

Moray ADP Delivery Plan 2021 - 2024

**REVIEWED & REVISED – NOVEMBER 2021**

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# INTRODUCTION

As part of the reviewing how Alcohol and Drugs partnerships take forward the national alcohol and drugs Strategy, The Scottish Government have asked that all Alcohol and Drug Partnerships produce a five-year plan. Where partnerships already have a delivery plan with actions agreed by the partnership, then that plan would form the backbone of the Scottish Government requirement.

The Moray 2018/21 Delivery Plan was produced and agreed by the Moray Alcohol and Drugs Partnership, taking account of the national priorities and setting local priorities.

This plan sets out priorities for the period 2021 – 2024; 3 years. The plan, the budget and priorities will be reviewed in 2024; with any revisions covering the period 2024 – 2026; which will mean that the overall plan will cover the five-year period.

The 2021/24 plan is “a live document”, and has been updated to take account of the Rights Respects and Recovery Strategy, a review of progress against the priorities, the Moray Children’s Services plan 2020/23, the Community Justice Priorities, and Moray priorities.

The plan is subject to regular review. The MADP recognises the importance of working across partnerships as part of developing whole systems approaches. Therefore, this plan should be considered against and alongside other plans such as (but not limited to) the Community justice Plan and the Children’s Services Plan 2020/23; with the partnerships working together to ensure that there is strategic alignment.

The 2018/21 Delivery took account of the Moray Alcohol and Drug Strategy 2015 – 25. The 2015/25 strategy was written prior to the implementation of the Scottish Government Rights Respect and Recovery/ Alcohol Framework and the emerging priorities from the Drug Deaths Task Force, and therefore does not reflect the important priorities as set out by the aforementioned national priorities.

The MADP Delivery Plan 2021 – 2024 will be the main Moray Alcohol and Drugs high-level document.

The purpose of the Moray Alcohol and Drug Partnership [MADP] is to reduce alcohol and drug related harms, the impact of problematic alcohol and/or drug use on individuals, families, and communities by co-ordinating the work of the statutory and third sector agencies by developing and implementing strategies for tackling alcohol and drug relating issues at a local level.

The MADP exists to bring partners together: people with lived experience, communities, statutory bodies, community groups, third sector organisations, community planning partnerships, public bodies, health, care providers, and more. We do this to develop a whole-system, cross-sector approach to better plan, deliver and improve outcomes for those affected by alcohol and other drugs.

The Alcohol and Drug Partnership is not an entity on its own but a term used to describe the formality of the partnership of agencies working together towards the priorities in this strategy.

People do not live ‘single issue lives’ and this is recognised through the commitment to adopt a whole-system approach to embedding ownership and local implementation of this plan across all partners.

The aims of the MADP are:

* To provide leadership on strategic planning;
* Make strategic and planning recommendations to bodies such as (but not limited to) the Community Planning Partnership [CPP] through the Healthier Theme Group, and the Moray Integrated joint Board;
* Provide direction at Chief Officer Level, focussing on local and national priorities;
* Ensure strategic links are made with other planning structures; and
* Ensure MADP services are high quality, continually improving, efficient and responsive to local population need, working with other teams, and services involved in quality improvement and service standards.

# Engagement and collaboration

It is important that services are developed in partnership with people who live in our communities, and particularly those with personal experiences, whether that be their own, that of a friend, or a family member. People’s lives are complex, as are our systems of support. Recognising and responding to this complexity requires working collaboratively, towards the shared priorities and actions set out in this plan.

### Our Commitments

* To integrate the principles and commitments of partners and partnerships into this plan to ensure there are joined-up approaches to preventing and reducing alcohol and drug related harms.
* Workforce development put on by the MADP will be accessible to volunteers, staff from other organisations and members of the public with lived experience (where appropriate).
* Partners will encourage a culture of continuous improvement to ensure that services meet the needs of the public, and where services are funded by the MADP, they deliver against the funding requirements; complying with DAISy and performance management systems.
* Partners will work to engage and involve local communities, especially those with lived understanding of alcohol or drugs, young people and families; in the prioritisation, design and development of services, and demonstrate the important position that communities have in influencing their work.
* Partners will continue to encourage and support communities to stay connected, implement local solutions to grow the recovery networks, and strengthen pathways for continuing support for those in recovery.
* The MADP respects that all individuals are free to define their personal understanding of recovery in whatever way they choose. Individuals involved with treatments such as OST, clinical support, controlled use or abstinence may identify as being ‘in recovery’ irrespective of their involvement with structured treatments. The MADP acknowledge that active recovery communities can be present within commissioned services.
* The MADP will promote a rights based approach, taking steps to challenge, reduce and counter stigma; as part of promoting engagement and ensuring that people are treated with dignity and respect.
* The MADP will work across partnerships and strategic planning bodies; contributing to and supporting the delivery of their strategic and operational plans, as a full partner; as well as promoting the work of the MADP within those partnerships and planning bodies.

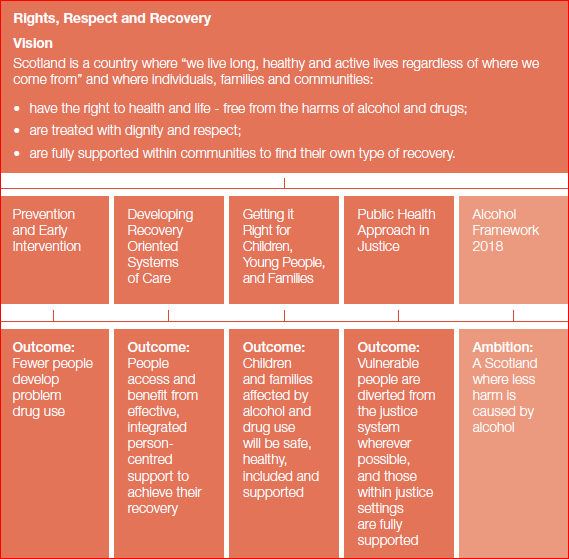
This Delivery Plan is a live document and will be subject to review and amendment, taking account of emerging local priorities as agreed by the MADP and other Moray partnerships, and national priorities. Quarterly performance and risk management reports will be presented to the MADP, which will make recommendations for any revisions and actions that need to be taken to improve areas where this either under‑performance or risk.

# THE POLICY CONTEXT

Several national strategic developments underpin the plan. Rights Respect and Recovery, and the Alcohol Framework set out a series of national outcomes and priorities to reduce harm from alcohol and other drugs in Scotland. These outcomes will enable achievement of the national public health priority, *‘A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs’* as identified in the Public Health Reform Programme. Alongside this, the Public Bodies (Joint Working) (Scotland) Act 2014 is key to the development and delivery of services to reduce harm from alcohol and other drugs at a local level.

The Scottish Government has produced their Partnership Delivery Framework and the Ministerial Priorities and Improvement Goals, which aim to ensure a consistent approach to planning and reporting, across all ADPs. As part of this, the Scottish Government emphasis the need to work collaboratively to shift focus towards preventing ill health and reducing inequalities to improve Scotland’s public health record.

The priority areas set out in Rights, Respect and Recovery are:



The table below (Figure 1), sets out the wider Moray policy framework:



Figure 1: The Policy Framework

The Scottish Drug Deaths 2021 Forward Plan has outlined priority areas which are directly linked to reducing drug related harms. These are:

* Maximising capacity and capability of emergency services, families, friends, and agencies to deal with a potentially fatal overdose by being properly equipped and trained.
* Maximising the support, access, and range of practical and appropriate choices of pathways for anyone with high-risk drug use.
* Addressing issues that can pre-dispose the vulnerable to move into higher risk use of drugs through relevant key agencies and reducing the associated impact on wider communities.

The above includes the areas set out below:

Introducing the Medically Assisted Treatment (MAT) Standards. Note that this Delivery Plan will be reviewed and revised once the standards are ratified and in place.

### Medically Assisted Treatment Standards

Summary of the standards:

1. All people accessing services have the option to start MAT from the same day of presentation.

2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

3. All people at high risk of drug-related harm are proactively identified and offered support to commence, re-commence or continue MAT.

4. All people are offered evidence based harm reduction at the point of MAT delivery.

5. All people will receive support to remain in treatment for as long as requested.

6. The system that provides MAT is psychologically and trauma informed (Tier 1); routinely delivers evidence based low intensity psychosocial interventions (Tier 2); and supports the development of social networks.

7. All people have the option of MAT shared with Primary Care.

8. All people have access to advocacy and support for housing, welfare and income needs.

9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

10. All people receive trauma informed care.

The implementation date has not yet been published as consultation is continuing; however, it is likely to be in the summer of 2021.

The MAT standards will apply across Scotland. Although the final standards have still to be published there are unlikely to be significant changes. Any changes will be reflected in a revised Delivery Plan.

The budget proposals in this paper set out options for enabling these standards to be put into practice.

### Multiple Complex Needs

Research into the circumstances of fatal and non-fatal overdoses has supported the development of interventions that target high-risk situations or high-risk individuals. Overall, the evidence strongly indicates that a significant reduction in fatal and non-fatal drug overdoses could be achieved by the implementation of a range of interventions that can target different aspects of recurring risk scenarios and profiles.

Many of those at high risk are impacted by a number of inter-related characteristics and have multiple complex needs.  Mental health problems, poor physical health, poly‑drug use, impact of trauma, poverty and chaotic and un‑structured lifestyles makes people more vulnerable.

In addition to the above, the Scottish Government are placing a high priority on improving the practice for supporting vulnerable families and children, and to see an increase in the range of services, with Children & Justice and Adult services working together to reduce barriers to engagement, promote support to families and children by adopting quantifiable whole family approaches. See below:

### Whole Family Approach

Within Rights, Respect and Recovery (RRR) there is a specific focus on the needs of children, young people and their families who are affected by substance use. The RRR calls for the development of a whole family approach, underpinned by family inclusive practice across alcohol and drug services, Children’s and Justice Services and other settings where individuals and families seek help or are protected. RRR sets out to define the intent of developing whole family approach/family inclusive practice in Scotland by linking the needs of individuals experiencing difficulties with substances with those who may be directly or indirectly affected.

The Promise has a specific focus on the rapid expansion of family based support in Scotland, recognizes that these supports are not consistently available and that they must be able to support families early with a focus on prevention – but be as enduring and long standing in their approach as necessary:-

*‘Where children are safe in their families and feel loved they must stay – and families must be given support together, to nurture that love and overcome the difficulties which get in the way…. Scotland already has a clear commitment to early intervention and prevention. That commitment is best realised through proper, holistic support for families. There must be a significant upscale in universal family support services.’(p.46)*

The Promise sets out some very specific challenges for families affected by substance use issues including the need to recognise relapse as a common part of the recovery process, the requirement for services to move beyond a narrow risk based approach to supporting children and their families, to one actively based on addressing needs in order to promote recovery within families. The Promise calls for substance use services supporting parents and statutory children’s services to ‘compassionately collaborate’ for the best interests of children and their families, recognising the frequent and longstanding tensions that can and do emerge in supporting families affected by substance use, balancing the needs of parents and other adult relations with the needs and safety of children.

*‘The Care Review has heard that children living with parents with problematic substance use have complex, conflicting feelings about their parents difficulties. With more flexibility in how services are provided including a flexible, whole family approach to support and management of problematic substance use, there is the potential for families to stay safely together…..Services supporting parental substance use and statutory children's services need to compassionately collaborate with each other to ensure supports are in place that holistically assesses children within their families and support them to stay with families whenever this is safe to do so.’ (p.54)*

The MADP Delivery Plan is delivered through this and other plans as set out in figure 2 below, as well as linking up with groups such as the Fairer Moray Forum and the wider Making Recovery Real network.



Figure 2: MADP Delivery Plan links to other Moray Plans

# OUR OVERARCHING PRIORITIES

1. **Prevention and reducing harm, early intervention and enabling recovery**

Building resilient services and communities to reduce harm and minimise risk.

1. **Reshaping services and support**

Easy to navigate services that are kind and supply the right support to those who need it and that services are trauma informed.

1. **Engagement and collaboration**

Working with communities and enabling those with lived experience to influence service delivery.

1. **Tackling inequalities**

Contributing to the wider system to address the poverty, exclusion, trauma, and other social circumstances that can cause people to feel hopeless and ambivalent for the future.

1. **Effective use of resources**

Making best use of our resources and focusing them where they are needed the most.

The above are supported by 8 strategic areas linked to actions for the next three years: (2021/24)

1. Supporting Education and prevention,
2. Reducing alcohol and drug related harms,
3. Promoting Recovery;
4. Managing availability,
5. Supporting children, young people and Families;
6. Supporting Community Safety;
7. Engaging with communities and the Local Environment; and
8. Promoting quality, efficient and effective service delivery

### How performance will be measured

* We will use measures of **attractiveness** such as: the proportion of those in difficulty engaged with services, including those leaving prison; the proportion of clients remaining engaged with services.
* We will use measures of **effectiveness** such as achievement of waiting time targets, compliance with DAISy, quarterly reporting by services both within the third and public sectors; and outcomes as set out in the Recovery Outcomes tool, or the Outcomes Star tool which will be embedded into DAISy and which is set to replace the Recovery Outcomes Tool.
* We will use measures of **success** such as the proportion of clients experiencing a reduction in severity and positive progression in their lives; a reduction of deaths in service and an improvement in people having their rights met who need to access *any* service.
* We will use measures of **change** to assess how well we learn from drug and alcohol MARS process and the views of people who use services.
* We will monitor aggregate service user information collected through the DAISy Information System about:
* The range of sources of referrals to specialist services.
* Discharge reasons to assess why service users may have prematurely disengaged.
* A wider range of staff will have gained skills and knowledge in motivational interviewing, trauma informed practice and listening and responding to children affected by parental substance use.
* We will use the Recovery Outcomes tool. ( to be replaced by the Outcomes Star tool which will be integrated into DAISy in 2021/22)
* Commissioned services and services in receipt of MADP funding with both the public and the third sector will provide quarterly performance reports, which directly relate to the funding requirements. Funding will be directly linked to the reporting requirements.

### Tackling inequalities

It is recognised that those experiencing unfair variations of opportunity for minimum standards of income, education, safety, housing, or access to universal or specialist services compared to other people are more likely to suffer harm from alcohol and other drug use, as well as a range of other health inequalities.

This Delivery Plan will contribute to the wider Moray efforts to tackle these inequalities working with partners such as the Fairer Moray Forum.

### Our Commitments

* In accepting the strong links between inequalities and alcohol and other drug related harms, partners will contribute to Moray’s wider efforts to reduce inequality.
* Partners will tackle the stigma and prejudice that some people, families, and communities experience due to alcohol and other drugs that gets in the way of them being treated fairly.
* Partners will explicitly recognise and celebrate recovery to reduce stigma and promote a greater sense of connection and belonging.
* Partners will advocate for and safeguard the human rights of people affected by alcohol and other drugs and support independent advocacy services to make a positive difference to people’s everyday lives.
* Partners will innovate to tackle barriers and use novel ways to make it easier for disadvantaged people to engage with services and access community supports.

### Outcomes for people

* People affected by alcohol and other drugs will experience improved support and care from universal community, health, and social services as well as anyone else in the community regardless of where they stay, any co-occurring conditions or disabilities they may have, or their beliefs or culture.
* People will be aware of their rights and responsibilities and will be encouraged and supported to exercise these.
* People affected by alcohol and other drugs will feel respected and better supported.
* People using alcohol and drug services will enjoy quick and easy access to other supports helping to tackle underlying disadvantage such as income, housing, education, isolation, and digital exclusion.

### How performance will be measured

* Peer research will developed into assessing outcomes that demonstrate whether stigma and prejudice has reduced and access to universal services has improved.
* We will use data linked to recovery outcomes to inform commissioning decisions and service development.[[1]](#endnote-1)
* We will monitor aggregate service user information collected through the DAISy Information System about:
* Distribution of ethnic, age, gender and home location.
* Waiting times and access to services.
* Referral sources.
* Planned and un‑planned discharges.
* Access to housing, employment and training, physical and mental health, and family support.
* Distribution of Naloxone kits including repeat and spare supply.

### Effective use of resources

We will regularly review how we plan, develop, and deliver services, to make sure we are making the best use of available resources in order to make a positive difference to as many lives as possible.

### Our Commitments

* Partners will adopt modern collaborative technologies to improve coordination, speed of progress and accountability between partners.
* The MADP will work with commissioning and procurement partners to ensure that that there is a stable, long-term relationship and collaboration with and between providers.
* All agencies, both in the third and public sector that receive funds from the MADP will submit quarterly performance reports to the MADP Manager and therefore the MADP, as a condition on their funding. Where a contract or reporting framework is not in place, then this is will be set up and agreed prior to the budget allocation. Such an agreement must include complying with DAISy and reporting requirements.
* Partners will improve data collection and joint analysis to improve collective understanding of alcohol and other drug harm and prioritise our efforts.
* Partners will participate in financial modelling and benchmarking to seek new ways of maximising value for and minimising costs to our communities.
* The MADP will progress workforce development in partnership with SDF, CREW, other providers and internal partners, taking account of the need to support front line staff that have key role in reducing alcohol and drug related harms and promoting recovery.

# OUTCOMES FOR PEOPLE

* Available resources will be prioritised towards promoting access to services and supporting those that are most at risk.
* Service users will experience a greater continuity in service provision with no profound changes without their direction or support.
* People’s personal data will remain confidential and secure but will be better analysed to inform priorities and service improvements.
* Anyone wishing to engage with help and support electronically will be enabled to do so.

### How performance will be measured

* Service monitoring will reflect priorities in this Delivery Plan.
* ADP investments will reflect the priorities in this Delivery Plan.
* The contribution of partners will celebrated through action plans and reporting.
* Monitoring of aggregate service user information collected through the DAISy Information System about the proportion of cases discharged as ‘treatment complete.’
* Peer research outcomes will demonstrate that no-one has been unsupported to engage electronically.

Partners are determined to achieve the priorities by working together.

Actions in other strategies such as Children & Justice Services, Education, Licensing, Community Justice, Criminal Justice, Housing, Health, Policing, and others are recognised as being part the range of strategies and plans, which have an impact on reducing alcohol, and drug related harms.

The MADP has a responsibility to oversee all alcohol, drug work, and ensure that partners work together towards these agreed strategic priorities.

Representatives of partners will be identified to lead various actions in the MADP delivery plan designed to implement the priorities in this strategy. It is the role of the MADP and the ADP support team to assist partners and check progress. It will be the role of every partner to ensure that we all stay true to our guiding values and principles.

Appendix 1 outlines the high-level outcomes and actions that will be delivered within the duration of this plan. Appendix 2 outlines performance measures, which will be used to monitor the delivery of the plan.

# 

# PARTNERS

This plan has been agreed by all partners. A full list of all partners is stet out in the governance arrangements.

The MADP has linked in people who use services and the Health and Wellbeing Forum, with the opportunity through to comment and engage with this plan.

In addition the above groups have been involved in consultations on how the MADP additional funding allocations from the Scottish Government could be utilised; taking account of local priorities and needs; culminating in the three year (2018/21) funding decisions being submitted to the Scottish Government. The MADP currently uses the Recovery Outcomes Tool, which covers the following domains:

1. Substance use
2. Self-care and nutrition
3. Relationships
4. Physical Health and Wellbeing
5. Mental health and emotional wellbeing
6. Occupying times and fulfilling goals
7. Housing and independent living
8. Offending
9. Money matters
10. Children

The Recovery Outcomes Tool will be replaced by the Scottish Government in 2021/22. Until this happens, Moray will continue to use the Tool.

# 

# FINANCE

The MADP forms part of the NHS Grampian area and receives a percentage of the ADP monies that come from the Scottish Government, via NHS Grampian into the Integrated Joint Boards (IJB) for each of the three areas; Aberdeenshire, Aberdeen City and Moray.

The figures below shows planned budget for 2021/22. The budget may be amended should additional funds be received from the Scottish Government.

|  |  |
| --- | --- |
| **MADP 2021/22 budget: Summary** | **MADP 2021/22 budget: Note this may be subject to change and refinement.** |

| **SERVICE** | **MAIN ALLOCATION** | **DD TASK FORCE 2 YEAR ADDITION (planned)** | **SG 5 YR UPLIFT COMMUNITY** | **RES: REHAB** | **WHOLE FAMILY** | **OUTREACH** | **NEAR FATAL O/D PATHWAY** | **LIVED / LIVING EXPERIENCE PANEL** | **TOTALS** | **PROVIDER** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MADP Lead Officer | £46,000.00 |  |  |  |  |  |  |  | £46,000.00 | MADP | Continuation funding. |
| MADP support team | £28,000.00 |  |  |  |  |  |  |  | £28,000.00 | MADP | Continuation funding. |
| MIDAS admin additional hours | £6,500.00 |  |  |  |  |  |  |  | £6,500.00 | MADP | Additional hours for MIDAS admin |
| Arrows / Quarriers Family Support Corra | £50,000.00 |  |  |  |  |  |  |  | £50,000.00 | QUARRIERS - ARROWS | Continue as per contract. Building on the Whole Family Approach, |
| Arrows Family Service replacing Corra |  |  |  |  | £50,000.00 |  |  |  | £50,000.00 | QUARRIERS - ARROWS | Replaces funding. See "Whole Family Approaches" |
| Arrows Family worker x 1 | £30,000.00 |  |  |  |  |  |  |  | £30,000.00 | QUARRIERS - ARROWS | Continuation funding. |
| Direct Access Service. | £370,000.00 |  |  |  |  |  |  |  | £370,000.00 | QUARRIERS - ARROWS | Continuation funding. |
| Direct Access Service; enhanced service addition. | £60,000.00 |  |  |  |  |  |  |  | £60,000.00 | QUARRIERS - ARROWS | Continuation funding. |
| Recovery Development & Café Manager | £40,000.00 |  |  |  |  |  |  |  | £40,000.00 | QUARRIERS - ARROWS | Continuation funding. |
| Post linked to Naloxone assessment and training | £15,000.00 |  |  |  |  |  |  |  | £15,000.00 | QUARRIERS - ARROWS | Continuation funding. |
| Enhance Young Carers project; impacted by parental alcohol or drug use. | £20,000.00 |  |  |  |  |  |  |  | £20,000.00 | QUARRIERS - CARERS | Continuation funding. |
| Café additional cook hours |  | £4,129.00 |  |  |  |  |  |  | £4,129.00 | QUARRIERS - ARROWS | Drug Deaths Task Force additional funding. |
| Enhance adult carer contract; linked to carer support plans. | £30,000.00 |  |  |  |  |  |  |  | £30,000.00 | QUARRIERS - CARERS | Continuation funding. |
| Prevention material | £5,000.00 |  |  |  |  |  |  |  | £5,000.00 | MADP | Continuation funding. |
| Naloxone | £5,000.00 |  |  |  |  |  |  |  | £5,000.00 | In house. Purchased via NHS Grampian | Continuation funding. |
| Workforce development | £8,000.00 |  |  |  |  |  |  |  | £8,000.00 | MADP | Continuation funding. |
| To cover MIDAS shortfall. | £40,000.00 |  |  |  |  |  |  |  | £40,000.00 | **NHSG MADP** | Cover shortfall in the budget. |
| MIDAS to cover enhanced service costs. | £47,000.00 |  |  |  |  |  |  |  | £47,000.00 | **NHSG MADP** | Continuation funding |
| MIDAS Psychologist | £8,000.00 |  | £2,000.00 | £11,000.00 |  | £11,000.00 | £50,000.00 |  | £82,000.00 |  | New post, supporting trauma informed practice and helping to reduce harms. |
| MIDAS - Social Work Assistant or Similar |  |  |  |  |  | £40,000.00 |  |  | £40,000.00 | NHSG MADP | Supporting rehabilitation in the community, & pre/post rehab |
| MIDAS increased medical input |  | £10,000.00 |  |  |  |  |  |  | £10,000.00 | NHSG MADP | Drug Deaths Task Force additional funding. |
| MIDAS Specialist Doctor Time |  |  | £65,000.00 | £31,000.00 |  |  |  |  | £96,000.00 | NHS | See references to MAT standards. Budget to support costs in implementing MATs standards. |
| MARS and data analyst time | £12,000.00 |  | £13,000.00 |  |  |  |  |  | £25,000.00 | NHS | Supporting the MARS and reporting process and feed this into commissioning decisions. |
| MIDAS Health Care Assistant | £20,000.00 |  |  | £15,000.00 |  |  |  |  | £35,000.00 | NHSG MADP | Post supports the MIDAS clinical staff, as part of reducing harms. |
| Advocacy | £35,000.00 |  |  |  |  |  |  |  | £35,000.00 | CIRCLE ADVOCACY | Continue as per contract |
| Prevention, supporting Locality Networks |  |  |  |  | £10,013.00 |  |  |  | £10,013.00 | Locality Networks | Locality Networks: for prevention work |
| Lived & Living Experience panel and/or forum |  |  |  |  |  |  |  | £8,573.00 | £8,573.00 | Wellbeing Hub | Wellbeing Hub to take the lead. |
| Residential Rehabilitation beds |  |  |  | £ 20,000.00 |  |  |  |  | £20,000.00 | TMC | Supporting the Moray budget for residential rehabilitation. |
| Contingency | £ 828.00 |  | £733.00 | £3,733.00 | £ | £440.00 | £1,440.00 | £ | £7,174.00 | TMC |  |
| **PLANNED EXPENDITURE** | **£ 875,500.00** | **£14,129.00** | **£80,000.00** | **£77,000.00** | **£60,013.00** | **£51,000.00** | **£50,000.00** | **£ 8,573.00** | £1,216,215.00 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Drug Deaths Task Force Funding** | **£14,129.00** |  |  |  |  |  |  |  |  |  |  |
| **Current funding for services** | **£876,328.00** |  |  |  |  |  |  |  |  |  |  |
| **SG 5 YR UPLIFT COMMUNITY** | **£80,733.00** |  |  |  |  |  |  |  |  |  |  |
| **RESIDENTIAL REHAB** | **£80,733.00** |  |  |  |  |  |  |  |  |  |  |
| **WHOLE FAMILY** | **£60,013.00** |  |  |  |  |  |  |  |  |  |  |
| **OUTREACH ALLOCATION** | **£51,440.00** |  |  |  |  |  |  |  |  |  |  |
| **NEAR FATAL O/D PATHWAYS** | **£51,440.00** |  |  |  |  |  |  |  |  |  |  |
| **LIVED / LIVING EXPERIENCE PANEL** | **£8,573.00** |  |  |  |  |  |  |  |  |  |  |
| **TOTAL CONFIRMED FUNDS AVAILABLE** | **£1,223,389.00** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **CONFIRMED SPEND** | **£1,216,215.00** | **Underspend will be calculated in December with options for utilising the underspend for non‑recurrent initiatives will be presented the MADP** | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Contingency** | **£ 7,174.00** |  |  |  |  |  |  |  |  |  |  |

The above budget forms the basis for 2022/23 budget. The 2022/23 budget will be confirmed in March 2022.

# GOVERNANCE ARRANGEMENTS

## MADP Governance

The MADP reports to, and is part of the Moray Integration Joint Board.

The MADP as the strategic group oversees the MADP Strategy and the Delivery plan.

Representation from the Third Sector is provided by the Moray Third Sector Interface in order to maintain a neutral and transparent process. The membership of the MADP is made up from:

NHS Grampian:

* Dr Grays
* Public Health
* Midwifery
* Pharmacy
* Psychiatry – Alcohol and Drugs
* Scottish Ambulance Service

The Moray Council:

* Housing
* Adult –Community Care
* Children & Justice Services
* Licensing
* Community Safety
* Community Justice
* Elected Member
* Commissioning Officer
* Accounts

Police Scotland:

* Third Sector Interface
* Third Sector – Alcohol and Drugs Service Provider
* SACRO Third Sector Housing Support Provider
* Department of Work and Pensions
* Aberlour Child Care Trust
* Circle Advocacy
* Moray Wellbeing Hub

The MADP takes responsibility for overseeing the Delivery Plan. The delivery plan identifies key bodies or department to lead sections of the plan and these are identified in the outcomes report in appendix 3. All reporting structures within the ADP are overseen by the full MADP.

The MADP has responsibility for the planning, commissioning of services, management of the budget, workforce development, and performance.

The MADP has an overview of the priorities, and clarity of the strategic direction; linking in with the Integrated Joint Board and Community Planning Partnership, allowing for policy and services to be commissioned in line with the needs of the area.

The ADP uses the Moray Council to procure and develop contracts with all services.

The MADP has set the budget for the three year period 2018/21; taking account of the strategic priorities.

# National Support

The MADP has benefitted from engaging with the following groups and look forward to working with them in the future:

* Scottish Government National Support Team
* Scottish Recovery Consortium (SRC)
* Alcohol Focus Scotland [AFS];
* Scottish Drugs Forum [SDF];

# Performance Management

The Delivery Plan will be subject to a stringent performance management process. Quarterly performance and risk management reports will be presented to the MADP, which will make recommendations for any revisions and actions that need to be taken in order to improve areas of under‑performance.

An annual report using the Scottish Government reporting template, is sent to the Scottish Government, the MADP and the Integrated Joint Board.

A three-year Delivery Plan review will be undertaken along with a revised needs assessment, will be presented to the MADP and the IJB.

# CONCLUSION

This plan reflects the commitment from all partners to support delivery against the new Scottish Government Alcohol and Drug Strategy and Alcohol Framework, the Moray LOIP and Moray 2026, through high quality, continually improving, efficient, and responsive services to meet local need.

**Simon Boker-Ingram**

**Chair, Moray Alcohol and Drug Partnership**

**Chief Officer – Moray Integrated Joint Board**

#### DELIVERY PLAN ACTIONS:

| MORAY 2026: A PLAN FOR THE FUTURE. PRIORITY AREAS | | | | |
| --- | --- | --- | --- | --- |
| **A growing, diverse and sustainable economy** – this is our top priority at the heart of the future success of Moray. It covers business, employment, infrastructure, public services, and the third sector developing sustainable communities. | **Healthier Citizens** – the main areas identified for improvement are to reduce incidence of obesity, reduce the number of smokers, reduce alcohol dependency, and improve mental health and wellbeing. | **Ambitious and confident young people** – the focus under this heading is to improve the life chances of children by supporting them and their families at the earliest possible stages and as required thereafter giving all children in Moray the best possible opportunities to achieve their potential. | **Adults living healthier, sustainable independent lives safeguarded from harm** – the main areas identified are:  i. Reshaping the support available for older people to ensure their needs are met to sustain active lives in the community; and  ii. Reduce the number of households in fuel poverty. | **Safer communities** – whilst recognising that Moray is a safe place to live, we need to do more to protect those most vulnerable and at risk and be proactive to ensure that communities feel safer in the years ahead. |

| MORAY LOIP | |
| --- | --- |
| **IMPROVING WELL-BEING OF FOR OUR POPULATION** | People are healthier and experience less harm as a result of poor health and well-being |
| **Community Planning Partnership Focus** | A whole population approach to prevention and reducing alcohol and drug related harms |
| **Milestones:** | There is a reduction in alcohol and drug related harm and improvement in community wellbeing |
|  | Promote engagement into treatment, care and support, and ensure the consistency of alcohol and drug service provision across Moray; supporting community services in meeting the needs of those using services where alcohol or drug use is a factor. |

| MADP THREE YEAR DELIVERY PLAN: ACTIONS |
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| **NATIONAL OUTCOME** | **PREVENTION & EARLY EDUCATION**  **Fewer people develop problem drug (and alcohol) use.** |
| **ALCOHOL AND DRUG PARTNERSHIP 3 YEAR OUTCOME.** | **People are healthier and experience less harm as a result of alcohol and drug use and all services work together to reduce alcohol and drug related harms and deaths.**  **People live in positive, health promoting local environments where alcohol and drugs are less readily available.**  **Intelligence on the nature, scale of need, effectiveness is generated, managed and applied to ensure evidence informed decision making and action; informing prevention, treatment and support services,. With services being of high quality, continually improving, efficient, evidence based and responsive, ensuring people move through treatment into sustained recovery.**  **Accurate, easy to understand health-promoting information regarding Alcohol and Drugs will be shared, and disseminated.**  **Children live in safe and supportive families: Intervening at the earliest opportunity to minimise the impact of parental substance use on family wellbeing** |

| **ACTIONS** | **PERFORMANCE INDICATORS(S)** | **LINKS TO CONTRACTS** |
| --- | --- | --- |
| Identify the level of physical and mental wellbeing of those accessing Drug and Alcohol Services, and improve these through treatment and support.  All services will comply with the DAISy reporting requirements as a condition of their funding. | DAISy and Recovery Outcomes Tools | Contract management reporting and performance reporting.  MADP quarterly reports. |
| Use National Recovery Outcomes Tool (and whichever tool is embedded into DAISy) to measure outcomes and use this information to support those in service and as part of operational and strategic planning. | DAISy, Recovery Outcomes Tool, contract management report, quarterly and annual MADP reports. | Contract management reporting and performance reporting.  MADP quarterly report. |
| Deliver Alcohol Brief Interventions and MEOC (Making Every Opportunity Count) interventions in a range of settings, in conjunction with Health Improvement colleagues. | ABI reporting data and annual report, and MEOC reports. |  |
| Facilitate the use of ABI’s in mandatory and mon-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, in accordance with ABI national Guidance 2018/19. | ABI data reports. |  |
| Work with NHS Grampian to ensure that Naloxone is available to both those using drugs as part of 1 – 1 interventions, and family members, distributed through NHS settings, and third sector providers. | NHS GRAMPIAN Naloxone data reports, Naloxone training reports. | Arrows Naloxone post.  MADP Quarterly report  MIDAS report  NEO system |
| Review and promote the Needle Exchange service within Arrows, and build this into the revised Single Point of Contact tender in 2022, and continue to promote this through the future provider. | NHS Grampian Needle Exchange data report, contract. Single Point of contact tender. | Quarriers Arrows NX contract |
| The Scottish Ambulance Service (SAS) will encourage those who have been administered naloxone by the SAS to seek support through Alcohol and Drug services through the SAS referral process. | NHS Grampian SAS data reports. |  |
| Continue to support and promote the Needle Exchange scheme with Pharmacists and Arrows. | NHS Grampian Needle Exchange data report. | Quarriers Arrows NX contract |
| Promote the safe use of Naloxone through training, and advertisement. | NHS Grampian Naloxone data report. Naloxone training reports, examples of publications and promotion material. | MADP Quarterly Report. |
| Work with alcohol and drug services to reduce un‑planned discharges; promoting re‑engagement by proactive interventions. | DAISy data on unplanned discharges and Arrows Quarterly report. | Quarriers – Arrows and MIDAS  Service quarterly reports.  MADP Quarterly Report. |
| Use information from NHS Grampian and Dr Grays relating to unscheduled care pathways, to identify opportunities for earlier intervention. | NHS Grampian – Health Intelligence report. |  |
| Undertake Non‑fatal overdose reviews, drug/alcohol related deaths reviews, and risk management plans as part of the Moray MARS Drug related deaths processes and in line with Drug Death Task Force Recommendations and use these reviews to identify opportunities to intervene or reduce future deaths.  Agencies and partnerships represented on the MADP agree to engage in and contribute to the MARS process.  Provide reports as required, to COG, and to the half yearly to the MADP and feed the learning from the MARS process into commissioning decisions. | Alcohol and Drug Related deaths review minutes and reports, Staying Alive Audit and Action Plan.  COG and MADP reports. | Service specifications; a requirement for the services funded by the MADP to engage in the MARS process. |
| In conjunction with NHS Grampian and National agencies, produce and distribute easy to understand, accurate heath improvement information about drug and alcohol use to create a knowledgeable and supportive community[[2]](#endnote-2). | Alcohol audit is undertaken to gauge level of prevention activity, and if the activity confirms to good practice guidelines.  Material produced, distributed and used. |  |
| The MADP will work with national and local organisations to develop and promote staff training and support to enable staff to provide advice, interventions and support those using services in order to reduce the risks associated with alcohol and drug use. | MADP minutes, learning events delivered and evaluated, attendance records and course details collected and used to support forward planning. |  |
| Through the Grampian Drug Trend Monitoring Group, continue to gather intelligence on the purity, prevalence, trends and risks of drugs in the Grampian and Moray area; allowing the MADP to gauge any changes and put in place the necessary measures to deal with emerging trends through sharing information, promoting services and supporting the workforce. | Minutes of meeting and records, recording outcome of intelligence. |  |
| Work with Children and Families and Justice Services to facilitate an increase in young people’s life chances and working towards reducing the risks associated with drug or alcohol use, including contributing to the co-design of accessible and effective universal and early intervention mental wellbeing services and supports in Moray. | Realigning Children’s Services. Education and Prevention initiatives promoted and delivered through the Children’s Services Plan 2020/23.  Improved school attainment.  Increased investment in early intervention services and supports.  Locality Networks (LN’s and Aberlour Youth Point) Test of Change evaluation report.  More young people self- report good emotional and mental wellbeing via the mental health and wellbeing survey. |  |
| The MADP will work across both drug/alcohol and Children & Justice services; The Child Protection Committee and Public Protection, contributing to joint planning, service design and evaluations of effectiveness; making recommendations for revisions and promoting good practice. | Education and Prevention initiatives promoted and delivered through the Locality Networks.  Children & Justice Services are included within the MADP workforce development programme.  CPC minutes.  Public Protection Minutes.  MASH project report. |  |
| Partnership workforce and community development plans include opportunities which increase confidence and competence to identify and address impact of neglect, parental substance use and domestic abuse. | Number of workforce development opportunities and evaluation of impact. |  |
| Review evidenced based good practice approaches to prevent or minimise the impact of neglect, parental substance use and domestic abuse, and support staff to act upon, deliver, and promote evidenced good practice and use this good practice within policy, service and workforce development.  Stakeholders co- design and deliver interventions to raise awareness, promote community ownership and influence attitudes | CPC minutes.  Public Protection Minutes.  MASH project report. |  |
| Co- design and deliver interventions to raise awareness, promote community ownership, influence attitudes and which empower children and young people to feel safe. | Number of interventions and evaluation of impact.  Links to the Locality Networks Test of Change with Aberlour and the Locality Networks. | Moray Young People’s Mental Wellbeing Planning Group.  Moray Integrated Children’s Services Plan 2020/23(Priority 1 – Improved Wellbeing) |
| Have a systematic approach to collecting quantitative information on the needs of young people in relation to alcohol and drug use; covering the areas of education, prevention and support; tying in with Curriculum for Excellence, GIRFEC, Team Around the Child, and strategies such as (but not limited to) the Children and Families and Justice Services plan; Corporate Parenting Strategy, taking account of and supporting the implementation of Moray 2026 Plan for the Future[[3]](#endnote-3), and any future Moray LOIP. | Information gathering framework agreed and used to assess needs and demand in line with Children & Justice Services and MADP planning requirements. |  |
| The MADP will support the sharing of intelligence relating to demand, prevalence, and product type as part of education, prevention, and support. | NHS Grampian Drug Trend Monitoring Group reports. |  |
| The MADP will work with and support the Local Licensing Board and Licensees in delivering the Social Responsibility standards; and support the reduction of risks and encouraging responsible behaviour. | Prevalence data, Police Scotland campaigns. |  |
| Statutory consultee organisations to apply scrutiny to the Licensing Board by recording instances where an application is granted following an objection or representation submitted against same, and deliver an annual report to the Board outlining any emerging trends which could have an impact on the relationship with alcohol. (Linked to a LOIP action) | Annual report produced and scrutinised. |  |

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| **NATIONAL BROAD OUTCOME** | **DEVELOPING RECOVERY ORIENTATED SYSTEMS OF CARE**  **People access and benefit from effective integrated person centred support to achieve their recovery.** |
| **ALCOHOL AND DRUG PARTNERSHIP OUTCOME** | **Individuals are improving their health, well‑being and life chances by recovering from problematic drug and alcohol use** |
| **3 YEAR OUTCOMES** | **Individuals who use alcohol and drugs are supported to be as well as they can be and are supported in their individual recovery journey; improving their health, well-being, and life chances, moving through treatment into sustained recovery.**  **Promote engagement into treatment, care and support and there is consistency of access to alcohol and drug service provision across Moray; and support community services in meeting the needs of those using services where alcohol or drug use is a factor.**  **There will be an increase in the percentage of those accessing Moray Drug and Alcohol Services who report making progress at 3 month, 6 months, and 12 months.**  **Services are high quality, continually improving, efficient, evidence based and responsive.**  **Services are easily accessible; service users have timely, low threshold access to specialist treatment and care, intervention and supports, specialist services reach out and support front line services, and people are supported to stay in services.** |

| **ACTIONS** | **PERFORMANCE MEASURES** | **LINKS TO SPECIFIC MADP FUNDING ALLOCATIONS** |
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| Use the Recovery Outcomes, (and the tool which will replace the Recovery Outcomes Tool) as part of the understanding needs of those using services and use this information to improve support available in Moray. | Recovery Outcomes Tool The Recovery Outcomes (and its replacements) is integral to the care management process, incorporated into The Moray Reduction in Harm and Recovery Orientated System of Care, and embedded into service contracts, which are subject to quarterly performance management reports. |  |
| Reviews are completed at 3, 6, and 12 month intervals with the reviews being used to support a person’s individual recovery, operational and strategic planning. Undertaking reviews and complying with DAISy is a condition of receiving funding from the MADP. | DAISy, Recovery Outcomes Tool, contract management report, quarterly and annual MADP performance reports, Quality Principles review. |  |
| Timely and accurate data is added to DAISy and this information is used as part of planning and commissioning processes. | As above.  Services are required to comply with the DAISy as a condition of MADP funding. | Service quarterly reports.  MADP Quarterly Report. |
| Services are easily accessible, service users receive support within the three weeks and 72 hour targets, and the options of appointments, and support is available in the evenings and across sites in Moray. (Linked to a LOIP action) | DAISy waiting times report. | Quarriers – Arrows and MIDAS |
| A range of support options are available which include (but are not limited to) ORT and clinical interventions, SMART, 1 – 1, peer support, Needle Exchange; assistance in education, training, housing and employment, social care, recreation and leisure, promoting recovery and reducing harms. | Quality Principles review, Needs analysis, MADP reports. | Quarriers – Arrows and MIDAS  Direct Access third sector tender |
| Deliver services in line with the Medically assisted Treatment standards (MAT) in partnership with MIDAS, the Direct Access Services, those who use services, and other agreed partners. This work will take account of the issues such as, but not limited to: Ease of access and reducing barriers so that any system does not impede access to support, such as premises, staff location and availability, the interface between the agencies; recognising their unique qualities and their identity, as well as the strong joint working arrangements; all of which support the principles set out in the standards. | NHS Grampian prescribing and clinical data.  DAISY data sets.  Service quarterly performance reports as per the funding requirements. (both in the Third and Public sectors) |  |
| Link in with and support the Mutual Aid Groups and packages that provide valuable support to those in Moray with problematic Drug and Alcohol use. | Single point of contact quarterly reports, Service User Involvement group minutes. |  |
| In September 2022, undertake a review of the Quality Principles and how they are embedded into services, based on the review undertaken by the Care Inspectorate and the MADP Self‑Evaluation and taking account of how services are responding to the new Alcohol and Drug Strategy. | Quality Principles Review undertaken and report published. |  |
| Support the development of a Moray recovery network and café and ensure that this fits into a wider recovery movement across Moray, which accepts people at all stages of their recovery journey, and which incorporates helping people to make positive changes, reducing harms, promoting wellbeing, fostering engagement and peer involvement; reaching out to those currently not engaged in services. | Quarterly reporting, Service user meetings, progress reports. | Quarriers – Arrows  Tsi, Wellbeing Hub |
| Enhance services to build up a position where there is joint responsibility between alcohol/drug and mental health services in meeting the needs of individuals with co‑occurring conditions (alcohol/drugs and mental health), by working together to reach share solutions, so that there is no wrong door in accessing help and support in Moray. | Quality Principles review.  Review of care experiences for those with needs relating to alcohol/drug use and mental health. | Third sector tenders. |
| Promote workforce development in order to improve the competence, confidence, and capacity of the workforce[[4]](#endnote-4).  Deliver courses linked to the training needs analysis, emerging needs and trends; utilising both local and external service providers and running a programme of Front Line Forums; to ensure that staff are skilled and able to work in a person centred way that responds to individual and community needs. (Linked to a LOIP action) | Workforce Development records, delegates list, targeted staff groups. |  |
| There will be an integrated pathway for service users, providing a person led flexible range of services that are accessible to all throughout the Moray area; enhancing the links between MIDAS and Arrows through additional investment linked taking forward the MAT standards, adopting whole family approaches and rehabilitation and recovery support. | DAISy, Recovery Outcomes Tool, contract management report, quarterly and annual MADP performance reports, Quality Principles review. | Quarriers – Arrows and MIDAS  Procurement requirements |
| In 2021/2, prepare and undertake the tender process for the single point of contact in accordance with procurement policies and timescales; taking account of national and local priorities and the review relating to co‑morbidity. | Tender submitted and provider in place. |  |
| Services will implement and be compliant with the DAISy system from 2020 onwards; using this system to support individuals, services, and strategic planning across Moray. | DAISy data system in place and operating. | Quarriers – Arrows and MIDAS |
| Enable more people at risk of drug and alcohol related harm to recover by increasing their engagement with timely and effective services by improving their reach and impact of all drug and alcohol recovery services. (Linked to a LOIP action) | DAISy data. | Service quarterly reports.  MADP Quarterly Report. |
| Engage with communities, groups and organisations, reducing harms and promoting recovery and wellbeing; with a particular focus on those who have not previously engaged; leading to increased engagement, collaboration and partnership working and improving local decision making. | Quarterly reports, progress reports, engagement with those using services, attendances records. | Quarriers – Arrows, TSi, Moray Wellbeing Hub |
| Support the empowering of people in Moray to live connected and mentally healthy lives; strengthening partners (statutory, third sector and national) and individuals using peer-led skills and knowledge in community empowerment, recovery and human rights. | Review and outturn reports from the Moray Wellbeing Hub.  Outputs include: increased number of community members involved in strategic and community planning, increased wellbeing community-led projects, increased virtual resources for community wellbeing and increased body of evidence on what works for Moray’s community wellbeing. | Service quarterly reports.  MADP Quarterly Report.  Wellbeing Hub |
| Work with partners (locally and nationally), communities, those with lived and living experience; promoting and encouraging engagement in decision making and, service delivery; working to ensure that services reflect the diverse range of needs. | Quarterly reports, progress reports, engagement with those using services, attendances records. | Quarriers – Arrows, MIDAS, TSi, Moray Wellbeing Hub and Circle Advocacy |
| Promote independent advocacy, ensure that this available to anybody using alcohol/drug services, and use the feedback from Advocacy services to improve services and develop good practice. | Quarterly reports, progress reports, engagement with those using services, attendances records. | Circle Advocacy |

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| **NATIONAL BROAD OUTCOME** | **GETTING IT RIGHT FOR CHILDREN, YOUNG PEOPLE AND FAMILIES**  **Children and families affected by alcohol and drug use will be safe, healthy included and supported** |
| **ALCOHOL AND DRUG PARTNERSHIP OUTCOME** | **Children and family members of people using drug and alcohol are safe, well supported and have improved life chances; with substance use services and adult services working together to ensure that there are effective and joined up approaches to parental substance use, emotional/psychological distress and mental health; as part of providing a whole family approach.** |
| **3 YEAR OUTCOMES** | **Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others, taking account of a whole population approach to prevention and reducing related harms.** |

| **ACTIONS** | **SUPPORTING EVIDENCE TO MEASURE PERFORMANCE** | **LINKS TO SPECIFIC MADP FUNDING ALLOCATIONS** |
| --- | --- | --- |
| Develop a whole family approach (taking account of local and national strategies and policies) and Improve the outcomes for children and family members of those with a substance use issues, by working with Children & Justice services and continuing to support the alcohol and drugs family service run by locally commissioned provide service. | DAISy, single point of contact contract report. | Quarriers - Arrows Family Service |
| The MADP will link in with, and support Children and Families and Justice Services; contributing to the performance management of services (see above), workforce force development, policy and practice development. | Sub‑group minutes, Children’s Services Plan review reports, MADP Delivery Plan. |  |
| Work with Children and Families and Justice Services to facilitate an increase in young people’s life chances through links with MADP, by contributing to the development of early interventions and education on drug and alcohol use, and by supporting staff through workforce development. | Children’s Services plan reporting framework, Locality Network plans. Workforce Development minutes. |  |
| Carers and family members receive a service in their own right, (supporting the Moray Carers Strategy) as part of the range of services in Moray, and this is also embedded into the Direct Access tender specification for 2022. | Quarriers carers contract reports.  Arrows. | Quarriers Young Carers and Adult Carers |
| The MADP will work across both drug/alcohol and Children and Families and Justice Services; contributing to joint planning, service design and evaluations of effectiveness; making recommendations for revisions and promoting good practice. Promoting both the recovery from problematic drug and alcohol use and the welfare of children; taking legislation and polices into account. | Children’s Services Plan, reviews, LOIP reporting framework, MADP reporting framework and briefings.  MASH project report. |  |
| Support parents whose children are required to live out with the family home as part of child care proceeding, to the reduce risk of the parents relapsing into harmful alcohol or drug use, to manage trauma, promote positive parenting skills, help to reduce stigma, and support decision making linked to future pregnancy. | Review options for enhancing services, linked to additional funding from the Scottish Government. | Quarriers – Arrows Family Service |
| Co-produce supports with and for parents and children, taking steps to reduce barriers to engagement (such as stigma) adopting a whole family approach, taking account of Scottish Government guidelines, Equally Safe, Rights based approaches, The Promise, and the Child Protection Guidelines, which enables parents and children to feel safe, respected and supported and which enables parents to be the best parents possible.  The above will take full account of stigma and barriers faced by parents, which adversely affects engagement; noting and tackling the additional hurdles and barriers faced mothers. | % of parents/carers who report that their wellbeing and confidence has improved as a result of an intervention within a 12 month period | Arrows Family Support. |
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| **NATIONAL BROAD OUTCOME** | **PUBLIC HEALTH APPROACH IN JUSTICE**  **Vulnerable people are diverted from the justice system whenever possible, and those within justice settings are fully supported.** |
| **ALCOHOL AND DRUG PARTNERSHIP OUTCOME** | **COMMUNITY SAFETY and JUSTICE**  **Communities and individuals live their lives safe from alcohol and drug related offending and anti‑social behaviour.**  **People live in positive, healthy‑promoting local environments where alcohol and drugs are less readily available** |
| **3 YEAR OUTCOMES** | **There is a reduction in future demand and impact upon wider services due to harmful alcohol and drug use and there is an improvement in people’s wellbeing; where communities and individuals are safe from alcohol and drug related offending and anti-social behaviour, and community groups are engaged in the recovery agenda.**  **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, where healthy lifestyles and wider well-being, are promoted, and where there are opportunities to participate in meaningful activities.** |

| **ACTIONS** | **SUPPORTING EVIDENCE TO MEASURE PERFORMANCE** | |  |
| --- | --- | --- | --- |
| In conjunction with Police Scotland, work to reduce the number of offences that are committed under the influence of Alcohol or drugs, through early intervention work to educate people about safe levels of alcohol use and appropriate engagement into services. | ABI data, DAISy data. | |  |
| Engage with the Violence Against Women Partnership, the Community Safety Strategic Group, and the Public Protection Partnership in Moray to assist with the reduction of substance use related offending in the Moray area. | Membership records and minutes. Strategies link up to ensure consistency and they are complimentary. | |  |
| Promote the alternatives to custody (unpaid work, supervision, compensation, attending a programme to address offending behaviour, drug and alcohol misuse or other issues, a requirement to stay at a particular address, the imposition of conduct conditions) are used.[[5]](#endnote-5) | Criminal Justice data on sentencing. | |  |
| Work with Police Scotland and support services to promote engagement in treatment for those released from Police Custody.[[6]](#endnote-6) | DAISy data. | |  |
| The Moray alcohol and drugs services will continue to work with the Scottish Prison Service to facilitate the smooth transfer of clients from Prison to Community based Treatment Services as part of through care arrangements. | | DAISy, Single Shared Assessments, Reviews, Recovery Outcomes Tool, Prison data. | Quarriers – Arrows and MIDAS |
| The MADP will link in with Criminal and Community Justice policy and planning systems to ensure that district services continue to meet the needs of offenders and their families. | | Minutes of meetings, strategy links. |  |

1. [↑](#endnote-ref-1)
2. Moray LOIP – Changing Our Relationship with Alcohol [↑](#endnote-ref-2)
3. Moray 2026; Ambitious and confident young people – to improve the life chances of children by supporting them and their families at the earliest possible stages and as required thereafter to give all children in Moray the best possible opportunities to achieve their potential.

   Moray Corporate Plan 2018/23: Healthier Children: children get the healthiest start in life and are supported to achieve the best possible mental health and wellbeing and there is equity for vulnerable groups.

   Moray LOIP: We will deliver an appropriate curriculum and intervene early for those who are disengaging from education and provide support to children, young people and their families [↑](#endnote-ref-3)
4. Moray LOIP – Changing Our Relationship with Alcohol [↑](#endnote-ref-4)
5. Moray Community Justice Improvement plan [↑](#endnote-ref-5)
6. Moray LOIP – Changing Our Relationship with Alcohol [↑](#endnote-ref-6)