new psychoactive substances?</p>	<p>The MADP are working as part of a multi-disciplinary approach with regards to NPS. A RAG Assessment tool was formulated on a Grampian level in 2013 and gave a baseline of identification of NPS use in Moray. This was sent out again in 2014/15 to gather further data on the use of NPS in Moray.</p> <p>In 2016/17, the RAG Assessment tool will be sent out again in November 2016 and will be used to gather further information to allow for the wider identification of NPS use in Moray, this will be coupled with another tool to gather anecdotal information, due to the sparse quantitative data on NPS use in Moray.</p> <p>The MADP will continue to work on a Grampian level with Aberdeen City ADP, Aberdeenshire ADP, NHS Grampian, Police Scotland as well as Aberdeen City, Aberdeenshire and Moray Local Authorities, and Third Sector Agencies to develop a further understanding of NPS use in the area, and how to tackle this issue moving forward. The MADP will continue to work with SDF for the training of the workforce in Moray.</p>

	<p>During February 2016 the MADP, as part of a multiagency approach will hold a community information evening, giving information on NPS in the Buckie area, as well as a school information session aimed at S3, 4 and 5 pupils on the subject of NPS misuse. This is in response to local intelligence showing that there has been an issue with NPS in this area. If successful this will be rolled out to other areas in Moray in response to concerns about NPS in Buckie.</p>
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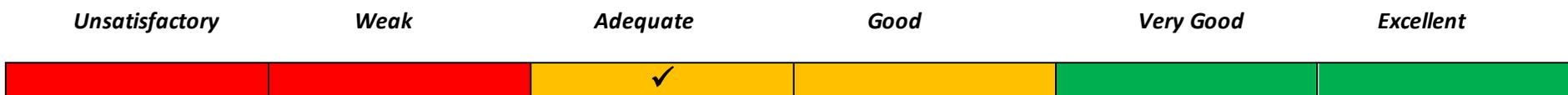
Identified Good Practice

- Moray adopts a whole population approach in the delivery of services.
- Services reaches out to and engages with individuals throughout Moray
- Integrated service for individuals, friends, family and carers to provide a genuine single access service
- Community development approach and working in partnership with stakeholders and services.
- Engagement with the drinks industry as part of engaging with stakeholders and partners
- Data is used to assess areas of greatest need
- The MADP strategy and Delivery plan is aligned to Moray 2023, and the forthcoming Moray 2026
- The MADP targets are overseen by the Management and Performance Sub-group which reports to the MADP
- There is coherent, clear, and robust analysis in order to provide the area with a strategic needs assessment

Please summarise any actions required to improve aspects of practice/performance

- The MADP will be undertaking a strategic needs assessment in 2016/17.
- Engagement with the public to listen to them, take account of their views, and demonstrate improved outcomes.
- Improve the way in which information is shared, so that it is easy to read and accessible.
- Develop a prevention strategy and plan, which includes but is not limited to use of NPS.

Please indicate on the scale below the level of service performance for this Quality Principle.



How good is our delivery of services?	
5. Delivery of key processes	
QI 5.1. Assessing and responding to need to reduce harm	
<i>Quality Principle 4. You should be involved in a strength based assessment that demonstrates the choice of recovery model and therapy is based on your needs and aspirations.</i>	
Principles	Demonstrate how you know
<i>5.1.1 How do you demonstrate that assessments are based on an individual's strengths and assets?</i>	<p>The assessment process is easily accessible and incorporates the Outcome star process; with the person being fully involved.</p> <p>All assessments are carried out in a sensitive manner which includes helping to build up a person's confidence and to promote engagement.</p> <p>Assessment takes account of the social and emotional position; recognising that many people have histories of trauma which impacts on their daily lives. The assessment helps the person to recognise that support is available and is there for them.</p> <p>The Single Shared assessment is the beginning of the intervention process. Specialist assessments are part of the continuum and are easily accessed through joint working with the MIDAS services.</p> <p>The assessment is taken forward following allocation and the review process which recognises that the Single Shared Assessment provides a picture at the time of a person's entry into service; this is enhanced once the person is allocated.</p> <p>The assessments take account of children and those with a caring role. The links to Children's Services have been enhanced by the provision of an early years drug/alcohol Social Worker and two Family Support workers; creating an explicit link between children and adult services.</p> <p>The MADP recognises that the current Single Shared Assessment would benefit from a review in order to take full account of the Quality Principles. This will be taken forward as part of the work to review and improve case</p>

	management.
5.1.2 How do you demonstrate that assessments are carried out in a sensitive and supportive way?	<p>The Quarriers direct access service undertakes all initial single shared assessments. They have a built in quality assurance processes which include, spot shadowing, formal supervision, advanced motivational interviewing coaching, file audits and feedback from the users of the service. In addition, Quarriers are in the process of planning external validation systems.</p> <p>The contract management process with Quarriers ensures that there is robust performance management process which includes auditing case files.</p> <p>The MIDAS team undertakes file audits and case supervision, as part of the quality control measures; along with the clinical governance standards for health staff.</p> <p>As stated above; people can be seen in a variety of settings across Moray, as well as the person being seen in the evening, to accommodate a person's circumstances.</p>
5.1.3 How do you demonstrate that assessments identify and record any traumatic events in an individual's life which may affect them?	<p>All assessments take account of trauma; this is recorded in the Single Shared Assessment. Moray has direct and easy access to clinical expertise and support which includes areas such psychiatric input, suicide first aid, adult support and protection and physical health assessment. The comprehensive service has access to inpatient facilities either within Moray or externally commissioned. The specialist input forms part of the assessment, review, and support plan process and is recorded in the case recording systems.</p> <p>Weekly MIDAS team meeting with consultant input enable options to be considered for complex cases with significant levels of trauma or areas of concern. Decisions are recorded</p> <p>There is experience and expertise in working with childhood trauma, suicide domestic abuse, and mental health and adults with Incapacity. There is joint working between the MIDAS Social Work staff and Mental Health, adult services and learning disability; enabling comprehensive packages of support to be provided.</p> <p>The Social Work Team Manager is a member of the MARAC group; contributing to packages aimed at keeping a victim safe.</p>
5.1.4 How do you explain the range of treatment options available to individuals?	<p>The Arrows Direct Access service has a range of information on the services in addition to their "What's On" newsletter.</p> <p>The assessment process includes advice and information on services as well as helping the person to consider their</p>

	<p>options and how to take things forward, taking full account of the person's needs and wishes.</p> <p>Following allocation, the person is fully informed about the range of options both within the service and as part of the wider network. The ongoing assessment and review process helps the person to consider how they would like to proceed and the options for supporting them either in their recovery and/or in reducing risks and improving their health, social and emotional circumstances.</p> <p>The MADP recognise the MIDAS Team needs to produce information for service users, outlining what can be expected from that team.</p>
<p><i>5.1.5 How to you demonstrate that the views of individuals are listened to, noted and used to develop their personal recovery plan?</i></p>	<p>The Direct Access Service provides easy access to services and undertakes the Single Shared Assessments.</p> <p>All assessments are carried out sensitively with careful consideration being given to the timing of these, based on the needs of the person. Assessments are not a pre-requisite of receiving a service at a person's first presentation. For example, many people seek advice and information or direct access to a peer support group such as AA, building up confidence which may lead to the assessment. .</p> <p>The person is fully involved in the assessment process and the initial recovery plan. All assessments are signed by both the staff member and the service user.</p> <p>Where a person does not enter services via the Direct Access services, the same Single Shared Assessment is used and completed with the person, at their pace, ensuring that their individual needs are reflected in the assessment. The assessment is signed by the service user and staff member and forms the basis for the support/recovery plan.</p>
<p><i>5.1.6 How do services demonstrate that assessments which require more than one session do not prevent individuals accessing services quickly?</i></p>	<p>The assessment process is not a barrier to accessing services. If an assessment requires more than one session then this is treated as a priority, with a further appointment being agreed; taking place within the same working week if possible, in order that the assessment can be taken to the Tuesday allocation meeting. This is evidenced through case recording.</p> <p>Where a person needs immediate assistance then this is provided either at the direct access service or in conjunction with other agencies.</p> <p>Access to peer support, SMART recovery groups, needle exchange and harm reduction is available to all those seeking assistance.</p>

<p>5.1.7 How do you demonstrate that individuals are clear of the reasons and benefits of recording information about their recovery journey on local and national data systems?</p>	<p>The recording of information is discussed at the time of undertaking the Single Shared Assessment and forms part of the confidentiality and information sharing process.</p> <p>Assessments are signed by the individual and staff member.</p>
<p>5.1.8 How are individuals made aware that with their consent, information may be shared with other services including when this may be done without their permission?</p>	<p>All those accessing services are provided with comprehensive information about the sharing of information and how this could or would take place. All service users are given the opportunity to sign a consent form as part of the single shared assessment.</p> <p>The agreement to share information is kept under review by the agencies within the support package, with the service user advised that they may review the decision.</p> <p>The need to share information without consent or in certain circumstances without consultation is fully explained to the service user as part of the information sharing procedures.</p>

<p>Identified Good Practice</p>
<ul style="list-style-type: none"> • The assessment process is easily accessible and incorporates the Outcome star process; with the person being fully involved. • All assessments are carried out in a sensitive manner which includes helping to build up their confidence and to promote engagement. • Assessment take account of the social and emotional position • Quality assurance systems are in place • All assessments take account of trauma • There is direct and easy access to clinical expertise and support, including consultant input enable options to be considered for complex cases • There is experience and expertise in working with childhood trauma, suicide domestic abuse, and mental health and adults with Incapacity • Quarriers provide a “What’s On” newsletter. • The assessment process is not a barrier to accessing services. • All those accessing services are provided with comprehensive information about the sharing of information and how this could or would take place
<p>Please summarise any actions required to improve aspects of practice/performance</p>
<ul style="list-style-type: none"> • Produce information for service users, outlining what can be expected from that team. • Review the Single Shared Assessment in order to take full account of the Quality Principles • Review and clarify (and change if required) if we provide clear enough information about the collection of data and make this clearer to service users

- The MIDAS Team to produce information for service users, outlining what can be expected from that team.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory

Weak

Adequate

Good

Very Good

Excellent



QI 5.2. Planning for individuals and delivering care and support

Quality Principle 5. You should have a recovery plan that is person centred and addresses your broader health, care and social needs, and maintains a focus on safety throughout your recovery journey.

Principle	Demonstrate how you know
<p>5.2.1 How are individual's made aware that their Recovery Plan belongs to them and its agreed actions are to be achieved in partnership?</p>	<p>Support plans are planned and agreed with the Service User, and signed by both a member of staff and the Service Users; with the Service Users being offered a copy. The MADP recognises that in future the default position will be that the Service users is always given a copy; with them having to opt out if they choose not to have a copy. This default position supports the principles of the Service Users being responsible in part of the recovery plan; as well as clarifying the worker responsibility.</p> <p>The support plans take forward the areas identified in the Outcome Star.</p> <p>The MIDAS Social Work staff are strengthening their links with adult services thereby enabling the use of Tier 2 plans and allowing access to funding aimed as re-abling a person.</p>
<p>5.2.2 What are the arrangements to demonstrate that Recovery Plans are reviewed on a regular basis at a time agreed between staff and individuals?</p>	<p>The Outcome Stat reviews data is collected by the MADP with the performance fed back to services, as well as being used by the MADP Management and Performance Sub Group.</p> <p>The service user data is linked to the contact management process.</p> <p>The review times are agreed between staff and individual, appointments are mutually agreed based on discussion. The MADP recognises that this needs to be reviewed to ensure that this is the position across all services.</p>
<p>5.2.3 Do Recovery Plans include information on reducing harm?</p>	<p>Plans are determined by the needs of the individual which include the reduction of harm. This is evidenced through case recording.</p> <p>Risk assessments and risk management plans are reviewed in conjunction with the service users. Where there are significant concerns, risk management meetings are called; with the risks outlined and interventions agreed. Where the risks continue and the assessment concludes that interventions are not supporting change then these are recorded; and additional support can be planned and include systems such as Adult Support and protection,</p>

	Adults with Incapacity, MARAC, or the use of statute as appropriate.
5.2.4 Do Recovery Plans aim to achieve stable recovery beyond treatment into aftercare?	<p>The plans aim for it; recognising that recovery is perceived by the person and how they define stable recovery. Therefore the plans aim for self-sustained recovery; which also includes relapse prevention and self—management.</p> <p>As the Moray services continue to develop, recognising that Moray is at the very early stages of developing a comprehensive ROSC, consideration will need to be given as to how aftercare is described; given that for many people their recovery can be described as a journey; with them linking into services and peer support as is appropriate. Moray recognises that this is an area for development.</p>
5.2.5 Do Recovery Plans detail further services that individuals may need to access as part of their progression through treatment and care back to the wider community?	<p>Plans are based on needs and therefore identify the need to link in to further services and community groups such as stress management, activities, and leisure options.</p> <p>The plans do not always go into details about the specific service and there are increasing links with wider network of services such as employment, education as part of promoting a recovery community. The MADP recognises that this is an area for development. This will include Increasing links with a wider network of services such as employment, education, leisure, and community resources; promoting a recovery community.</p>
5.2.6 Do Recovery Plans look towards an individual's moving on from a service, in line with their aspirations, and agreed timescales?	<p>Plans are flexible. The person is not pushed or pressured. Plans are reviewed with the person being at the centre; promoting enablement. A longer term plan may include the specialist services as well as community services.</p> <p>As part of the review, decisions are made about the rational for continued involvement by an agency. If a decision is made to end a service then the options are discussed with the person so that the appropriate level of support can be provided, based on the needs and wishes of the person.</p>
5.2.7 Before moving on how do you provide relapse prevention advice and assertive engagement with local mutual aid groups and/or the recovery community?	<p>Relapse prevention and risk management are built into the interventions and a person's support plan, and are integral to the support package. Where appropriate information such as Naloxone and mutual aid groups are part of plan.</p> <p>Moray has a network of mutual aid group and people are positively encouraged to link in to these groups.</p> <p>The MDP will continue to develop a coordinated approach across all services as part of the case management process</p>

<p>5.2.8 If an individual relapses how you do demonstrate that when they re-engage with services they are treated with dignity and respect that welcomes their continued efforts to achieve the recovery goals in their Recovery Plan?</p>	<p>The Moray services recognise that relapse is common factor across the client groups and that relapse is part of recovery and not a reason to end the service. Service users are given encouragement to work through the relapse; learning from this as part of their development. There is a proactive approach to following up people who may disengage; this includes letters and home visits. Services promote easy access to re-engagement without the person having to having to start from scratch.</p> <p>Risk reduction and safety advice such as naloxone, is embedded into practice.</p>
<p>5.2.9 Are individual's provided with a copy of their recovery plan?</p>	<p>Plans are agreed between the service user and their worker. These are signed by both parties, with the service user being offered a copy.</p> <p>The MADP recognises that the default position should be that the person is always (unless there are very clear documented reason not to) given a copy of their plan.</p>

<p>Identified Good Practice</p>
<ul style="list-style-type: none"> • The Outcome Stat reviews data collected by the MADP with the performance fed back to services, as well as being used by the MADP Management and Performance Sub Group. • The service user data is linked to the contact management process. • Risk assessments and risk management plans are reviewed in conjunction with the service users • Plans are based on needs and therefore identify the need to link in to further services and community groups such as stress management, community groups, activities, and leisure options. • Relapse prevention and risk management are built into the interventions and a person's support plan and are integral to the support package. • There is a proactive approach to following up people who may disengage; this includes letters and home visits. • Risk reduction and safety advice such as naloxone, is embedded into practice
<p>Please summarise any actions required to improve aspects of practice/performance</p>
<ul style="list-style-type: none"> • Make the default position that the Service users are always given a copy of the Single Shared Assessment and Reviews; with them having to opt out if they choose not to have a copy. • Review and revise systems for promoting assertive engagement, and encouraging promoting continued involvement in services. • Review how aftercare is described and quantified as part of a Moray ROSC

- Increase links with a wider network of services such as employment, education, leisure, and community resources; promoting a recovery community.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory

Weak

Adequate

Good

Very Good

Excellent



QI 5.3. Reviewing progress, joint planning and decision making

Quality Principle 6. You should be involved in regular reviews of your recovery plan to demonstrate it continues to meet your needs and aspirations.

Principles	Demonstrate how you know
<p>5.3.1 Do individual's reviews include an assessment of their strengths and recovery capital?</p>	<p>The Outcome Star assessment and review process is used across the Moray services and captures the elements of a person's recovery capital.</p> <p>The type of interventions will depend in part on the balance of recovery capital and problem severity/complexity. Where a person has complex needs and low recovery capital they may be appropriate for residential rehabilitation with appropriate follow-up. People with low recovery capital and high problem severity may need a combination of intensive interventions. The assessment and review process takes this into account so that appropriate services can be provided. This is evidenced through case recording.</p>
<p>5.3.2 Do individual's reviews include an assessment of the effectiveness of their treatment?</p>	<p>The MADP recognises that this is not carried out a matter of routine. However, the Outcome Star tool as part of the review process does contribute to linking the treatment to the outcome.</p> <p>Where there is a single agency service with single or small number of treatment interventions then the Outcome Star tool will be able to directly relate the outcome to the intervention.</p> <p>Clinical interventions such as detoxification or Opioid Replacement Therapy are assessed as part of the comprehensive assessment and review process.</p> <p>Where there are social care elements, such as home care, as part of wider support package then effectiveness of these are considered as part of the wider needs assessed through the Outcome star.</p> <p>Where a person has a comprehensive and complex support package the effectiveness of interventions are considered as a whole, looking at identified areas of need and the person is self-assessment, alongside the assessment of the member of staff. The MADP recognise that this is an area of development as part of the work to be undertaken on case management and performance management.</p>
<p>5.3.3 How are individuals' plans reviewed as they progress on their recovery journey to demonstrate</p>	<p>Outcomes Star reviews are carried out quarterly with the service users being fully involved in the review process. This data will be in the case record and is also recorded by the ADP.</p>

<p><i>it reflects the changes in their situation?</i></p>	<p>The Outcome Star data is collated and reviewed by the Management and Performance sub group.</p> <p>The Outcome Star process provides both a narrative and pictorial account of the person's progress, which takes account of a person changing circumstances. The review contributes to a revised support plan.</p> <p>The MADP recognises that the Outcome Star data has potential for greater usage; with the data being used by individual services and members of staff. This is an area for further development.</p>
<p>5.3.4 How are matters such as future aspirations, wider health needs, family, children, finances, education, employment and housing discussed including information about services which help you achieve these?</p>	<p>The Outcome Star identifies these areas and form part of the review and support plan process, with the person being supported to access the appropriate services.</p> <p>Where a person is in receipt of the Carers Service, the Carers Star is used.</p> <p>The Early years Drugs and Alcohol Social Worker and Family Support Workers use the Outcome Family Star, and work with the drug/alcohol treatment services.</p>
<p>5.3.5 How do you support individuals to access wrap around services such as housing, volunteering and employment?</p>	<p>The MADP services work with a variety of services across Moray; supporting the individual in accessing wrap around services such as employment, volunteering and housing; linked into the assessment and review process.</p> <p>Employment support undertakes joint work with Arrows and provides support within the Arrows premises. This is evidenced through discussions with Arrows.</p> <p>Services are building up a positive relationship with The Department of Work and Pensions (who are now a member of the MADP); with an increasing amount of joint working.</p> <p>Housing services are part of the MADP; with joint working fully established between Housing; especially Housing Support; and MADP services.</p> <p>The links to Housing Support are particularly positive; with Housing Support staff supporting some people with particularly high levels of need.</p> <p>Volunteering is starting to be built up in Moray; primarily within the Quarriers Arrows service. The MADP recognises that this is an area for further development.</p>
<p>5.3.6 How do you demonstrate individuals are</p>	<p>Moray promotes ease of access and self-referral, whilst recognising that services need to be flexible and reach out to those who are not able to, or are not in position to, or who do not wish to access the Direct Access service.</p>

<p><i>treated with dignity and in a non-discriminatory way?</i></p>	<p>The new Direct Access premise provides a comfortable environment, with opening times that can accommodate a range of appointment times.</p> <p>The MIDAS service is accessible to all, and provides a late night opening for people who cannot access the service during the day.</p> <p>All the services provide domiciliary appointments and offers appointments in a variety of settings across Moray.</p> <p>The MIDAS services works with other adult care services and is able to co-work cases, or take on cases where there are complex needs and/or where the person may not be at the stage of recognising the need to address their drug/alcohol use, or where the drug/alcohol use is linked to other complex needs that require support.</p> <p>The Outcome star process, with the client being at the centre, is a core component to the person being treated with dignity; promoting their involvement and ownership of their support plan.</p> <p>The Heat waiting times target ensure that all service users are seen and assessed as quickly as possible, with the person being offered a service to meet their needs.</p> <p>Services are sensitive to a person’s gender and family commitments; and takes these into account when arranging appointments; which include home visits, or meeting in a safer environment in a community resource.</p> <p>The MADP is working with services to ensure that older people and those not accessing the Direct Access services are able to benefit from advice and support. This includes supporting Home Care Staff, and working with other adult service providers.</p>
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<p><i>Identified Good Practice</i></p>
<ul style="list-style-type: none"> • The Outcome Star assessment and review process is used across the Moray services and capture the elements of a person’s recovery capital. • The Outcome Star tool can directly relate the outcome to the intervention. • Clinical interventions such as detoxification or Opioid Replacement Therapy are assessed as part of the comprehensive assessment and review process • The Outcome Star data is collated and reviewed by the Management and Performance sub group. • There are positive relationship with The Department of Work and Pensions, who are a member of the MADP • Housing services are part of the MADP • The links to Housing Support are particularly positive

- Moray promotes ease of access and self-referral
- The MIDAS services works with other adult care services and is able to co-work cases, or take on cases where there are complex needs

Please summarise any actions required to improve aspects of practice/performance

- Review how the effectiveness of interventions are assessed and linked to personal and community outcomes
- Review and improve the support and joint working with staff such as Home Care and other adult service providers.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory

Weak

Adequate

Good

Very Good

Excellent



QI 5.4. Involving individuals in the delivery of services

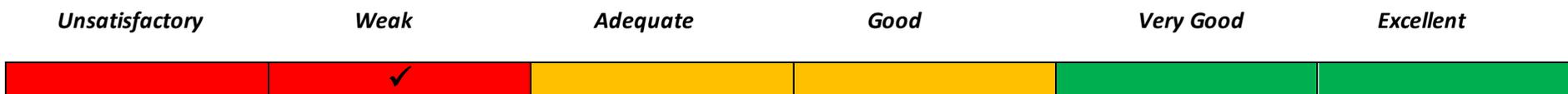
Quality Principle 7. *You should have the opportunity to be involved in an on-going review of how services are delivered throughout your recovery.*

Principle	Demonstrate how you know
<p>5.4.1 <i>How do you enable individuals to have their say in how services are delivered?</i></p>	<p>Quarriers who run are direct access service have lead in this area of work. The MADP recognises that this is an area for further development, for the MADP as whole; taking a strategic approach; building on the experiences of our third sector partners.</p> <p>Quarriers have a clear systematic process for enabling and encouraging the users of services to contribute to the design and planning of existing and future services. Their programme of Service Users involvement trained in evaluation techniques will play a lead role in the ongoing evaluation of the service. Quarriers, as both a key provider and strategic partner, are investing in an External Evaluator. Therefore, their methodology is rigorously assessed and validated by an institute of academic research. Quarriers will use both quantitative and qualitative data, to deliver, capture, and report on headline outcomes.</p>
<p>5.4.2 <i>How do you make clear to individuals their responsibilities and what they can expect from your service (supported by the Recovery Philosophy)?</i></p>	<p>The assessment process forms part of the process which helps the person to both understand the service options available to them as well as helping them to be a key part in their recovery and what is expected of them.</p> <p>Assessments and risk assessments are discussed; agreed and signed by both the staff member and the service user. These are recorded in the case files.</p> <p>The assessment process includes the discussing and helping the person to understand areas such as the sharing of information, standards of behaviour from all parties and keeping in contact with each other. These are reiterated once the person goes through to allocation, with the outlining of expectations by both parties as well as reviewing the risk assessment and the sharing of information.</p>
<p>5.4.3 <i>How are individuals informed of your complaints procedures and how they can make a complaint if they are unhappy with the service they have received?</i></p>	<p>All services users are given copy of how to complain when they enter service, and this is discussed with them as part of helping to understand the way in which services are provided and how they can contribute to their own recovery.</p> <p>Information about how to complain about services is publicly available on entering service premises.</p>

<p>5.4.4 How are individuals informed about independent advocacy services that can help them be heard?</p>	<p>Moray currently does not have an independent advocacy service for Drug/Alcohol services.</p> <p>Advocacy services are available for people with mental health, carers, and learning disability needs.</p>
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<p>Identified Good Practice</p>
<ul style="list-style-type: none"> • Quarriers have a clear systematic process for enabling and encouraging the users of services to contribute to the design and planning of existing and future services. • The assessment process forms part of the process which helps the person to both understand the service options available to them
<p>Please summarise any actions required to improve aspects of practice/performance</p>
<ul style="list-style-type: none"> • Set up a clear plan and systematic processes for involving services users, communities of interest and organisations; in communicating needs, ideas and options and then use the information to improve services and influence commissioning decisions.

Please indicate on the scale below the level of service performance for this Quality Principle.



QI 5.5. Involving family and carers in the lives of the individuals accessing services

Quality Indicator 8. Services should be family inclusive as part of their practice

Principles	Demonstrate how you know
<p>5.5.1 How do you demonstrate individuals understand that 'family' can mean those people who play a significant role in their lives?</p>	<p>The Moray ADP recognises the importance for the family to recover in their own right and has invested in integrated services; utilising both ADP and Lloyds TSB funding to bring about a wider service which fully incorporates services for individuals, carers, family and significant others. This is evidenced through contracts and service agreements. Quarriers Direct Single Access Service is designed to achieve this outcome. It provides a holistic service which actively promotes and provides recovery options for both individuals who misuse substances and children/families who are affected by substance misuse. Quarriers Family Support Service, funded by Moray Alcohol and Drug Partnership and the Lloyds TSB Foundation is an integral component of the Direct Access Service.</p> <p>The assessment process takes account of the broader context of substance use within a wider family and community context. It utilises the excellent relationships with both adult and children's services in Moray, ensuring all co-existing issues are considered. The service user is helped to identify the strengths and resources they have to overcome risks in the past and the barriers, which may impact on a successful outcome.</p>
<p>5.5.2 Do individuals understand that family members can only be involved in their recovery journey if they want them to be?</p>	<p>Services recognise that the ability to utilise a model of care which enables the service user to both increase and decrease intervention, and to recognise how other family members could contribute to the recovery process as their journey progresses.</p> <p>Service user involvement is intrinsic to the model, and continues throughout. The service users is supported in their decisions as to whether to and or how to involve other family members; recognising that the involvement of other family members is determined by the individual. This is explicit in the assessment and review process.</p> <p>Where there is more than one person in the family who are seeking a service this is taken into account at the time of allocation as to whether more than one worker should be involved and how information may be shared between the family members; taking account of the needs and wishes of the different parties. This is evidenced through case recording.</p>
<p>5.5.3 How do services help and encourage individuals to involve others who can support their recovery?</p>	<p>Services operate a stepped care approach undertaking an assessment and Care Co-ordination process which offers a single point of contact for access to all its services, whether it is advice, group work, counselling, structured interventions, outreach or aftercare for those using the service. This takes account of the needs of the family members; with family members being able to receive a service in their own right. This recognises that the</p>

	<p>individual may not wish to have the involvement of other family members; but that decision does not preclude the family member receiving a service in their own right. This is detailed in the specification with Quarriers.</p> <p>Recovery pathways are developed with the individuals using a whole systems approach. This creates opportunities for people to overcome the disruption and difficulties that substance misuse causes to them, their families, carers, friends, and the community in which they live.</p>
<p>5.5.4 How do you help individuals minimise the risk that their drug or alcohol use may have on those around them?</p>	<p>The Single Shared Assessment, Risk Assessment and Support Plan process contributes to the understanding of the environment in which the person lives; this includes gaining an understanding of the significant others in the individuals lives.</p> <p>The comprehensive network of services for carers, children, and family members; as outlined above, allow for risks to be identified and actions that will support the individual in reducing or stopping those risks, to be built into the support plans both for the individual or, for example; the children.</p> <p>The risk assessments include actions that could or need to be taken by other agencies to reduce the risk to others. This includes sharing information with agencies such as Child Care, Police Scotland, or Adults in Need of Support and Protection. Where information needs to be shared this will be done with the person's knowledge unless this puts somebody else at risk.</p>
<p>5.5.5 How do you demonstrate that individuals know that if they have children their needs and well-being will be a primary concern?</p>	<p>All agencies work within the Moray Child Protection procedures and the GIRFEC model.</p> <p>The needs of children and family members are explicit in the assessment process and this is fully explained to the individual. This is reiterated throughout the person's involvement with all the services within Moray.</p> <p>There are clear links between all the Moray services and child care services; along with specialist involvement from the Drug/Alcohol early years Social Worker and Family Support Workers.</p> <p>It is recognised that that Risk Assessment cannot be a static process; it requires constant revision as things change. The processes comprise of the following: risk identification, assessment, analysis and the devising of a joint management plan in partnership with other key contributors. The National Risk Framework to Support the Assessment of Children and Young People is used where this is required to assess any risk to children impacted by the service users risk management plan, mindful of the requirements around child and vulnerable adult protection.</p>

	<p>The initial Single Shared Assessment risk assessment pro-forma comprises a seven step process which considers, who or what might be harmed, how they might be harmed and it takes into account the professional's confidence around the likelihood of risk and the severity of the outcome. This is informed using a shared risk assessment process with input from other key partners. A 'Vulnerable Young Person's Risk Assessment' pro-forma, identifying additional and/or complex risks is also used.</p>
<p>5.5.6 How do services demonstrate that the needs of members of an individual's family, and those individual's lives with, are considered including seeking support for them?</p>	<p>The review of services in 2014 took full account of the needs of family members and significant others as part of the revised services. Family member input and agencies working with carers were fully involved in developing the specifications which led to the tender specification and contract.</p> <p>The revised services with Quarriers being central to this, has resulted in fully integrated support for individuals facing substance misuse with the holistic family support service for those affected by substance misuse, and carers support. This has created the opportunity to provide a genuine single point of access for all people affected; it provides a service which places the individual within the support context of family's friends and community. Recovery pathways are coordinated to meet individual as well as holistic family needs.</p> <p>This is evidenced the Quarriers specification.</p>

<p>Identified Good Practice</p> <ul style="list-style-type: none"> • Single Access Service providing a holistic service which provides recovery options for individuals who misuse substances and children /families who are affected by substance misuse. • Risk assessments include actions that could or need to be taken by other agencies to reduce the risk others. • The needs of children and family members are explicit in the assessment process and this is fully explained to the individual. • There are clear link between all the Moray services and child care services; along with specialist involvement from the Drug/Alcohol early years Social Worker and Family Support Workers.
<p>Please summarise any actions required to improve aspects of practice/performance</p> <ul style="list-style-type: none"> • Continue to develop links and promote good practice between Adult and Children's services to develop and deliver combined support plans which quantify behavioural change and the actions required to bring this about, and in a way which ensures the welfare of all parties.

Please indicate on the scale below the level of service performance for this Quality Principle.



How good is our management?	
6. Policy, service development and planning	
QI 6.1 Planning and improving services	
<i>Principle 5. You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on your safety throughout your recovery journey.</i>	
Principle	Demonstrate how you know
6.1.1 Is your Delivery Plan aligned with the SOA and joint operational plans? How is this done in practice, and how is progress monitored and managed?	<p>The MADP is fully embedded in to the Community Planning Partnership systems and infrastructure and is aligned to the Integrated Joint Board.</p> <p>The Strategy and Delivery plan are directly aligned with the CPP 10 year plan (Moray 2026) plan and Mental Health and Social Care Partnership Strategic Plan</p> <p>The MADP is a member of the PPP which reports to the Community Planning Board. The MADP is a standing item on the Business Agenda of the PPP.</p> <p>The targets within the Delivery Plan are directly linked to the Moray 2026; and based on performance data. This is recorded.</p>
6.1.2 Is your drug and alcohol strategy based on a comprehensive, dynamic assessment of current and future needs?	<p>The Moray Alcohol and Drug Partnership (MADP) undertake robust measures to ensure that we provide coherent, clear, and robust analysis and knowledge in order to provide the area with a strategic needs assessment. We work very closely with Health and NHS Grampian published 'Health Needs Assessment: Alcohol and Illicit Drugs, providing a number of recommendations, further highlighting the significant problem we have with alcohol. Alcohol remains a significant area of concern.</p> <p>We work with all other partners to cross populate data and outcomes in order to ensure that everyone working to improve public protection are working in the same direction. We work closely with NHS Grampian Public Health and in looking at the Prevalence, we have (as will be noted below) worked with a wide range of partners and partnerships. We engage in joint work with Aberdeen City ADP and Aberdeenshire ADP in looking at New Psychoactive Substances (NPS).</p>

	<p>The NPS RAG document has been widely circulated as part of the concerted effort to gather reliable data to support future planning. The MADP Children and Early years sub-group, linking in with children's services; have given increasing priority to ensuring there is accurate data. This will remain a priority for the future.</p> <p>Moray ADP directly contributes to the CPP 10 year plan (Moray 2026), the Public Protection Partnership and Community Safety Partnership Strategies and delivery plans and have inputted to a Grampian wide group specifically looking at overprovision of alcohol licensing. The MADP plays a key role in cross populating Information across all these partnerships.</p> <p>It has been a key objective to ensure that MADP are supporting, providing information and direction within these new developments, and using data and information to inform strategic and operation planning.</p>
<p>6.1.3 Does your Delivery Plan take full account of the Quality Principles and how are you identifying the specific steps you need to take to demonstrate these are being implemented and embedded in practice?</p>	<p>The Strategy and Delivery Plan takes full account of the Quality Principles. These were built in to the service re-design and formed part of the tender specification.</p> <p>The annual report recognises that further work is required to fully embed the Quality Principles into every day practice, commissioning and strategic planning.</p> <p>The Quality Principles are embedded into agency contracts and resulting performance management framework.</p> <p>It is planned that agencies will undertake a bi-annual audit (using an approved audit tool) showing how they work to the Quality Principles and how this can be measured through practice. This is an area for development and will be included as part of the workforce development strategy which is to be developed in conjunction with the Scottish Drugs Forum.</p>
<p>6.1.4 Do you have Recovery Orientated Systems of Care (ROSC) in place and are these fully implemented?</p>	<p>Moray has achieved success in reducing waiting times and embarked on a process of service re-design. We appreciate that we still have some way to go in developing a comprehensive ROSC and bringing about the full participation of services users and those who have left the service but are still on their recovery journey. We are working in partnership with service providers to bring this about. This will be supported by the workforce development strategy and programme which is being undertaken in conjunction with the Scottish Drugs Forum.</p>

Identified Good Practice

- The MADP is fully embedded in to the Community Planning Partnership and aligned to the Integrated Joint Board.
- The Strategy and Delivery plan are directly aligned with the Moray 2023 plan and the forthcoming Moray 2026.
- The targets within the Delivery Plan are directly linked to the Moray 2013 and the forthcoming Moray 2026; and based on performance data.
- The Moray Alcohol and Drug Partnership (MADP) undertake robust measures to ensure that we provide coherent, clear and robust analysis and knowledge in order to provide the area with a strategic needs assessment
- We work with all other partners to cross populate data and outcomes in order to ensure that everyone working to improve public protection are working in the same direction
- The Quality Principles are embedded into agency contracts and resulting performance management framework.

Please summarise any actions required to improve aspects of practice/performance

- Continue to develop and implement a Moray Recovery Orientated Systems of Care (ROSC).
- Undertake bi-annual audits (using an approved audit tool) showing how they work to the Quality Principles and how this can be measured through practice.
- Evaluate the impact and outcome of services for individual and families.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory

Weak

Adequate

Good

Very Good

Excellent



QI 6.2 Performance management and quality assurance

Principle 2. You should be offered high quality, evidence informed treatment, care and support interventions which keep you safe and empower you in your recovery.

<i>Principle</i>	<i>Demonstrate how you know</i>
<p>6.2.1 What systems do you have in place for service monitoring and review and reporting on performance within your Delivery Plan?</p>	<p>The MADP Governance arrangements are outlined in the Constitution/Governance documents</p> <p>A joint ADP Chairs Group is in place to ensure the funding that is made available to NHS Grampian for ADPs is managed appropriately. The group responds and addresses duties and issues that may cross populate ADPs in Grampian.</p> <p>The MADP reports to the Moray Community Planning Partnership via the Public Protection Partnership; and is also accountable to the Shadow Integrated Joint Board.</p> <p>The MADP as the strategic group oversees the sub-groups. Representation from the Third Sector is provided by the Moray Third Sector Interface in order to maintain a neutral and transparent process. The membership of the MADP is made up from:</p> <ul style="list-style-type: none"> • NHS Grampian • The Moray Council • Grampian Police • Community Safety Partnership • Third Sector • Chair, Local Licensing Board • Chair, Health and Social Care Committee • Chair, Finance and Commissioning Sub-group • Chair, Management and Performance Sub-group • Chair, Workforce Development Sub-group • Chair, Children and Families Sub-Group <p>The MADP has devolved responsibility for overseeing performance to the Management and Performance Sub-group. All reporting structures within the ADP are monitored through this Sub-group.</p> <p>The MADP has devolved responsibility for the commissioning of services and budget to the Finance and</p>

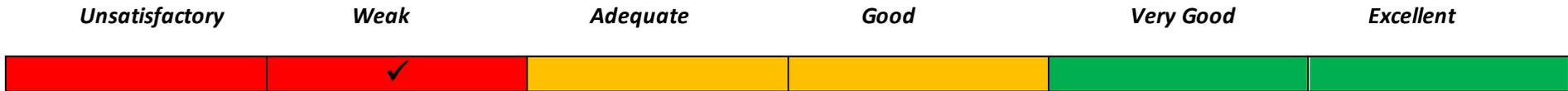
	<p>Commissioning Sub-group. The cross populating of all sub-groups allows for services to be commissioned, and performance managed in line with the needs of the area and their contractual requirements. The ADP uses the Moray Council to procure and develop contracts with all services.</p> <p>The Finance and Commissioning Group have set the budget for the three year period; taking account of the strategic priorities.</p> <p>The MADP has devolved responsibility for service user involvement and workforce development to the Workforce Development Sub-group.</p> <p>The MADP has devolved responsibility for children and families, young people to the Children and Families Sub-Group. This sub group has direct links to the Children and Families policy and planning systems, and the Moray Early years Collaborative.</p> <p>The Delivery Plan is subject to a stringent performance management process. Quarterly performance and risk management reports, which reflect service provision, are presented to the MADP Performance Management Group which makes recommendations for any revisions and actions that need to be taken in order to improve areas of under-performance.</p>
<p>6.2.2 Do you have agreed standards across all your services which quality assure that your services are being delivered effectively and efficiently that fully reflect the Quality Principles?</p>	<p>All services work to agreed standards through clear contracts set up in conjunction with commissioning and procurement. The MADP contracts agreed following the service re-design process incorporate the Quality Principles as part of the specification.</p> <p>The MIDAS works within the Moray Council and Clinical governance standards.</p> <p>The MADP recognises that services will need to undertake a review (as outlined above) as part of a bi-annual audit of how they are working to the Quality Principles.</p>
<p>6.2.3 Do you gather information and seek the views from staff, individuals, carers and families, as an integral part of quality assurance?</p>	<p>The Quarriers Arrows has a robust process for engaging with services users, carers, and their families as part of quality assurance and planning processes. These views are included in the contractual performance reporting. Staff views are taken gathered through supervision and staff meetings.</p> <p>The MIDAS service have supervision standard, including clinical governance standards, and staff meetings; including MIDAS development days as part of service development.</p>

	<p>The views of individual, carers, and families are considered as part of the assessment and support plan process.</p> <p>Staff, individuals, and carers were engaged in the service re-design process.</p> <p>The MADP recognises that a more structured and strategic approach for gathering views needs to be developed.</p>
<p>6.2.4 Are staff clear what is expected of them in order to deliver high quality services?</p>	<p>Staff are clear about what is expected of them to deliver high quality services and receive supervision and annual appraisals/reviews which take account of their individual needs and the needs of the service.</p> <p>Staff have welcomed the concepts of recovery and have changed their language and outlook to reflect the recovery ethos; for example promoting recovery rather than focusing on relapse prevention; but recognising the need to work in a way which takes account of both; depending on the needs of the individual.</p> <p>The MADP recognises that further work needs to be done to embed the Quality Principles into practice and this will be taken forward through workforce development across all staff.</p>
<p>6.2.5 Is performance reported clearly and accurately to all stakeholders including the public?</p>	<p>The reporting arrangements have been outlined in previous answers.</p> <p>The Strategy and Delivery plan are in the public domain. However, the MADP recognises that further work needs to be undertaken to promote the performance to the general public in a clear and concise format.</p>

<p>Identified Good Practice</p>	
<ul style="list-style-type: none"> • There are clear and robust systems for service monitoring and review and reporting on performance within the Delivery Plan. • The Delivery Plan is subject to a stringent performance management process. • All services work to agreed standards through clear contracts set up in conjunction with commissioning and procurement. • The Quarriers Arrows has a robust process for engaging with services users, carers, and their families as part of quality assurance and planning processes • The views of individual, carers, and families are considered as part of the assessment and support plan process. • Staff have welcomed the concepts of recovery and have changed their language and outlook to reflect the recovery ethos. 	
<p>Please summarise any actions required to improve aspects of practice/performance</p>	
<ul style="list-style-type: none"> • Undertake a review (as outlined above) as part of a bi-annual audit of how services are working to the Quality Principles. • Develop and implement a structured and strategic approach for gathering views and using the information to improve and develop services. 	

- Set up a systematic and structured process that explicitly embeds the Quality Principles into practice; taken forward through workforce development across all staff.
- Set up a systematic and structured process that explicitly embeds the Quality Principles into the performance management process and directly supports service improvement and commissioning decisions.
- Coordinate and promote the publication of performance data to the general public and stakeholders in clear and concise formats.

Please indicate on the scale below the level of service performance for this Quality Principle.



QI 6.3 Securing improvement through self-evaluation

Principle 7. You should have the opportunity to be involved in an on-going evaluation of the delivery of services at each stage of your recovery.

Principle 8. Services should be family inclusive as part of their practice.

Principle	Demonstrate how you know
<p>6.3.1 Do you have a common and robust approach to self-assessment and improvement? Is this approach guided by the Quality Improvement Framework and Quality Principles?</p>	<p>This is the first comprehensive self-assessment undertaken by the MADP. Individual agencies have their own internal systems based on the agency standards which also reflect good practice set down by external bodies such as the Care Inspectorate; with these standards working across partnerships; for example in children’s services.</p> <p>The contractual performance processes for agencies funded by the MADP build in self-assessment, which takes account of the Quality Principles.</p> <p>The self-assessment and improvement process will be developed as part of the workforce development strategy.</p>
<p>6.3.2 What progress are you making in achieving demonstrable improvements in the quality and delivery of service improvement and performance through purposeful self-evaluation?</p>	<p>As stated above; this is the first critical self-evaluation undertaken by the MADP. The results of this will form the foundation for an improvement and development plan; linking into the workforce development strategy.</p> <p>The service re-design has significantly contributed to the development of ROSC within Moray, and provides services for individuals and family members.</p> <p>The direct involvement of commissioning and procurement staff in service design and performance management has helped to ensure that there is objective discussion and actions relating to performance.</p> <p>The MADP has recruited to a development post within the MIDAS service to further enhance joint working and case management across all of the Moray drug/alcohol services.</p> <p>The MADP governance and constitution is due to be reviewed to ensure that it reflects current and future requirements in all areas:</p> <ol style="list-style-type: none"> 1. Health; 2. Prevalence; 3. Recovery; 4. Families; 5. Community Safety;

	<p>6. Local Environment; and 7. Service Delivery.</p>
<p>6.3.3 How do you routinely gather the views about the experiences of individuals and their families in evaluating the impact and supporting improvement of your services?</p>	<p>Quarriers have an established model for engaging with service users and families; and seeking their views in the quality of services; running service user groups and promoting individual comments. This is evidenced through the Quarriers service specification.</p> <p>It is planned that service users with lived experiences will be trained and supported in consultation techniques to ensure that services are shaped and continuously improved to best meet their needs.</p> <p>Quarriers in conjunction with the ADP we will secure the services of an external evaluator to ensure the model we develop is externally validated.</p> <p>The MADP recognises that a more systematic approach for engaging those with lived experience as part of supporting the evaluation and development of services is required.</p>
<p>6.3.4 How do you encourage, support and train staff to carry out evaluation on the quality of services they deliver as an integral part of their work using the Quality Principles?</p>	<p>The MADP works directly with commissioning and procurement staff who support the assessment of quality performance across all services.</p> <p>Front line staff are encouraged to engage in the development of services. The appointment to the MIDAS development post will play a key role in supporting staff involvement in evaluation and service development across services.</p> <p>The MADP recognises that training of front line staff is an area that requires development and will form part of the Workforce Development Strategy; with a key area being training staff in evaluation techniques.</p>

<p>Identified Good Practice</p> <ul style="list-style-type: none"> • The contractual performance processes for agencies funded by the MADP build in self-assessment, which takes account of the Quality Principles. • The direct involvement of commissioning and procurement staff in service design and performance management. • The service re-design has significantly contributed to the development of ROSC within Moray. • Quarriers have an established model for engaging with service users and families; and seeking their views in the quality of services. • The MADP works directly with commissioning and procurement staff who support the assessment of quality performance across all services.
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Please summarise any actions required to improve aspects of practice/performance

- Develop and implement a systematic self-assessment and improvement process; which is included in the workforce development strategy.
- Set up a systematic approach for engaging those with lived experience as part of supporting the evaluation and development of services needs to be developed.
- Set up a workforce development strategy and operational plan which recognises the need of front line staff and strategic managers.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory

Weak

Adequate

Good

Very Good

Excellent



QI 6.4 Involving individuals who use services, carers and other stakeholders in service planning

Principle 7. You should have the opportunity to be involved in an on-going evaluation of the delivery of services at each stage of your recovery.

Principle 8. Services should be family inclusive as part of their practice.

Principle	Demonstrate how you know
<p>6.4.1 Do you have an agreed strategy and clear framework in place to demonstrate systematic engagement and meaningful involvement of individuals who use services, carers and other relevant stakeholders?</p>	<p>Quarriers have a clear process for engaging with the users of services both as part of the development of services and as part of the wider strategic direction in Moray, which is evidenced through their service specification.</p> <p>Investment has been made in the tsiMoray (the third sector interface). tsiMoray will undertake community development work in relation to drugs and alcohol, but within a wider context, to connect and engage with people of all ages where they live, work and socialise (or not as the case may be) and identify the needs and aspirations of communities who would like to improve their health and wellbeing. The project will support the development of activities and opportunities that are co-designed with people and communities throughout the two year project span and that can be subsequently sustained by communities; taking account of the existing drug and alcohol services, once the project is complete.</p> <p>The tsi funding supports the work of services; especially Quarriers in engaging with, involving, and seeking the views of people who use services as well and importantly those currently not involved in services.</p> <p>The MADP runs conversation cafes for front line staff seeking views and looking at areas for development or areas of interest.</p> <p>The MADP is made up of partners from across Moray; with partners being both members of the MADP and members of the functioning sub-groups.</p> <p>The MADP recognise that there are specific initiatives to engage with those who use services but that it requires a more strategic approach, and this is an area for development.</p>
<p>6.4.2 How do you demonstrate that engagement with individuals, carers and other stakeholders is used positively to shape and influence policies and inform service planning and development?</p>	<p>The services re-design process ran a number of detailed focus groups, (which were recorded) with a variety of partners which included front line staff, family members and with input from the users of services.</p> <p>The focus groups led to the service re-design and increased investment in new services.</p> <p>As stated above, this initiative will need to be taken forward with a clear strategy and plan for meaningful</p>

	engagement being developed.
6.4.3 How do you demonstrate that the views of individuals, carers and other stakeholders influence the improvements you make?	This question has been answered within previous answers.

Identified Good Practice
<ul style="list-style-type: none"> Quarriers have a clear process for engaging with the users of services both as part of the development of services and as part of the wider strategic direction in Moray. tsiMoray undertake community development work in relation to drugs and alcohol, but within a wider context, to connect and engage with people of all ages where they live, work and socialise (or not as the case may be) and identify the needs and aspirations of communities. The MADP is made up of partners from across Moray; with partners both being members of the MADP and members of the functioning sub-groups. The services re-design process ran a number of detailed focus groups with a variety of partners which included front line staff, family members and with input from the users of services.
Please summarise any actions required to improve aspects of practice/performance
<ul style="list-style-type: none"> Develop and implement a strategic approach to engaging with individuals, carers and other stakeholders to shape and influence policies and inform service planning and development

Please indicate on the scale below the level of service performance for this Quality Principle.



QI 6.5 Commissioning arrangements	
Principle 2. You should be offered high quality, evidence- informed treatment, care and support interventions which keep you safe and empower you in your recovery.	
Principle	Demonstrate how you know
6.5.1 Does your ADP have a commissioning plan in place?	<p>We have the MADP strategy, the Delivery plan and clear outcomes and targets. Our commissioning processes and priorities actions are outlined within these and form our commissioning plan.</p> <p>The finance/commissioning group and the management and performance sub-groups review the performance data against the targets and the level of investment, alongside wide community and other intelligence. This supports the commissioning decisions both against existing decisions plus new areas of work. For example: the work being planned for reviewing education, prevention, and support for young people. This was influenced by intelligence data; gaps in services, national and local targets (linking across to the Children and Young people strategy and Moray 2023); leading to the development of a piece of work.</p> <p>The commissioning and performance management is fully integrated into strategic and operational planning, which is a more robust model. Commissioning being the decision making process; alongside agreeing the priorities. Moray has these robust processes and clear lines of accountability and scrutiny.</p>
6.5.2 Are your commissioning strategies coherent with your vision and the priorities set out in your Delivery Plan	<p>The MADP governance structure ensures that commissioning is directly linked to the Strategy and Delivery Plan.</p> <p>The Strategy and the Delivery Plan take forward the priorities set out in the Moray 2023 plan and will reflect the priorities in the future Moray 2026 Community Strategy.</p>
6.5.3 How do you monitor and evaluate how well the services you commission are delivering positive outcomes for individuals and their families?	<p>There are clear reporting structures with direct links with procurement and Commissioning services.</p> <p>The contractual reporting process sets out a clear framework for performance measures against outcomes and outputs; which includes Outcome Star data.</p> <p>Service performance reviews are set for the financial year. Reports are table to the Management and Performance, Finance and Commissioning and Children and young People sub groups.</p> <p>The sub groups chaired by senior staff with direct input from finance staff. The governance framework demonstrate effective use of resources and quality of series which include ensuring that services are equitable and meeting</p>

	<p>demand.</p> <p>Services report on both hard data and outcomes and areas of concern or achievements.</p>
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Identified Good Practice

- The MADP strategy, the Delivery plan and clear outcomes and targets.
- Commissioning and performance management is fully integrated into strategic and operational planning.
- Moray has robust processes and clear lines of accountability and scrutiny.
- The MADP governance structure ensures that commissioning is directly linked to Strategy and Delivery Plan.
- There are clear reporting structures with direct links with procurement and Commissioning services.

Please summarise any actions required to improve aspects of practice/performance

- Review the governance, reporting and outcomes measurement processes to ensure that there is link between intervention and outcomes and how these are published in a way which is accessible to service users and stakeholders.
- Develop and engage directly with a network of community groups and communities of interest so that they can influence operational and strategic planning and provide evidence to show the outcome of the engagement.

Please indicate on the scale below the level of service performance for this Quality Principle.



7. Management and support of staff	
QI 7.1 Training, development and support	
Principle 3. You should be supported by workers who have the right attitudes, values, training and supervision throughout your recovery journey.	
Principle	Demonstrate how you know
7.1.1 Do you have a workforce development strategy in place which includes a comprehensive training and development programme in line with Recovery Orientated Systems of Care (ROSC)?	<p>The MADP recognises that Workforce Development is an important part of developing the ROSC and an area requiring a greater focus of attention. Local training for organisations has been provided by the MADP, MIDAS staff and staff from Quarriers.</p> <p>The MADP is linking in with, and engaging in planning discussions with the SDF to become one of their Local Authority partners. The aim being to develop a comprehensive plan; focussing on a wider workforce engagement model; resulting in a comprehensive plan for embedding this into Moray ROSC. Discussions were proceeding with STRADA prior to their closure.</p> <p>The MADP have also developed the Front line Forum and have addressed this topic over the course of the year, culminating in various briefing sessions being delivered and specifically in the area of strategy development and service redesign. However, the development of a Workforce Development Strategy is a key priority and area requiring further attention.</p>
7.1.2 How do you demonstrate staff are involved in the strategic planning of training and development?	As stated above; this is a significant area for development and is a priority for the MADP.
7.1.3 How do you demonstrate that staff across services demonstrate a sound knowledge and understanding of the Quality Principles and are confident and competent in applying these in practice?	<p>Staff recruitment within all the services takes full account of qualifications, knowledge, skills, and experience which are appropriate to the post. This is evidenced by Job Descriptions and specifications. These are directly compatible with the Quality Principles.</p> <p>Training and learning opportunities are available to staff across services; with each services having a clear training and development process for its staff.</p> <p>Staff performance is regularly considered within the individual supervision, clinical supervision, and</p>

	<p>appraisal/Employment development meetings; as well as team meetings.</p> <p>Staff are encouraged to attend seminars and workshops within Moray as well as regionally; with staff also going out to new services as part of developing a wider understanding of how services operate and how these may benefit service users within Moray.</p> <p>Staff are encouraged to show professional judgement and be proactive in bringing forward new ideas and practice, and supporting individuals. Staff support each other and share experiences and learning.</p> <p>The MADP recognises that although staff are aware of the Quality Principles, further work is required to assess if these are embedded into proactive across all of the services. The Quality Principles will form part of the work with SDF and the Workforce Development Strategy.</p>
<p><i>7.1.4 What employee development and supervision systems are in place to develop the skills and competence of your workforce?</i></p>	<p>All services have established supervision and development processes for helping staff to maintain good practice, work to agency standards and learn new skills and gain experiences.</p> <p>The MADP has developed the Front line Forum to promote shared learning and development</p> <p>Staff are fully engaged in the planning and development of the Integrated Joint Board, with operational staff attending staff briefing and development sessions.</p> <p>Staff shadow colleagues from other agencies and teams and use this as an opportunity to promote joint case work especially with adult social care services.</p> <p>The MADP recognises further work is required in the development of joint training. This will be taken forward within the Workforce Development Strategy.</p>

Identified Good Practice

- The MADP is linking in with, and engaging in planning discussions SDF become one of their Local Authority partners.
- Staff recruitment within all the services takes full account of qualifications, knowledge, skills, and experience which are appropriate to the post.
- Training and learning opportunities are available to staff across services.
- Staff performance is regularly considered within the individual supervision, clinical supervision.

- Appraisal/Employment development meetings; as well as team meetings.
- Staff are encouraged and seminars and workshops within Moray as well as regionally.

Please summarise any actions required to improve aspects of practice/performance

- The development of a Workforce Development Strategy is a key priority and area requiring further attention.
- Further work is required in the development of joint training, which include being fully conversant with the Quality Principles. This will be taken forward within the Workforce Development Strategy.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory Weak Adequate Good Very Good Excellent



8. Partnership working and resources	
QI 8.1 Partnership working	
<p><i>Principle 2. You should be offered high-quality, evidence informed treatment, care and support interventions which keep you safe and empower you in your recovery.</i></p> <p><i>Principle 6. You should be involved in regular reviews of your recovery plan to demonstrate it continues to meet your needs and aspirations.</i></p> <p><i>Principle 7. You should have the opportunity to be involved in an on-going evaluation of the delivery of services at each stage of your recovery.</i></p>	
Principle	Demonstrate how you know
<p>8.1.1 How do you demonstrate effective partnership working towards implementing and embedding the Quality Principles in service planning, design and delivery to improve the quality of your services?</p>	<p>The Quality Principles were embedded into the service re-design process and are also embedded in to the contractual process through MADP, commissioning and procurement. ROSC and the Quality Principles are embedded into the service/tender specification.</p> <p>The MADP has recognised the need to have a greater focus on embedding the Quality Principles into everyday practice and the development of a Moray ROSC and that it is still in the early stages of bringing this about however, the service redesign has created a momentum and a foundation for future development.</p> <p>The imbedding of the Outcomes Star across all of the commissioned alcohol and drug services, with all service users now entering drug and alcohol services having key personal outcomes which are measured at regular intervals, has supported the integration of the Quality Principles and the development of a Moray ROSC. Reviews are completed at 3, 6, 9 and 12 months and service users are fully involved in their own recovery.</p> <p>The outcome of the service redesign was re-tendering for the adult services and linking in with Quarriers to develop work in partnership with Lloyds TSB.</p> <p>All drug and alcohol commissioning in Moray is outcomes based and we work with the Moray Council Community Care Commissioning and Performance Team and Procurement in continuing to improve and ensure that all services meet their required performance standards.</p> <p>All individual outcomes are reported on a quarterly basis through the Management and Performance Sub-group and this data can be accessed on our website. The Service Users Report provides evidence of performance in relation to outcomes.</p> <p>There is good partnership working with input and commitment made by partners e.g. Chairs of Sub Groups reflect</p>

	<p>the partner agencies contributing their knowledge, skills and expertise to further promote, grow and sustain partnership input & working.</p>
<p>8.1.2 What formal arrangements are in place between your ADP, Child Protection and Adult Protection Committees?</p>	<p>Both Child Protection Adult Protection managers are members of the MADP. The Chief Social Work Officer is the chair of the Children and Young People’s sub-group. The current MADP chair is the head of adult services. Staff in MIDAS are qualified under Adult Support and Protection and have a direct link to the Consultant Adult Protection Practitioners.</p> <p>The MADP works in partnership with the Community Safety Partnership, Child Protection Committee, the Public Protection Partnership, Community Care, Integrated children’s Services, both Primary and Acute Care, Public Health and has been able to cross populate outcomes, resulting in a shared vision.</p> <p>The MADP are a core part of the Public Protection Partnership in Moray with the Chair, and the 3 subgroup Chairs as well as the Lead Officer all being core members of the Partnership. The Chair of the MADP Early Years and Young People Sub-group is Head of Integrated Children’s Services as well as the Chair of the Moray Child Protection Committee and the Chief Social Work Officer.</p> <p>Moray has Adult Protection Unit. The Moray Alcohol And Drug Services have direct operational links with the service which is able to advise and support services where there is an adult in need of and protection; with the Social Work Management structure being part of the Adult Protection Committee. The MADP chair being a member of the Adult Protection Committee. Three Social Work members of the MIDAS team are fully trained in Adult Support and Protection and are qualified to undertake assessments in this area of work; with the Team Manager also being the MADP lead.</p>
<p>8.1.3 What progress have you made towards implementing a whole population approach at a local level to reduce overall alcohol consumption in the population?</p>	<p>Moray adopts a whole population approach in the delivery of services.</p> <p>Alcohol is a high priority for the Moray ADP. This is reflected in the:</p> <ul style="list-style-type: none"> • Moray 2015- 2018 Delivery plan, • The Moray strategy • The specification for the delivery of the direct access service. • Moray 2026 <p>Key aspects of the revised direct access following the tender process are:</p>

- Ensuring the service reaches out to and engages with individuals throughout Moray, applying a creative, early intervention approach which seeks to encourage and support recovery.; operating a hub and spoke model, with extensive domiciliary services targeting those who may not wish to or who are unable to access centre based services; e.g. older people
- Integrates with services for friends, family and carers to provide a genuine single access service which offers recovery options for all individual family members and holistic family support
- Adopts a community development approach and works in partnership with stakeholders and service
- Providing advice, support, and training to services such as home care staff and housing support staff.
- ABI in GP community setting and expansion into other primary care settings
- Investment in tsiMoray (the third sector interface). tsiMoray will undertake community development work in relation to drugs and alcohol, but within a wider context, to connect and engage with people of all ages where they live, work and socialise (or not as the case may be) and identify the needs and aspirations of communities who would like to improve their health and wellbeing in a holistic sense. The project intends to support the development of activities and opportunities that are co-designed with people and communities throughout the two year project span and that can be subsequently sustained by communities once the project is complete.
- It is recognised that the drinks industry is a key partner in this initiative, and (discussions are underway with the distillers via the Scotch Whisky Association) that other partnerships may form as projects develop, and that all partnership development will be driven by the needs and aspirations of people and communities.

Data is used to assess areas of greatest need; with key areas being the outlying rural communities, with poor transport facilities and where there are limited leisure opportunities; but with alcohol featuring highly.

Identified Good Practice

- Quality Principles were embedded into the service re-design process and are also embedded in to the contractual process through MADP, commissioning and procurement
- Outcomes Star approach is used across all alcohol and drug services, with all service users now entering drug and alcohol services having key personal outcomes which are measured at regular intervals.
- All individual outcomes are reported on a quarterly basis through the Management and Performance Sub-group and this data can be accessed on our website. The Service Users Report provides evidence of performance in relation to outcomes.
- Both Child Protection Adult Protection managers are members of the MADP. The Chief Social Work Officer is the chair of the Children and Young People's sub-group.

The current MADP chair is the head of adult services. Staff in MIDAS are qualified under Adult Support and Protection and have a direct link to the Consultant Adult Protection Practitioners

- Integrated children's Services, Primary and Acute Care, Public Health and has been able to cross populate outcomes, resulting in a shared vision.
- Formal arrangements are in place between your ADP, Child Protection and Adult Protection Committees
- Moray adopts a whole population approach in the delivery of services

Please summarise any actions required to improve aspects of practice/performance

- Develop the Service Users Report so that this is used by individual services and Staff to further develop evidence of performance in relation to outcomes.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory

Weak

Adequate

Good

Very Good

Excellent



8.2 Management of resources

Principle 1. You should be able to quickly access the right drug or alcohol service that keeps you safe and supports you throughout your recovery.

<i>Principle</i>	<i>Demonstrate how you know</i>
<p>8.2.1 Do you have a rigorous and collaborative approach to financial planning and management of ADP resources to achieve improved outcomes for people in recovery?</p>	<p>The MADP has a clear Governance and collaborative approach to financial planning and the use of resources to improve outcomes.</p> <p>A joint ADP Chairs Group is in place to ensure the funding that is made available to NHS Grampian for ADPs is managed appropriately. The group responds and addresses duties and issues that may cross populate ADPs in Grampian.</p> <p>The MADP reports to the Moray Community Planning Partnership via the Public Protection Partnership; and is also accountable to the Shadow Integrated Joint Board.</p> <p>The MADP as the strategic group oversees the sub-groups. Representation from the Third Sector is provided by the Moray Third Sector Interface in order to maintain a neutral and transparent process. The membership of the MADP has been outlined previously.</p> <p>The MADP has devolved responsibility for overseeing performance to the Management and Performance Sub-group. All reporting structures within the ADP are monitored through this Sub-group.</p> <p>The MADP has devolved responsibility for the commissioning of services and budget to the Finance and Commissioning Sub-group. The cross populating of all sub-groups allows for services to be commissioned in line with the needs of the area. The ADP uses the Moray Council to procure and develop contracts with all services.</p> <p>The Finance and Commissioning Group have set the budget for the three year period; taking account of the strategic priorities.</p> <p>The MADP engages through the Community Health and Social Care Joint Improvement Planning process and ensures that MADP are able to get best value from the available resources.</p> <p>The MADP has reviewed the working of the Performance Management and the Finance and Commissioning sub-groups to ensure that there is improved decision making; linking performance and commissioning to clear strategic</p>

	priorities and planed expenditure
8.2.2 How are you collectively tackling inequalities and reducing demand for specialist services?	<p>In 2014/15 the Moray ADP undertook a review of it services as part of undertaking a service re-design to unsure that services were accessible, responsive to the needs of the population and accessible; with nobody having to wait longer than three weeks before receiving a service.</p> <p>Moray has a 100% success rate in meeting the waiting time target.</p> <p>The service re-design took full account of the need for easily accessible services, across the whole of Moray; whilst ensuring there is access to specialist services. The direct access and specialist services work together to ensure that the person receives the most appropriate services according to their needs.</p> <p>The MIDAS services (Health and Social Work) work directly with the direct access third sector provider (Quarriers) to provide a comprehensive service; bringing together clinical, social, life skills, emotional and peer support. Therefore, the role of “specialist” services is integrated into the wider service provision in Moray.</p> <p>The pro-active approach take to support members of the public who are not in touch with the direct access services helps those with complex needs access specialist support; thereby supporting their move improve their life chances and into recovery .</p>

Identified Good Practice
<ul style="list-style-type: none"> • The MADP has a clear Governance and collaborative approach to financial planning and the use of resources to improve outcomes. • A joint ADP Chairs Group is in place to ensure the funding that is made available to NHS Grampian for ADPs is managed appropriately. The group responds and addresses duties and issues that may cross populate ADPs in Grampian. • The MADP has devolved responsibility for the commissioning of services and budget to the Finance and Commissioning Sub-group. • The Finance and Commissioning Group have set the budget for the three year period; taking account of the strategic priorities. • Moray has a 100% success rate in meeting the waiting time target. • The service re-design took full account of the need for easily accessible services, across the whole of Moray; whilst ensuring there is access to specialist services • The MIDAS services (Health and Social Work) work directly with the direct access third sector provider (Quarriers) to provide a comprehensive service; bringing together clinical, social, life skills, emotional and peer support
Please summarise any actions required to improve aspects of practice/performance

- Further, develop service user involvement so that they are involved in the measurement of performance and quality and contributing to equality impact assessments.

Please indicate on the scale below the level of service performance for this Quality Principle.

Unsatisfactory

Weak

Adequate

Good

Very Good

Excellent



How good is our leadership?	
9. Leadership and direction	
9.1 Vision, values and culture across the partnership 9.2 Leadership of strategy and direction 9.3 Leadership of people 9.4 Leadership of change and improvement	
<p><i>Principle 1. You should be able to quickly access the right kind of drug and alcohol service that keeps you safe and supports you throughout your recovery.</i></p> <p><i>Principle 2. You should be offered high-quality; evidence-informed treatment, care and support interventions which reduce harm and empower you in your recovery.</i></p> <p><i>Principle 3. You should be supported by workers who have the right attitudes, values, training and supervision throughout your recovery journey.</i></p> <p><i>Principle 7. You should have the opportunity to be involved in an on-going evaluation of the delivery of services at each stage of your recovery.</i></p>	
Principle	Demonstrate how you know
9.1. Does your ADP have a clear strategic direction, agreed by all partners that connects your vision, values and aims with your single outcome agreement, Delivery Plan and recovery outcomes?	<p>The Moray ADP Strategy and the Moray Delivery plan are directly linked to the Moray 2026 Plan. All partners were included in their development and are owned collectively by all partners.</p> <p>The strategy and delivery plan provide a clear vision and direction for Moray and how services will be provided in order to meet the needs of both the public and for services in supporting the public.</p> <p>Targets within the delivery plan are reported on to the quarterly. MADP targets cross reference to the Moray 2023 Plan. Moray 2023 is being revised and will become Moray 2026. Targets for Moray 2026 are in line with the MADP Strategy.</p>
9.2 Does your Delivery Plan include details of how decisions are made on investment of the available financial resources utilised in prevention, treatment and recovery?	<p>The MADP has a clear governance framework which oversees and scrutinises The Moray Strategy, the Delivery Plan, performance and finding decisions. The MADP reports to the Public Protection partnership and up to the Community Planning partnership. There are clear and positive links between the MADP and the Integrated Joint Board and the development of a Moray 2026 strategy, Public Protection planning, MARAC and the Domestic Abuse Partnership.</p> <p>The Delivery plan outlines investment decisions for the duration of the plan.</p>

	<p>The MADP has devolved responsibility for overseeing performance to the Management and Performance Sub-group. The delivery plan identifies key stakeholders who take a lead role in the plan. All reporting structures within the ADP are monitored through this Sub-group.</p> <p>The MADP has devolved responsibility for the commissioning of services and budget to the Finance and Commissioning Sub-group. The cross populating of all sub-groups allows for services to be commissioned in line with the needs of the area. The ADP uses the Moray Council to procure and develop contracts with all services; therefore, services commissioned through the MADP budget are subject to contacts and contractual management; in conjunction with the Commissioning and Procurement staff.</p> <p>The Finance and Commissioning Group have set the budget for the three year period; taking account of the strategic priorities.</p> <p>The Finance and Commissioning, and the Management and Performance sub-groups scrutinise budgets and performance against targets.</p> <p>The MADP has devolved responsibility for children and families, young people to the Children and Families Sub-Group. This sub group has direct links to the Children and Families policy and planning systems, and the Moray Early years Collaborative.</p>
<p><i>9.3 How do you foster a culture of collaborative working and promote effective working relationships to achieve high levels of performance and professional standards?</i></p>	<p>The MADP recognises the importance of collaborative working and the importance of working across other partnerships. The ADP lead links sin to and is a member of other strategic groups, which include but is not limited to Early Years Strategy, Domestic Abuse partnership, Early years Collaborative, Safer Communities Partnership, Locality Management Groups, Mental health Strategy Group.</p> <p>The Governance Structure ensures that that there are clear lines of accountability with members of the sub-groups recognising the importance that their substantive employment roles play in the MADP. The wide membership of the sub-groups helps to promote the MADP agenda across workplaces.</p> <p>Staff are committed to delivering high quality services; taking forward the Quality Principles and working together.</p> <p>Services recognise the need to foster continued improvement and joint working. The MIDAS service has secured funding from the Integrated Care Fund to further develop and promote integrated working; building on existing</p>

	<p>strengths and a commitment to integrated working within combined Moray Drug and Alcohol services.</p> <p>By working collaboratively across partnerships the MADP is working with communities and services to tackle the demands created by the use of New Psychoactive Substances. This is an area of development with is recognised by both adult and children’s services. The direct links between the MADP and Children’s services, through the Children and Young People’s subgroup support the work being undertaken to reduce the harms related to NPS.</p> <p>Staff work in partnership with agencies across Moray and recognise the importance of joint and inter-agency in order to reduce risks, promote a persons’ health and welfare and to promote recovery.</p> <p>The MADP will be reviewing its governance structures as part of the developing workforce development plan and to need to ensure that the structures promote effective working, and accountability.</p>
<p><i>9.4 As leaders, how do you secure capacity for improvement and strive for excellence in the quality of care, treatment and recovery services for individuals, their families and other stakeholders?</i></p>	<p>The MADP lead a comprehensive re-design of services which included detailed consultation and joint planning across agencies. The embedding of the Quality Principles was explicit in the service re-design planning; with ease of access across Moray, promoting recovery and building on services and improvement being central themes to the re-design.</p> <p>The re-design of services included input from Commissioning and Procurement to ensure that the value for money and quality of services were integrated into the process and the contractual processes. Procurement and tendering rules were followed; leading to a contract being agreed in August 2015.</p> <p>All services build in quality improvement and learning as part of service development. This includes having a clear process for reviewing drug and alcohol related deaths.</p> <p>The performance management framework, contractual processes, Outcome Star reports, Clinical standards, supervision, and staff management all contribute to the quality of services and a commitment to further improvement.</p> <p>The MADP keeps up to date with good practice and policies and incorporates these into the development of services</p> <p>The MADP recognises that service improvement and developing both the specialist and wider workforce is an area for development. The MADP is currently taking steps to recruit and Health Improvement Officer post. One of the</p>

	key duties for the post is to take workforce development forward in conjunction with the Scottish Drugs Forum; producing a comprehensive workforce development strategy and operational plan; taking account of the needs of partners across, adult family and children’s related services.
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Identified Good Practice

- The Moray ADP Strategy and the Moray Delivery plan are directly linked to the Moray 2026 Plan
- MADP targets cross referenced to the Moray 2026 Plan.
- The MADP has a clear governance framework which oversees and scrutinises The Moray Strategy, the Delivery Plan, performance and finding decisions.
- The Delivery plan outlines investment decisions for the duration of the plan.
- The Finance and Commissioning, and the Management and Performance sub-groups scrutinise budgets and performance against targets.
- The Governance Structure ensures that that there are clear lines of accountability.
- Services recognise the need to foster continued improvement and joint working.
- The MADP lead a comprehensive re-design of services which included detailed consultation and joint planning across agencies.
- The re-design of services included input from Commissioning and Procurement to ensure that the value for money.

Please summarise any actions required to improve aspects of practice/performance

- Review the performance management framework and how it cross references with the contractual processes, Outcome Star reports, clinical standards, supervision, and staff management all contribute to the quality of services and a commitment to further improvement.

Please indicate on the scale below the level of service performance for this Quality Principle.



Summary of identified action to improve aspects of practice/performance in relation to the Quality Principles

Quality Principle	Immediate Action Required	Some Action Required	No Action Required	Timescale
1. You should be able to quickly access the appropriate service that supports your recovery			✓	
2. You should be offered high quality, evidence based treatment, care and support interventions which empower you in your recovery		✓		12 months
3. You should be supported by workers who have the right attitudes, values, training and supervision to assist your recovery	✓			6 months
4. You should be involved in a full, strength-based assessment that demonstrates choice of recovery model and therapy based on your needs and aspirations		✓		12 months
5. You should have a recovery plan that is person centred and addresses your holistic health, care and social needs		✓		6 months
6. You should be involved in regular reviews of your recovery plan to demonstrate it continues to meet your needs		✓		12 months
7. You should have the opportunity to be involved in an ongoing evaluation of the delivery of services, at each stage of recovery	✓			6 months
8. Services should be family inclusive as part of their practice			✓	