MORAY ADP QUALITY PRINCIPLES SELF-EVALUATION ACTION PLAN 2016/17

Master document: Thursday, 21 July 2016
TABLE ON CONTENTS:

1.0 Self-Evaluation

This Action Plan is informed by a self-evaluation of the Moray MADP Service which was undertaken in Spring 2016. This section provides the evidence base for the improvement objectives identified within the latter part of this document.

This section and the tables below set out:-

- The Key outcomes
- Performance questions relating to evidence
- The Quality Principle.
- Summary of actions required to improve aspects of practice/performance.

Each section is given a grade based on the self-evaluation as set out below:

Unsatisfactory	Weak	Adequate	Good	Very Good	Excellent
			🞏		

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.*
Summarise of actions required to improve aspects of practice/performance
• 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.
Good

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.*

Summary of 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 centered 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 of 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.

			Good		

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.*

Summary of actions required to improve aspects of practice/performance

- The MMADP 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.

			Good		

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.*

Summary of actions required to improve aspects of practice/performance

- The MMADP 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.

		Adequate			

How good is our delivery of services?

5. Delivery of key processes

QI 5.1. Assessing and responding to need to reduce harm

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.*

Summary of actions required to improve aspects of practice/performance

- 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.

		Good			

QI 5.2. Planning for individuals and delivering care and support

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

2. *Summary of actions required to improve aspects of practice/performance*

- 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.

		Adequate ☐			

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.*

Summary of 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.

		Adequate			

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.*

Summary of actions required to improve aspects of practice/performance

- Set up a clear plan and systematic processes for involving service users, communities of interest and organisations; in communicating needs, ideas and options and then use the information to improve services and influence commissioning decisions.

	Weak				

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

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

Summary of actions required to improve aspects of practice/performance

- 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.

			Good		

How good is our management?
6. Policy, service development and planning
QI 6.1 Planning and improving services
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.
Summary of 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.

		Good		

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.

Summary of actions required to improve aspects of practice/performance

- Undertake a review (as outlined above) as part of a biannual 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.

	Weak ☐			

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.

Summary of 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.

	Weak			

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.

Summary of actions required to improve aspects of practice/performance

- Develop and implement a strategic approach to engaging with individuals, carers and other stakeholders to shape and influence policies, inform service planning and development.

	Weak				

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.*
Summary of 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 uses 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.

		Adequate			

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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.*
Summary of 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.

	Weak				

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8. Partnership working and resources
QI 8.1 Partnership working
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 6. You should be involved in regular reviews of your recovery plan to demonstrate it continues to meet your needs and aspirations.* *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.*
Summary of 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.

		Good			

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.*
Summary of 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.

			Good		

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
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. *Principle 2. You should be offered high-quality; evidence-informed treatment, care and support interventions which reduce harm and empower you in your recovery.* *Principle 3. You should be supported by workers who have the right attitudes, values, training and supervision throughout your recovery journey.* *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.*
Summary of 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.

			Good		

Master document: Thursday, 21 July 2016

Summary of identified areas to improve aspects of practice/performance in relation to the Quality Principles with an indicative timescale

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.			✔	

2.0 The Moray MADP Self-Evaluation Action Plan

The following action plan should be considered in the context of the IPC Commissioning model. The model provides a strategic and structured approach to the way that services can be best delivered.

The diagram below illustrates the IPC Commissioning model.
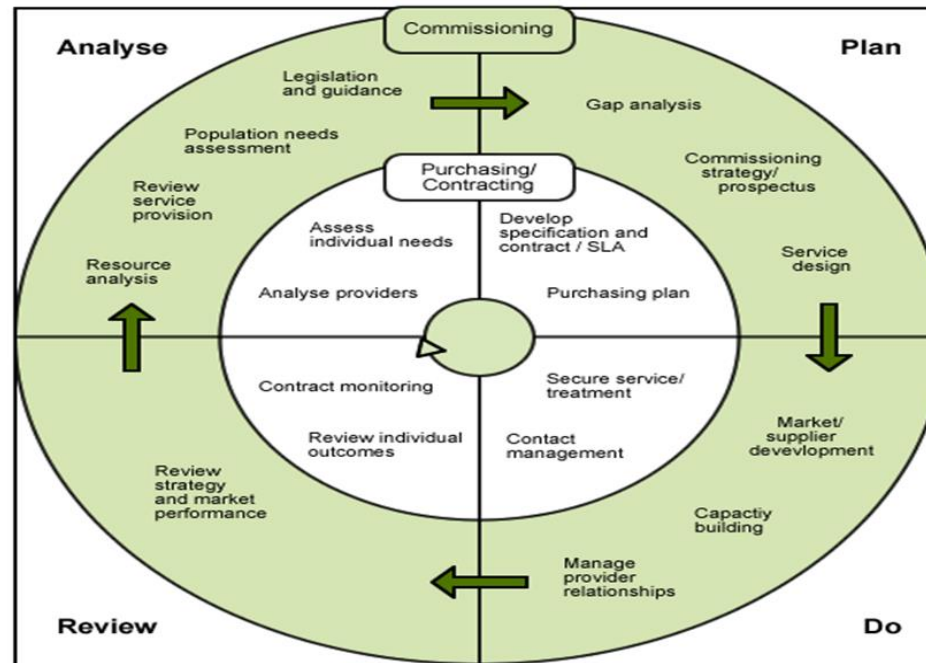
The preparatory self-evaluation element of the action plan relates to the first quadrant of the commissioning model, 'Analyse' and many of the following activities identified within this plan relate to the 'Plan', 'Do', and 'Review' phases of the Commissioning cycle.

3.0 Objectives

The Key areas for improvement identified are therefore the key objectives for this action plan. Based on the above self-evaluation, the following objectives/areas for improvement that form the basis of this plan are:-

Objective 1:

Develop a strategic approach with a clear plan and systematic processes for involving services users (including those with lived experience), communities of interest, organisations, and the wider public; gathering views, communicating needs, ideas and opinions; using the information to improve services and influence commissioning decisions and shared in ways which are accessible and easy to understand.

Objective 2:

A review is undertaken by all services, as part of a bi-annual audit, of how services are working to the Quality Principles;

Objective 3:

A systematic and structured process that explicitly embeds the Quality Principles into practice, self-improvement, performance management, commissioning decisions and which supports service improvement, is in place and taken forward through workforce development with all staff.

Objective 4:
A coordinated process is in place for promoting the publication of performance data to the general public and stakeholders in clear and concise formats;

Objective 5:
A systematic approach for engaging those with lived experience as part of supporting the evaluation and development of services is in place.

Objective 6:
A workforce development strategy and operational plan is place that reflects the Quality Principles and the MADP priority areas; taking account of the needs of front line staff and strategic managers, and is taken forward through a workforce development operational delivery plan.

Objective 7:
A strategic needs assessment is produced for 2016/17.

Objective 8:
A prevention strategy and plan is in place, which includes, but is not limited to the use of NPS, and which takes account of the need to reduce drug and alcohol related deaths and none-fatal overdose.

Objective 9:
Aftercare is described and quantified as part of a Moray ROSC, within the MADP Delivery Plan with clear and explicit links with wider network of services such as employment, education, leisure, and community resources; promoting a recovery community and these are explained within the MADP Annual Report and Delivery Plan;

Objective 10:
Joint working with staff such as Home Care and other adult service providers is improved and effective.

- The above objectives/area for improvement will form an individual section with the action plan.

- The person responsible for overseeing the completion of each objective is noted in the plan.

- The overarching project governance arrangements are outlined in section 8.

Master document: Thursday, 21 July 2016

4.0 Milestones

The fulfilment of the above objectives/area for improvement will be underpinned by a series of milestones. Each milestone has a designated owner and the start and finish dates will be identified. In most instances, each milestone will need to be completed in sequential order.

5.0 Timescale

The Action Plan is 12 for months, from September 2016 to September 2017. As noted in the self-evaluation summary section, it is the intention that the most pressing areas for improvement objectives will be completed within 6 months.

6.0 Resources

The completion of the action plan will draw upon the knowledge and expertise of not only health and social care professionals within the Moray MADP Team but also colleagues throughout the Moray Health and Social Care Partnership, including its partners TSI Moray and Arrows Services.

7.0 The Action Plan

This section outlines the specific outputs and milestones that need to be completed in order to fulfil the stated objectives/areas for improvement identified in the self-evaluation audit.

Key:

PJ=P Johnson, FMcP=F McPherson, JG=J Goldthorp, BW=B Woodward, RP=R Paterson, JL=J Lorimer, A Ware, CCPMG=Community Care Performance Management Group

Task	Risk Status	% Progress	Activity Name	Who	Predecessors	Start	Finish
**Objective/AFI 1:** Develop a strategic approach with a clear plan and systematic processes is in place for involving services users (including those with lived experience), communities of interest and organisations, and the wider public; gathering views, communicating needs, ideas and opinions using the information to improve services and influence commissioning decisions and shared in ways which are accessible and easy to understand **Lead:** Paul Johnson (1 August 2016 to 31 October 2016)						
**Output:** Produce an Engagement Plan that will lead and support the co-production of MADP Services.						
1.1			Agree the scope and purpose of the plan.	FMcP		1.8.16	6 8 16
1.2			Identify service users and professionals who will assist in developing the plan.	FMcP	1.1	7.8.16	17.8.16
1.3			Complete the first draft of the plan.	FMcP	1.2	18.8.16	30.8.16
1.4			Consult internally on the plan and amend accordingly.	FMcP	1.3	1.9.16	8.9.16
1.5			The MMADP endorses the plan.	FMcP	1.4	11.9.16	15.9.16
1.6			Practice Governance agrees the plan.	FMcP	1.5	18.9.16	22.9.16
1.7			Engagement plan is implemented.	PJ	1.6	25 9 16	Ongoing
**Output**: MMADP Governance Body established with service user membership and input (this will be one of the key objectives of the plan).						
1.8			Options appraisal undertaken in terms of the group being a Board or a Reference Group.	PJ/ FMcP	1.7	26.9.16	31.9.16
1.9			Agree the draft remit of the group.	PJ	1.12	26.9.16	31.9.16
1.10			First meeting of the MMADP Governance Group held and the remit is agreed.	PJ	1.13	1.10.16	31.10.16

Task	Risk Status	% Progress	Activity Name	Who	Predecessors	Start	Finish
**Objective/AFI 2:** A review is undertaken by all services as part of a bi-annual audit of how services are working to the Quality Principles. **Lead:** Paul Johnson (1 August 2016 to 2 February 2017)						
**Output**: Develop an MADP Audit tool with guidance notes for both internal and external services.						
2.1			Informed by existing auditing tools used by the Moray Health and Social Care Partnership and other MADP's, draft an auditing tool that is acknowledges Moray MADP's systems, processes and external inspection requirements.	JG		1.8. 16	17.8. 16
2.2			Discuss the draft audit tool with MADP professionals and service users and ensure the effectiveness of interventions are assessed and linked to personal/ community outcomes.	JG	2.1,1.10	18.8.16	30.8.16

2.3			Test the audit tool with case files and amend accordingly.	JG	2.2	18.8.16	30.8.16
2.4			MADP endorses the audit tool.	JG	2.3	1.9.16	8.9.16
2.5			Practice Governance agrees the use of the audit tool.	JG	2.4	11.9.16	15.9.16
2.6			3 month pilot of the audit tool is conducted. Issues log is in place and areas of concern are acted upon.	JG	2.5	18.9.16	18.12.16
2.7			3 month review conducted. Issues log reviewed and acted on.	JG	2.6	19.12.16	28.2.17
Output: Deliver training for colleagues in terms of the use of the audit tool.							
2.8			Training session organised and delivered.	JG	2.3	8.9.16	22.9.16

Objective/AFI 3: A systematic and structured process that explicitly embeds the Quality Principles and Staying Alive in Scotland into practice, self-improvement, performance management, commissioning decisions and which support service improvement is in place and taken forward through workforce development across all staff**.** **Lead:** Paul Johnson (1 August 2016 to 1 November 2016)							
Task	**Risk Status**	**% Progress**	**Activity Name**	**Who**	**Predecessors**	**Start**	**Finish**
Output: Through engaging MADP professionals and service users, develop a dashboard of operational performance indicators.							
3.1			Review existing ROSC indicators, measures, and service standards.	BW		1.8.16	8.8. 16
3.2			Facilitate a professional and service user working group with the aim of identifying future operational indicators that will be used as part of a ROSC Performance dashboard.	BW	3.1, 1.10	9.8.16	31.8.16
3.3			Develop a written proposal of indicators, measures, and service standards and present to the workshop group for endorsement.	BW	3.2	1.9.16	19.9.16
3.4			Submit to the MADP and CCPMG for approval.	BW	3.3	20.9.16	31.9.16
3.5			Generate operational management reports on a monthly basis.	BW	3.4	1.10.16	1.11.16

Objective/AFI 4: A coordinated process is in place for promoting the publication of performance data to the general public and stakeholders in clear and concise formats. **Lead:** Paul Johnson (1 August 2016 to 1 November 2016)							
Task	**Risk Status**	**% Progress**	**Activity Name**	**Who**	**Predecessors**	**Start**	**Finish**
Output: Ensure that MADP high level Performance Measures are reported to the IJB as part of the quarterly performance report.							
4.1			Review existing ROSC indicators which form part of the joint performance management plan.	BW		1.8.16	8.8. 16
4.2			Facilitate a professional and service user working group with the aim of identifying future high level outcomes and indicators.	BW	4.1, 1.10	9.8.16	31.8.16

4.3			Develop a written proposal of indicators, measures, and service standards and present to the workshop group for endorsement.	BW	4.2	1.9.16	19.9.16
4.4			Submit to the MADP and CCPMG for approval.	BW	4.3	20.9.16	31.9.16
4.5			Ensure ROSC indicators are incorporated into the quarterly Integrated Joint Board Performance Management Report.	BW	4.4	1.9.16	1.11.16

Objective/AFI 5: A systematic approach for engaging those with lived experience as part of supporting the evaluation and development of services is in place.
Lead: Paul Johnson (1 September 2016 to 6 December 2017)

Task	Risk Status	% Progress	Activity Name	Who	Predecessors	Start	Finish
			Output: Undertake a Public Service Improvement Framework self-evaluation style review of the Moray MADP.				
5.1			Develop a written proposal outlining the approach to this self-evaluation exercise including a review of the governance structure to ensure that there is a direct link between the governance, reporting and outcome measurement processes, interventions and outcomes.	RP		1.10.16	8.10.16
5.2			Agree proposal at MADP Group and Practice Governance.	RP	5.1	9.10.16	15.10.16
5.3			Identify Participants including service users.	RP	5.2	16.10.16	1.11.16
5.4			Deliver initial training sessions for participants.	RP	5.3	10.11.16	17.11.16
5.5			Implement self-evaluation workshop(s).	RP	5.4	18.11.16	1.12.16
5.6			Write up draft findings report and present to participants for amendment and approval.	RP	5.5	2.12.16	15.12.16
5.7			Present Findings Report to the MADP Group and Practice Governance for approval.	PJ/RP	5.6	16.12.16	4.1.17
			Output: Develop a 12 month Improvement Plan based on addressing the areas for improvement identified in the self-evaluation findings report and which takes account of the Good Practice Indicators outlined in Staying Alive in Scotland.				
5.8			Develop a draft Improvement Plan.	PJ/RP	5.7	4.3.17	16.5.17
5.9			Present draft Improvement Plan to workshop participants for consideration. Amend accordingly.	PJ	5.8	17.3.17	1.4.17
5.10			Draft Plan considered by MADP Finance, Commissioning, Management and Performance sub-Group for approval and referred to the MADP and IJB.	PJ	5.9	2.4.17	23.6.17
5.11			Implement the Improvement Plan.	PJ	5.10	6.3.17	6.3.18

Objective/AFI 6: A workforce development strategy and operational plan is in place that reflects the Quality Principles, Staying Alive in Scotland, and the MADP priority areas; taking account of the needs of front line staff and strategic managers, and is taken forward through a workforce development operational delivery plan.
Lead: Paul Johnson (6 August 2016 to 4 January 2016)

Master document: Thursday, 21 July 2016

Task	Risk Status	% Progress	Activity Name	Who	Predecessors	Start	Finish
Output: Develop an MADP Workforce Plan which is aligned to the overarching Moray Health and Social Care Partnership Workforce Plan.							
6.1			MADP Workforce Sub Group Established. Programme of meetings agreed.	JL		6.8.16	20.8.16
6.2			Agree purpose and scope of the plan.	JL	6.1	6.8.16	20.8.16
6.3			First draft of the plan developed.	JL Tbc	6.2	21.8.16	1.10.16
6.4			Sub Group meets and revise plan accordingly.	JL	6.3	2.10.16	16.12.16
6.5			MADP Workforce Plan consulted on internally.	JL	6.4	17.10.16	1.11.16
6.6			MADP Group and Practice Governance agrees the Workforce plan.	PJ	6.5	2.11.16	9.11.16
Output: A workforce delivery plan is developed based on the agreed MADP Workforce Plan.							
6.7			MADP Workforce sub group agrees the purpose of the delivery plan.	JL	6.6	10.11. 16	17.11.16
6.8			First draft of the delivery plan developed.	Tbc/JL	6.7	18.11.16	1.12.16
6.9			Sub Group meets and revises delivery plan accordingly.	JL	6.8	2.12.16	16.12.16
6.10			MADP Group and Practice Governance agrees the Workforce Delivery Plan.	PJ	6.9	17 12 16	14.1.17

Objective/AFI 7: A strategic needs assessment is produced for 2016/17. **Lead:** Paul Johnson (6 August 2016 to 4 January 2016)							
Task	Risk Status	% Progress	Activity Name	Who	Predecessors	Start	Finish
			Output: A two year Strategic Needs Assessment is produced				
7.1			Review Current Needs Assessment and self-evaluation report.	AW	4.5, 5.7	01.10.16	04.01.17
7.2			Analysis Existing Outcomes Star and Performance Data.	AW	6.1	01.10.16	04.01.17
7.3			Engage with the Arrows Service.	AW	6.2	ongoing	
7.4			Review all data with service users and professionals taking account of DAISy	AW	6.3, 1.1-1.7	tbc	tbc
7.5			Draft Needs Assessment.	AW	6.4		04.01.2017

7.6			Submit for approval to the MADP Group.	AW	6.5		January 2017

Objective/AFI 8: A prevention strategy and plan in in place, which takes account of the need to reduce drug related deaths and the use of NPS.
Lead: Paul Johnson (1 September 2016 to 31 October 2016)

Task	Risk Status	% Progress	Activity Name	Who	Predecessors	Start	Finish
Output: Develop a Prevention Strategy Working Group with MADP Partners including Arrows and TSI Moray established which will produce a prevention strategy and delivery plan.							
8.1			Prevention Strategy Sub Group established. Programme of meetings agreed and project plan developed.	PJ/RP		6.8.16	20.8.16
8.2			Agree purpose and scope of the strategy and who will be responsible for developing each section.	PJ	6.1	6.8.16	20.8.16
8.3			First draft completed including the specific responsibilities of each partner organisation.	PJ	6.2	21.8.16	1.10.16
8.4			Sub Group meets and revises Strategy accordingly.	PJ	6.3	2.10.16	16.10.16
8.5			MADP Prevention Strategy consulted on	PJ	6.4	17.10.16	1.11.16
8.6			MADP Group and Practice Governance agrees the Prevention Strategy.	PJ	6.5	2.11.16	9.11.16
Output: Prevention Strategy is implemented with appropriate governance arrangements established.							
8.7			Multi Partner Prevention Strategy Management Group established which also includes service user representatives.	PJ	6.6	10.11.16	17.11.16
8.8			Remit and programme of meetings agreed.	PJ	6.7	18.11.16	1.12.16
8.9			Progress monitoring report generated. Subsequent reports submitted to each meeting.	PJ	6.8	tbc	ongoing

Objective/AFI 9: Aftercare is described and quantified as part of a Moray ROSC, within the MADP Delivery Plan and there are clear and explicit links with wider network of services such as employment, education, leisure, and community resources; promoting a recovery community and these are explained within the MADP Annual Report and Delivery Plan.
Lead: Paul Johnson (6 September 2016 to 26 September 2016)

Task	Risk Status	% Progress	Activity Name	Who	Predecessors	Start	Finish
Output: Ensure that TSI Engagement Strategy reflects the above stakeholder groups.							
9.1			Ensure that the Prevention Strategy and Delivery Plan meet the requirements of this objective.	PJ	8.2, 8.6	6.8.16	20.8.16

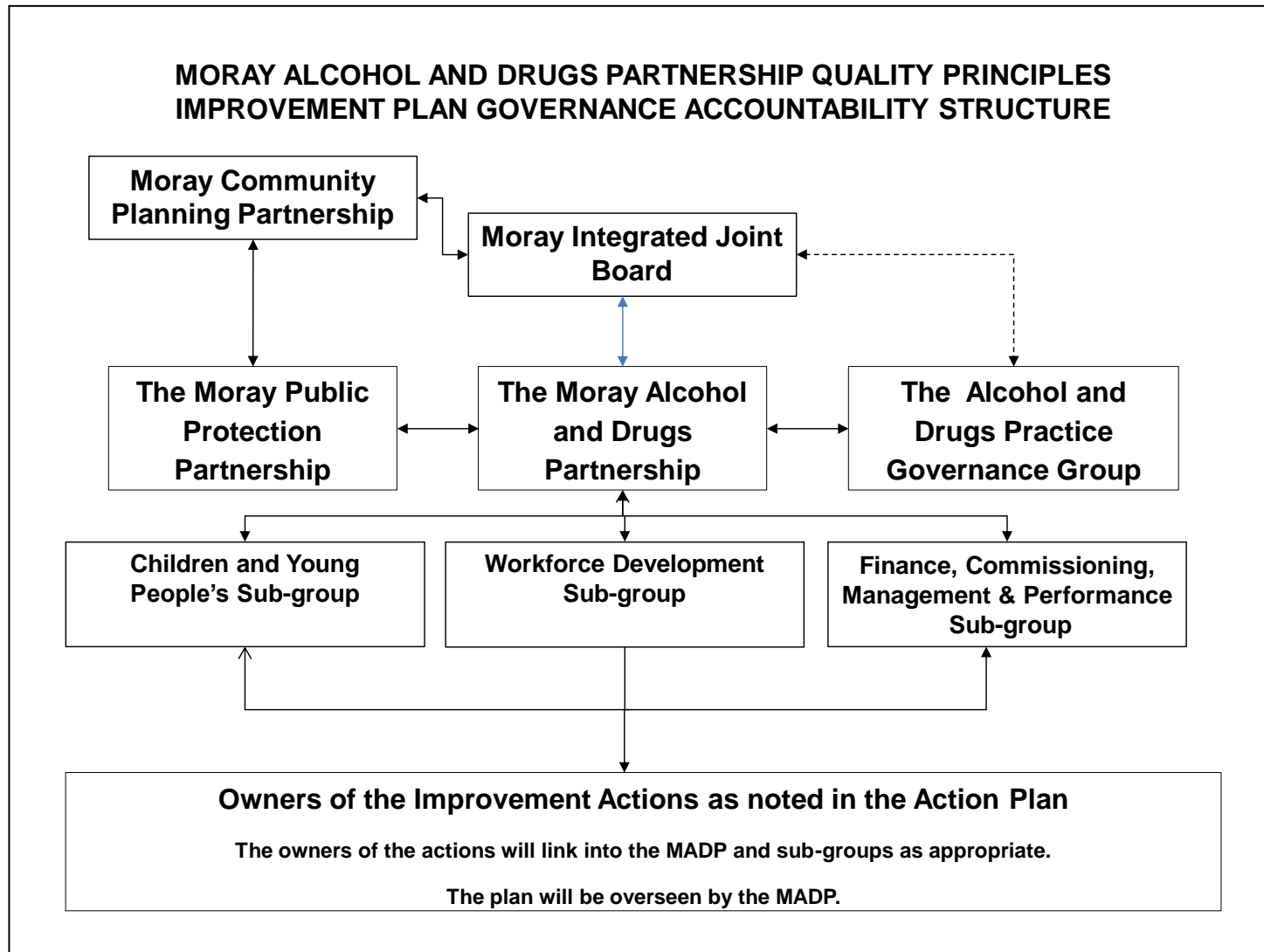| **Output:** Up-date the MMADP Delivery Plan						
9.2			Ensure that the MADP Delivery Plan is aligned to the Prevention Strategy	PJ	8.2, 8.6	6.8.16	20.8.16

Objective/AFI 10: Joint working with staff such as Home Care and other adult service providers is improved and effective. Lead Person: Alan Weaver (1 September 2016 to 1 November 2016)							
Task	**Risk Status**	**% Progress**	**Activity Name**	**Who**	**Predecessors**	**Start**	**Finish**
Output: Ensure that there is ongoing alcohol and drugs related training for Home Carers and other support staff.							
10.1			Alan Weaver (Employment Support Service) and PJ to contribute to the Home Care Work Force Development Plan in relation to the above output	PJ		tbc	tbc

8.0 Project Governance

The following diagram outlines the governance arrangements for overseeing this plan. The remit of each group is briefly explained below.

MORAY ALCOHOL AND DRUGS PARTNERSHIP QUALITY PRINCIPLES IMPROVEMENT PLAN GOVERNANCE ACCOUNTABILITY STRUCTURE

Moray Community Planning Partnership	**Moray Integrated Joint Board**

The Moray Public Protection Partnership	**The Moray Alcohol and Drugs Partnership**	**The Alcohol and Drugs Practice Governance Group**

Children and Young People's Sub-group	**Workforce Development Sub-group**	**Finance, Commissioning, Management & Performance Sub-group**

Owners of the Improvement Actions as noted in the Action Plan

The owners of the actions will link into the MADP and sub-groups as appropriate.

The plan will be overseen by the MADP.

8.1   Moray Community Planning Partnership

The Partnership members include; Communities Scotland, Scottish Fire & Rescue, Police Scotland, HIE Moray, Joint Community Councils, Chamber of Commerce, Moray Citizens' Advice Bureau, Moray College UHI, TSi, NHS Grampian, RAF.

8.2   The Moray Integrated Joint Board (IJB)

As of 1 April 2016, responsibility for the delivery of Moray Adult Health and Social Care Services, including Addiction Services, rests with the Moray IJB.

Moray MADP performance will be monitored against a range of indicators and reported to the Integrated Joint Board.

8.3   The Moray Public Protection Partnership

The Public Protection Partnership provides strategic direction to all partners in relation to ensuring we can all live in safer communities.

The Public Protection partnership will receive minutes and reports from the MADP

8.4   The Moray Alcohol and Drugs Partnership Group

This partnership will oversee the implementation of the action plan. Monthly progress reports will be prepared and submitted to this group for consideration.

8.5   The Practice Governance Group

This group is made up of those interested in influencing the strategic direction of the Moray Alcohol and Drugs partnership and contributing to the design of services.

This remit of the group includes the scrutiny of audits, improvement action plans and the consideration of inspection reports.

If required, issues will be escalated for further consideration by the MADP

8.6   The Children and Young People's sub-group

This sub-group will be responsible for implementing and monitoring the MADP Strategy relating to children and young people, by ensuring the outcomes are achieved.

The MADP Children and Young person's sub-group will act as the operational arm of the Moray Delivery Plan and will support the delivery of this plan.

8.7   Workforce Development sub-group

The aim of the MADP Workforce Development Sub-group (MADP/WD) is to provide necessary direction and co-ordination to ensure the effective implementation of the MADP training and development activities.

The Workforce Development sub-group will take the lead on and oversee the development of the Moray ADP Workforce Development Strategy and plan.

8.8   The Finance, Commissioning, Management, and Performance sub-group

This sub-group will be responsible for overseeing the implementation and monitoring the MADP Strategy and Delivery Plan, by ensuring the outcomes are achieved and for advising the MADP on funding recommendations relating to the Strategy and Delivery Plan; taking responsibility for budget control, ensuring best practice and overseeing recommendations regarding the commissioning of services.

The sub-group will be the support the reporting of this plan.

8.9   Owners of the Improvement Actions as noted in the Action Plan

Owners of the improvement actions/areas for improvement have been identified in the action plan. They will have responsibility for ensuring that milestones are completed in a timely manner and monthly progress reports are submitted to the MADP. Group

Task owners will link in with the sub-groups as appropriate to promote the completion of the tasks. The sub-groups will support the task owners in their work.