

ADP ANNUAL REPORT 2017-18 MORAY ALCOHOL AND DRUGS PARTNERSHIP

Document Details:

ADP Reporting Requirements 2017-18

1. Financial framework
2. Ministerial priorities
3. Formal arrangements for working with local partners

Appendix 1 Feedback on this reporting template.

In submitting this completed Annual Report, we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **26 September 2018** for the attention of Amanda Adams to:
alcoholanddrugdelivery@gov.scot

1. FINANCIAL FRAMEWORK - 2017-18

Your report should identify all sources of income that the ADP has received (via your local NHS Board and Integration Authority), 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.

Income and Expenditure through the Programme for Government should only be recorded in ANNEX A – Programme for Government Investment Plans and Reporting Template

ADP ANNUAL REPORT 2017-18 (INSERT ADP NAME)

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Income and Expenditure through the Programme for Government should only be recorded in ANNEX A – Programme for Government Investment Plans and Reporting Template

a) Total Income from all sources

	Problem Substance Use (Alcohol and Drugs)
Earmarked funding from Scottish Government through NHS Board Baseline *	611,000 (MADP exc Core)
Funding from Integrated Authorities	131,992 (YBS10 Addictions)
Funding from Local Authority – if appropriate	
Funding from NHS (excluding funding earmarked from Scottish Government) – if appropriate	181,000
Total Funding from other sources – as appropriate	
Carry forwards	
Total (A)	923,992

b) Total Expenditure from sources

	Problem Substance Use (Alcohol and Drugs)
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	304,880
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)	651,778
Recovery	
Dealing with consequences of problem alcohol and drug use in ADP locality	
Total (B)	956,658

c) 2017-18 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
923,992	956,658	(32,666)

d) 2017-18 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	Income £	Expenditure £	End Year Balance £
Problem Substance Use *	611,000	586,109	24,891
Carry-forward of Scottish Government investment from previous year (s)			

Note: * The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

2. MINISTERIAL PRIORITIES

ADP funding allocation letters 2017-18 outlined a range of Ministerial priorities. Please describe in this ADP Report your local Improvement goals and measures for delivery in the following areas during 2017-18 below.

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
<p>1. 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 has embedded the Moray Quality Principles into data management and has an established reporting framework through service reports, quarterly reports as part of the Delivery plan reporting framework and the annual report.</p> <p>As part of forward planning, the 2015/18 Delivery plan was subject to a critical review, with a report submitted to both the Moray ADP and the Moray IJB¹. This critical review along with the revised Needs Assessment² (undertaken in 2017/18) forms the basis for the 2018/21 Delivery Plan. A consultation draft Delivery Plan³ has been produced and is currently the subject of consultation.</p> <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 had been using the online system of the Recovery Outcomes Tool; 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</p>	



1 Moray Delivery plan Summary of Achievements



2 Needs assessment 17 07 18 final MADP €



3 Moray final Delivery plan 2018 21 consult

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
		<p>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>The reports from this tool form part of the quarterly reporting framework.</p> <p>Services are reminded to undertake 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. Moray is fully engaged in the DAISy discussion and final drafts will be produced following confirmation of the DAISy process from the Scottish Government and the training agenda.</p>	
<p>2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.</p>	<p>The 2017/18 goals are set out within the MADP 2015 - 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 2017 – 2018 Improvement goals, as set out in the Delivery Plan were:</p> <ul style="list-style-type: none"> • “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>In Moray, there were 7 drug deaths in 2017, compared to 10 in 2016.</p> <p>In Moray, there were 18 alcohol specific deaths in 2017, compared to 20 in 2016.</p> <p>If the old definitions of alcohol related deaths are used the figures are: 20 alcohol related deaths in 2017, compared to 24 in 2016.</p> <p>The trend data from 2000 to 2017 shows a gradual reduction. However, due to the data size this needs to be treated with caution. The data for the last four years of data; year 2014 – 2017 inclusive, show an upward trend. A more realistic analysis is that there is no clear pattern or trend.</p> <p>It is reasonable to conclude that alcohol specific related deaths continue to be a matter of concern; reflecting the priority within the Moray LOIP.</p> <p>Actions to Reduce Alcohol and Drug Related Harms in Moray: Moray continues to take steps to reduce alcohol and drug related harms and deaths. These are set out in a number of documents which have been approved by the MADP and include:</p> <ul style="list-style-type: none"> • The Annual Report to the Scottish Governmentⁱ • The Moray 2015/18 Delivery Planⁱⁱ • The Moray 2015/18 Delivery Plan Review: Achievements and Challengesⁱⁱⁱ • The Moray Consolation Draft Delivery Plan 2018/21^{iv} 	

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
		<p>Moray reviews all alcohol and drug related deaths where the deceased was in receipt of alcohol and drug services and they were either open to services, or if they died within six months of leaving services.</p> <p>A Moray Drug related Death group reviews any deaths for people who are known to services and reports on same. Learning is shared and consideration after each discussion is made whether an adverse case review is required The reviews contribute to promoting good practice and service improvement.</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 multidisciplinary teams are offered training on administration of Naloxone and trained members of staff can dispense supplies • 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. <p>There was accurate recording of naloxone related data on NEO module system.</p> <p>ADP's across Moray engaged in discussions with the Scottish Ambulance Service to ensure consistency across Grampian in the use and availability of Naloxone. A Naloxone leaflet has been produced and is given to every Opiate non-fatal Overdose signposting people into services. In addition, an opt-out system is in place for proactive follow up of non-fatal overdoses.</p>	

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
		<p>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. In addition, there is increasing interest being expressed by commercial companies and industries to provide Naloxone training to staff as part of supporting their workforces.</p> <p>In addition, 60 people at risk received training in the use of Naloxone.</p> <p>Naloxone kits dispensed by all Alcohol and Drug services, i.e. Arrows, MIDAS, Ward 4, and with expanded pharmacy distribution.</p> <p>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 40% 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 rather than 1st supplies to those at risk.</p> <p>NHS Grampian has a dedicated Sexual Health and Blood Borne Virus trainer who delivers a suite of training packages delivered to both clinical and non-clinical services and also tailors the sessions to be relevant to organisations.</p> <p>AS part of reducing harms and promoting the importance of reducing the risk of Blood Born Viruses 6 BBV, courses with a total of 92 delegates were delivered; 65 of which were from Moray Council Estates, which shows high level of commitment amongst that workforce.</p> <p>As review of Naloxone provision; bringing together all of the actions linked to availability, distribution, promotion and the benefits of naloxone, has identified the following priorities which are being taken forward in 2018/19:</p>	<ul style="list-style-type: none"> • Increasing the number of people at risk of overdose who have every received a supply - including supply to patient who see only the GP. This includes distributing naloxone as part of the initial single shared assessment. • Reviewing the use of peer naloxone trainers and whether this can be better utilised. • Considering how best to access significant others in contact with those at risk, and increase the provision of supplies to this cohort.

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
		<ul style="list-style-type: none"> • Ensuring that we have consistent methods for offering and training services in contact with those at risk • Service users were encouraged to use Naxalone to reduce overdose and drug related deaths; as part of one to one and group interventions. Further steps are being taken to include the provision of a Naloxone kit as part of the welcome pack given to Service Users at the time of the initial single shared assessment <p>As part of the MADP budget planning undertaken in 2017 for 2018/19; it was agreed to allocate additional funding for the naloxone provision and promotion.</p> <p>Work continued with the Scottish Prison Service to facilitate the smooth transfer of clients from Prison Treatment Services to 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> <p>Daily hub meeting identifies vulnerable people with drug and alcohol concerns that come to the attention of services, e.g., through A & E, and each case is proactively followed up.</p> <p>Through care and targeted follow-up systems are in place to engage with people leaving prisons with the Moray alcohol and drugs recovery services linking 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.</p> <p>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.</p> <p>The Moray ADP works in partnership with Public Health NHS Grampian, Aberdeenshire ADP and Aberdeen ADP; in grampian wide campaigns such (but not limited to) as the Scottish Ambulance Service non-fatal overdose and service leaflet, Naloxone promotion, Alcohol publications such as "Drinking More than you think" Scratch Cards, Alcohol and Later Life, and other health improvement material can campaigns which are more cost effective when done across the three ADPs.</p>	
3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by	As for section 2 above. Engage with the Scottish Prison Service in	Work continued with the Scottish Prison Service to facilitate the smooth transfer of clients from Prison Treatment Services to Community based Treatment Services.	

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
<p>problem drug and alcohol use and their associated through care arrangements, including women</p>	<p>HMP Porterfield (Inverness), HMP Grampian (Peterhead) and Criminal Justice to ensure that any prisoners with problematic alcohol and drug use are supported through their transition back into the community, in a bid to reduce alcohol and drug related reoffending in the Moray area</p>	<p>Monthly surgeries are held in HMP Inverness, where the majority of offenders serve their sentence, 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. This helps people to link in with services immediately on release; reducing relapse.</p> <p>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; this includes ensuring that ORT is available as well as psycho-social support systems are in place.</p> <p>Liberation protocols and pathway are in place to ensure continuity of care on release</p> <p>MIDAS attends monthly intervention meetings at HMP Inverness as part of the liberation protocol, and planning release packages.</p> <p>MIDAS attends monthly meetings at HMP Grampian, providing specialist nurse input for Moray cases as part of pre-release</p> <p>A shared policy within teams when liaising with prisons to ensure continuity and continued treatment and support upon admission and liberation is in place and operating.</p> <p>Due to the low number of offenders attending HMP Grampian, weekly surgeries are not appropriate. However, there is a formal relationship with the Prison (along with the Women's estate), promoting easy and speedy access to services immediately on relapses with Alcohol and Drug Services having a direct link in with the Prison.</p> <p>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> <p>Data is recorded as part of assessing outcomes.</p>	
<p>4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care</p>	<p>Continue to ensure that service improvement and the Quality Principles, and key recommendation within Staying Alive in Scotland are embedded into both</p>	<p>The Delivery Plan review and Needs Assessment support the work in delivering against the Quality Principles and setting the priorities within the Draft 2018/21 Delivery Plan, as set out in section 1 above.</p>	

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<p>Inspectorate Report, which examined local implementation of the <i>Quality Principles</i>.</p>	<p>policy and practice.</p>	<p>There is a quarterly reporting structure where all services are contracted to report using the Recovery Outcomes Tool. Since the introduction of the Recovery Outcomes Tool, we analyse the data for everyone's progress in their recovery journey that come into drug and alcohol services. The data is aggregated to give both service picture and a Moray wide picture. We use it to meet the individual needs of service users, identify, and review service needs and resources within the 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 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. • 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. • TSI PB – community engagement – promoting recovery and engagement of community projects. • Funding SU's to attend seminars, event • SU meetings – Thursday drop in • Funding Recovery Café/Venue decision 	<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 project outline.</i></p> <p><i>The post has provided the opportunity to focus on developing simplified, coherent, and robust models for supporting individuals for reducing alcohol and drug related harms and taking forward the importance of recovery.</i></p> <p>The MADP as part the 2018/19 budget planning process, considered the review of the Shared Care Pilot, then updated Needs Analysis and the Delivery Plan review and agree to allocated and additional investment to Arrows to work with MIDAS to take forward the Shared Care Approach shared care approach. This additional</p>

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		<p>funding will be a test of change running to the end of the correct contract and will be subject to full evaluation, with the option increasing the value to the future contract, should the evaluation be positive.</p> <p>The MADP has worked in partnership with SDF to support the development of the MADP as a partnership. This continues on to 2018/19.</p> <p>The comprehensive Training Needs Analysis undertaken in 2016/17 alongside-side the Delivery Plan Review, and Needs Analysis helped to inform workforce development areas which were taken forwards in 2017/18 with an increase in the training provision, and quarterly "Front Line" forums in 2017/18.</p> <p>In 2017/18 the following data for the events and delegates are:</p> <table border="1" data-bbox="1111 592 1527 655"> <tr> <td data-bbox="1111 592 1357 624">Events:</td> <td data-bbox="1357 592 1527 624">35</td> </tr> <tr> <td data-bbox="1111 624 1357 655">Delegates:</td> <td data-bbox="1357 624 1527 655">580</td> </tr> </table> <p>The attachment in the footnote provides a brief outline of the workforce Developments Events in 2017/18^v.</p> <p>All services have been engaged in the implementation of the Recovery Outcomes Tool. This provides a more comprehensive framework for using information at an operational level.</p> <p>Moray has worked with tsiMoray to support Community Engagement, and to promote and support a Participatory Budget process.</p> <p>tsiMORAY (Moray's Third Sector Interface), as part of Moray Alcohol and Drugs Partnership (MADP), worked collaboratively with a broad and diverse range of stakeholders to address local priorities and respond to budgetary pressures, in alignment with local and national strategic drivers and guidance.</p> <p>Community groups and third sector organisations, with direct and explicit involvement from those using the projects (users of services) were invited to develop small scale projects. PB provided the mechanism to distribute small grants, on behalf of MADP, through The Big Vote.</p> <p>The project was critically evaluated and concluded that there is greater awareness of the link between Drugs and Alcohol and Mental Health, and people's health and wellbeing and their participation in community activities and decision making, also reflected within the Local Outcome Improvement Plan.</p>	Events:	35	Delegates:	580	
Events:	35						
Delegates:	580						

PRIORITY	*IMPROVEMENT GOAL 2017-18	PROGRESS UPDATE	ADDITIONAL INFORMATION
		<p>As a result of evaluation the MADP have allocated funding for a further round of Participatory Budgeting and Community Engagement, building on the work in 2017/18.</p> <p>Training contributes to meeting the priorities of reducing alcohol and drug related harms, supporting trauma informed practice, support young people, and multi-agency work. Training is provided in conjunction with the Scottish Drugs Forum, Crew 2000, Alcohol Focus Scotland, as well as utilising local support and resources. Details of the work undertaken have been reported in the MADP 2015/18 Delivery Plan Review. Workforce Development is set as a priority areas in the 2018/21 Draft Delivery Plan.</p> <p>Particular mention and thanks goes to Susan Thom and her team in Moray where ABIs in primary care have increased by 30% since the previous year. Workforce Development:</p> <p>IN Q4 2017/18 there were 142 ABI's delivered by primary care in Moray during Q4 of 2017/18. This figure is 50% higher than the same quarter in 2016/17. There were a total of 400 ABI's for the year; 379 in Primary Care and 21 in wider settings. So there is progress.</p> <p>In addition, 6 ABI (of the 28 workforce development events) workforce development sessions were delivered, which included working with Housing Services.</p> <p>Having a conversation about alcohol between a practitioner and services user is paramount to exploring levels of drinking and risks associated with consumption. Existing ABI training is offered to all Morays Primary Care practices on a needs led basis. Training is bespoke to the practice offering either full ABI training or refresher training and is delivered in house in the practice.</p> <p>We recognise the progress but are also aware of the fact that we need to keep pushing for improvement.</p>	

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

3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

<p>What is the formal arrangement within your ADP for working with local partners including Integrated Authorities 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 Group • 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> <p>The Management, Performance Finance and Commissioning</p> <ul style="list-style-type: none"> • To develop and maintain the MADP’s Performance Reporting Framework in the context of the National Performance Framework, in order to evidence the MADP’s progress against the Moray Strategy and Delivery Plan, Moray 2026, NHS national targets including HEAT Targets and to promote the culture and discipline of good management and continuous improvement. • To oversee the implementation and monitoring of the MADP Strategy and Delivery Plan, by ensuring the outcomes are achieved. • To promote the development, delivery and evaluation of substance misuse services; emphasising the direct relationship between performance and financial decisions. • 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. • Provide a forum for discussion, dissemination, and exchange of issues and sharing of best practice in relation to drug and alcohol services. • 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 either via the Community Planning Partnership or from national bodies. • Provide performance data and statistical analysis by way of regular reporting to the functions of the MADP and its partners • Provide performance data and statistical analysis by way of regular reporting to the functions of the MADP and its
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partners.

- To advise the MADP on funding recommendations relating to the MADP Strategy and Delivery Plan.
- To take responsibility for budget control, ensuring best practice and overseeing recommendations regarding the commissioning of services.
- To promote, encourage, assist, and facilitate, by information and advice, the financial planning activities of the MADP.
- To support the MADP in respect of common strategic funding issues and financial planning.
- To scrutinise contracting arrangements in order to ensure that they are fit for purpose and meet with good commissioning/procurement.
- To develop a Commissioning process informed by national policy, local priorities, assessed need public feedback and service audit/inspection.
- 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.
- To scrutinise the financial implications of any proposed new project, initiative, service or contract and make recommendations to the MADP accordingly.
- To provide a networking opportunity for the consideration of financial planning/reporting issues and an opportunity to share and develop best practice.

Children and Young People

- To implement and monitor the MADP Strategy by ensuring the outcomes are achieved and act as the operational arm of the MADP Delivery Plan.
- To promote the development, delivery, and evaluation of substance misuse services for children and young people in Moray.
- To develop and maintain the MADP's Performance for children and young people through maintaining a partnership approach.
- To develop and maintain the MADP's links to children and young people's local planning structures taking full account of matters such as, but not limited to, GIRFEC.
- 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.

- Provide a forum for discussion, dissemination, and exchange of issues and sharing of best practice in relation to drug and alcohol services for children and young people.
- 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 either via the Community Planning Partnership or from national bodies in relation to children and young people.
- Provide performance data and statistical analysis by way of regular reporting to the functions of the MADP and its partner agencies.

Workforce Development sub-group

- Ensure the ongoing development, delivery, and review of a year Workforce Development Strategy informed by a strategic Needs Analysis and guidance, research and directives from the Scottish Government and bodies such as, but not limited to, the Scottish Drugs Forum and Alcohol Focus Scotland.
- To provide the necessary direction and co-ordination, to ensure the effective implementation of the Workforce Development Strategy and Plan and associated development activities across Moray.
- To promote training and workforce development opportunities across agency boundaries.
- To engage with relevant national agencies tasked with workforce development e.g. Scottish Drugs Forum, the Scottish Government, The Care Inspectorate, the Scottish Social Services Council, and Alcohol Focus Scotland to ensure that the MADP is both informed by and influences developments elsewhere.
- To provide a forum for discussion, dissemination, and exchange of issues relating to joint training/ sharing of resources.
- To provide a reference point for the preparation of responses on relevant consultations in relation to workforce development issues.
- To monitor the delivery of and provide progress updates in relation to the MADP Workforce Development Strategy.

The Moray Integrated Joint Board receives copies of the ADP minutes (including attached papers and reports), and performance reports such as the MADP Delivery Plan review. The IJB Strategic Officer is a full member of the MADP.

The Moray Delivery Plan directly cross-references the Moray LOIP. Therefore, the reporting framework for the MADP Delivery Plan is the same process for the MADP reporting on the Alcohol priorities set out in the LOIP.

	<p>Reports are lodged on the MADP website.</p> <p>The MADP is being supported by the SDF and TSi (Third Sector Interface) in development work, promoting engagement by members and being more outward facing to communities. This is continuing into 2018/19.</p> <p>The MADP has taken positive steps to engage with those using services. For example, the MADP Lead Officer was invited to be and is now a full member of the Moray Service Users Group, and to be a regular attendee at evening drop ins and other events. Examples of (but not limited to) partnership working with the service user groups include: Participatory budgets, Delivery Plan review and consultations, Planning additional services for Arrows (Recovery Café). Preparing for DAISy, and Peer recovery champions.</p> <p>The MDP has formal links with the Corporate Parenting Strategy Group, the Licensing Forum, Community Justice Strategy Group, Community Safety partnership, Children's Services, the Health and Wellbeing Forum, LOIP Planning and the IJB.</p> <p>The MADP, working in partnership with other bodies has ensured that targets and millstones set out in the draft MADP Delivery Plan 2018/21 are directly and explicitly reflected in other plans such as the Moray LOPI, Children Services Plan, and the Community Justice Strategy; with common targets being referenced across strategies.</p>
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In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.





APPENDIX 1:

1. Please provide any feedback you have on this reporting template.

The template is a useful tool to support planning and reporting. It was easy to follow, with relevant questions.

APPENDIX 2:

Moray Alcohol and Drugs Partnership Quarterly reports for 2017/18:

Quarter 1	 2017-18 Q1 Report.pdf	Quarter 2	 Q2 2017-18 Report.pdf
Quarter 3	 2017-18 Q3 Report.pdf	Quarter 4	 2017-18 Q4 Report.pdf

i



Delivery plan version
3 27 05 2015 at 09 :

ii



Moray Delivery plan
Summary of Achiever

iii



Moray final Delivery
plan 2018 21 consult

iv



Name of
Training.docx

v