

STANDARD REPORTING TEMPLATE – MORAY ADP ANNUAL REPORT 2016-17

Document Details:

ADP Reporting Requirements 2016-17

1. Financial Framework
2. Ministerial Priorities
3. Additional Information

The Scottish Government copy should be sent by 23 October 2017 for the attention of Amanda Adams to:

Alcoholanddrugdelivery@gov.scot

1. FINANCIAL FRAMEWORK -- 2016-17

Your report should identify all sources of income that the ADP has received (via your local NHS Board and, where relevant, Integration Joint Board), alongside the monies that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and other expenditure on alcohol and drug prevention, treatment and support, or recovery services which each ADP partner has provided a contribution towards. You should also highlight any underspend and proposals on future use of any such monies.

Total Income from all sources

Income	Substance Misuse (Alcohol and Drugs)
Earmarked funding from Scottish Government	644,000
Funding from Local Authority	202,806
Funding from NHS (excluding funding earmarked from Scottish Government)	491,840
Funding from other sources	0
Total	1,338,646

Total Expenditure from sources

	Substance Misuse (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	413,747
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	362,793
Recovery	439,000
Dealing with consequences of problem alcohol and drug use in ADP locality	£46,480
Total	£1,261,970

2016-17 End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Substance Misuse	644,000	580,116	63,884

2016-17 Total Underspend from all sources

Underspend £	Proposals for future use
£76,676	This overall underspend forms part of year-end balance for the IJB at the end of year 1 (2016/17) as per accounting practices

Support in kind

Provider	Description
ADP Partner organisations	All ADP partners contribute to the running of the ADP; covering areas such as (but not limited to) financial advice, policy development, procurement, marketing and communication, provision of venues and increasingly promoting a wide range of services and activities for service users.

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2016-17 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2016-17. Please outline these below.

PRIORITY	*IMPROVEMENT GOAL 2016-17	DELIVERY MEASURES & ADDITIONAL INFORMATION	
<p>1. Compliance with the Drug and Alcohol Treatment Waiting Times LDP Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD)</p>	<ul style="list-style-type: none"> • 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. • No one will wait longer than 6 weeks to receive appropriate treatment • 100% data compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland 	<p><i>Actions relating to this are:</i></p> <ul style="list-style-type: none"> • We continue to sustain performance to meet waiting time's local improvement target and LDP standard. • This is managed through promoting ease of access through the single point of contact, and community based points of access, service user pathway, and processes for managing waiting times through routine monitoring of activity and feedback loop. 	<p>Records showed that Moray achieved a compliance rate of over 99%.</p> <p>Moray continues to review waiting times and compliance with recording. This is being taken forward in 2017 linked into planning for the implementation of DAISy.</p> <p>Moray has a DAISy implementation plan which has been presented to the DAISy implementation group.</p>
<p>2. Compliance with the LDP Standard for delivering Alcohol Brief Interventions (ABIs)</p>	<ul style="list-style-type: none"> • Continued delivery of ABI in primary care settings; • Via pilot project, ABI delivered in Secondary Care Unscheduled Care Settings • ABI embedded as part of Keep Well Health Check • Co-ordination, delivery, and evaluation of Keep Well Health Checks to low wage staff across the Community Planning Partnership e.g. The Moray Council and NHS Grampian. • Co-ordination and delivery of alcohol awareness key messages via Health-point services (including outreach) and community based health improvement programmes, projects and initiatives. • Coordination and delivery of 	<ul style="list-style-type: none"> • Provision of onsite, bespoke ABI training to primary and secondary care practitioners/services. This has been enhanced with staff undertaking training for trainers. • ABI training has been incorporated into the workforce delivery plan, with a focus on ABI's in secondary settings. ABI training will be expanded as part of reviewing the effectiveness in staff who have recently been trained. • Alcohol awareness training to relevant Moray Health and Social Care Partnership staff groups and disciplines has been expanded e.g. being built into the Home Care staff rolling training programme, all housing support staff, and other front line services. • ABI's in primary care settings 	<p>Moray CPP Prevention working group established and CPP Prevention Strategy developed.</p> <p>CPP Prevention Key Principles are in place.</p> <p>The Community Safety Strategy directly reports on areas involving substance misuse; linked to community safety as part of cross partnership planning. This is a key areas of work being taken forward in 2017/18 as part of bringing about improved coordination, reporting and planning and using information to improve service delivery.</p> <p>The LOIP and Local Area Action Plans are being developed;</p>

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	<p>alcohol awareness key messages via Safer Streets and Project Avon (prevention and early intervention programme for young people)</p> <ul style="list-style-type: none"> • Delivery of brief alcohol awareness information, advice, and support to vulnerable population groups via Scottish Fire and Rescue Services. 	<p>continued to be a focus.</p> <ul style="list-style-type: none"> • ABI training continues in the year 2017/18 	<p>presenting opportunities to improve the delivery of key public health messages to be more robustly delivered within the general practice context.</p> <p>NHS Grampian Clinical Services Strategy at 2nd stage consultation; prevention and self-care self-management are priority areas.</p> <p>NHS Grampian Substance Misuse and ABI Strategic Groups are in place with a focus to review and renew approach and delivery of ABI's in clinical settings.</p>
<p>3. Increasing Data Compliance Scottish Drugs Misuse Database (SDMD) both SMR25 A and B.</p>	<p>During 2016/17 the MADP worked with all services, both statutory and Voluntary to promote and ensure compliance. There was buy in from all services within the MADP. All SMR25A data is added to the system by the MADP support team. Services add the SMR 25B and compliance is an area that is regularly reviewed in order to promote compliance. The use of data, compliance, and moving towards DAISy was a priority area of work in 2016/17 and is referenced in the Moray Quality Principles Improvement plan.</p> <p>In 2016/17, the MADP made sure that all of the data required for the SMR25a was easily recognisable on the Single Shared Assessment, and the SMR25b sheet has been added to the review pack for the 12 weeks follow-up and subsequent follow-ups.</p> <p>The work is being taken forward in 2017/18 as part of preparing for DAISy (contained in the implementation plan), improving the recording and single shared assessments and reviews, and the way in which data is used to improve service delivery.</p>		
<p>4. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)</p>	<p>Moray will continue to work within the current data systems; promoting compliance across services and using data to support quality improvement and commissioning.</p> <p>Moray have taken forward the Moray Quality Principles Improvement Plan which embeds data management into the reporting framework.</p>		

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	<p>Moray engages with the Scottish Government and partners in discussions and preparation planning and implementation of DAISy; linking in with the schedule put forward by the Scottish Government and their partners and as outlined in the Scottish Government Implementation Group.</p> <p>The MADP have been using the online system of the Outcome Star, this allowed the MADP to record service user progress against a prescribed number of outcomes. This has helped in preparation for DAISy as both staff and service users are used to measuring against outcomes and making SMART Goals to achieve those outcomes. All specific Alcohol and Drugs services in Moray have been trained in the use of Recovery Outcomes Tool and this is now implemented across the services.</p> <p>Services are reminded to date with service user reviews at 3 months, 6 months and annually, they are also being reminded to fill out SMR25b's at the required intervals, with accurate and timely information.</p> <p>The majority of the dataset required for DAISy is already incorporated in the current MADP Single Shared Assessment and the review paperwork. This is being reviewed and revised to take account of DAISy as part of planning and implementation.</p>		
<p>5. Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison.</p>	<ul style="list-style-type: none"> • The 2016/17goals are set out within the MADP 2-15 - 2018 delivery plan. • “People are healthier and experience fewer risks as a result of alcohol and drug use,” • “There will be an improvement to the Physical and Mental wellbeing of those accessing Drug and Alcohol Services” • The 2015 – 2016 Improvement goals, as set out in the Delivery Plan were: • “To reduce the number of people accessing hospital with an alcohol or drug related diagnosis, and the number of those who suffer an alcohol or drug related death.” 	<ul style="list-style-type: none"> • There was a continued focus to promote the safe use of Naloxone through training, advertisement at MADP service locations and during one to one interventions. This is referenced in both the Moray Quality Principles Improvement Plan and the Moray Prevention plan (linked to Staying Alive in Scotland) • There was accurate recording of naloxone related data on NEO module system. • Service users were encouraged to use Naxalone to reduce overdose and drug related deaths; as part of one interventions. • Work continued with the Scottish Prison Service to facilitate the smooth transfer of clients from Prison Treatment Services to 	<p>The Naloxone figures highlight the need to increase the focus on the use and availability of Naloxone in order to reduce the risk of overdoes and drug related deaths.</p> <p>Moray is reviewing the promotion of Naloxone in order to raise the profile still further as part of the continued work to reduce drug related harms. This links to the work being done as part of the Moray Quality Principles Improvement Plan and Moray ADP Prevention plan.</p> <p>A comprehensive Naloxone plan will be produced by December 2017, bringing together all of the actions linked to availability,</p>

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		<p>Community based Treatment Services. This is reflected in the Quality Principles Improvement plan and the Risk Reduction action plans. These plans are subject to regular reviews to ensure that actions are still appropriate and respond to the needs of the individual and take account of the associated through care arrangements.</p> <ul style="list-style-type: none"> • The Moray alcohol and drugs recovery services continued to link in with Criminal Justice services to ensure that all offenders returning to Moray are linked to services to ensure early engagement and therefore reduce the likelihood of relapse or overdose. • The MADP linked in with Criminal Justice policy, and the new Community Justice and planning systems to ensure that district services continue to meet the needs of offenders and their families; and will continue to do so. • Identify the level of physical and mental wellbeing of those accessing Drug and Alcohol Services, and improve it through the use of the Outcomes Star. • Implementation of the care management approach as part of the Recovery Orientated system of Care and the use of the outcomes star. • Encourage signposting to other 	<p>distribution, promotion and the benefits of naloxone.</p>

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		<p>agencies as part of the person recovery plan which will incorporate evidence based interventions.</p> <ul style="list-style-type: none"> • ADP's across Moray are engaged in discussions with the Scottish Ambulance Service to ensure consistency across Grampian in the use and availability of Naloxone • Naloxone training is being delivered to wide range of services locally and to family members. • Family members are offered overdose awareness and Naloxone training in preparation for the prisoner's release. • Naloxone kits dispensed by all Alcohol and Drug services, i.e. Arrows, MIDAS, Ward 4, and with expanded pharmacy distribution. • The NHS Grampian Naloxone figures show that Moray and Aberdeenshire are a bit behind Aberdeen City naloxone supplies (1st supplies to people at risk) with an estimated 32% of people at risk of overdose in Moray having ever had a supply at last count. Resupplies would be expected to feature more highly as the expiry date is relatively short at only 3 years so there should be a regular turnover. Overall Grampian are slightly higher than the national average in kits per 1000 problem drug users (their classification) but this is overall supplies - this is 	

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		overall supplies rather than 1st supplies to those at risk.	
6. Tackling drug related deaths (DRD)/risks in your local ADP area.	<p>The 2016 – 2017 goals are set out within the MADP 2-15 - 2018 delivery plan.</p> <p>“People are healthier and experience fewer risks as a result of alcohol and drug use,”</p> <p>“There will be an improvement to the Physical and Mental wellbeing of those accessing Drug and Alcohol Services”</p> <p>The 2016 – 2017 Improvement goals, as set out in the Delivery Plan were:</p> <p>“To reduce the number of people accessing hospital with an alcohol or drug related diagnosis, and the number of those who suffer an alcohol or drug related death.”</p>	<p>A Moray Drug related Death group was established to review any deaths and report on same. Learning is shared and consideration after each discussion is made whether an adverse case review is required.</p> <p>Dates are set for the year to review Drug Related Deaths.</p> <p><i>Actions relating to this are:</i></p> <ul style="list-style-type: none"> • Ease of access to service with direct access team and achieving the HEAT target of 100% consistently. • The safer communities’ daily hub meeting identifies vulnerable people who come to the attention of services such as A & E including those where there is concern about their drug or alcohol use, self-harm, or mental state; often with all of these factors being present in the same individual. These cases are proactively followed up. • Police Concern reports are received by the MIDAS Social Work Manager and are proactively followed up to engage with the individual and encourage them into service. • “Safe and well” protocol implemented within the integrated team for patients who drop out of treatment or service to ensure safety • Naloxone - All agencies and 	<p>Actions which are directly linked to the development of the ROSC and reducing drug and alcohol related deaths and harms have been set out in the Moray Quality Principles Improvement Plan and the Moray ADP Prevention Plan, copies of which have been previously sent to the Scottish Government. These plans will contribute to the review of the 2015/18 Delivery plan.</p>

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		<p>multidisciplinary teams are offered training on administration of Naloxone and trained members of staff can dispense supplies</p> <ul style="list-style-type: none"> • Arrows are have been trained on new legislation to allow members of staff to dispense Naloxone • Supervision - Consultant led supervision with Arrows and integrated team meeting where complex cases are discussed and management plan and risk is assessed. • Through care and targeted follow-up systems are being developed to engage with people leaving prisons. 	
<p>7. Implementing improvement methodology including implementation of the <i>Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services</i>.</p>	<p>Following the review of ADP's Moray set up a Quality Principles Improvement Plan, and a Prevention Plan.</p> <p>These set out key improvement areas and actions linked to both the Quality Principles and reducing drug and alcohol related harms.. This plan has been shared with colleagues in the Scottish Government.</p>	<p>There is a quarterly reporting structure where all services are contracted to report using the Outcomes Star. Since the introduction of the Outcome Star we analysed 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><i>Actions relating to this are:</i></p> <ul style="list-style-type: none"> • A quarterly performance report is produced with performance data set against each indicator. The report is presented to the management and Performance sub group. Information is cross referenced with 	<p>The briefing (June 2017) to the MADP on Shared Care Recovery Re-design lead post concluded:</p> <p><i>The project has directly contributed to meeting work areas set out in the Quality Principles Improvement Plan and Prevention Plan as outlined in the above table; helping to take forward the concept of Recovery which is encapsulated in the Make Recovery Real approach, which was the theme of the Moray recovery day.</i></p> <p><i>The post has provided the opportunity to focus on developing simplified, coherent and robust</i></p>

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		<p>commissioning and funding decisions; alongside both quantitative and qualitative data from a range of sources; with funding decision reviewed and future options considered and prioritised.</p> <ul style="list-style-type: none"> • All services with a contract have a quarterly contract review which records positive areas, challenges, agrees action for managing difficulties, reviews funding, and agrees future actions as appropriate. • Moray has a comprehensive Quality Principles Improvement plan and Prevention plan which identify areas for improvement and development. Both of these are “live” documents to reflect changes in demand and emerging trends. • Moray invested in a Shared Care Recovery Re-design lead post through the Integrated Care Fund. This post completed the Moray Quality Principles Improvement plan. • The Scottish Government feedback for the 2015/16 report recommended that a “focus on workforce development would be useful.” This has been taken forward in partnership with SDF. A comprehensive Training Needs Analysis was undertaken informing workforce development areas and 	<p><i>models for supporting individuals for reducing alcohol and drug related harms and taking forward the importance of recovery (the Moray Recovery Day is a good example of raising the awareness of Recovery); with equal weight being given to both but inter-related areas. Without the funding, taking forward the above areas would have been more difficult.</i></p> <p>All services have been engaged in the implementation of the Recovery Outcomes Tool, which has now replaced the Outcome Star. This will provided a more comprehensive framework for using information at an operational level.</p>

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		<p>an increase in the training provision, and quarterly "Front Line" forums. These are being taken forwards in 2017/18</p>	
<p>8. Responding to the recommendations outlined in the 2013 independent expert group on opioid replacement therapies.</p>	<p>Moray ADP continues to be committed to providing Opioid Replacement Therapy (ORT) in a safe and effective fashion and following the recommendations of the expert review into Opioid Replacement Therapy. The Opioid Replacement Therapy Service is intrinsically linked with the wider Recovery and Reduction in Harm Orientated System of Care and Reducing drug related harms as set out in the actions within the Moray ADP Prevention plan.</p>		
<p>9. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women</p>	<p>Continue to work with the Scottish Prison Service to facilitate the smooth transfer of clients from Prison Treatment Services to Community based Treatment Services. This will respond to the needs of the individual and take account of the associated through care arrangements.</p>	<p>Prison links and case management process has undergone significant developments. This includes:</p> <ul style="list-style-type: none"> • Establishing a Prison Link/Lead worker • Attendance at prison monthly team meetings (Grampian and Inverness) • Liberation protocol implemented to ensure continuity of care on release • Arrows clinic within the prison on monthly basis to encourage engagement and offer local support prior to liberation. New referrals are also accepted into this clinic of those people identified as difficult to engage in the community who would not access services. These are continuing. • Planned liberation and support protocol and plan implemented. . • Contact is made with offenders whilst they are in custody as part of the pre-release planning, with appointments made to ensure rapid 	<p>Actions relating to responding to the needs of prisoners are detailed in the Moray Prevention Plan</p>

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		<p>access to community services on release; this includes ensuring that ORT is available as well as psycho-social support systems are in place.</p> <ul style="list-style-type: none"> • Establishment of a shared policy within teams when liaising with prisons to ensure continuity and continued treatment and support upon admission and liberation. • Development of a prison liberation pathway • MIDAS attends monthly intervention meetings at HMP Inverness as part of the liberation protocol, and planning release packages. • MIDAS attends monthly meetings at HMP Grampian, providing specialist nurse input for Moray cases as part of pre-release • Data is recorded as part of assessing outcomes 	
<p>10. Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).</p>	<p>NPS usage and implications of the Neptune guidelines identified across Moray to inform future commissioning cycles.</p> <ul style="list-style-type: none"> ▪ Reviewing the training needs of staff, as part of both the workforce development strategy and provision of services for you people. ▪ Undertaking a literature review for Good practice ▪ Consider options for service development for education, 	<ul style="list-style-type: none"> ▪ A review of training needs of staff, as part of both the workforce development strategy and provision of services for you people was undertaken; linking into the comprehensive Training needs analysis which was supported by the Scottish Drugs Forum. ▪ A literature review for Good practice was undertaken; this was fed into the children services and was followed up as part of the work force development work; which included Frontline Forum, and proving 	<p>The data and information through community networks and groups indicates that the level of NPS usage in Moray is very low. This will be kept under review.</p> <p>The MADP are working with Crew 2000 for the training of the workforce in Moray. This is being taken forwards in 2017/18.</p>

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	prevention, and support.	<p>training for staff groups which included the University of Highlands and Islands. The literature search was used to support the community groups who were accessing the Participatory Budget scheme; providing prevention activities.</p> <ul style="list-style-type: none"> ▪ MADP have funded a community project through the Third Sector Interface (TSi) to support community groups and to develop a participatory budget scheme to support prevention related activities through the allocation of small grants to community groups. • A comprehensive analysis of admissions for Accident and 'Emergency services way undertaken, which included a specific focus on young people. • 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 keep up to date with understanding of NPS use in the area, and how to tackle this issue moving forward. 	
11. On-going Implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.	<p>Delivery of ABIs against LDP standard.</p> <p>Progress towards the public health objective by the Moray Licensing Board</p>	<ul style="list-style-type: none"> • Moray adopts a whole population approach in the delivery of services. • Alcohol is a high priority for the Moray ADP. This is reflected in the: Moray 2015- 2018 Delivery plan, • The contract for the delivery of the direct access service is now well established with the services including alcohol explicitly. 	

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		<p>Key aspects of the direct access 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 bespoke model, with extensive domiciliary services targeting those who may not wish to or who are unable to access centre based services. • 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. • Investment in TSi Moray (the third sector interface). tsiMoray which is undertaking 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 are partner in this initiative, and a positive relationship exists with the Scotch Whisky Association The drinks industry support community groups by providing services such as free venues for meetings seminars, supporting the TSi community initiative and supporting discussion around funding options such as the Scotch Whisky Action Fund., • The Moray Best Bar None scheme was implemented with one bar going through to the national finals. • Alcohol is incorporated in the Workforce Development programme, which includes specific courses on for homecare and housing support staff. • Operation Avon and Safer Street (focusing on young people and alcohol)

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		<p>was delivered and evaluated, with the evaluation being used to plan options for 2017/18.</p> <ul style="list-style-type: none"> • Comprehensive research into A & E admissions has been undertaken, with the findings being used to review the work on reducing alcohol related harms and learning from unscheduled care pathways. • Alcohol related deaths of those people in services are reviewed along the same lines as drug related deaths; with lessons learnt for improving services. • The Direct Access provides access points across Moray as well as undertaking home visits; to ensure that people have the opportunity to gain support. <p>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 and tackling alcohol related crime.</p> <p>NHS Grampian delivered 7204 ABIs in 2016-17, 108% of the LDP standard. Moray delivered 376 ABI's in 2016/17; 287 in primary care, 70 in Accident and Emergency and 19 in wider settings ("Keep Well" and "Healthpoint"). This is compared to 2015/16 when 527 were delivered; representing a 30% reduction. This reflects some of the wider challenges of ABI delivery in primary care/priority settings nationally.</p> <p>The decline in ABI performance is also linked to the reduced training capacity. This is being addressed and the strategy is to increase the availability of ABI's delivered through not priority settings. This is being linked in to the Workforce Development Strategy; with additional capacity being created by increasing the number of ABI trainers and with ABI training being delivered to a range of staff groups including Housing Services. This will be expanded to include areas such as criminal justice.</p>
<p>12. ADP Engagement in improvements to reduce alcohol related deaths.</p>	<p>MADP Outcome: People are healthier and experience fewer risks as a result of alcohol and drug use Aim: Identify the level of physical</p>	<p>As Moray has integrated alcohol and drug services with many users of services using a range of substances.</p> <p>The MADP data shows that there are more people attending services with alcohol related needs, than drug related needs. The percentages are:</p>



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	<p>and mental wellbeing of those accessing Drug and Alcohol Services, and improve it through the use of the Outcomes Star.</p> <p>Aim: To reduce the number of people accessing hospital with an alcohol or drug related diagnosis, and the number of those who suffer an alcohol or drug related death.</p>	<p>Alcohol 52%, Other Drugs 48%.</p> <p>The Moray services provide support for people using both alcohol and other drugs. There is not a separate alcohol services. Therefore, the areas outlined below support the focus on reducing both alcohol and drug related harms and deaths.</p> <ul style="list-style-type: none"> • Implementation of the care management approach as part of the Recovery Orientated system of Care and the use of the outcomes star. • Encourage signposting to other agencies as part of the person recovery plan which will incorporate • Continue to work with the Scottish Prison Service to facilitate the smooth transfer of clients from Prison Treatment Services to Community based Treatment Services. This will respond to the needs of the individual and take account of the associated through care arrangements. • The Moray alcohol and drugs services link in with Criminal Justice services to ensure that all offenders returning to Moray are linked to services to ensure early engagement and therefore reduce the likelihood of relapse or overdose. • The MADP link in with Criminal Justice policy and planning systems to ensure that district services continue to meet the needs of offenders and their families. • Contact is made with offenders whilst they are in custody as part of the pre-release planning, with appointments made to ensure rapid access to community services on release. The referral data shows that those with alcohol related needs are the largest client group. • Promote the early intervention and prevention agenda with regards to problematic drug and alcohol use through the Workforce Development Group. The workforce Development group will work with SDF to develop the Moray a Workforce Strategy that will enable staff to provide advice and support on interventions and reducing harms associated with alcohol use. • Facilitating the use of ABI's in non-mandatory settings to help identify people who are consuming alcohol at unsafe levels, and offer them the necessary advice and help to reduce their levels of alcohol consumption. • Planning, development and implementation of a local ABI delivery plan (including non-mandatory settings) • Continued planning, delivery and evaluation of ABI training and

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		<p>professional development opportunities for multi-agency personnel</p> <ul style="list-style-type: none"> • Utilisation of the Outreach MIB and Health-point Services so to provide approved health information, advice and support to service users/communities on safe alcohol consumption. • Work with front-line services (e.g. Housing support, Care Services) to engage with people who do not access specialist alcohol/drug services. • All complex cases are discussed at weekly meetings; and where additional resources are being considered i.e. residential detoxification or rehabilitation placement, a Consultant/Social Work lead case discussions are held; considering the available options for meeting the person's needs. • Relationships with the primary residential provider; Alexander Clinic under new ownership, have continued to develop positively; with improved communication and through care planning. In addition, there are positive links with Beechwood House in Inverness, enabling a better choice of facilities to be used; matching the service to individual needs. • The joint services in Moray; Arrows and MIDAS are now integrated; with the "Moray services" now being the combined services of Arrows and MIDAS; bringing about a seamless support/recovery plan for individuals. • Monthly clinics are run by Arrows and MIDAS at both Prisons. These are continuing. • All fatality cases,(which includes Alcohol related deaths) open or previously open to Arrows/MIDAS are reviewed with areas for improvement or development clearly identified, with implementation and review dates set. • Unplanned discharges are taken to a Consultant lead review as part of the weekly Tuesday case planning meeting. • All potential discharges and closures are reviewed at the Tuesday meeting before any final decision is made. • MIDAS has developed a protocol for promoting engagement with service users who are assessed as high risk. • Assertive engagement models are adopted with clear referral pathway, criteria, and processes in place for promoting engagement which include risk assessments and domiciliary appointments. • Referral criteria for patients returning to primary care; which includes

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		<p>support systems for G.P's with an additional signed agreement in place between MIDAS and G.P practices for all patients returning to primary care.</p> <ul style="list-style-type: none"> • All home detoxifications have an associated support package incorporating health and social care needs. • Risk assessments and risk management plans are completed for all cases. • All possible closures are to be reviewed at the Tuesday meeting where any decision of closure or continued support is made.

* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

3. **ADDITIONAL INFORMATION 1 APRIL 2016 – 31 MARCH 2017**

1	<p>Please <u>bullet point</u> any local research that you have commissioned in the last year.</p>	<p>Moray undertook two pieces of research looking at admissions to the Accident and Emergency Depart. These support service improvement and workforce development. See attached.</p>	 Moray.0.19ADP.Nov 28.update.doc	 MorayADP Report Jan 17.doc
2	<p>What is the formal arrangement within your ADP for working with local partners to report on the delivery of local outcomes?</p>	<p>The MADP has monthly meetings which include standing agenda items for the reporting of each of the sub-groups.</p> <p>The sub-groups are:</p> <ul style="list-style-type: none"> • Management, performance, Finance and Commissioning • Children and Young People • Workforce Development. <p>The sub-groups meet quarterly; with additional meetings added as required.</p> <p>The remit of each group are as follows:</p> <ul style="list-style-type: none"> • Management, performance, Finance and Commissioning <p>2.1 Purpose 2.1.1 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.</p> <p>2.2 Aims To promote the development, delivery and evaluation of substance misuse services; emphasising the direct relationship between performance and financial decisions.</p> <p>Providing financial and performance advice and information to facilitate ongoing budgetary and performance management.</p>		

	<p>Develop and maintain the MADP's Performance and Financial Reporting Framework in the context of the National Performance Framework and Financial controls, in order to evidence the MADP's progress against the Moray Strategy and Delivery Plan, Moray 2026, NHS HEAT Targets and to promote the culture and discipline of good financial management and continuous improvement.</p> <p>2.3 Objectives</p> <p>To identify and advise the MADP of strategies for addressing any deficiencies in service identified through service audit and inspection and fulfil a monitoring role for reporting on progress to the MADP and/or recommending further action.</p> <p>To promote, encourage, assist, and facilitate, by information and advice, the financial planning activities of the MADP.</p> <p>Provide a forum for discussion, dissemination, and exchange of issues and sharing of best practice in relation to drug and alcohol services.</p> <p>To support the MADP in respect of common strategic funding issues and financial planning.</p> <p>To scrutinise contracting arrangements in order to ensure that they are fit for purpose and meet with good commissioning/procurement</p> <p>To develop a Commissioning process informed by national policy, local priorities, assessed need public feedback and service audit/inspection.</p> <p>To monitor the current and longer term financial situation of operational services by regular review of relevant management information and provide monitoring reports to the MADP and the Integrated Joint Board,</p> <p>To scrutinise the financial implications of any proposed new project, initiative, service or contract and make recommendations to the MADP accordingly.</p> <p>To provide a networking opportunity for the consideration of financial planning/reporting issues and an opportunity to share and develop best practice.</p> <p>Act as a source of guidance for all staff engaged in substance misuse related services across Moray with regard to the interpretation and implementation of related policy and procedures</p>
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		<p>either via the Community Planning Partnership or from national bodies.</p> <p>Provide performance data and statistical analysis by way of regular reporting to the functions of the MADP and its partners.</p> <p>Reports are lodged on the MADP website.</p> <p>Reports are sent to the Integrated Joint Board and the Public Protection Partnership.</p> <p>The Governance structure is currently being reviewed as part of the MADP Development work which is being supported by the Scottish Drugs Forum</p>
3	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning. Please advise on the current status of your ROSC?</p>	<p>ROSC has been incorporated into the MADP strategy and Delivery Plan and is embedded into contracts and performance reporting.</p> <p>Moray recognises that the ROSC principles need to form part of a wider “whole population” type approach; similar to that advocated by Alcohol Focus Scotland, and Scottish Drugs Forum, which takes account of people who do not access (for a variety of reasons) the specific alcohol and drug services, and or where the initial or even longer term focus may be on risk management; as well as prompting recovery initiatives lead by those in services.</p> <p>Moray developed and Quality Principles Improvement plan and Moray prevention Plan to take forward the areas identified in the Care Inspectorate thematic review. The Quality Principles plan has been shared with the Scottish Government.</p> <p>Moray recognises the importance of reducing alcohol and drug related harms and gives equal weight to these areas, as part of the wider approach to recovery. The steps being taken to reduce alcohol and drug related harm, the investment in the recovery re-design lead and support to the third sector to promote recovery peer lead initiatives and community engagement, positive lifestyles and change; reflect the commitment Moray has to embracing ROSC; incorporating reduction in harms, using the term Reduction in harm and Recovery Orientated Systems of Care.</p>
4	<p>Is there an ADP Workforce Development Strategy in Place, if <u>not</u>, are there plans to develop? What additional supports have you leveraged to facilitate this and are you working with our NCOs?</p>	<p>There is a detailed Training Needs Analysis and Plan which has developed in conjunction with the Scottish Drugs Forum, who is also supporting the delivery of training; and the taking forwards of areas outlined in the TNA.</p> <p>In addition, Moray is being supported by Crew 2000, links in to Alcohol Focus Scotland, as well as utilising local support and resources. Details of the work undertaken will be reported in</p>

APPENDIX 1: 2016/17 DATA REPORT

Objective – HEALTH
Objective Owner – Tracey Gervaise
Service Priority – People are healthier and experience fewer risks as a result of alcohol and drug use
A range of improvements to physical and mental health, as well as wider well-being should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health and a reduced risk of drug or alcohol-related mortality.
Lead Officer Key: TG – Tracey Gervaise; SFRS – Scottish Fire & Rescue Service; PJ – Paul Johnson

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
X		TG	Decrease	Decrease drug-related hospital discharges (three year rolling average) by 10% by end of 2015-18 Delivery Plan	2012/13 Moray - 32 (38.4 per 100,000) Angus - 60 (57.9 per 100,000)	Annual	Latest available data - 2015/16 Moray – 73 (84.5 per 100,000) Angus – 71 (67.2 per 100,000)	Data sourced from www.statistics.gov.scot/data/drug-related-discharge From the data provided, the number of discharges in Moray with a drug related diagnosis has increased by 128% from 32 in 2012/13 to 73 in 2015/16. As the drug using population gets older, it has been noted there may be an increase in hospital admissions as people with long term alcohol and or drug dependency have higher admission rates compared to the wider population. On 26 September 2017, approval was given at a meeting of the Moray Alcohol & Drug Partnership for this milestone and associated target to be amended for the 2018

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
							Red	– 2021 Delivery Plan.
X		TG	Decrease	Decrease alcohol-related hospital discharges (three year rolling average) by 10% by end of 2015-18 Delivery Plan	2012/13 Moray – 389 (422.5 per 100,000) Angus – 433 (369.1 per 100,000)	Annual	<p>Latest available data - 2015/16 Moray - 452 (479.6 per 100,000) Angus - 433 (365.2 per 100,000)</p>	<p>Data sourced from www.statistics.gov.uk/data/alcohol-related-discharges</p> <p>From the data provided, the number of discharges in Moray with an alcohol related diagnosis has increased by 16% since 2012. In comparison, discharges in Angus have remained at 433 with the ratio declining due to the increase in population.</p> <p>On 26 September 2017, approval was given at a meeting of the Moray Alcohol & Drug Partnership for this milestone and associated target to be amended for the 2018 – 2021 Delivery Plan.</p>
X		TG	Decrease	Decrease the rate of alcohol-related mortality (three year rolling average) by 5% by end of 2015-18 Delivery Plan	2012 Moray - 21 Angus - 19 (5yr av: Moray – 22, Angus – 20)	Annual	<p>2016 Moray – 24 Angus – 23</p> <p>(5yr av: Moray – 21, Angus – 21)</p>	<p>In 2016, there were 1,265 alcohol related deaths in Scotland; an increase of 10% from 2015. In Moray, a similar increase has been noted with alcohol related deaths rising 9% from the previous year. The milestone states three year rolling average. However, National Records of Scotland provide information on the 5 year average. If the 5 year average is taken into account, alcohol related deaths have actually fallen in Moray by the 5%, achieving the target stated.</p> <p>On 26 September 2017, approval was given at a meeting of the Moray Alcohol & Drug Partnership for trend data to be reviewed and</p>

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
							Unknown	targets and actions to be amended accordingly for the 2018 – 2021 Delivery Plan.
X		TG	Decrease	Decrease the prevalence of hepatitis C among injecting drug users by end of 2015-18 Delivery Plan	Grampian = 83 (31%) Lothian = 77 (20%)	Annual	<p>Latest available data – 2015/16</p> <p>Moray ADP - 32 injectors tested for Hep C out of 40 noted as injecting (80%)</p> <p>NHS Grampian – 697 injectors tested for Hep C out of 816 noted as injecting (85%)</p> <p>Angus ADP - 81 injectors tested for Hep C out of 95 noted as injecting (85%)</p> <p>NHS Lothian – 810 injectors tested for Hep C out of 982 noted as injecting (82%)</p>	<p>Data for 2015/16 has been taken from the Scottish Drug Misuse Database (overview of initial assessments for specialist drug treatment NHS Board & ADP). It is unclear which year or source was used for the baseline data of this milestone therefore a direct comparison with 2015/16 figures would be unreliable. However, it appears, from what is stated that there has been a significant increase in those testing positive to Hep C. This may be due to the introduction by the NHS of a more robust testing programme and awareness raising campaigns encouraging injecting drug users get tested (e.g. the 'Big Red C' campaign).</p> <p>On 26 September 2017, approval was given at a meeting of the Moray Alcohol & Drug Partnership for the data source to be reviewed with baseline figures amended accordingly for the 2018 – 2021 Delivery Plan.</p>
	X	TG	Increase	Increase the number of Naloxone Training sessions delivered in Moray by 5% by the end of 2015-18 Delivery Plan	2013/14 = 24	Quarter	<p>2016/17</p> <p>39 Naloxone Training sessions delivered in Moray.</p> <p>Green</p>	The number of Naloxone training sessions undertaken in Moray has increased by 63% from 24 sessions in 2013/14 to 39 in 2016/17. This is a significant increase however; it may in part be due to improved access to available data.
	X	TG	Decrease	Decrease the number of times	2013/14 = 11	Quarter	2016/17	Data has been sourced for this

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
				Naloxone has been administered by Scottish Ambulance Service, A&E Staff and Service Users in Moray by end of 2015-18 Delivery Plan			11	<p>milestone since 2013/14 from the Scottish Ambulance Service. Figures provided for 2016/17 show Naloxone usage in Moray as 11, half the usage recorded the previous year.</p> <p>However, it should be noted that the milestone also states Naloxone usage by A&E Staff and Service Users. However, no data is available for this. There is additional data available in relation to the number of kits supplied. In 2016/17, 19 new kits were distributed while there were 20 resupplies of kits.</p> <p>On 26 September 2017, approval was given at a meeting of the Moray Alcohol & Drug Partnership for the data source to be reviewed and the milestone to be amended for the 2018 – 2021 Delivery Plan to <i>'Promote the use of Naloxone and measure how often this is administered by Scottish Ambulance Service, A&E Staff, and Service Users in Moray'</i>.</p> <p>Amending the wording of this milestone is in line with Scottish Government guidance and forthcoming policy as use of Naloxone is an important part of reducing drug related deaths.</p> <p style="text-align: right;">Amber</p>
	X	TG	Decrease	Decrease the percentage of new clients who have ever injected drugs by 5% by end of 2015-18 Delivery Plan	Grampian = 75% Lothian = 50%	Annual	<p><u>Latest available data – 2015/16</u> Grampian = 67% Lothian = 52%</p>	In comparison to the noted baseline data, the proportion of drug users stating that they had ever injected has decreased by

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
							Green	8% in the NHS Grampian.
	X	TG	Decrease	Decrease the rate of Drug related Deaths by 5% by end of 2015-18 Delivery Plan	Moray = 7 people (0.06 rolling 5 year average) Angus = 9 People (0.008 rolling 5 year average)	Annual	<u>2016</u> Moray – 10 people. (Av. deaths per 1,000 between 2012-2016 - 0.07) Angus – 13 people. (Av. deaths per 1,000 between 2012-2016 - 0.10)	<p>As highlighted in the recently published Drug Related Deaths in Scotland (2016) report, the number of drug deaths nationally has reached its highest ever figure, 867. A 23% increase from 2015.</p> <p>Drug deaths in Moray have however recorded no increase compared to the previous year and remain at 10. Of the 10 deaths, 5 were recorded as accidental poisoning, 3 were intentional self-harm and 2 were undetermined. 7 of the 10 deaths involved opiates/opioids.</p> <p>On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given for the target to remain for the 2018 – 2021 Delivery Plan and for consideration to be given to the actions and the way services operate if the trend in drug related deaths continues to increase.</p>
	X	SFRS	Decrease	Decrease the percentage of Accidental dwelling fires where substance misuse was a contributory factor by 10% by end of 2015-18 Delivery Plan	Moray baseline = 20%	Quarter	<u>2016/17</u> 8% (4 of 49 Accidental Dwelling Fires)	<p>Since 2015/16, the proportion of Accidental Dwelling Fires involving substance misuse has increased slightly from 6% to 8%. This is however still considerably lower than baseline data. SFRS have attributed much of this success to Home Fire Safety Visits. These visits allow fire officers to reduce fire risks and ensure any required support is in place for vulnerable households.</p>

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
							Green	On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given for this milestone to be made data only within MADP Delivery Plan for 2018-2021. SFRS are the lead service relating to this milestone and current reporting structures via Scottish Fire and Rescue Services local plans, Police, Fire & Rescue Services Committee, and the Community Safety Strategy were deemed to be sufficient.
	X	PJ	Increase	Increase the number of clients reporting an increase in healthy relationships by 5% by end of 2015-18 Delivery Plan	2013/14 51% of clients who were required to make a change with Family & Relationships reported they had made progress.		2016/17 By Q4 64.10% of clients who identified accommodation as a key area of change made progress in this area compared to 42.11% in Q1	Outcome star reviews chart progress service users have with Family & Relationships. By Q4 64.10% of clients who identified accommodation as a key area of change made progress in this area compared to 42.11% in Q1 On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given for additional targets to be included in the MADP Delivery Plan 2018-2021 covering the 10 Recovery Domains measured using the Recovery Outcomes Tool on DAISy. These reports will be Moray wide and service based.
	X	PJ	Increase	Increase the number of clients reporting improved mental health by 5% by end of 2015-18 Delivery Plan.	2013/14 59% of clients who were required to make a change with Emotional Health reported they had	Quarter	2016/17 By Q4 52.83% of clients who identified accommodation as a key area of change made progress in this area compared to	By Q4 52.83% of clients who identified accommodation as a key area of change made progress in this area compared to 38.10% in Q1

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
					made progress.		38.10% in Q1.	<p>On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given for additional targets to be included in the MADP Delivery Plan 2018-2021 covering the 10 Recovery Domains measured using the Recovery Outcomes Tool on DAISy. These reports will be Moray wide and service based.</p>

Red

Objective – PREVALENCE

Objective Owner – Tracey Gervaise

Service Priority – Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others

A reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future.

Lead Officer Key:
 TG – Tracey Gervaise; E – Education; PJ – Paul Johnson

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
X		TG	Decrease	Decrease the estimated prevalence of Problem Drug Use Amongst 15-64 year olds in Moray by 10% by end of 2015-18 Delivery Plan.	Moray = 0.64% Angus = 1.38%	Annual	<p>Latest available data - 2012/13 Moray – 0.59% Angus – 0.96%</p> <p style="text-align: right;">Green</p>	<p>Latest available data from Estimating the National/Local Prevalence of Problem Drug Use in Scotland 2012/13 (updated 04/03/16). The 2015/16 report is currently being compiled by ISD services. Expected publication dates; initial data online April 2018, final report August 2018.</p> <p>On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given for this milestone to be deleted from the MADP Delivery Plan 2018-2021 as new targets are set out within the Moray Children's Services Plan.</p>
X		TG	Decrease	Estimated prevalence of Injecting drug use amongst 15-64 year olds in Scotland	No baseline figure		<p>Latest available report from 2012/13 states data is not available on injecting drug use.</p>	<p>Latest available data from estimating the National/Local Prevalence of Problem Drug Use in Scotland 2012/13 (updated 04/03/16). The 2015/16 report is currently being compiled by ISD services. Expected publication dates; initial data online April 2018, final report August 2018.</p>

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
								On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given for this milestone to be amended for the MADP Delivery Plan 2018-2021 splitting it between young people up to 16 (SALSUS age range) and those aged 17+.
X		E	Decrease	Decrease the percentage of 15 year old pupils who usually take illicit drugs at least once a month (areas with larger prevalence) by 10%	Moray = 12% Angus = 9%	Bi-annual	Latest local data from SALSUS 2013 Moray – 8.4% Angus 3.7% Green	Last local level data was included in the SALSUS 2013 survey. SALSUS 2015 provides national level data only. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given for this target to be amended for the MADP Delivery Plan 2018-2021 to 'Decrease the percentage of 13 and 15 year olds taking part in the SALSUS who have said that they had taken an illicit drug in the week prior to the survey'.
X		E	Decrease	Decrease the percentage of 15 year old pupils who have taken an illicit drug in the last year (areas with lower prevalence) by 10%.	Moray = 25% Angus = 19%	Bi-annual	Latest available data – SALSUS 2013 Moray -15% Angus 11% Green	Last local level data was included in the SALSUS 2013 survey. SALSUS 2015 provides national level data only. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given for this target to be amended for the MADP Delivery Plan 2018-2021 to 'Increase the percentage of 13 and 15 year olds taking part in the SALSUS who have said that they had never used drugs.'
X		TG	Decrease	Decrease the proportion of	No reliable baseline		Indicator is listed on Alcohol	On 26 September 2017 at a

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
				individuals drinking above daily and/or weekly recommended limits by 10%	figure		Profile of ScotPho website. However, no data is available.	meeting of the Moray Alcohol & Drug Partnership, it was suggested that Recovery Outcome data could be used in the future to show improvement levels but this would only be for those in support services.
X		TG	Decrease	The proportion of individuals drinking above twice daily ("binge" drinking) recommended limits by 10%	No reliable baseline figure		Indicator is listed on Alcohol Profile of ScotPho website. However, no data is available.	On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, it was suggested that Recovery Outcome data could be used in the future to show improvement levels but this would only be for those in support services.
X		TG	Decrease	Decrease the proportion of individuals who are alcohol dependent by 5%	2012 Moray – 389 (422.5 per 100,000) Angus – 433 (369.1 per 100,000)	Annual	Latest available data - 2015/16 Moray - 452 (479.6 per 100,000) Angus - 433 (365.2 per 100,000) Red	www.statistics.gov.uk/data/alcohol-related-discharges Data used previously related to Alcohol Related Discharges. Using this information, the number of discharges in Moray with an alcohol related diagnosis has increased by 16% since 2012. In comparison, discharges in Angus have remained at 433 with the ratio declining due to the increase in population. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given for the MADP Delivery Plan 2018-2021 to use Scottish Government data on levels of drinking rather than alcohol dependency
X		E	Decrease	Decrease the proportion of 15 year olds drinking on a weekly basis (and their mean weekly	Moray = 32% Angus=25%	Bi-annual	Latest available data – SALSUS 2013 Moray - 15% (14 units p/week)	Last local level data was included in the SALSUS 2013 survey. SALSUS 2015 provides national

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
				level of consumption) by 5%			Angus - 9% (22 units p/week) Green	level data only. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given for this milestone to be amended in the MADP Delivery Plan 2018-2021 to 'Decrease percentage of 13 and 15 year olds taking part in the SALSUS survey who have said that they had drunk alcohol in the week prior to the survey'.
X		PJ	Decrease	Decrease the number of residents reported to the Scottish Drug Misuse database as a new client per 100,000 population by 5%	Grampian = 165 Lothian = 209	Annual	Latest available data – 2015/16 Grampian - 241 Lothian – 243 Red	The aim of this milestone is to achieve a reduction in the number of new clients to support services. However, considerable investment has been made in Drug & Alcohol Services in recent years with notable improvements in Moray ensuring more people are encouraged into support and are given the help they require. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given to amend this milestone to 'Increase the number of new clients'.
	X	PJ		Assess the prevalence of NPS misuse in Moray using the RAG system.	No baseline data.		No local data available.	In Moray, no adults have stated NPS is their primary substance. No data is available regarding young people. MADP has produced guidance in conjunction

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
								<p>with NHS Grampian and included NPS as a subject within workforce development sessions.</p> <p>On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, it was recommended that this milestone be deleted as it is thought to be no longer appropriate.</p>

Objective – RECOVERY

Objective Owner – Paul Johnson

Service Priority – Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use

A range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.

Lead Officer Key:

PJ – Paul Johnson;

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
X		PJ	Decrease	Average percentage reduction in daily drugs spend during treatment	No Baseline figure provided by the SG.		No data available.	No baseline data is noted as being available for this milestone. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given to introduce a local dataset from April 2018 in line with DAISy.
X		PJ	Decrease	Reduction in the percentage of clients injecting in the last month during treatment by 5 %	No Baseline figure provided by the SG.		No data available.	No baseline data is noted as available for this milestone. A change in the wording will reflect to reflect the data that is collected in line with DAISy post April 2018.
X		PJ	Increase	Increase in the proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow-up by 5%	No Baseline figure provided by the SG.		No data available.	No baseline data is noted as available for this milestone. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given to amend this milestone to record improvement rather than abstinence using Recovery Outcomes as the data set.
X		PJ	Increase	Increase in the proportion of clients receiving drugs treatment experiencing	2013/14 57% of clients who were required to make a	Quarter	2016/17 By Q4 57.1% of clients who identified the meaningful use of	Outcome star reviews chart progress service show that by Q4 57.1% of clients who identified the

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
				improvements in employment/ education profile during treatment by 5% by end of 2015-18 Delivery Plan.	change in the area of Meaningful Use of Time stated they had made progress.		time as a key area of change made progress in this area compared to 47.62% in Q1. Amber	meaningful use of time as a key area of change made progress in this area compared to 47.62% in Q1 Overall clients reporting improvements in this area have remained fairly static. Support services should ensure interventions suit the needs of the client and that help is provided as quickly as possible.
X		PJ	Increase	Reduction in the number of drug and alcohol service clients who are homeless (or where drug and alcohol support needs have been identified when a person is identified as homeless) by the end of the 2015-2018 delivery plan	2013/14 57% of clients who were required to make a change in the area of Accommodation stated they had made progress.	Quarter	2016/17 By Q4 57.69% of clients who identified accommodation as a key area of change made progress in this area compared to 35.71% in Q1. Amber	Outcome star reviews chart progress service users have with Accommodation. By Q4 57.69% of clients who identified accommodation as a key area of change made progress in this area compared to 35.71 in Q1. Support services will continue to work together to ensure interventions suit the needs of the client and that help is provided as quickly as possible. The target wording will be amended record progress made in relation to Accommodation within the RO dataset. Therefore, the aim will be to increase those making progress not reduce.
	X	PJ	Increase	Maintain the number of active Mutual Aid Groups in Moray	2013/14 = 13 AA Groups 1 NA Group	Quarter	2016/17 12 AA Groups 2 Al-Anon Groups 1 NA Group Green	The availability of mutual aid support groups in Moray has remained relatively static since baseline data was collated. However, these groups are external to the work undertaken by the ADP.

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
	X	PJ	Increase	Increase the percentage of Service Users who reported progress at 3, 6, and 12 months by 10% by the end of the 2015-2018 delivery plan.	2013/14 = 97.2% made progress	Quarter	2016/17 As an average over the year, 89% of service users reported progress during reviews.	With current recording methods progress at 3, 6 and 12 months are not easily identified. However, this might change with implementation of DAISy. For now an average of progress over the year has been given.
	X	PJ	Increase	Maintain the number of Active recovery Champions	Moray 2013/14 = 6	Quarter	2016/17 13 Active Recovery Champions Green	As of 31 March 2017, 13 Recovery Champions were active in Moray; more than double that recorded in 2013/14. These posts ensure positive role models are available to service users in Moray providing extra support and guidance where needed.
	X	PJ	Increase	Increase the number of clients reporting an increase in improved social networks by 10% by the end of the 2015-2018 delivery plan.	2013/14 56% of clients who were required to make a change in the area of Community stated they had made progress.	Quarter	2016/17 By Q4 58% of clients who identified community as a key area of change made progress in this area compared to 40.91% in Q1 Green	Outcome star reviews chart progress service users have with their interaction with the local Community. During 2016/17, 55 of the 115 clients who were required to make a change in this area reported they had made progress (48%), a decrease of 8% against baseline data. Action should be taken in relation to this milestone with support services ensuring help is provided whenever possible to service users.

Objective – FAMILIES

Objective Owner – Susan McLaren

Service Priority – Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances

This will include reducing the risks and impact of drugs misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.

Lead Officer Key:

TG – Tracey Gervaise; SFAD – Scottish Families Affected by Drugs; PS – Police Scotland; PJ – Paul Johnson; EJ – Emma Johnston

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
X		TG	Decrease	Rate of maternities recording drug use (three year rolling average) by the end of the 2015-2018 delivery plan.	2011/12-2013/14 Moray - 29 (10.9 per 1,000 maternities) Angus - 64 (18.9 per 1,000 maternities)	Annual	Latest available data - 2013/14-2015/16 Moray - 28 (10.4 per 1,000 maternities) Angus - 49 (15.0 per 1,000 maternities) Amber	The three year rolling average for maternities recording drug use in Moray has remained relatively static against noted baseline data. In comparison, Angus has recorded a significant decrease over the same period.
X		TG	Decrease	Rate of maternities recording alcohol use (three year rolling average)	No baseline figure provided by the SG.		2015/16 - NHS Grampian - 2.9% of woman stated they were drinking alcohol during pregnancy 2014/15 - NHS Grampian - 6.4% of woman stated they were drinking alcohol during pregnancy	Data for 2014/15 and 2015/16 taken from ISD Scotland Maternity and Birth reports. Reports from previous years do not include alcohol use information. Data is not a direct match to the national milestone however it's the only alcohol information available.
X		TG	Increase	Proportion of positive ABI screenings in ante-natal setting	No baseline figure provided by the SG.		No data available	
	X	SFAD	Increase	Increase the number of Contacts with Scottish Families Affected by Drugs (SFAD) Helpline by 10% by	2013/14 = 1 call	Quarter	2016/17 6	Calls to the SFAD helpline have increased against baseline data. During 2016/17, all 6 calls were made by people looking for help

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
				the end of the 2015-2018 delivery plan.			Green	<p>with a loved one. In 5 of the 6 calls, the caller stated their loved one was not currently receiving treatment or support. In recent years, investment has been made in promoting local services rather than the SFAD helpline. However, it is clear there is perhaps a need for this initial telephone support to be available for families. To ensure there is a link with what is available locally, SFAD should confirm those calling are signposted correctly to services in Moray.</p> <p>On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given to remove this milestone for the next MADP Delivery Plan 2018-2021.</p>
	X	PS	Decrease	Decrease the number of Domestic Abuse cases and number where the perpetrator was under the influence of alcohol or drugs by 10% by the end of the 2015-2018 delivery plan.	2013/14 = 225	Quarter	<p>2014/15 200 (perpetrators only) 316 (victims and perpetrators)</p> <p>2015/16 229 (perpetrators only) 364 (victims and perpetrators)</p> <p>2016/17 293 (victims and perpetrators) Unknown</p>	<p>2016/17 data covers both perpetrators and victims of Domestic Abuse incidents that were under the influence of alcohol. The milestone and baseline data are however for perpetrators only. To allow for some context, victim and perpetrators data has been provided for 2014/15 and 2015/16.</p> <p>On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, approval was given for this milestone to be made data only within MADP Delivery Plan for 2018-2021. Police are the lead service relating to this</p>

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
								milestone and current reporting structures via local police plans, Police, Fire & Rescue Services Committee, and the Community Safety Strategy were deemed to be sufficient.
X	PJ		Decrease	Decrease the number of children on the Child Protection Register where substance misuse was a factor by 5%	31 March 2014 Total of 64 children on register with substance misuse a factor with 44. 13 Alcohol (20%) 16 Drugs (25%) 23 Both (36%)	Quarter	As at 31 March 2017 Total of 81 children on register with substance misuse a factor with 44. 14 Alcohol – 14% 22 Drugs – 27% 8 Both – 10% Green	The number of children on the Risk Register has increased by 27% since 2014. However, the proportion of those on the register due to substance misuse has decreased from 81% in 2014 to 54% in 2017. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, it was acknowledged that there is now an increased focus on neglect and the relationship with substance misuse which may increase the number of children on the register.
	X	PJ	Decrease	Decrease the percentage of Children referred to the Children's Reporter for having misused alcohol or drugs	Moray = 0	Quarter	No data available	On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, it was agreed this milestone should be reported as data only within the next MADP Delivery Plan.
	X	PJ	Increase	Increase the number of families reporting they have a drug and alcohol problem that are offered support through pregnancy by 10%	2013/14 = 2	Quarter	2016/17 14 families with 20 children were assisted by the Parental Substance Misuse Pregnancy & Early Years' Service. Unborn children - 10 Age < 5 - 9 Age > 5 - 1	Previously there have been noted discrepancies with the data collated for this milestone therefore progress is reported as unknown. Quarterly reports compiled by the Parental Substance Misuse Pregnancy & Early Years' Service during 2016/17 shows data for support through pregnancy and through early years of parenthood, as combined.

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
								Consideration should be given to amending the separate milestones to reflect the combined data being provided with the lead officer amended to within Children's Services.
	X	PJ	Increase	Increase the number of families reporting that they have a drug and alcohol problem, that are offered support through the early years of parenthood by 10%	2013/14 = 58	Quarter	<p>2016/17 14 families with 20 children were assisted by the Parental Substance Misuse Pregnancy & Early Years' Service.</p> <p>Unborn children - 10 Age < 5 - 9 Age > 5 - 1</p>	<p>Previously there have been noted discrepancies with the data collated for this milestone therefore progress is reported as unknown. Quarterly reports compiled by the Parental Substance Misuse Pregnancy & Early Years' Service during 2016/17 shows data for support through pregnancy and through early years of parenthood, as combined.</p> <p>Consideration should be given to amending the separate milestones to reflect the combined data being provided with the lead officer amended to within Children's Services.</p>
	X	EJ	Increase	Increase the number of family members offered an intervention as a carer (Including Significant Others) by 10%	2013/14 =76	Quarter	<p>As at 31 March 2017 131 Adults</p> <p style="text-align: right;">Green</p>	The number of family members being offered an intervention of support by Arrows has increased by 72% since 2013/14.

Objective – COMMUNITY SAFETY

Objective Owner – Stewart Mackie

Service Priority – Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour

Reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier, and more resilient communities.

Lead Officer Key:

SM – Stewart Mackie; PJ – Paul Johnson; BD - Blair Dempsey; CP – Chris Page; PS – Police Scotland, WF – Willie Findlay

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
X		SM	Decrease	Decrease in the percentage of people perceiving drug misuse or dealing to be common or fairly common in their neighbourhood by 5%	Moray = 9% Angus 9%	Annual	<p>Latest available data 2015 <u>Scottish Household Survey</u> Moray - 11% Angus - 7%</p> <p style="text-align: right;">Red</p>	<p>This indicator has been reported as Red due to the noted increase in those perceiving drug misuse or dealing to be common in their area. However, the indicator below shows those with actual personal experience of these issues have actually decreased. This discrepancy between perception and reality needs to be managed correctly by services to reduce any unnecessary fear in the community.</p> <p>On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, it was acknowledged that this milestone should be collected through the Community Safety Partnership.</p>
X		SM	Decrease	Decrease in the percentage of	Moray 10%	Annual	<p>Latest available data 2015</p>	This indicator has been reported

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
				people with personal experience of drug misuse or dealing in their neighbourhood by 5%	Angus 8%		Scottish Household Survey Moray - 5% Angus - 5%	as Green due to the noted decrease against baseline data. However, as stated above, residents' perception that drug misuse or dealing is a problem has increased. This discrepancy between perception and reality needs to be managed correctly by services to reduce any unnecessary fear in the community. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, it was acknowledged that this milestone should be collected through the Community Safety Partnership.
X		PJ	Decrease	Decrease in the Percentage of new clients at specialist drug treatment services who report funding their drug use through crime.	If progress with Offending recorded in Outcome star reviews is to be used, baseline data for 2013/14 would be: 58% of clients (19 of 33) who were required to make a change in the area of Offending stated they had made progress.		2016/17 58% of clients who were required to make a change in the area of Offending stated they had made progress.	MADP services have no control over the activity of clients prior to their attendance for support. However, they can track progress away from Offending via Outcome Star reviews. The target for this milestone should therefore be to increase the percentage of users stating they had made progress in this area. During 2016/17, 58% (32 of the 55) clients who were required to make a change in this area reported they had made progress. Against data from 2013/14, there has been no improvement in the proportion making progress therefore this milestone is noted as Amber. On 26 September 2017, the Moray Alcohol & Drug Partnership agreed

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
							Amber	the wording of this milestone should be amended to remove 'new'. Data on this areas will be collected through the DAISy data set from April 2018.
X		SM	Decrease	Reduction in the number of cases of vandalism (or malicious mischief), breach of the peace, assault or anti-social behaviour by 15%	2013/14 = 569/1958 (29%)	Quarter	<u>2016/17</u> 456/1974 = 23% Amber	Data previously reported for this milestone covers the no of incidents inv. alcohol divided by total no of listed offences & crimes. Following this, progress for 2016/17 has been noted as Amber. Although the proportion involving alcohol has decreased, the decline is less than the 15% target. Consideration should be given to what this milestone is to cover as the involvement of alcohol is not noted in the wording. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, it was acknowledged that this milestone should be collected through the Community Safety Partnership.
X		BD	Increase	Increase the number of Community Payback Orders issued where alcohol and drug treatment required, and proportion that are successfully completed	2013/14 = 0%	Quarter	<u>2016/17</u> 7 of which 2 were successfully completed (29%) Green	During 2016/17 29% of orders where alcohol & drug treatment was required, were completed successfully. This compares to just 8% the year before and 0% in 2013/14. CPOs are not currently reported via the Community Safety Partnership however on 26 September 2017, the Moray Alcohol & Drug Partnership agreed this milestone should be reported through this structure.

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
							Green	meeting of the Moray Alcohol & Drug Partnership, it was acknowledged this milestone should be reported via the Community Safety Partnership. Drinking in public is included in the current Community Safety Strategy and is reported to Committee and via the Community Safety Hub.
	X	CP	Decrease	Decrease the number of Assaults and ASB in Moray during the Safer Streets Campaigns by 10%	2013/14 = 0 Serious Assault 2 Common Assaults 4 Breach of the Peace 2 Threatening or Abusive Behaviour	Annual	<u>2016/17</u> 0 - Serious Assault 0 – Common Assault 0– Breach of the Peace 0 – Threatening or Abusive Behaviour Green	During the Safer Streets initiative held during December 2016, there were no incidents of violence recorded within the High Street area of Elgin. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, it was acknowledged this milestone should be reported via the Community Safety Partnership. This already takes place via an evaluation that is shared with all agencies involved.
	X	PS		Evaluate the domestic violence prevention programmes and campaigns to increase the profile of Domestic Abuse in Moray	No baseline data	Annual	N/A	Any evaluation would be undertaken by Police Scotland and/or the Domestic Abuse Partnership. This should cover work undertaken by all partners. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, it was agreed this milestone should be removed from the MADP Delivery Plan 2018-2021.
	X	BD	Increase	Increase the Co-ordination, implementation, and evaluation of Drug Testing and Treatment Orders by 5%.	2013/14 = 5	Quarter	<u>2016/17</u> 5	Consideration was to be given to amending the wording of this milestone as data available covers only new orders issued. This

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
							Amber	milestone is reported as Amber as although no increase has been made, the number of new orders has been maintained. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, it was agreed the wording of this milestone should be amended to the following, 'Co-ordinate and evaluate Drug Testing and Treatment Orders. Increase the number of DTTO's by 5% based on 2016 data.'
	X	WF	Increase	Co-ordination, implementation and evaluation of Anti-Social Behaviour Orders	2013/14 = 0	Quarter	<u>2016/17</u> 3 Green	Consideration was to be given to amending the wording of this milestone. Data available covers only the number of ASBO referrals considered by the ASBO panel. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, it was acknowledged this was not a main MADP target and therefore it should be removed from the MADP Delivery Plan 2018-2021.
	X	SM	Increase	Increase the number of drink driving programmes and campaigns carried out by Roads Policing in Moray by 2015/16.	2013/14 = 1 Summer campaign and 1 winter campaign	Quarter	<u>2016/17</u> 2 Amber	Though no increase has been made, the number of campaigns has been maintained against the baseline. Consideration to be given to a change to data only. Drug and Alcohol services have no input into Road Policing. On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, it was agreed this should be removed from the MADP Delivery Plan 2018-2021.
	X	SM	Increase	Increase in the number of	2013/14 = 24	Quarter	<u>2016/17</u>	This milestone has been reported

Objective – LOCAL ENVIRONMENT

Objective Owner – Stewart Mackie

Service Priority – People live in positive, health-promoting local environments where alcohol and drugs are less readily available

Alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in meaningful activities, and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the community.

Lead Officer Key:

SM – Stewart Mackie; SH – Sean Hoath; WF – Willie Findlay; FR - Fiona Raeburn

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
X		SM	Decrease	Decrease the proportion of young people who have been offered drugs in the last year by 10%	Moray = 58.5% Angus = 43%	Bi-annual	<p>Latest available data – SALSUS 2013 Moray - 37% Angus - 28%</p> <p style="text-align: right;">Green</p>	<p>Last local level data was included in the SALSUS 2013 survey. SALSUS 2015 provides national level data only.</p> <p>On 26 September 2017 at a meeting of the Moray Alcohol & Drug Partnership, it was acknowledged this milestone is similar to one already covered within the section entitled Prevalence. It was therefore agreed that this milestone should be removed from this section.</p>
X		SM	Decrease	Decrease the prevalence of people perceiving rowdy behaviour to be very or fairly common in their neighbourhood by 10%	Moray = 14% Angus = 10%	Annual	<p>Latest available data 2015 Scottish Household Survey Moray - 11% Angus - 7%</p>	<p>The perception of Rowdy Behaviour as being very or fairly common has decreased by 3% compared to baseline data. This is less than the 10% target. However, this milestone is already covered within the Community Safety section where the target is noted as 5%.</p> <p>On 26 September at a meeting of the Moray Alcohol & Drug Partnership, it was acknowledged</p>

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
							Amber	this milestone appears twice in the MADP Delivery Plan and therefore it should be removed from this section.
X		SH	Data Only	Number of permanent and occasional licences in force per annum and the overall capacity of premise licences	<u>As at 31/3/2013</u> 313 No figure given for occasional licenses	Quarter	<u>As at 31/03/2017</u> 345 permanent 398 occasional	On 26 September at a meeting of the Moray Alcohol & Drug Partnership, it was acknowledged this milestone should be collected through the licensing board and not the MADP therefore approval was given to remove this milestone from the MADP Delivery Plan 2018-2021.
X		SH	Data Only	Number of new applications for premise or occasional licences, and proportion refused on the grounds of overprovision	2013/14 = 0	Quarter	<u>2016/17</u> 0	On 26 September at a meeting of the Moray Alcohol & Drug Partnership, it was acknowledged this milestone should be collected through the licensing board and not the MADP therefore approval was given to remove this milestone from the MADP Delivery Plan 2018-2021.
	X	WF	Decrease	Reduction in the number of needles found by Lands and Parks in Moray by 10%	2013/14 = 148 needles found in 19 locations	Quarter	<u>2016/17</u> 712 found in 51 locations Red	A significant increase has been recorded in the number of discarded needles found in Moray in recent years. However, work has been undertaken via the Community Safety Hub to ensure better recording and to target hotspot areas. On 26 September at a meeting of the Moray Alcohol & Drug Partnership, it was acknowledged this milestone is a Community Safety target and is reported to the Community Safety Hub and therefore it is reported as data only in the MADP Delivery Plan 2018-2021.
	X	FR	Increase	Increase the number of needles exchanged in needle	2013/14 = 40,497 needles	Quarter	<u>2016/17</u> 53,817 needles	NHS data received for this indicator states the number of

Objective – SERVICES

Objective Owner – Jane Mackie

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

Services should offer timely, sensitive, and appropriate support, which meets the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity, and sexual orientation) and facilitates their recovery. Services should use local data and evidence to make decisions about service improvement and re-design.

Lead Officer Key:

TG – Tracey Gervaise; PJ – Paul Johnson

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
X		TG	Increase	No. of screenings for alcohol use disorders delivered and the % screening positive (with % eligible for ABI and % eligible for referral)	No baseline figure provided by the SG.		No data available	
X		TG	Increase	Increase the number of alcohol brief interventions (ABIs) delivered in accordance with the HEAT Standard guidance by 5%	2013/14 = 718	Annual	2016/17 376 Red	Breakdown of ABIs total includes; 287 – ABIs at GP surgeries, 70 - DGH A&E, 19 - healthpoints/keep well checks Against baseline data, the number of ABIs undertaken in Moray has decreased by 48% since 2013/14. Moray has had lower than expected number of ABI's delivered in mandatory settings. However, the interest in delivering these in the non-mandatory settings has increased with Housing and other settings taking this up. This is being enhanced by a new round of training being delivered to increase the capacity in the non-mandatory settings.

National	Local	Lead Officer	Increase/Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
								<p>As the development work is still at an early stage, the data needs to be calculated to see if the training increase the number of ABI's being delivered.</p> <p>It is likely this milestone will see improvements as a result of the recent investment in ABI training.</p>
X		PJ	Decrease	Reduce the number of people waiting more than three weeks between referral to a specialist drug and alcohol service and commencement of treatment by 25% compared to baseline.	2013/14 = 0%	Quarter	<p><u>2016/17</u> 4 clients out of a total of 412 (1%) waited longer than 3 weeks for the commencement of specialist treatment</p> <p style="text-align: right;">Green</p>	<p>As in previous years, a very small proportion of clients waited longer than three weeks for the commencement of treatment.</p> <p>Consideration to be given to reducing the target or amending the wording of this milestone due to the baseline being 0%.</p>
X		PJ	Data Only	Number of treatments drug and alcohol service clients receive at 3 month and 12 month follow-up (and annually after that)	2013/14 = 123	Quarter	<p><u>2016/17</u> 124 (the total number of people reviewed throughout the year)</p> <p style="text-align: right;">Amber</p>	<p>Consideration to be given to amending the wording of this indicator as previous data supplied covers the number of clients receiving a review not the number of treatments given at 3 and 12 month follow ups.</p> <p>Against baseline data, the number of reviews undertaken has remained relatively static.</p> <p>DAISy will collect review data from April 2018.</p>
	X	PJ	Data only	Breakdown of service users in Moray by age, contact with children and sex.		Quarter	<p><u>As at 31 March 2017</u> 63% aged 22-45. 40% have contact with children 62% Male, 38% Female.</p>	
	X	PJ	Data only	Breakdown of service users in Moray by type of substance misused		Quarter	<p><u>As at 31 March 2017</u> 43% Alcohol, 49% Drugs, 6% Both</p>	

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
	X	PJ	Increase	Number of clients in specialist services in Moray	2013/14 = 420	Quarter	As at 31 March 2017 462 active users Green	
	X	PJ	Decrease	Reduce the number of unplanned discharges from the Recovery Orientated System of Care in Moray by 10%	2013/14 = 100	Quarter	2016/17 165 Red	The total number of unplanned discharges recorded on the SDMD website (Waiting Times Reports) for 2016/17 was 165. An increase of 65% since 2013/14. Services are taking significant steps to reduce the number of un-planned discharges in line with reducing drug and alcohol related harms.
	X	PJ	Increase	Increase the number of planned discharges from the Recovery Orientated System of Care who are free from problematic alcohol or other drug use by 10% by 2015/16.	2013/14 = 170	Quarter	2016/17 170 Amber	The total number of planned discharges recorded on the SDMD website (Waiting Times Reports) for 2016/17 was 170; 24 referred to other service, 170 had received their required support and 0 were referred to their GP. This milestone has been reported as Amber as there has been no change when compared to baseline data.
	X	PJ	Increase	Number of learning and development sessions delivered for tier 1 staff	2013/14 = 5	Annual	2016/17 9 training sessions plus 3 front line forums Green	
	X	PJ	Increase	Number of tier 1 staff who attain a basic awareness and understanding of the values and attitudes of a successful recovery focused workforce	2013/14 = 92	Annual	2016/17 11 Training Sessions were delivered, plus 4 Front Line Forums. Number of staff attending training and forums was 213 (123 attending training sessions and 213 attending the Front Line Forums). Green	Staff attending training has included housing (both housing officers and supported accommodation staff), home care workers, youth workers and social care students. Front Line Forums are attended by a wide variety of staff from across the statutory and non-statutory sectors.

National	Local	Lead Officer	Increase/ Decrease	Milestone	Baseline	Reporting Timescale	Progress RED: not making target AMBER: on target GREEN: target met	Comment & Recommendations
								This number will increase in 2017/18 due to the increase in the number of training sessions provided following the Training Needs Analysis and the increased focus on workforce development.

Please provide any feedback you have on this reporting template.

The annual report is always helpful as part of future planning.