



Alcohol & Drug Partnership
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Outer Hebrides Alcohol & Drug Partnership

Co-ordinating action to prevent and reduce problem drinking and substance use

Draft Delivery Plan 2012 – 2015



Contents

Foreword	p. 3
1. Introduction	p. 4
2. ADP Partner Organisations	p. 5 – 6
3. Summary of key changes to be achieved 2011 – 2015	p. 7 – 12
4. National Core Outcomes to be achieved	p. 13 – 17
5. Local Outcomes to be achieved	p. 18 – 20
6. Financial Investment	p. 21 – 22
7. Priority Actions & Interventions to Improve Outcomes	p. 23 – 33
8. Governance and financial accountability arrangements	p. 34
9. Request for National Support	p. 35
Appendices:	
Appendix 1: Models (1 – 5) to support delivery plan	p. 36 – 40
Appendix 2: Logic Models 1 – 4.3	p. 41 – 46
Appendix 3: ADP Strategic Models 1.1 – 1.4	p. 47 – 50
Contact Details	p. 51

Foreword

The Outer Hebrides Alcohol & Drug Partnership (ADP) Delivery Plan has been developed with a focus on action to meet priorities and objectives under the broad headings of Early Years, Early Intervention, Problem Drinkers and Substance Users and Promoting a Healthy Outer Hebrides. The delivery plan aims to ensure that a range of measures are in place to inform the community of the appropriate use of alcohol, to remain vigilant in attempting to reduce drug related harm and to maintain the relatively low levels of drug use in the Outer Hebrides.

The Outer Hebrides ADP is embedded into the Community Planning structure, ensuring problems associated with substance use can be dealt with effectively at every level and will consolidate the Outer Hebrides ADP's commitment to the Community Planning process. The purpose of the Community Planning Partnership is to ensure that partners develop and deliver a shared understanding of priorities for their local area, and address these by cutting across boundaries rather than each organisation working in isolation. It is a process of working together for the benefit of local communities, providing better services and improving the lives of local people.

Substantial developments have taken place in all areas of ADP responsibility. The Outer Hebrides ADP has developed its strategic priorities to inform its stakeholders and the community of the direction it will take for 2012- 2015. This direction has been set within and has taken account of government policies for substance use. We have consulted with a wide range of partners and service users in order to determine how the Outer Hebrides should respond to the challenges faced by individuals, families and local communities with respect to alcohol and drugs.

The Outer Hebrides ADP remains proactive in tackling issues around drug and alcohol misuse by working with services that will improve the outcomes for individuals, their families and local communities within the Outer Hebrides.

Chief Inspector Gordon Macleod
Outer Hebrides Alcohol & Drug Partnership Chairman

1. Introduction

The Outer Hebrides ADP strategic priorities have been developed with a focus on action to meet priorities and objectives under the broad headings of:

Early years:

- Children 0 -5 affected by substance use
- Children affected by parental substance use

Early intervention:

- Young people aged 5 – 25 affected by substance use
- Families and young people affected by substance use
- Vulnerable groups
- Harmful and hazardous drinkers and substance users

Problem drinkers and substance users

- Dependent drinkers and substance users
- Persistent heavy drinkers and persistent substance users

Assist in the promotion of a healthy Outer Hebrides (with our partners)

- Promote positive attitudes
- Promote positive choices

The 2012 – 2015 Outer Hebrides ADP strategic priorities will focus more on the delivery of outcomes, which will benefit the people of the Outer Hebrides. As detailed in this document, there are clear problems associated with the misuse of alcohol within the Outer Hebrides. Ensuring the provision of accessible and effective services for those in need whilst ensuring we maintain our current low level of drug use will be key to the work of the Outer Hebrides ADP during the life of the ADP strategic priorities.

This Delivery Plan is intended to be a flexible working document and seeks to engage the wider community in a knowledgeable and measured response to a problem which in one form or another touches the life of every person in our islands in one way or another.

In commending this Delivery Plan to the public and partner organizations we invite all who are interested to work together to make the Outer Hebrides a healthier place to live and work.

2. ADP Partner Organisations

The Outer Hebrides ADP plays a significant role in the local delivery of national addiction strategies to tackle drug and alcohol misuse problems. Members are drawn from a wide range of agencies and groups.

As of 1st June 2012, the Outer Hebrides ADP consists of representatives from:

- NHS Western Isles
- Northern Constabulary
- Comhairle nan Eilean Siar
- The Third Sector
- Service users

Each partner agency is required to set out clearly and openly, the totality of resources they are directing to the pursuit of alcohol and drug outcomes. The Scottish Government Health Directorate allocates funds directly to NHS Western Isles who are required to work with local partners to identify how resources may be best deployed in line with national and local strategies and need.

The Outer Hebrides ADP Partnership Members are as follows:

Name	Designation	Organisation	Member of Workgroup/ Subgroup
ADP Chair:			
G MacLeod	Chief Inspector	Northern Constabulary	ADP & Executive Subgroup
ADP Vice Chair:			
G Jamieson	Chief Executive	NHS Western Isles	ADP
Members:			
M Stewart	Social and Community Services	Comhairle nan Eilean Siar	ADP
M B Chisholm	Children & Families Services	Comhairle nan Eilean Siar	ADP & Executive Subgroup
E Collier	Public Health	NHS Western Isles	ADP & Executive Subgroup
I MacKenzie	Housing Strategy & Development	Comhairle nan Eilean Siar	ADP

M Bremner	Member	Voluntary Sector	ADP & Executive Subgroup Uist & Barra Subgroup
M Munro	Organiser	Harris Voluntary Council	ADP Lewis & Harris Subgroup
M MacInnes	Service User	An Caladh	ADP Uist & Barra Subgroup
M Campbell	Member	Job Centre Plus	ADP
Vacant – representative requested	Licensing Board member	Comhairle nan Eilean Siar	ADP

In Attendance:

Name	Designation	Organisation	Workgroup/ Subgroup
D MacKenzie	Management Accountant	NHS Western Isles	Executive Subgroup

ADP Support Team:

Name	Designation	Organisation	Support of Workgroup/ Subgroup
Wendy Ingledew	ADP Coordinator	NHS Western Isles	ADP Executive Subgroup Lewis & Harris Subgroup Uist & Barra Subgroup
Suzanne Macaulay	ADP Development Officer	NHS Western Isles	ADP Executive Subgroup Lewis & Harris Subgroup Uist & Barra Subgroup
Fiona MacDonald	Health Intelligence	NHS Western Isles	ADP Executive Subgroup Lewis & Harris Subgroup Uist & Barra Subgroup
Vacant	ADP Administration	NHS Western Isles	ADP Executive Subgroup Lewis & Harris Subgroup

3. Summary of key changes to be achieved 2011 – 2015

The Outer Hebrides ADP strategic priorities take cognisance of the following documents:

- Delivery Reform
- Audit Scotland – Drugs and Alcohol Service in Scotland (2009)
- Scottish Government – The Road to Recovery (2008)
- Scottish Government – Changing Scotland's Relationship with Alcohol (2008)
- Tackling Drugs in the Community (2009 – 2012)
- HEAT Targets: (HEAT 4 Alcohol Brief Interventions, Heat 11 Drug & Alcohol Waiting Times)
- Licensing (Scotland) Act 2005
- Quality Standards
- Single Outcome Agreement
- Early Years and Early Intervention Strategy CnES (2009 – 2014)
- Getting it Right for Children in the Outer Hebrides Integrated Children's Services Plan (2010 - 2013)
- Western Isles Health & Well Being Strategy

i. The Outer Hebrides ADP strategic priorities are further based on links to the following local and national strategies, research and evidence of need.

Early Years - Links to strategies and initiatives:

- Better prevention of substance use problems, with improved life chances for children and young people. (*The Road to Recovery, 2008*)
- Children affected by a parental substance misuse problem are safer and more able to achieve their potential (*The Road to Recovery, 2008*)
- Supporting families and communities affected by substance misuse (*Changing Scotland's Relationship with Alcohol, 2009*)

Early Interventions - Links to strategies and initiatives:

- The purpose of an early intervention approach is to work in partnership to improve outcomes for children, young people, adults and families who are very likely to experience difficulties and to break the intergenerational cycle of problems in the long term (*Early Intervention City Programme Briefing*)
- Reduce alcohol consumption (*Changing Scotland's Relationship with Alcohol, 2009*)
- Intervene as early as possible to tackle problems that have already emerged for children and young people – early intervention can help children from pregnancy to 18, not only when they are very young. This needs to be factored into the planning and delivery of services and into staff training. (*Early Intervention; Securing Good Outcomes for all Children and Young People, 2010*)

Problem Drinkers and Substance Users - Links to strategies and initiatives:

- Problems due to the harmful health consequences of individual dependency on alcohol and drugs by a minority of people often compounded by a variety of other preexisting or consequential problems, requiring a sophisticated range of treatment interventions and recovery support. (*Approaches to Alcohol and Drugs in Scotland, 2008*)
- See more people recover from problem substance misuse (*The Road to Recovery, 2008*)
- Improve support and treatment for those who need it (*Changing Scotland's Relationship with Alcohol, 2009*)

Promoting a Healthy Outer Hebrides:

- Communities that are safer and stronger places to live and work because crime, disorder and danger related to drug and alcohol use have been reduced (*The Road to Recovery, 2008*)
- Improve the effectiveness of delivery at a local level (*The Road to Recovery, 2008*)
- Positive public attitudes towards alcohol and individuals better placed to make positive choices about the role of alcohol in their lives (*Changing Scotland's Relationship with Alcohol, 2009*)
- Supporting families and communities (*Changing Scotland's Relationship with Alcohol, 2009*)
- At the local community level, substance misuse problems vary. The significant differences in levels of damage between communities are associated with other issues, a major one being the distribution of inequality. A key issue in the opinion of many is that, of all areas of investment in addressing substance misuse problems, the community dimension has been the least understood and valued. (*Approaches to Alcohol and Drugs in Scotland, 2008*)
- Mental health improvement is being taken forward in the context of the Scottish Government's *National Performance Framework*. This is supported by action to promote solidarity and cohesion, and Government action in key policy areas such as other health-related policies on alcohol, substance misuse, physical activity and health inequalities and areas such as early years, education, older people, homelessness, poverty and social inclusion. (*Towards a Mentally Flourishing Scotland: Policy and Action Plan, 2009*)

Single Outcome Agreement (2009 – 2012) (Outer Hebrides Community Planning Partnership)

In November 2007 national and local governments signed a concordat, which committed both to moving towards Single Outcome Agreements (SOAs) for all 32 of Scotland's councils and extending these to Community Planning Partnerships (CPPs). The Scottish Government and local government share an ambition to see Scotland's public services working together with private and voluntary sector partners, to improve the quality of life and opportunities in life for people across Scotland. Single Outcome Agreements are an important part of this drive towards better outcomes. They are agreements between the Scottish Government and CPPs which set out how each will work towards improving outcomes for the local people in a way that reflects local circumstances and priorities, within the context of the Government's National Outcomes and Purpose which is "To focus Government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth." Fifteen National Outcomes describe what the Government wants to achieve over the next ten years.

The National Outcomes most relevant to substance misuse are:

Outcome Number	Title of Outcome
National Outcome 2	We realise our full economic potential with more and better employment opportunities for our people.
National Outcome 4	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
National Outcome 5	Our children have the best start in life and are ready to succeed.
National Outcome 6	We live longer, healthier lives.
National Outcome 7	We have tackled the significant inequalities in Scottish society.
National Outcome 8	We have improved the life chances for children, young people and families at risk.
National Outcome 9	We live our lives safe from crime, disorder and danger.
National Outcome 11	We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

The SOA sets out the outcomes each authority wishes to achieve, working with its Community Planning Partners. Each SOA should identify local outcomes and express specific local priorities and which should inform one or more national outcomes. SOAs will be explicitly negotiated and agreed with Community Planning Partnership.

Within the Outer Hebrides SOA, there are high level outcomes on substance misuse, which must be monitored and reported on. These are highlighted below:

National Outcome	Local Outcome	Local Indicator
6, 7, 8, 9	The physical and mental health and wellbeing of the people throughout the Outer Hebrides is improved.	Alcohol related discharges standardised per 100,000 population. <i>(Source: ISD SMR01, quarterly – WI NHS Annual)</i> Rate of drunkenness offences recorded per 10,000 population. <i>(Source: Annual/SG Recorded offences DA31A)</i>

ii. HEAT Targets and HEAT Standards (2012 – 2013)

Each year the Scottish Government agrees a suite of national NHS performance targets known as HEAT targets. NHS Boards and the Scottish Government monitor Boards' performance against the national HEAT targets and progress is published on the Scottish Government's Scotland Performs website. The HEAT targets reflect the agreed areas for specific accelerated improvement each year. NHS Boards are required to submit Local Delivery Plans to the Scottish Government outlining how they will attain national quality standards and HEAT targets. Local Delivery Plans are the 'performance contract' between Scottish Government and NHS Boards, based on the key ministerial targets and standards.

The key health priority areas of NHS Scotland, and the Scottish Government, are as follows:

- **Health Improvement** for the people of Scotland - improving life expectancy and healthy life expectancy;
- **Efficiency** and Governance Improvements - continually improve the efficiency and effectiveness of the NHS;
- **Access** to Services - recognising patients' need for quicker and easier use of NHS services; and
- **Treatment** Appropriate to Individuals - ensure patients receive high quality services that meet their needs.

These targets and standards will be used as performance measures whereby NHS Boards are held to account for their achievement of agreed priority targets. The targets and standards relating to alcohol services, included within HEAT are:

- **H4: Alcohol Brief Interventions, using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines to be delivered by Primary Care staff, A&E staff and also maternity units.** A target of 338 alcohol brief interventions by 2013 has been set for NHS Western Isles, 90% within primary care and 10% within the wider setting.
- **A11: Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.**

HEAT targets will ensure that the quality and availability of alcohol and drug services will feature more prominently in the future in the wider NHS performance.

iii. National ADP Core Outcomes

To assist ADPs in demonstrating progress, a set of seven core outcomes has been developed by the Scottish Government. Core Outcomes are intended to sit alongside – and not replace – ADP Specific Outcomes which reflect local needs assessments and strategies, as well as those outcomes contained in Single Outcomes Agreements in Community Planning Partnerships. Progress towards all seven of these core outcomes, as well as locally specific outcomes will provide a rich local and national account of progress led by ADPs across the country.

Agreed National ADP Core Outcomes:

1. Health:

People are healthier and experience fewer risks as a result of alcohol and drug use:

A range of improvements to physical and mental health, as well wider well-being, should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of drug or alcohol-related mortality.

2. Prevalence:

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

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

3. Recovery:

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

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

4. CAPSM:

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

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

5. Community Safety:

Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour:

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

6. Local Environment:

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

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

7. Services:

Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery:

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

4. National Core Outcomes

i. National core outcomes and indicators to be achieved 2012 -15

Outcome	Indicator	Outer Hebrides	Scotland
1. HEALTH People are healthier and experience fewer risks as a result of alcohol and drug use.	Rate of drug related hospital discharges (three year rolling average over last 5 years)	2007/10: 28 per 100,000 pop ▼	2007/10: 116 per 100,000 pop ▲
	Rate of alcohol related hospital discharge rates (three year rolling average over last 5 years)	2007/10: 1,025 per 100,000 pop ▼	2007/10: 742 per 100,000 pop ▼
	Rate of alcohol related mortality (three year rolling average over last 5 years)	2008/10: 24 per 100,000 pop ▲	2008/10: 22 per 100,000 pop ▼
	Prevalence of hepatitis C among injecting drug users	2008/09: -	2008/09: 53.5%

Outcome	Indicator	Outer Hebrides	Scotland
2. PREVALENCE Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.	Estimated prevalence of Problem Drug Use Amongst 15-64 year olds in Scotland, by age group.	2009/10: 0.8% ▲	2009/10: 1.7% ▲
	Estimated prevalence of injecting drug use amongst 15-64 year olds in Scotland.	Not published yet	Not published yet
	Percentage of 15 year olds pupils who usually take illicit drugs at least once a month.	2010: 5.7% ▲	2010: 11.4% ▼
	Percentage of 15 year olds pupils who usually take illicit drugs at least once a year.	2010: 11.9% ▼	2010: 18.5% ▼
	The proportion of individuals drinking above daily and/or weekly recommended limits	2003 (<i>combined with Orkney and Shetland</i>): Exceeded daily recommended limits: 56.7% Exceeded weekly recommended limits: 17.9%	2003: Exceeded daily recommended limits: 63.5% Exceeded weekly recommended limits: 28.5%

	The proportion of individuals drinking above twice daily ("binge" drinking) recommended limits	2003 (<i>combined with Orkney and Shetland</i>): Exceeded twice daily recommended limits: 28.8%	2003: Exceeded twice daily recommended limits: 36.7%
	The proportion of individuals who are alcohol dependent	2003 (<i>combined with Orkney and Shetland</i>): 14.1%	2003: 9.4%
	Proportion of 15 year olds drinking on a weekly basis (and their mean weekly level of consumption)	2010: 14.5% ▼ Mean weekly level of consumption: 19 units ▲	2010: 20.4% ▼ Mean weekly level of consumption: 19.5 units ▲

Outcome	Indicator	Outer Hebrides	Scotland
3. RECOVERY Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.	Percentage reduction in daily drugs spend during treatment		
	Reduction in the percentage of clients injecting in the last month during treatment		
	Proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow-up		
	Proportion of clients receiving drug treatment experiencing improvements in employment/education profile during treatment.		

Outcome	Indicator	Outer Hebrides	Scotland
4. CAPSM Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.	Rate of maternities recording drug use (three year rolling average)	2007/08 – 2009/10: *	2007/08 – 09/10: 11.9 per 1,000 maternities ▲
	Rate of maternities recording alcohol use	Not published yet	Not published yet
	Number of Child Protection Case Conferences where parental drug and alcohol abuse has been identified as a concern/risk		
	Proportion of positive ABI screenings in ante-natal setting	2011/12: 0	

Outcome	Indicator	Outer Hebrides	Scotland
5. COMMUNITY SAFETY Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour.	Percentage of new clients at specialist drug treatment services who report funding their drug use through crime	2010/11: *	2010/11: 21.6% ▲
	Percentage of offenders given a DTTO who are reconvicted within one year	2008/09: *	2008/09: 162.3 ▼
	Number of cases of vandalism (or malicious mischief), breach of the peace, assault or anti-social behaviour	2010/11: 21.7 per 1,000 pop ▼	2010/11: 35.5 per 1,000 pop ▼
	Number of Community Payback Orders issued where alcohol and drug treatment is required, and proportion that are successfully completed		
	Proportion of victims of a crime who reported that the offender was under the influence of alcohol/drugs	Northern Constabulary 2010/11: Alcohol - 28% ▼ Drugs – 15% ▼	2010/11: Alcohol–22% ▼ Drugs – 13% ▲

Outcome	Indicator	Outer Hebrides	Scotland
6. LOCAL ENVIRONMENT People live in positive, health-promoting local environments where alcohol and drugs are less readily available.	Percentage of young people who have been offered drugs in the last year	2010: 65.4% ▲	2010: 57.5% ▲
	Percentage of people perceiving drug misuse or dealing to be common or very common in their neighbourhood.	2009/10: 2.2% ▲	2009/10: 11.6% ▼
	Percentage of people noting 'alcohol abuse' as a negative aspect of their neighbourhood	2009/10: 2% ▲	2009/10: 4% =

	Number of premise and occasional licences in force per annum and the overall capacity of premise licences.	<i>Not yet available</i>	<i>Not yet available</i>
	Number of new applications for premise or occasional licences, and proportion refused on the grounds of overprovision.	<i>Not yet available</i>	<i>Not yet available</i>

Outcome	Indicator	Outer Hebrides	Scotland
7. SERVICES Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.	The number of screenings (using a validated screening tool) for alcohol use disorders delivered and the percentage screening positive with the breakdown of i) % eligible for ABI and ii) % eligible for referral to treatment services		
	The number of alcohol brief interventions delivered in accordance with the HEAT standard guidance	2010/11: 535 ▼	2010/11: 88,138 ▲
	Percentage of clients waiting more than three weeks between referral to a specialist drug and alcohol service and commencement of treatment.	December 2011: 0% ▼	December 2011: 15.1% ▼
	Number of treatments drug service clients receive at 3 month and 12 month follow-up (and annually after that)		

ii. Single outcome agreement alcohol outcome and indicators

Outcome	Indicator	Outer Hebrides	Target
Reducing the harmful affects of alcohol	Charges brought for offences directly attributable to alcohol	2009/10: 159	Decrease
	Alcohol related general hospital discharge rate	2010/11: 1,0154 per 100,000 pop ▲	Decrease to meet Scottish average
	Annual rate of defined daily dose per capita of antidepressants	2011/12: 37.66 ▲	Decrease
	Percentage of people reporting 'alcohol misuse' as a concern	2010/11: 58% ▲	Decrease
	Reported alcohol related fires	2011/12: 1.9 per 100,000 pop ▲	Decrease
	Percentage of health screening female attendees reporting above the weekly recommended limits	2011/12: 7% =	Decrease
	Percentage of health screening male attendees reporting above the weekly recommended limits	2011/12: 17% ▲	Decrease

5. Local Outcomes

i. Local core outcomes and indicators to be achieved 2012 -15

Outcome	Indicator	April 11 – September 11	October 11 – March 12
1. HEALTH People are healthier and experience fewer risks as a result of alcohol and drug use.	Experienced an improvement in physical health	224	118
	Experienced an improvement in mental health	193	113
	Experienced an improvement in co-occurring health issues	83	55

Outcome	Indicator	April 11 – September 11	October 11 – March 12
2. PREVALENCE Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.	Are alcohol dependent	109	68
	Are currently stable	151	98
	Are intravenous drug users	0	0
	Have reduced their risk-taking behaviour	147	116

Outcome	Indicator	April 11 – September 11	October 11 – March 12
3. RECOVERY Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.	Are unemployed	146	92
	Are in employment	56	55
	Are in education/training	91	41
	Experienced an improvement in employability status	76	48
	Experienced an improvement in educational attainment	40	21
	Have moved into employment	21	9
	Have moved into education/training	19	15
	Have achieved qualifications in this period	32	11
	Increased knowledge of the consequences and risks of alcohol and drugs	365	301
	Are in settled housing	237	120
	Are in temporary accommodation	38	14
	Are homeless	17	1
	An improved ability to sustain a tenancy	58	50

	Improved independent living skills	76	60
	Improved personal relationships	169	159
	Feel involved in their local community	81	158
	Increased ability to make positive choices	261	251
	Increased confidence and self-esteem	226	234
	Improved ability to maintain their finances	158	72
	Improved school/college/training attendance rates	79	38

Outcome	Indicator	April 11 – September 11	October 11 – March 12
4. CAPSM Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances.	Improved their parenting skills	37	23
	Providing an improved supportive environment for children	42	29
	Participating in family activities	61	41
	Experiencing improved protection of children	36	30
	Children affected by substance misuse with improved school attendance rates	59	8
	Children affected by substance misuse with improved school attainment.	14	8
	Children affected by substance misuse with improved self-confidence and resilience skills	22	20
	Increased number of children having positive relationship with parents	50	47
	Improved accommodation profile for SU with children living with them	11	4
	Improved illicit drug/alcohol profile for SU with children living with them	22	11
	Increased understanding of the impact of substance use has on carers/family members/children.	60	43

Outcome	Indicator	April 11 – September 11	October 11 – March 12
5. COMMUNITY SAFETY Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour.	Report funding their drug use through crime	5	1
	Are on a DTTO/probation	30	15

Outcome	Indicator	April 11 – September 11	October 11 – March 12
<p style="text-align: center;">7. SERVICES</p> <p>Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.</p>	New referrals received	158	135
	Returning referrals	55	68
	Referrals to other agencies	76	39
	Discharges from the service	90	76
	Unplanned discharges from the service	33	22
	Initial care plans agreed	177	130
	Have an individual focused care plan	174	91
	Care plans reviewed	141	102
	Care plans completed	105	81

6. Financial Investment

Outer Hebrides ADP Funding 2012 - 2013

ALLOCATION: 2012 - 13

CHECK

	£				
Alcohol Allocation	541,392.00	541,392.00			
Drug Treatment Services and Support (DTS/HH/DMP)	161,951.00			161,951.00	
Sub Total ADP Funding paid to NHS Western Isles	703,343.00				
<u>EXPENDITURE: 2012 - 2013 Outer Hebrides ADP</u>	703,343.00	703,343.00			
<u>Committed Expenditure - Essential Services:</u>					
ADP Support Officers	105,486.00	597,857.00		105,486.00	
Travel and Subsistence	4,000.00	593,857.00		4,000.00	
Partner Service Delivery SMC U&B	42,000.00	551,857.00		42,000.00	
Public Information, Campaigns, Projects	4,000.00	547,857.00	2,000.00	2,000.00	
NHS (BI's: Alcohol Liaison Nurse, Well North, Data Collection)	130,000.00	417,857.00	130,000.00		
Allocation paid to services March to June 2012	84,000.00	333,017.00	84,000.00		
Sub Total	370,326.00		216,840.00	153,486.00	370,326.00
	Allocation				
		333,017.00	324,552.00	8,465.00	333,017.00
Allocation paid to services Uist & Barra July to September 2012	12,761.00	320,256.00	12,761.00		
Hebrides Alpha Supported Accommodation	33,971.00	286,285.00	33,971.00		
CNES - Community Education - Outreach	27,286.00	258,999.00	27,286.00		
Action For Children-Support for Children & Families	24,449.00	234,550.00	24,449.00		
CnES - Alcohol Support Worker	23,204.00	211,346.00	23,204.00		
CnES - Drug Support Worker	23,204.00	188,142.00		23,204.00	
WI NHS Community Detox	32,991.00	155,151.00	32,991.00		
WI NHS-Children & Families Mental Health Support	29,008.00	126,143.00	29,008.00		
WI NHS - Uist & Barra Services	87,239.00	38,904.00	87,239.00		
Hebrides Alpha Trading	23,523.00	15,381.00	23,523.00		
Subtotals	317,636.00		294,432.00	23,204.00	317,636.00
Totals	687,962.00		511,272.00	176,690.00	687,962.00
Balance	15,381.00		30,120.00	-14,739.00	15,381.00

Contributions from Partner Agencies:

Although unable to acquire a detailed breakdown of financial or 'in-kind' spend from its partner agencies, there is recognition that partners are able to contribute to alcohol/drugs support for local activities, such as prevention, medications, acute care, etc.; however, the amount of any such support is not specified.

7. Priority Actions & Interventions to Improve Outcomes

i. Priority actions

Cognisance has been taken of the following documents:

- Changing Scotland's Relationship with Alcohol: A Framework for Action, March 2009
- The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem, May 2008
- Health Scotland Alcohol Logic Model
- Quality Alcohol Treatment & Support report, March 2011
- Supporting the development of Scotland's Alcohol and Drug Workforce, December 2010

We will work with partner agencies to assess the strength of partnership arrangements as outlined in Audit Scotland's Drug and Alcohol services in Scotland Appendix 4: Self Assessment Check list for Partners.

This work will start with the partner agencies within the ADP.

In line with the Alcohol and Drugs Workforce Statement we will:

- Promote the agreed national learning priorities for development of the drug and alcohol misuse workforce;
- Continue our development work in assessing and articulating local workforce development needs aligned with national learning priorities;
- Encourage and enable multi-disciplinary and multi sector training in generic competences to develop a shared vocabulary and understanding of alcohol and drug problems.

This work which has already started within the ADP funded agencies will continue and be rolled out across wider partner agencies.

Priority	Actions	Lead	Time Line
Early Years			
Development of services for early years	Consider recommendations within CAPSM paper	ADP CPP	2013 – 2015
	Multi agency training to help identify children at risk at an early stage including those within specialist alcohol and drug services	CPP ADP	2012 – 2013 ongoing
Early Intervention			
Alcohol Brief Interventions: Continue embedding of Brief	Implementation of new FAST scoring sheet to ensure better reporting from acute and wider settings	ADP SMIRO	September 2012

Interventions within NHS Western Isles Acute Sector & roll out of Brief Interventions for young people both statutory and voluntary sector	Training for statutory and voluntary services on BI's for young people Ongoing training for NHS staff throughout the Outer Hebrides	ADP & NHS trainers	August 12 – March 13
Improving access to Treatment: 90% of clients will receive treatment that supports recovery within 3 weeks of referral	Implementation of monthly reports to services regarding ongoing waits	SMIRO	August 2012 ongoing
Providing support for Young People, Children & Families Affected by Substance Misuse	We will continue to support and monitor Action For Children in the delivery of services for Early intervention with children and families affected by substance misuse	ADP	August 2012 ongoing
Problem drinkers and Substance Users			
Delivering Recovery Orientated Systems of Care	<p>Service Development Meet with Uist and Barra service Providers to agree areas for development as per delivery plan Development of service and protocols, etc</p> <p>Governance We will provide all funded services with new SLAs</p> <p>We will develop monitoring of service delivery against national and local outcomes accordingly</p> <p>Enhance multiagency working via training support and practice development</p>	<p>SMC U&B & ADP SMC U&B</p> <p>ADP</p> <p>ADP</p> <p>ADP</p>	<p>July – September 12</p> <p>September – December 12</p> <p>July 12 – September 12 2012 – 2015</p> <p>July 2012 – March 2013 Ongoing</p>
Promoting a Healthy Outer Hebrides			
Community safety	Publicity campaigns with partners to promote sensible drinking message, anti drink driving and drug information	ADP/ Community Safety	September 2012 December 2012

	Promote Outer Hebrides ADP website www.outerhebadp.co.uk to ensure that all agencies, individuals, etc. have access information on services available within the geographical area and nationally	Partnership/ Northern Constabulary	Ongoing 2012 - 2015
Secretariat/Governance			
ADP	To carry out self assessment check from Audit Scotland's self Assessment checklist	ADP	Jan – March 2012
	To develop outcomes database, monitoring forms, local indicators and indicators from baseline figures in order to continuously improve our monitoring and evaluation	ADP	September 2012 – March 2013 and ongoing until 2015

7.2 Investment

While deciding on future direction and funding allocations for 2012 - 2015, the Outer Hebrides ADP considered the points above along with local information from recent community consultations, needs assessments and 2011 – 2015 strategic priorities in order to ensure local needs will be met effectively.

In order to allocate funding for 2012 -13, funding was advertised widely across the local press, partner and ADP websites and through local networks. ADP subgroup meetings were held in order to update all local substance agencies on the funding procedures. Applicants were informed that the Outer Hebrides ADP is committed to providing accessible and integrated substance use services throughout the islands and were encouraged to link in partnership with other local agencies in order to submit joint funding bids in order to provide integrated services and equity of access for service users including out of hours services, wherever possible across the Outer Hebrides.

Applicants were asked to demonstrate how they would deliver effective services, which included incorporating a client centred, recovery based approach; how the organisation will engage, assess and support clients; the capacity of the organization and details of organisational and staff experience and qualifications. Applicants were also asked to demonstrate how to evidence and how they will gather, collate and report on meaningful outcomes.

Following the funding allocation meeting, funding was allocated to the services listed in the section below. It was recognised that the services funded in 2012 – 13 will be a transition year. Four statutory services have been funded for 2012 – 13 but have been advised that the Scottish Government funding allocation to ADPs for the period 2013 – 15 is only indicative at this point and is subject to parliamentary approval but that should this approval be given, it has been agreed by the ADP that funding will be reduced by 50% in 2013 – 14 and reduced by 100% thereafter meaning no further funding will be available in 2014 – 15. This is due to these services having been funded for a number of years and the need to free up funding in 2013 – 2014 to allow the ADP to develop services within the priority areas of early years and early intervention.

Investment has been directed to services to meet following strategic priorities:

- **Early years and early intervention:**

We will provide services so that children, young people and families affected by alcohol and/or drug problems are offered the right kind of help to ensure we are *“Getting It Right For Every Child”*. We have prioritised early intervention and prevention, including diversionary activities which will encourage children and young people away from substance misuse problems.

- **Problem drinkers and substance users:**

The Scottish Government have highlighted that a key role for Alcohol and Drug Partnerships is to ensure that the ring fenced funding available to them is used to support the development and provision of recovery-oriented systems of care. The factors that impact on an individual’s ability to achieve recovery are many and complex, and will include wider economic and

social trends. However, there are a number of key factors which, if effectively addressed, should lead to an improvement in their overall quality of life.

In preparation to meet the HEAT 11 Target for 2013 (90% of clients will receive treatment that supports recovery within 3 weeks of referral) we have developed Local Improvement Targets which will be submitted quarterly by all services and collated by the Substance Misuse Information & Research Officer. This Local Improvement Target will also be built into our Service Level Agreements with local treatment providers.

Members of the ADP Executive Subgroup will review all ADP funded services annually. Information from annual reports, HEAT, local improvement targets and workforce development plans will be used to inform these reviews.

- **Assist in the Promotion of a Healthy Outer Hebrides:**

In conjunction with the Community Safety Partnership we will continue support of campaigns which feature a variety of initiatives designed to promote positive attitudes and choices.

We will involve service users and wider community members in local activities such as Alcohol Awareness Week, and local community events.

We will develop our website and provide publications with clear and credible information about our local services and ensure these are available throughout the Outer Hebrides.

To achieve the above we will provide services to:

- Support the Community Planning Partnership to achieve its long term outcomes of communities becoming safer and healthier by reducing the numbers of young people who suffer from the harmful effects of alcohol and substance misuse.

7.3 Distribution of resources 2012 – 2013

i. Tier 1: Alcohol Brief Interventions across the Outer Hebrides: £130,000 allocated

During 2012 – 2013 the Heat Target has become a HEAT standard and the Outer Hebrides has a target of 338 to deliver on with 90% of these in Primary Care and 10% in the wider setting.

- Alcohol Liaison Nurse

We will continue to fund the Alcohol Liaison Nurse as directed by the Scottish Government in order to address the challenge of delivering training and embedding the routine screening and delivery of ABIs into clinical practice throughout NHS Western Isles. We will continue to embed ABIs into routine clinical practice as well as the wider community setting through services such as CAMHS and Community Education youth work services.

- Primary Care: GPs

Nine (9) out of the 10 GP Practices in the Outer Hebrides are currently participating in the Enhanced Service for the delivery of ABIs within their Practice. Practices forward details of the patient CHI number, FAST score and whether or not an ABI was delivered to the Primary Care Manager on a quarterly basis. This information is in paper format but available for validation.

- Primary Care: Well North

Well North has shown consistent achievement of the delivery of ABIs within the Primary Care setting, with all attendees at the clinic offered a FAST screening and/or a brief intervention as appropriate. The data is recorded within the dedicated Well North Excelicare database which Public Health Intelligence can enter directly to extract the data required relative to the H4 target. Well North data includes FAST screening scores and consumption data but does not record information regarding referral to other services. PHI extracts the data from the Excelicare system on a monthly basis.

- Accident & Emergency

A&E has also shown continuous achievement with the ABI delivery and recording system put in place within the department. The data is recorded on a basic template via a paper form which is then transferred onto the PC and e-mailed to PHI (previously posted). The template includes;

- Date of screen
- CHI number
- FAST screening score
- Weekly units consumed
- ABI given
- Referrals

From these 6 questions we can get a clear idea of the appropriate delivery of any interventions carried out. A&E does not record consumption levels, which in addition to the FAST screening score can also indicate whether delivery of an intervention was appropriate. Other data such as CHI number or referral information can also at times be incomplete. The remainder of the data,

however, is recorded at a reasonable level and a fair picture of activity is generally achievable. A&E submits ABI delivery figures to PHI on a monthly basis.

- Antenatal

In the Outer Hebrides, there have been no ABIs delivered in the antenatal setting to date. This is partly due to a lack of training in this area but can also be attributed to the small numbers of women attending in the Outer Hebrides, thus resulting in few presentations where an ABI is deemed appropriate. There are currently 5 antenatal staff trained in the delivery of ABIs in the Outer Hebrides.

- Development work

We must be aware that healthcare settings should not detract from the original motive of presentation by becoming too focused on ABI standards. It is also important that, if the recording of such events is to be carried out, it is done in a proper manner that is useful to its purpose, particularly where monies are being paid out in order to ensure the correct assembly of data is achieved.

It is the intention of the ABI Planning Group that a universal reporting system is employed within all healthcare settings with the aim of gathering as much information as possible during the delivery of an ABI but without imposing too much of a disturbance to the daily running of any healthcare facility. A proposal for a new recording template, which allows for greater inclusion of the core data set initially requested by the Scottish Government, has thus been introduced to the ABI Planning Group and is awaiting approval.

In order that the new template is successful within all departments there must be a short period of adjustment where the new template is agreed and distributed to all healthcare settings involved.

In addition, a new LES agreement for GPs has been agreed, where a compromise was established as to what is a reasonable level of detail for GPs to report in order to both comply with Scottish Government targets yet also ensure efficient use of the practitioner's time. As an incentive for compliance, it was suggested that the data received from GPs must be validated through the PHI department before any monies are paid in recognition for their work.

It has been agreed that brief interventions will be rolled within the wider setting starting with young people and BI delivery is already underway within the CAMHS service.

ii. Services in Uists and Barra

The Outer Hebrides are made up of Lewis, Harris, the Uists and Barra and Vatersay. These island groups have individual needs and therefore require individual services due to geographic location and local need. The services listed in the section below relate to services funded in Lewis and Harris. The ADP are working with a range of local services in Uist and Barra to develop a new partnership approach that will see all local substance agencies come together under one partnership organisation to provide a seamless, accessible, needs led, recovery based service. The ADP have set aside a sum of money for this development and delivery of a partnership service through the identification joined up working initiatives between all service providers in Uist and Barra.

In 2012 – 2013 substance services in the Uists and Barra will offer:

- A dedicated addiction team to facilitate and manage the creation and development of the team and provision of Tier 1 – 3 services to clients
- A dedicated addiction team to address the rise of alcohol and drug misuse in the community
- Maintain the provision and development of Treatment, Counselling Support and Aftercare arrangements throughout Uist and Barra
- Counselling and support to clients with a substance misuse problem
- Support service users to maintain positive lifestyles that do not revolve around substance misuse
- Support social interaction with other members of the community in a supportive substance free environment
- Support individuals caught up in addiction to alcohol or drug and offer the opportunity and reason to turn towards a non-dependency lifestyle
- Support individuals in a safe environment whilst enabling their transition and reintegration into normal community life
- Support service users to maintain positive lifestyles that do not revolve around substance misuse
- Support social interaction with other members of the community in a supportive, substance free environment
- Support families and carers of clients to cope with living with a substance misuser, adjust to changes while clients are in recovery and towards a healthier lifestyle.
- Reengage with previous service users who have disengaged from regular support services

Services offered to clients will be based firmly on evidenced based models of care. Services will also formulate and implement shared policies and procedures based on validated guidelines leading to improvements in their delivery of care. This is a new direction for services in the Outer Hebrides and it will require significant support by the ADP to implement.

iii. Services in Lewis and Harris

The Outer Hebrides ADP has funded the services outlined below to deliver substance services in Lewis and Harris. The Tier 4 Hebrides Alpha Supported Accommodation is the only Tier 4 service in the Outer Hebrides but the service is available to the whole population.

- **Tier 2 – 5 Services in Lewis and Harris:**

Tier	Service	Funding	Local Strategic priorities	National Core Outcomes
2	Comhairle Nan Eilean Siar, Community Education Dept: Outreach Project Western Isles	27,286	-Early Intervention	1. Health 2. Prevalence 3. Community Safety
	<ul style="list-style-type: none"> • To provide a service which engages with and supports vulnerable young people by providing diversionary activities and preventative work through 1-1 ABI work, Community Learning and Development youth groups, Street based Outreach services, educational inputs and weekend diversionary activities. 			
2	Hebrides Alpha Trading CIC	23,523	- Problem drinkers and substance users	1. Health 2. Prevalence 3. Recovery 4. CAPSM 5. Community Safety 6. Local Environment 7. Services
	<ul style="list-style-type: none"> • Provide 16 hours of therapeutic employment each week to service users. • Participate in a range of relevant employment related certificated training. • Provide a range of support measures outwith their 16 hours per week. 			
2	Action for Children: Early Intervention Children & Families	24,449	- Early Years -Early Intervention	1. Health 2. Prevalence 3. Recovery 4. CAPSM 5. Community Safety

				6. Local Environment 7. Services
	<ul style="list-style-type: none"> • Provide individual based sessions, initially in a 6 week block, which will address substance misuse and any issues associated with this. • Provide longer term intervention, up until 6 months, involving young people in diversionary activities and our community based service. We will do this in partnership with Community Education. Within this period we will continue to work with the young person using a person centered approach to address any issues affecting their well being e.g. family issues, education difficulties, problems in the community. • Provide parents with parenting strategies. This will enable families to communicate better. • Use Family Group conferencing to address underlying issues. • Provide a link for the young person with other agencies, to advocate on their behalf if required. • Provide a follow up meeting with the young person and their family 3 months after the end of service to ensure progress continues. 			
3.	Child and Adolescent Mental Health Service – Addiction Service	29,008	- Early Years - Early Intervention	1. Health 2. Prevalence 3. Recovery 4. CAPSM 5. Community Safety 6. Local Environment 7. Services
	<ul style="list-style-type: none"> • Better prevention of substance use problems with improved life chances for children and young people • Children affected by parental substance misuse problems are safer and more able to achieve their potential • Support families and communities affected by substance misuse • Provide and improve on alcohol and substance misuse screening for children, young people and their families • Provide assessment of whole family systems to identify vulnerable children and young people that are affected and influenced by parental alcohol and substance misuse • Provide early intervention for assessment and treatment of young people with harmful and persistent substance misuse behaviours • To provide a consistent approach for Alcohol Brief Interventions (ABIs) for young people across the Outer Hebrides 			
3.	Community Nurse (Alcohol Misuse)	32,991	- Early Years - Problem drinkers and substance users	1. Health 2. Prevalence 3. Recovery 4. CAPSM 5. Community Safety 6. Local Environment 7. Services
	<ul style="list-style-type: none"> • To meet needs of clients who have alcohol misuse issues by multi agency working in partnership with primary health care, Crossreach and Social Work as well as the voluntary sector as required within Lewis and Harris. 			

	<ul style="list-style-type: none"> To reduce and prevent hospital admission of those with alcohol dependence by providing support to individuals, families and carers. To continue to strengthen the Integrated Care system using referral pathways and meeting the clinical needs of individuals. 			
3.	CNES Substance Misuse Service Alcohol Support Worker Drug Support Worker	23,204 23,204	- Early Years - Early Intervention - Problem drinkers and substance users	1. Health 2. Prevalence 3. Recovery 4. CAPSM 5. Community Safety 7. Services
<ul style="list-style-type: none"> To engage with service users who have acute problematic alcohol or drug use in order to improve their health, wellbeing, social circumstances and reduce or prevent further harmful behaviours and offending where relevant. Service users will have regular contact with the alcohol or drug support worker service at an appropriate level to their assessed need and risks. Each service user will complete an initial assessment of need and be involved in their own action plan towards change and recovery. They will have the opportunity to undertake focused work based on established models and approaches and will be provided with continuous feedback on progress in making positive change. Where necessary feedback can be provided to partner agencies in written form. Service users will be provided the opportunity to feedback on the quality of service and contribute to developments for future service delivery. 				

8. Governance and financial accountability arrangements

The Outer Hebrides ADP has responsibility for directing the use of specific alcohol and drug funding. However, funding recommendations are considered within the ADP substructures, i.e., via the ADP Executive Subgroup. Final recommendations are thereafter submitted to the ADP for ratification.

In line with the ongoing development of Outcomes and outcomes measures, further work regarding the establishment of clear and transparent funding structures is ongoing and will be reflected within future Delivery Plans and Annual Reports.

The current efficient and effective means of reporting to the Community Planning Partnership (CPP) will be maintained; i.e. the ADP Chair sits on CPP Executive Group and Board, other members of the ADP sit on the Community Safety Planning Partnership, and there are strong links with most, if not all, other groups, i.e., Health and Well Being, etc. Regular reports, using covalent information are fed into the CPP and other relevant groups. Similarly the ADP Alcohol and Drug Strategy and associated progress reports are submitted annually to the CPP.

The Outer Hebrides ADP recognise the importance of monitoring and evaluating work and affirms that we will:

- Continually review the strategy to evaluate progress.
- Exercise budget exceptional reporting to the Strategic group.
- Regularly review the gaps in services and respond timely to the local needs.
- Support evidence-based practice and high quality evaluation.
- Learn from good practice, evaluations, pilot projects and disseminate learning.
- Obtain six-monthly and annual accountability reports from services to monitor progress and to identify opportunities for support and development.

Each initiative, post or project is managed via a service level agreement with the Outer Hebrides ADP. Funding for each initiative is agreed on the proviso that outcomes for the initiative or project directly relate to the objectives, goals and desired outcomes for the Outer Hebrides ADP. Each initiative will be required to provide evidence of project planning and monitoring of progress through performance and outcome indicators. Regular reports on progress and effectiveness are provided to the Outer Hebrides ADP which will monitor these against the agreed Delivery Plan. NHS Western Isles and the Outer Hebrides ADP are accountable to the Scottish Government for the use of funds allocated to them.

9. Request for National Support

- The ADP benefited from the annual visit from the Drugs Policy Team during 2011 – 12 and would welcome further visits and support from the team. The continuation of the ADP Chair's meetings for networking and information exchange and the wider events for ADP Chairs and support teams is also seen as being of value, though continued financial assistance to attend these events would be greatly appreciated.
- We welcome the confirmation that ISD will support the Outer Hebrides ADP in relation to the ongoing monitoring of waiting times and the continuation of data sets and monitoring. We look forward to the production focused 'Board level' reports on specific topics, e.g., alcohol.
- We would welcome support from the Scottish Government in developing a Commissioning Strategy for the Outer Hebrides.
- We further welcome ongoing support from STRADA in providing FREE training throughout the Outer Hebrides and the monitoring and evaluation of said training for local training needs analysis.
- We would request ongoing support from Health Scotland with regards to the delivering of training, resources provided for Alcohol Brief Interventions, and advice on Alcohol Brief Interventions updates.
- Support re actions in the delivery and implementation of the workforce development statement within the Outer Hebrides is sought.
- Support re actions in addressing practical issues highlighted in the Audit Scotland Self Assessment Check List for D&A Services, e.g., risks, would also be welcomed.

Appendix 1: Diagrams to support Delivery Plan

i. Outcomes triangle

Outcomes triangle - Alcohol

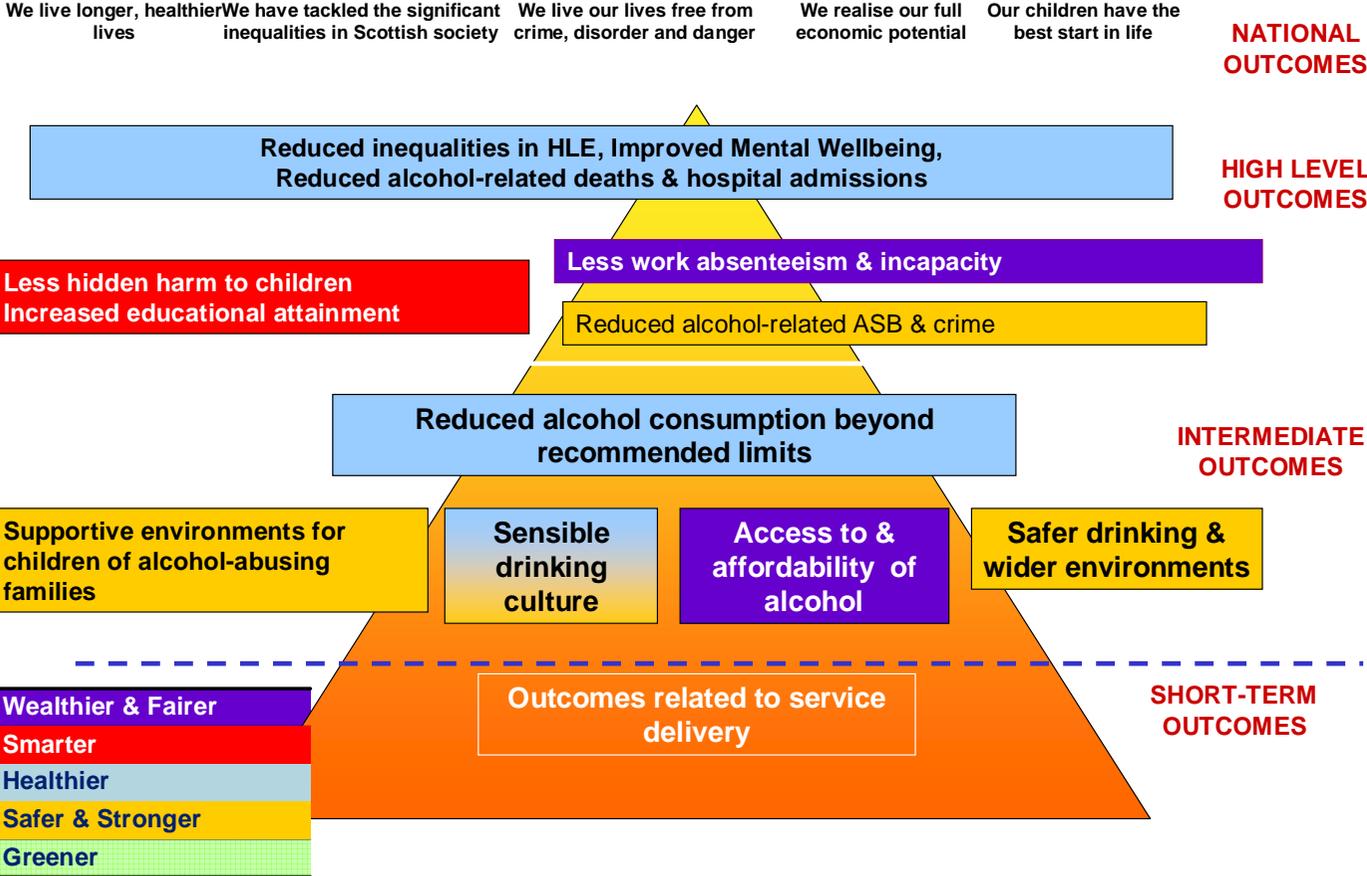


Diagram from www.healthscotland.com

Appendix 1: Diagrams to support Delivery Plan

ii. Diagram showing how different levels of outcomes link to achievement of National Outcomes

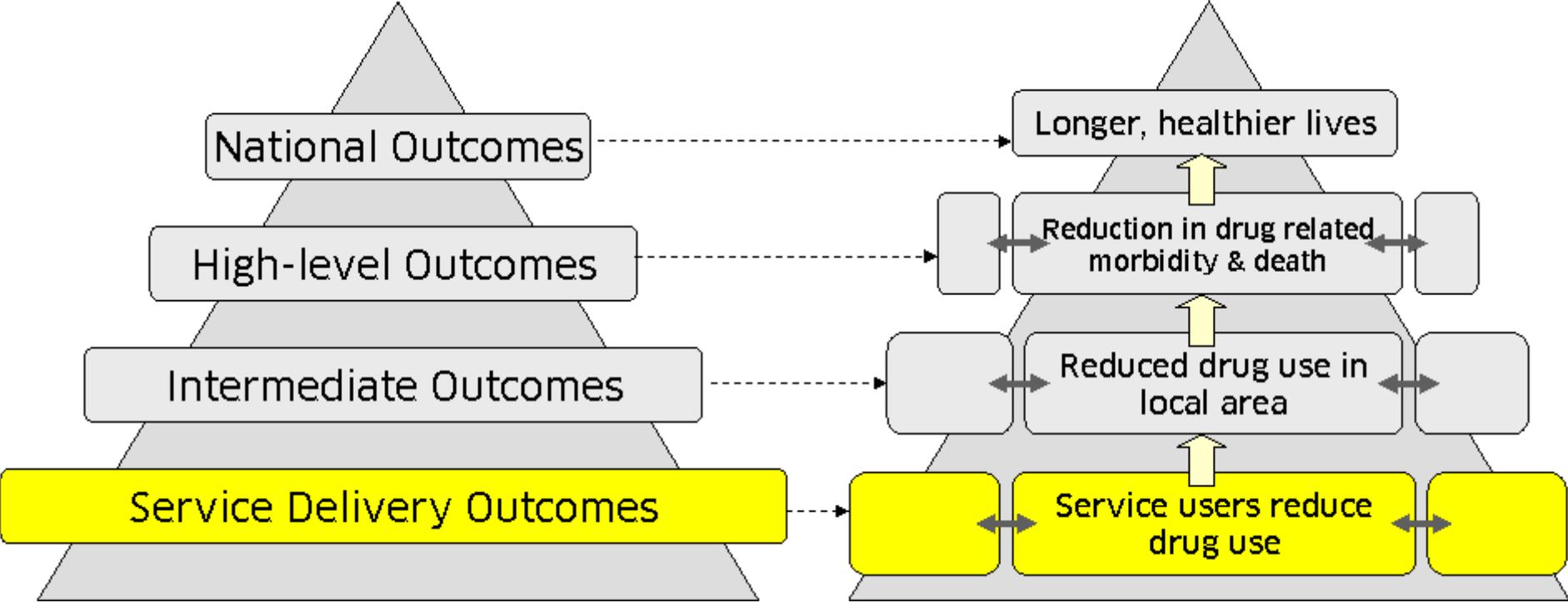


Diagram adapted from 'Delivering Better Outcomes: An Outcomes Toolkit for Alcohol and Drug Partnerships'; Scottish Government

Appendix 1: Diagrams to support Delivery Plan

iii. Diagrams showing that various outcomes may feed into one or more higher-level outcome, together with examples to illustrate these links.

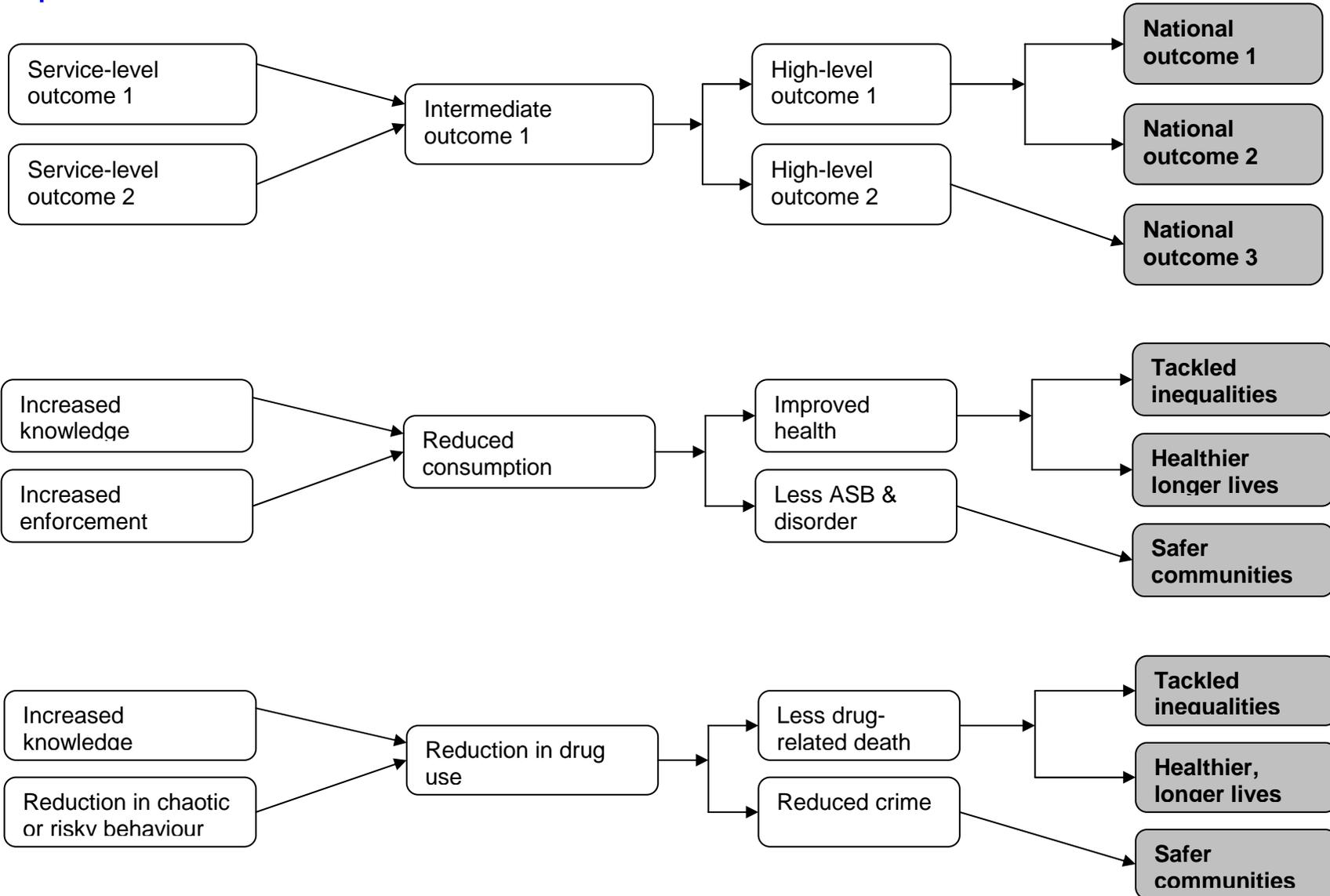


Diagram adapted from 'Delivering Better Outcomes: An Outcomes Toolkit for Alcohol and Drug Partnerships'; Scottish Government

Appendix 1: Diagrams to support Delivery Plan

iv. How models contribute to improvement of long term alcohol related outcomes in Outer Hebrides

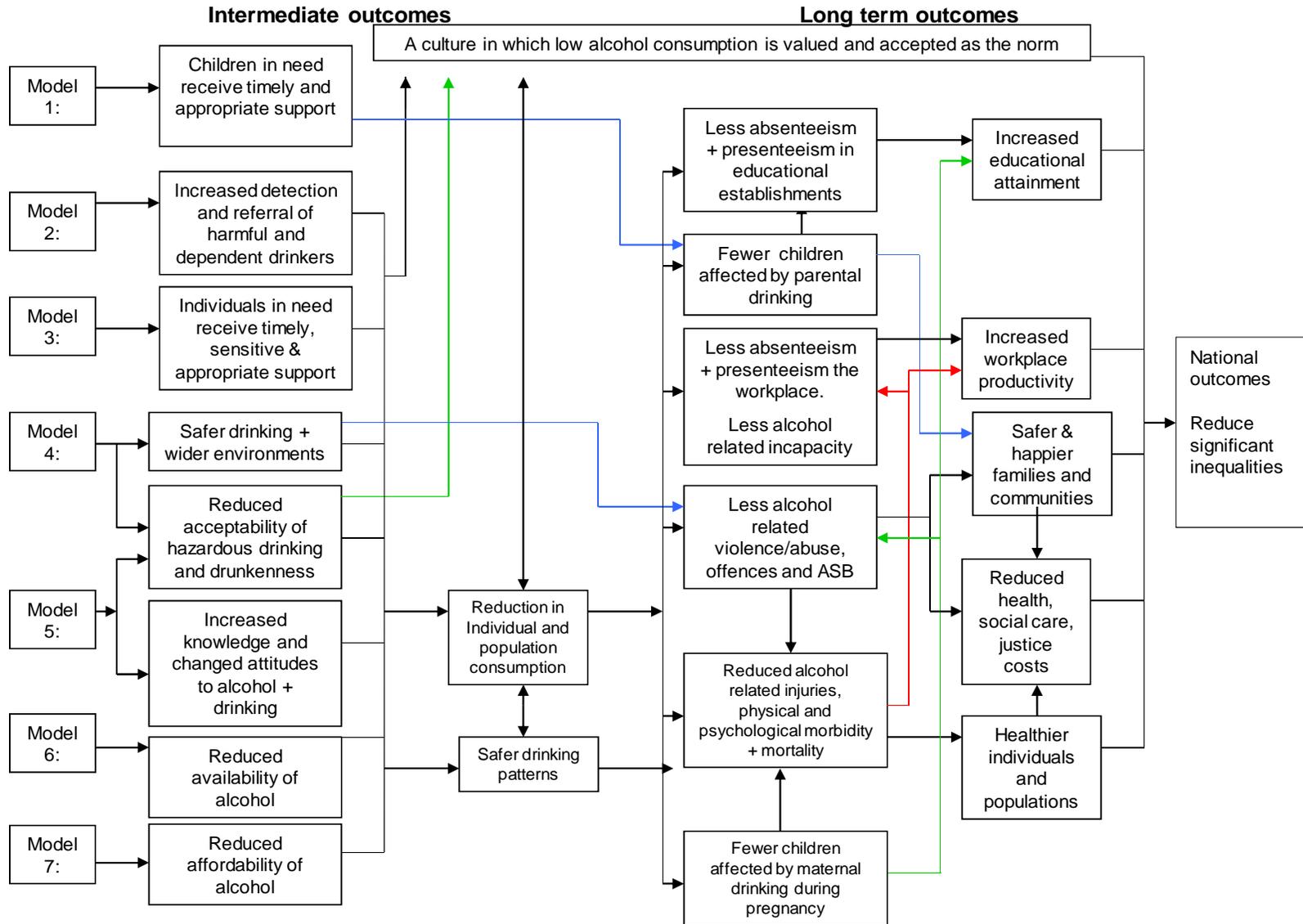


Diagram adapted from www.healthscotland.com

Appendix 1: Diagrams to support Delivery Plan
v. Outer Hebrides Alcohol Drug Partnership Contributions

ALCOHOL Cross-sector Contributions

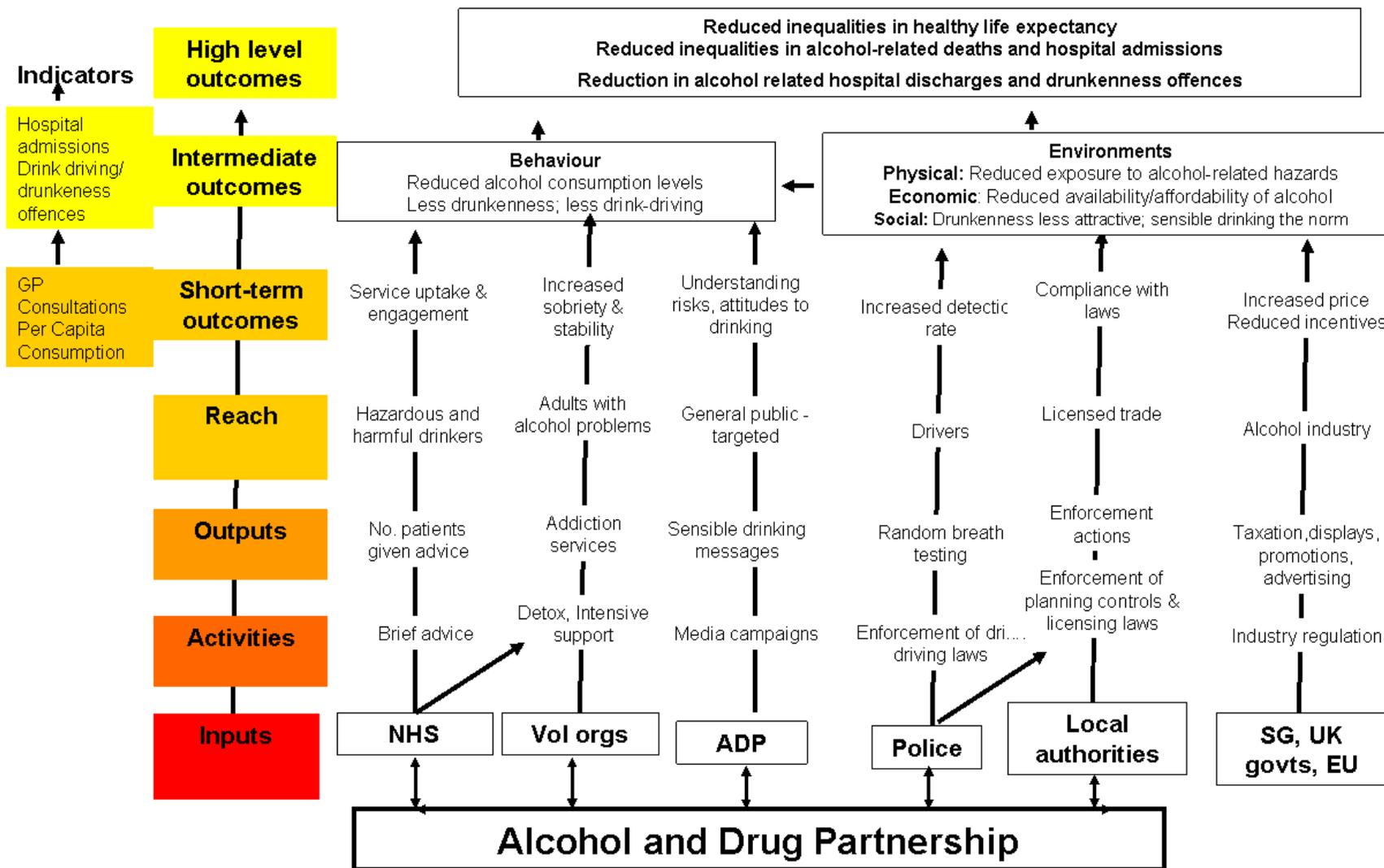


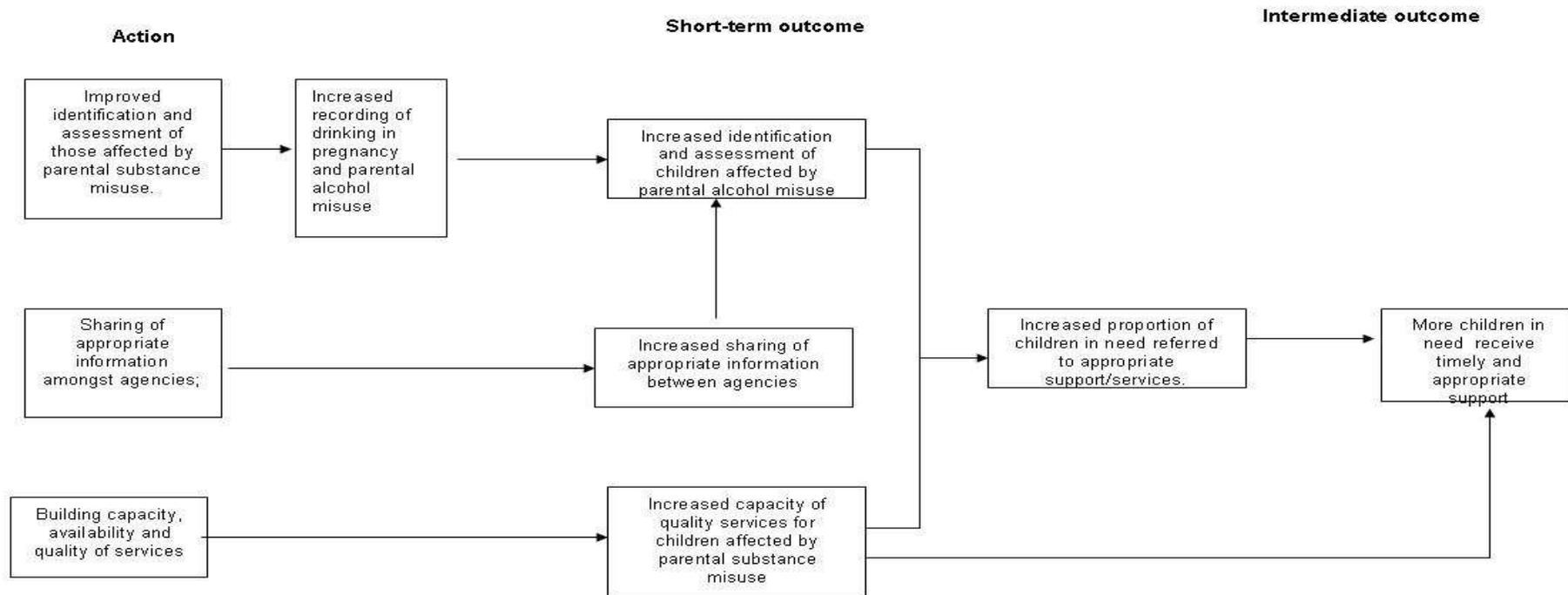
Diagram adapted from www.healthscotland.com

Appendix 2: Logic Models

Model 1: Early Years

Model 1: Support for children in need

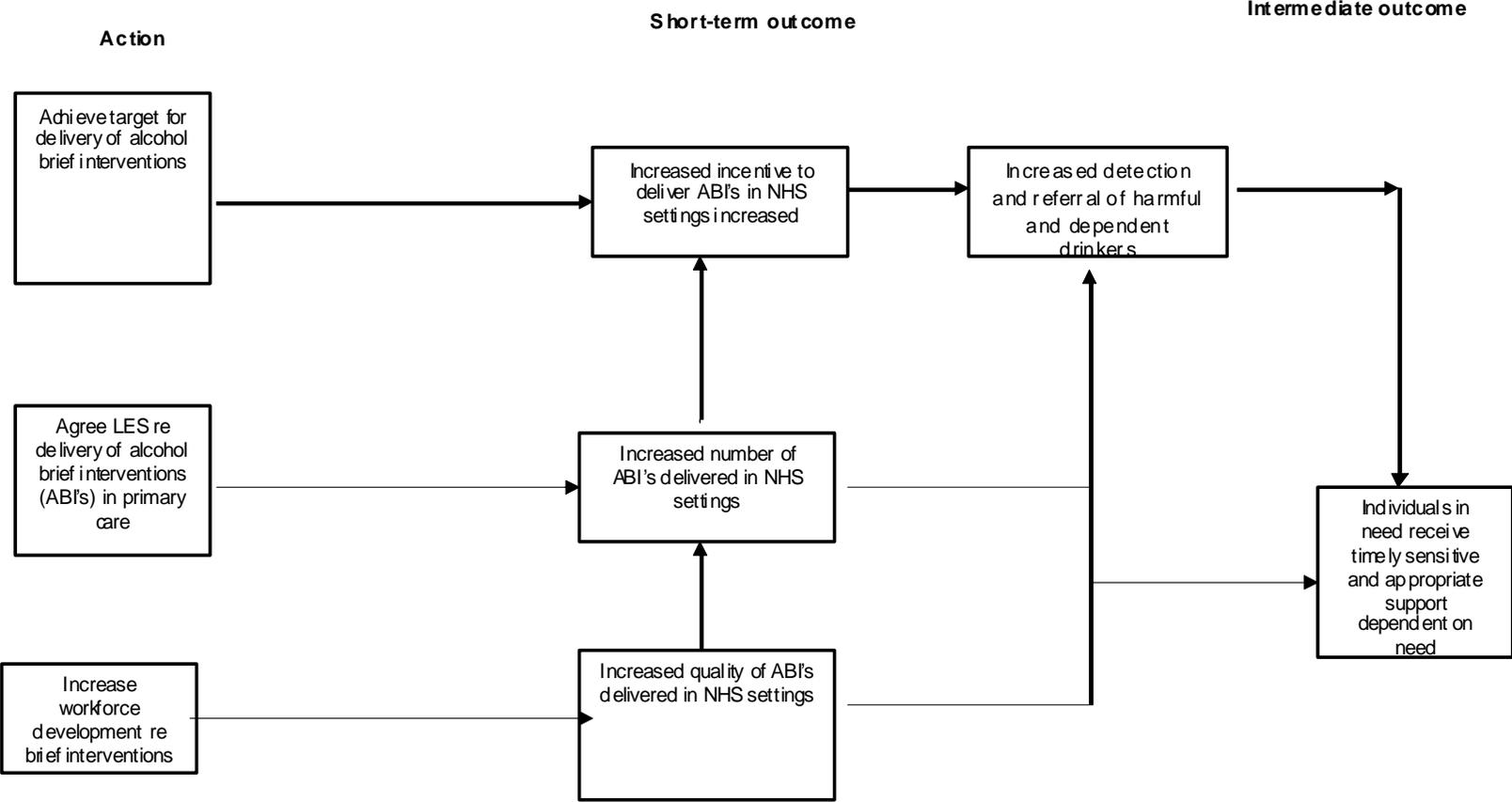
v1



All Models adapted from www.healthscotland.com

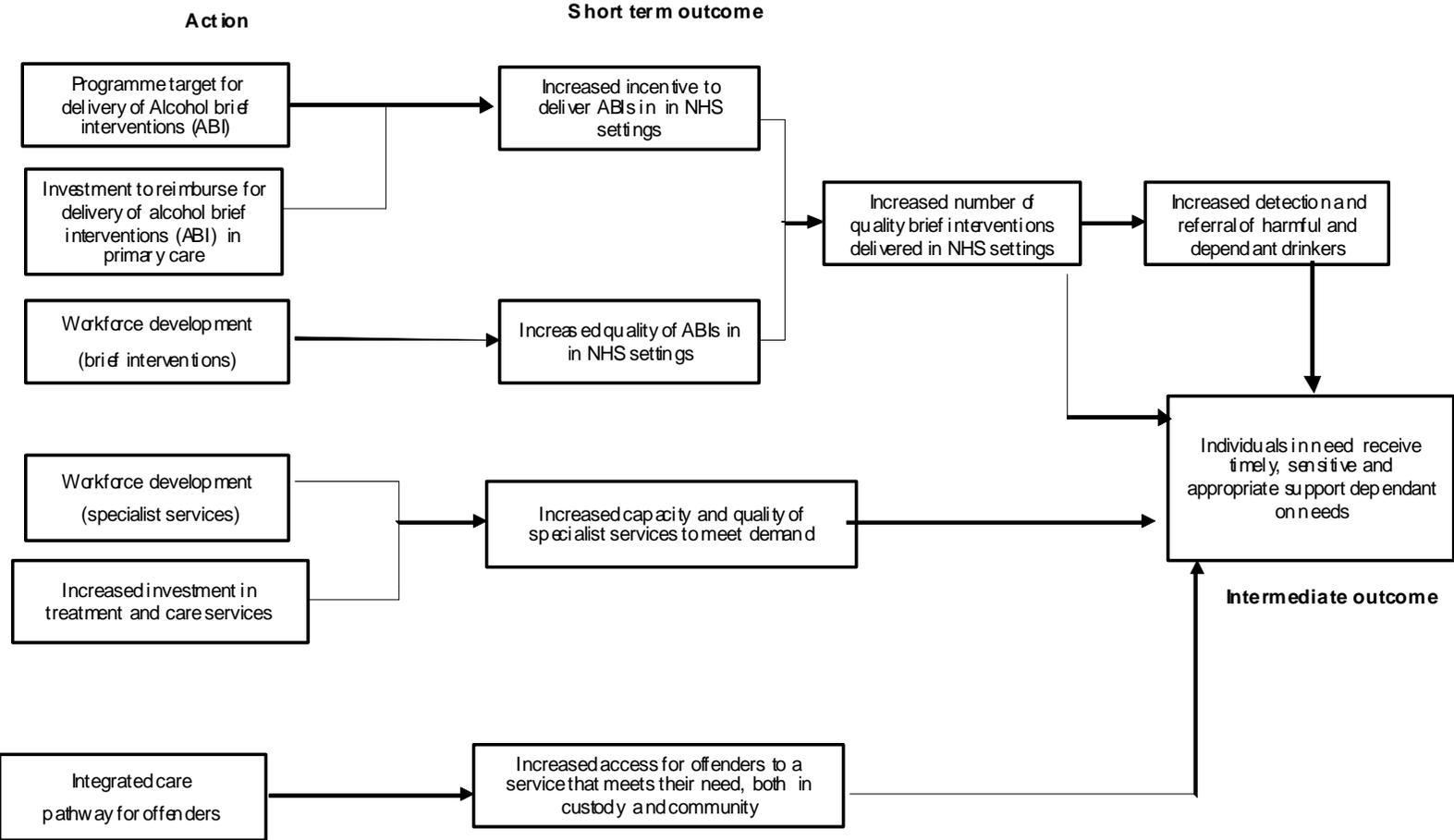
Appendix 2: Logic Models
Model 2: Early Intervention

Final Feb 09



All Models adapted from www.healthscotland.com

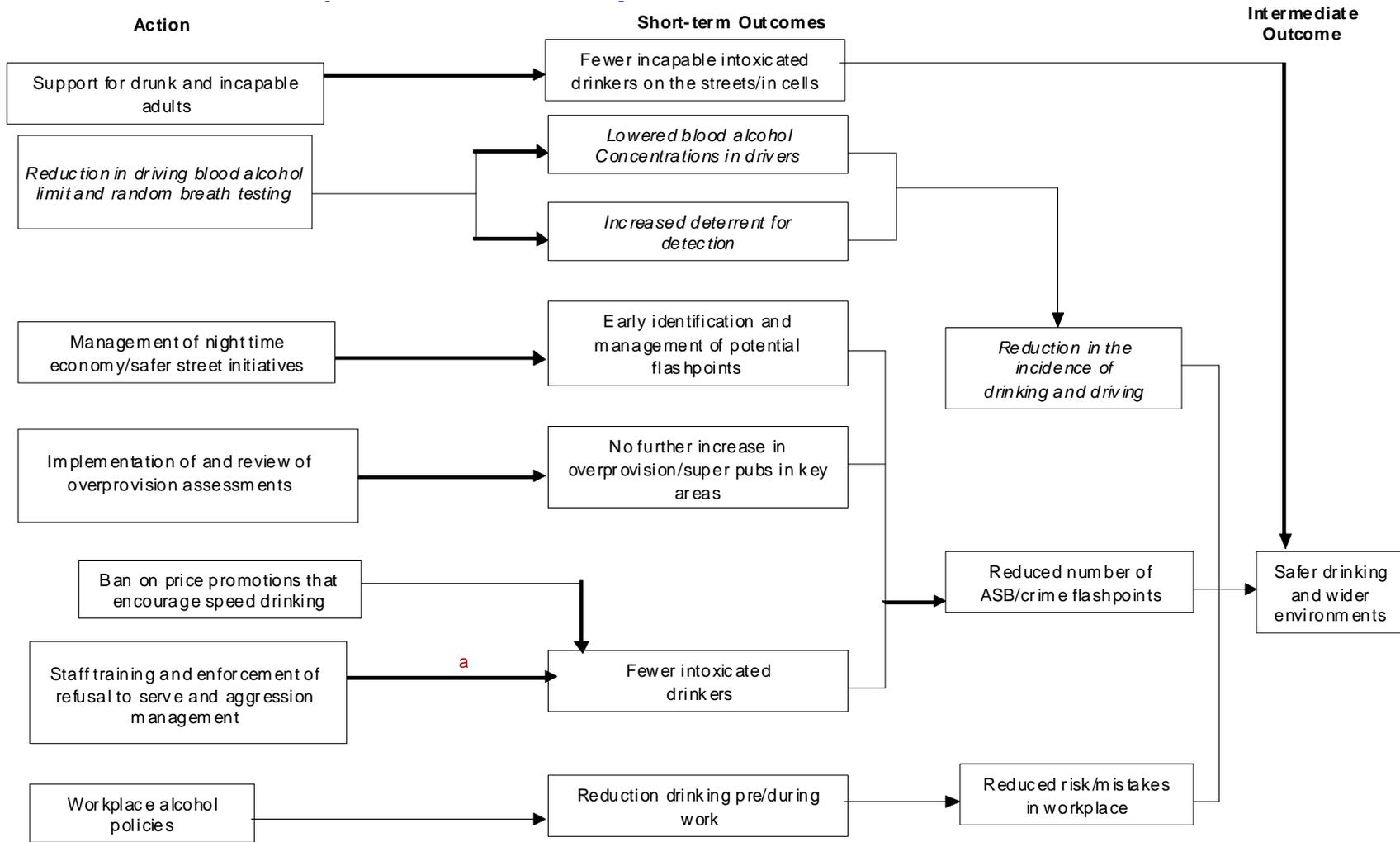
Appendix 2: Logic Models
Model 3: Problem drinkers and substance users



All Models adapted from www.healthscotland.com

Appendix 2: Logic Models

Model 4: Assist in the promotion of a healthy Outer Hebrides

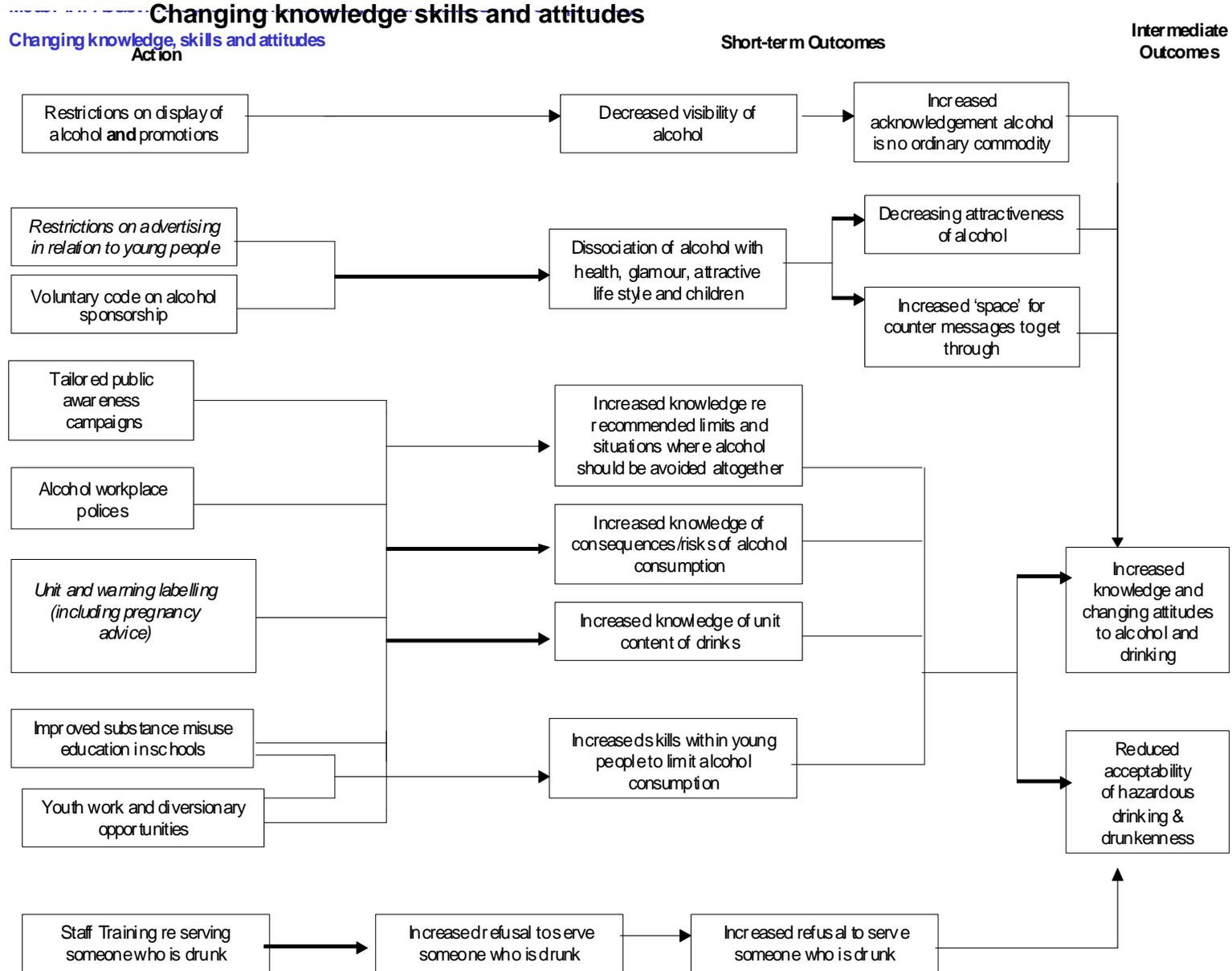


a. May increase violence in premises and/or intoxicated drinkers on street

Italics = SG lobbying for UK change but remains reserved and therefore not certain

Appendix 2: Logic Models

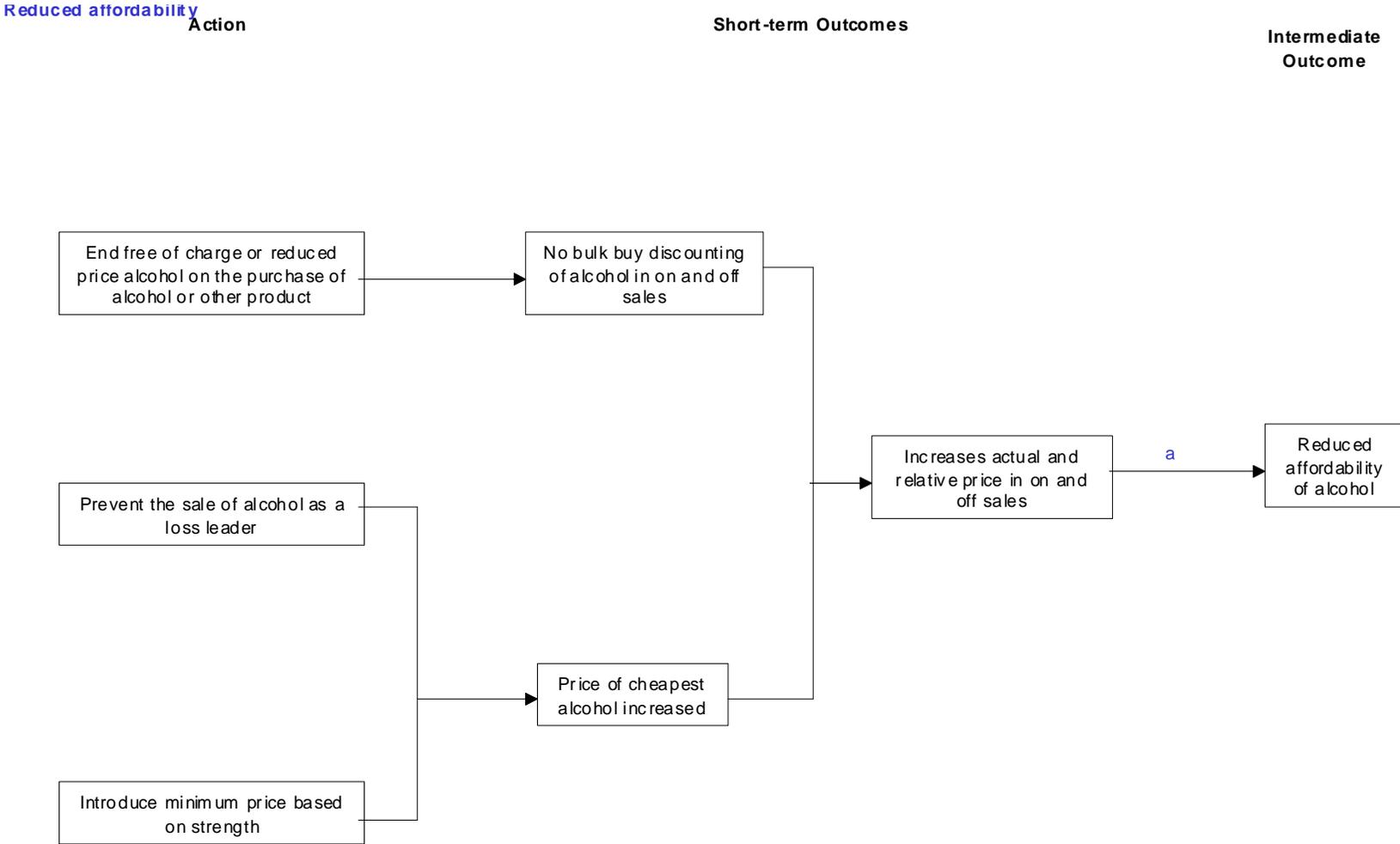
Model 4.1 : Assist in the promotion of a healthy Outer Hebrides with our partners)



Italics= SG lobbying for UK change but remains reserved and therefore not certain

Appendix 2: Logic Models

Model 4.3 : Assist in the promotion of a healthy Outer Hebrides with our partners Reduced affordability

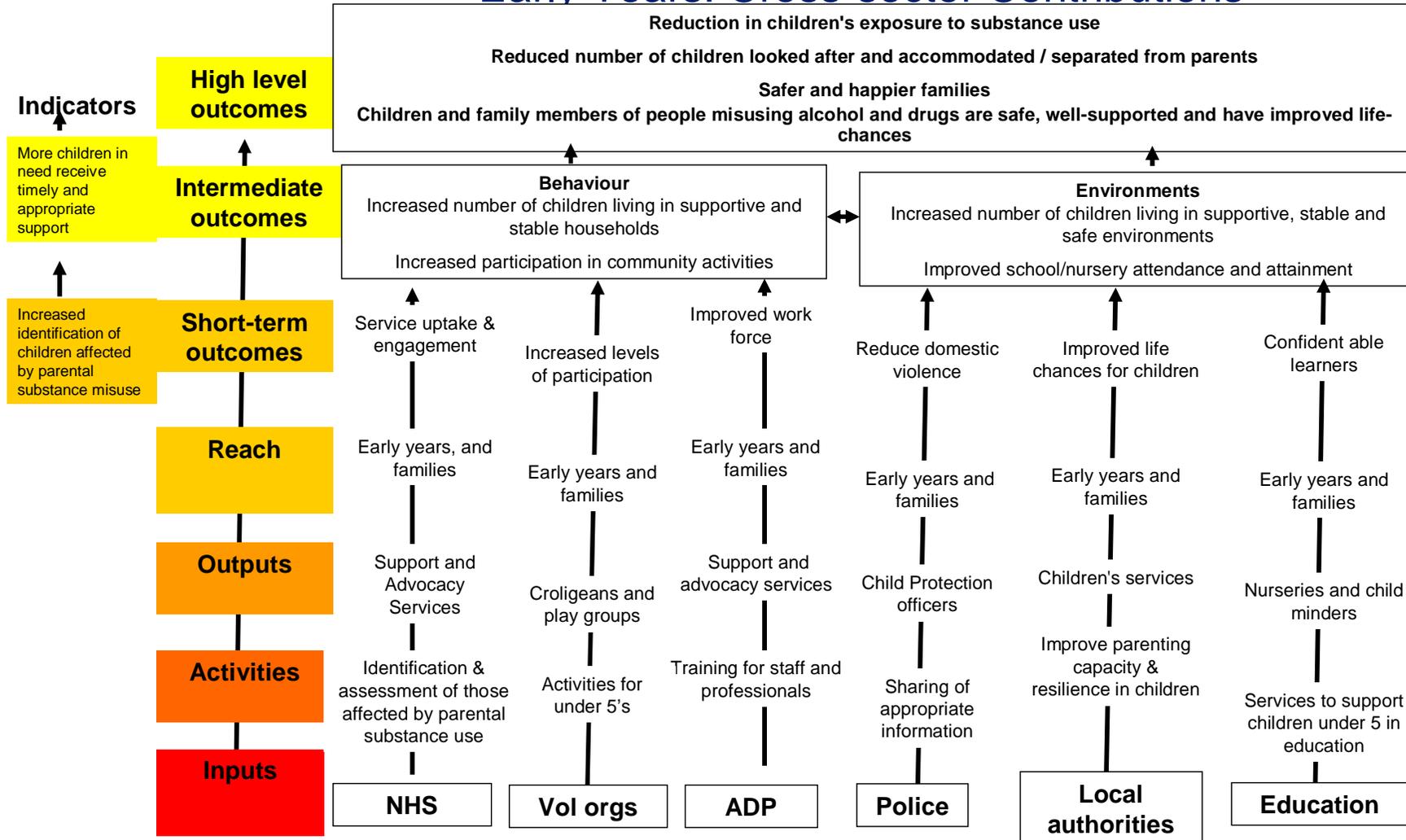


a- may increase business profits which could be put into advertising and this may encourage more drinking

Appendix 3: Strategic Models

Strategic Model 1.1: Early Years

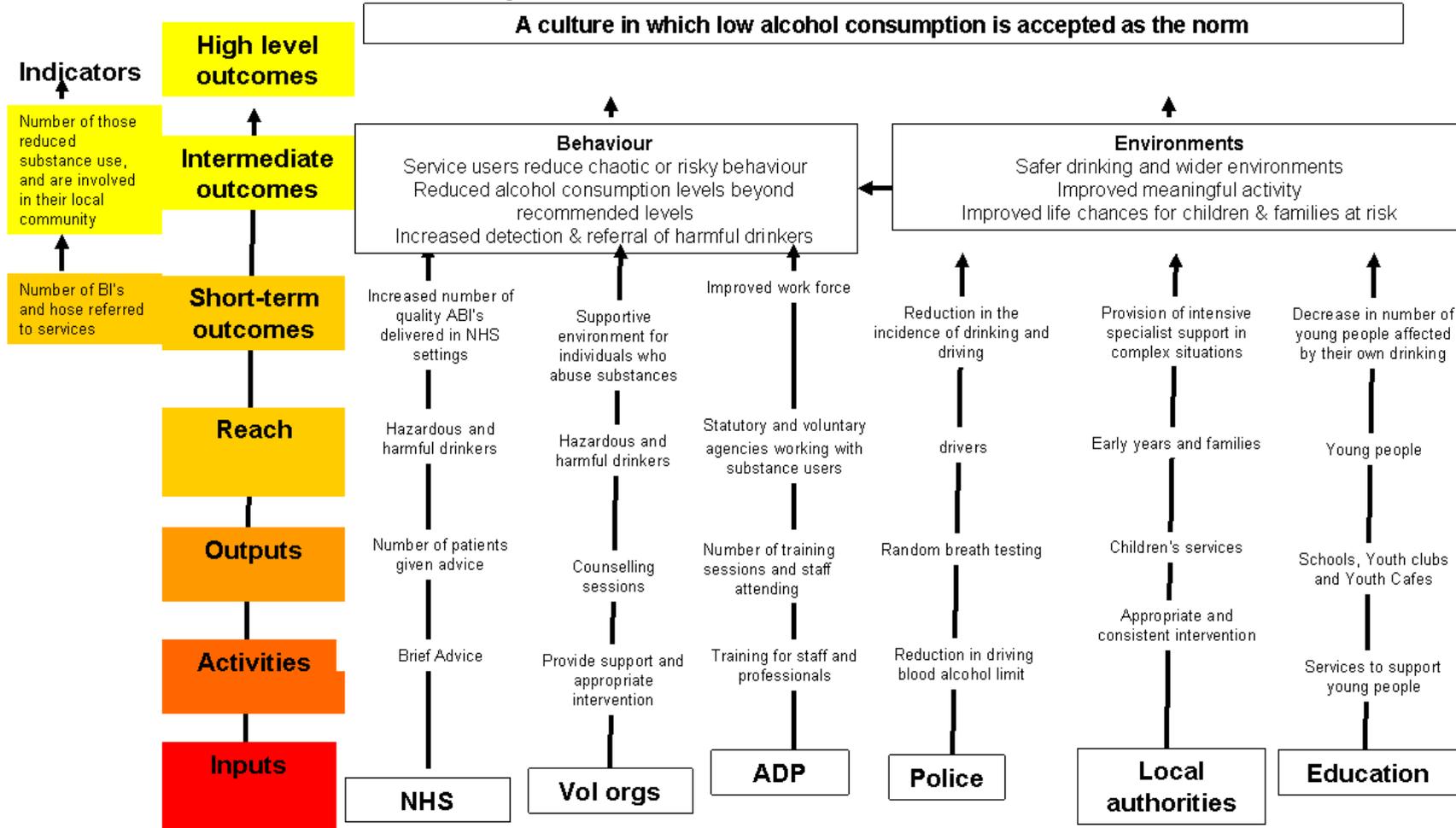
Early Years: Cross-sector Contributions



Appendix 3:

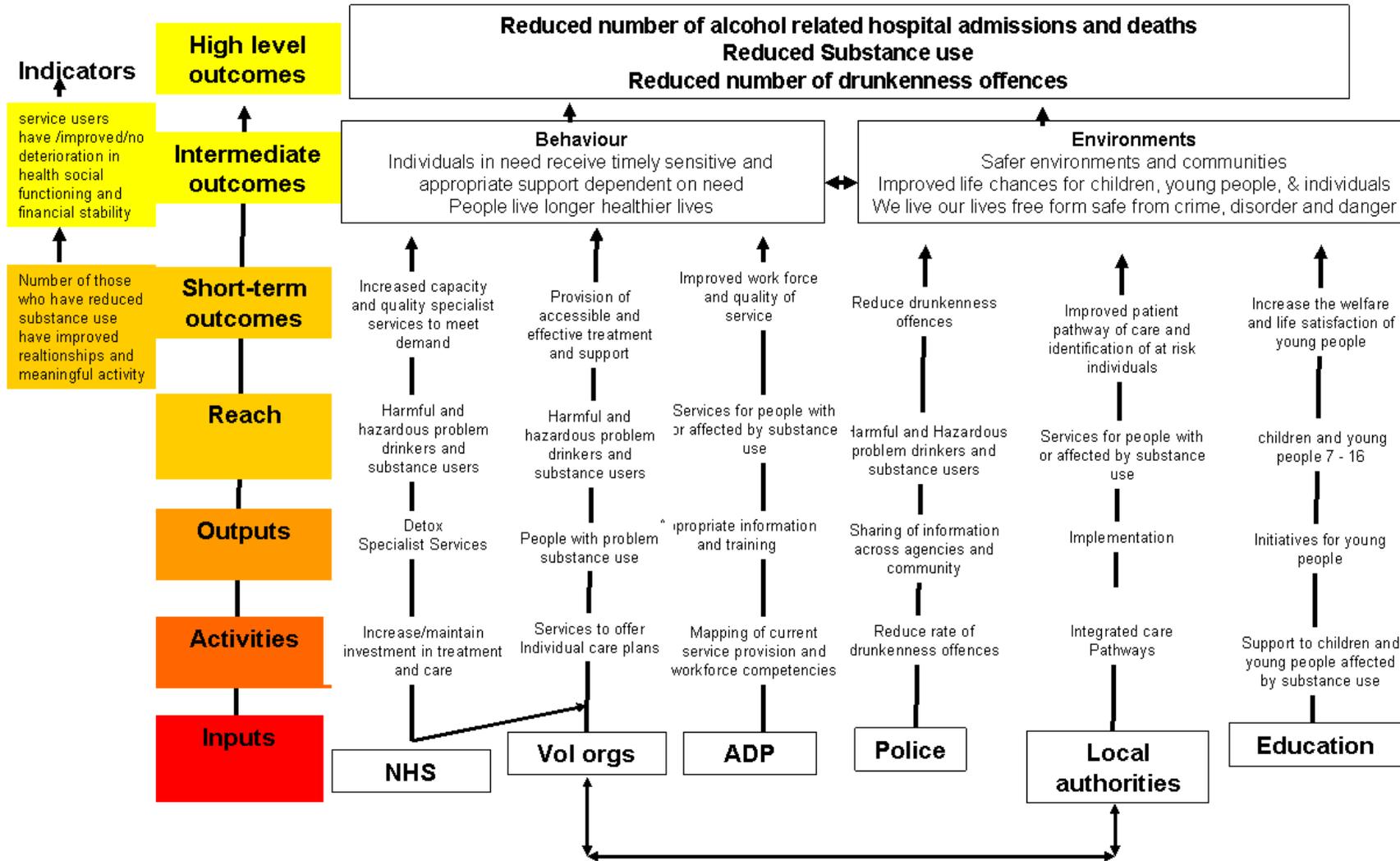
Strategic Model 1.2: Early Intervention

Early Intervention - Cross-sector Contributions



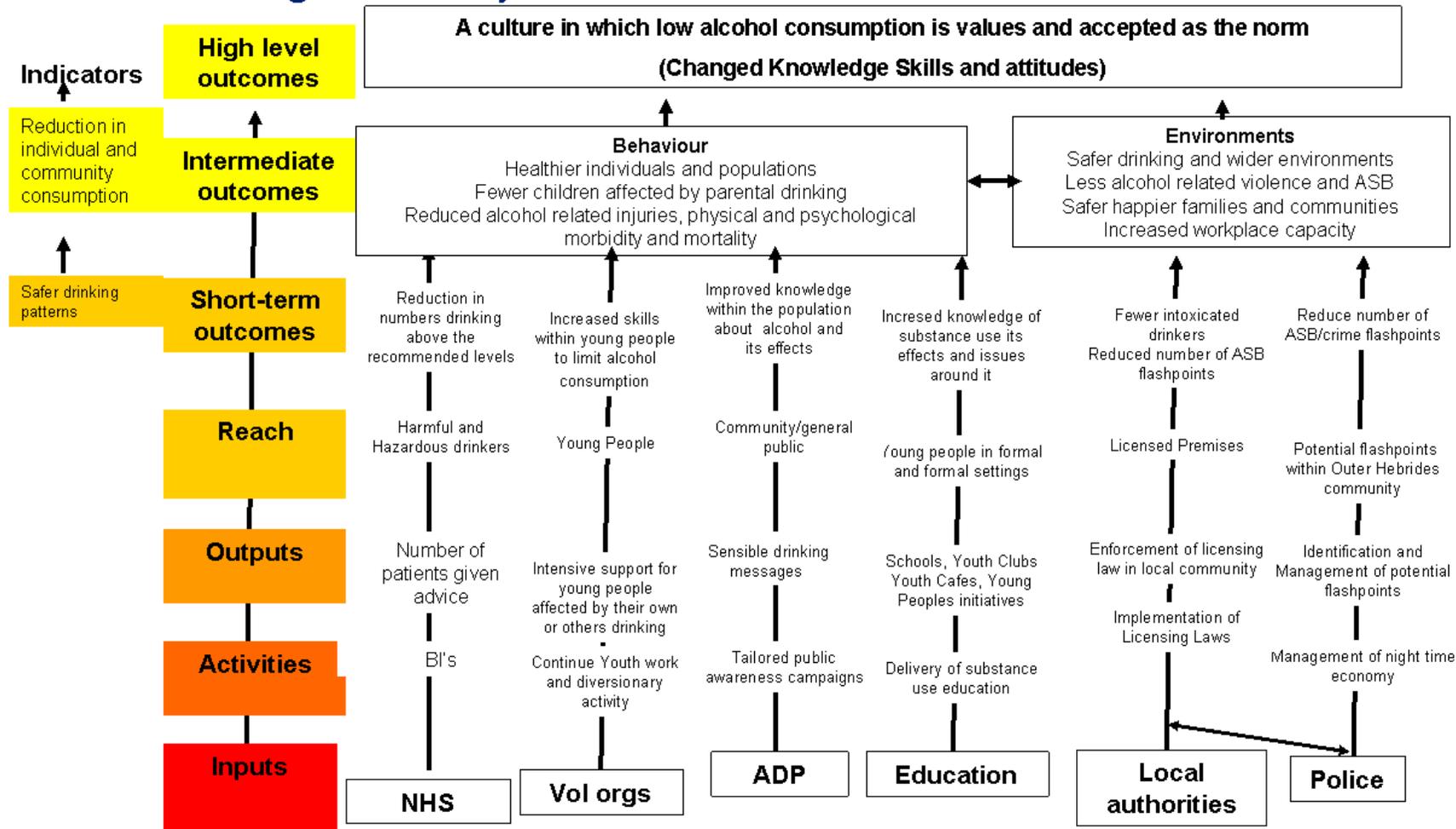
Appendix 3:
Strategic Model 1.3: Problem Drinkers and Substance Users

Problem Drinkers & Substance Users - Cross-sector Contributions



Appendix 3:
Strategic Model 1.4: Promoting a Healthy Outer Hebrides

Promoting A Healthy Outer Hebrides - Cross-sector Contributions



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