



Outer Hebrides Alcohol & Drug Partnership

Annual Report
2013 - 2014

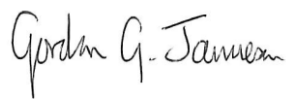
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1. PARTNERSHIP DETAILS

Alcohol & Drug Partnership:	Outer Hebrides
ADP Chair	Gordon Jamieson, Chief Executive NHS Western Isles
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The content of this template has been agreed as accurate by the Alcohol and Drug Partnership, and has been shared with our Community Planning Partnership:

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ADP Chair

The Scottish Government copy should be sent for the attention of Amanda Adams to:

Alcoholanddrugdelivery@scotland.gsi.gov.uk

2. ADP Self-Assessment 1 April 2013 – 31 March 2014

	Theme	R A G	Evidence
ANALYSE			
1	ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment of need, which takes into consideration the changing demographic characteristics of substance misusers in your area. Please also include here any local research that you have commissioned	A	<ul style="list-style-type: none"> • A general population and youth needs assessment was carried out in 2011/12. This piece of work, in conjunction with information gathered from the community consultation meetings and baseline data gathered from our monitoring and evaluation process, has aided the Outer Hebrides ADP in planning and developing services to meet the needs of clients. In order to address the key findings of the needs assessment the Outer Hebrides ADP proposed certain recommendations. The table in Appendix 1 outlines the recommendations and an update on how the Outer Hebrides ADP has progressed in meeting these during 2013/14. Full copies of these needs assessment can be accessed on the website (http://www.outerhebadp.co.uk/.) • During 2013/14 a service provision gaps survey was carried out by the Outer Hebrides ADP for services and service users. A report was submitted to the Outer Hebrides ADP to assist with future development of service in 2014/15. • Information is collated from reports produced by ISD, NRS, Health Scotland, ScotPHO, SALSUS and the Scottish Health Survey. Briefing papers and publication summaries are produced and circulated to the ADP following any national publications. • NHS Western Isles produced Community Health Profiles to document geographic health inequalities across local planning areas in the Outer Hebrides. Weekly alcohol consumption was included in these profiles and will assist in targeting resources and interventions. • Employment of a Substance Misuse Information and Research Officer since September 2010 aided in the planning and development of service provision through the gathering and collation of local and national data.
2	An outcomes based ADP Joint Performance Framework is in place that reflects the ADP National Outcomes.	G	<ul style="list-style-type: none"> • The performance framework is outlined in the Outer Hebrides ADP Delivery Plan 2011-2015 and is aligned to the seven national core outcomes. • National ADP core outcomes are aligned with SOA and local outcomes where possible. • All services are under contract (through their Service Level Agreement and Terms & Conditions of Grant) to report on outcomes within the locally developed Outcomes

	Theme	R A G	Evidence
			<p>Database. The outcomes that they must report on are stipulated within the SLA.</p> <ul style="list-style-type: none"> • A review of all the existing paperwork is underway to embed outcomes and to align with the emerging Drug and Alcohol Information System (DAISy). • Appropriate targets for national core outcomes and local outcomes are currently being developed. • Clear baseline data and indicators have been identified and are documented on pages 17-34.

3	<p>Integrated Resource Framework - Process</p> <p>Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation.</p>	A	<ul style="list-style-type: none"> • During 2012/13, the Outer Hebrides ADP decided to reduce the funding allocated to 5 services as it was felt that they should become a core services being delivered and funded by the statutory agencies that host the services. In 2013/14, funding to these services was reduced by 50% and during 2014/15 the funding was ceased. All services were informed of this decision and were compliant. Out of the 5 services identified for this process, only one has stopped operating due to withdrawal of funds. Monies accumulated from the reductions in funding are being used for new development of services. • All funded services are required to report on their budget, expenditure and any variance on a bi-annual basis. This is examined in conjunction with baseline data to scope activity, costs and variations in service delivery and support further development of services. As of 2014/15, all funded services will be asked to submit a copy of their accounts at the end of each financial year. • The Outer Hebrides ADP Executive Group review and monitor finances and make decisions on what should be done with earmarked monies. This group will monitor the development of the new model to be implemented from 2015/16 onwards. • Work is constantly ongoing with regards to the development of the Outcomes Database which informs the planning of services.
4	<p>Integrated Resource Framework - Outcomes</p> <p>A coherent approach has been applied to selecting and</p>	A	<ul style="list-style-type: none"> • All services who have had funding withdrawn have agreed to continue to provide valuable data through SMR25s, Drug and Alcohol Treatment Waiting Times and the locally developed Outcomes Database. These all provide us with a picture of service provision and outcomes for clients throughout the Western Isles, allowing us to effectively evaluate service provision and identify areas for future development.

	Theme	R A G	Evidence
	prioritising investment and disinvestment options – building prevention into the design and delivery of services.		<ul style="list-style-type: none"> Resources within the core budget have been identified to support the development of Recovery Orientated Systems of Care (ROSC) from 2015/16 onwards Health and social care integration should produce enhanced coordination of care and support for adults with substance misuse problems and children and families affected by parental substance misuse.

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	Theme	R A G	Evidence
5	We have a shared vision and joint strategic objectives, which is aligned with our local partnerships, e.g. child protection committees, violence against women, community safety etc.	A	<ul style="list-style-type: none"> The Outer Hebrides ADP strategy identifies the shared vision and strategic priorities of all partner agencies. <i>Vision: 'The Outer Hebrides is a healthy community where the problems of substance use are prevented and reduced'</i> <i>Priorities: Early Years Early intervention Problems drinkers and substance users Assist in the promotion of a healthy Outer Hebrides (with our partners)</i> All partner agencies promote this vision and priorities and are monitored and reflected within any relevant plans. Members of the Outer Hebrides ADP include representatives from Health, Education, Criminal Justice, Third Sector and the community. This enhances the sharing of the vision. The Outer Hebrides ADP vision and priorities are clearly aligned to other local plans and strategies. A combination of local and national services are funded ensuring wide comprehensive input and vision within the Outer Hebrides ADP.

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<p>6</p>	<p>A. Our strategic commissioning work is clearly linked to Community Planning priorities and processes.</p> <p>Please include your ADP Commissioning Plan or Strategy if available.</p> <p>Please include information on your formal relationship to your local child protection committee and Criminal Justice Adult Services.</p> <p>B. What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route.</p>	<p>R</p>	<ul style="list-style-type: none"> • The Outer Hebrides ADP Strategy 2011-2015 identifies contributions to the Single Outcome Agreement and details the local reporting arrangements to the Community Planning Partnership. • One of the priorities identified within the Single Outcomes Agreement for 2013/14 - 2016/17 is that: <i>'Communities are safer, and healthier by preventing and reducing the harmful effects of alcohol'</i> • The Chair of the OHADP is a member of the Chief Officers Group for Child and Adult Protection. • Outer Hebrides ADP Governance states that <i>'The Chair should be an individual involved in the operation of the Community Planning Partnership at a strategic level'</i> • <i>The OHADP Chair and one other member (Director of Public Health) are members of the CPP.</i> • A copy of the Outer Hebrides ADP Strategy is forwarded to the Community Planning Partnership.
<p>7</p>	<p>Service Users and carers are embedded within the partnership commissioning processes</p>	<p>R</p>	<ul style="list-style-type: none"> • Whilst there is service user and carer representation it is not sufficiently robust within the Outer Hebrides ADP. Expanding this will be a key priority for the ADP going forward. • The commissioning model currently being considered for implementation in 2015/16 will ensure that the views of service users, carers and the public are taken on board. These plans will ensure service user and carer involvement across all stages of local service planning, design and delivery. This is seen to be an essential aspect of the commissioning process. • Service user and carer involvement has been difficult for the Outer Hebrides ADP. The ADP has struggled to engage with service users and/or carers due to the small dispersed and population size and the need to protect user/carer anonymity. • Service users and carer consultations on service provision and redesign will take place across all funded services as part of the commissioning process if adopted by the Outer Hebrides ADP.

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			<ul style="list-style-type: none"> • The Outer Hebrides ADP are looking to develop a toolkit that will be made available to all funded services to help them with their service user evaluations. • The bi-annual monitoring forms ask services to report on any service users evaluations they have undertaken. All funded services are required to complete these. • Service user and carers involvement is to be included within future Service Level Agreements. • Service user representation and participation with the ADP and sub-groups is currently being reviewed.
8	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning.</p> <p>Describe the progress your ADP has made in implementing a ROSC, please include what your priorities are in implementing this during 2014-15. This may include:</p> <ul style="list-style-type: none"> • Recovery Orientated System of Care service review and redesign • Identify and commission against key recovery outcomes • Recovery outcome reporting across alcohol and drug services eg. Outcome STAR. Other • Individual recovery care plan and review • Involved mutual aid and recovery communities <p>Please include your outcomes for all individuals within your alcohol and</p>	A	<ul style="list-style-type: none"> • All funded services are required to report on Recovery indicators through the locally developed Outcomes Database. This is documented on pages 17-34. Recovery indicators are listed in each funded service’s Service Level Agreement. All treatment service users are expected to have an individual focused care plan and for this to be reviewed. • During 2013/14, a small scale service user survey was undertaken to establish what the perceived gaps in current service provision were. This information was used to assist in the development of services for 2014/15. • Met and exceeded the HEAT A11 drug and alcohol treatment waiting times standard. • Services within Uist and Barra have joined as a partnership to work with service users, other service providers and statutory as well as voluntary sector organisations. Their work included the provision and development of treatment, counselling, support and aftercare arrangements to support substance misusers. All partners recognise the important of outcomes and the need for joint decision making, individualised and holistic services, community based support, continuity of care, stakeholder involvement and mutual aid. • Local mutual aid groups are included in the Outer Hebrides ADP distribution lists to keep them informed of what is taking place. It is hoped that this relationship will grow through the implementation of a Recovery Orientated System of Care (ROSC). • A development day and training opportunity are being organised for funded services and front line staff to support their learning and aid progress toward the development of a ROSC. (The Scottish Drug Consortium – Recovery Matters Training to be

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	<p>drug treatment system for 2013/14 if available.</p>		<p>delivered on 25th/26th August 2014).</p> <ul style="list-style-type: none"> • A full service review and redesign is being considered by the Outer Hebrides ADP to implement a ROSC • The development of a ROSC will impact on the development and review of the current Integrated Care Pathway, offering a flexible range of services from assessment through to recovery. Service users should have access to a range of services which will assist them in moving on to a sustained recovery. • If adopted the future commissioning of services will be against key recovery outcomes from 2015/16 onwards along with a Strategic Commissioning Plan for Recovery.
<p>9</p>	<p>All relevant statutory requirements regarding Equality Impact assessments have been addressed during the compilation of our ADP Strategy and Delivery Plan</p>	<p>A</p>	<ul style="list-style-type: none"> • A priority area for the Outer Hebrides ADP is to carry out an Equality Impact Assessment on the strategy and delivery plan from 2015 onwards. • All services who apply for funding to the Outer Hebrides ADP are asked within the application form if they have an Equality and Diversity Policy and/or an Equality Impact Assessment Tool. This is included within the marking criteria for all application. • This will continue to be completed as part of the governance arrangements contained within the Outer Hebrides ADP commissioning plan from 2015 onwards.

DELIVER

<p>10</p>	<p>Joint Workforce plans, as outlined in 'Supporting The Development of Scotland's Alcohol and Drug Workforce' statement are in place across all levels of service delivery which are based on the needs of your population.</p>	<p>A</p>	<ul style="list-style-type: none"> • Survey was carried out to identify any potential gaps in local substance services. • Mapping of workforce learning and development needs was carried out with legal highs being identified as a key learning area. • A Training Needs Analysis will be carried out across all tiers to identify common topics as well as specific learning needs. Alcohol and Drugs Workforce Delivery Plan will be developed during 2015/16. • Terms and conditions of grant are issued to all funded services where it specifies that: <i>'Attendance to training/workforce development events arranged by the Outer Hebrides ADP is mandatory for funded services</i>
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			<p style="text-align: right;"><i>unless otherwise advised by the Outer Hebrides ADP.'</i></p> <p>All funded services are going to be provided a list of mandatory training and where it can be accessed.</p> <ul style="list-style-type: none"> • Application forms ask if staff within the agency hold training and qualifications relevant to the proposed project. This is included within the marking criteria for all applications. • All funded services are required to report within their biannual monitoring form on all training they have attended and any measures taken to improve the ability of the workforce to meet the needs of the service users. • Alcohol Brief Intervention (ABI) training has been embedded within the Health Behaviour Change corporate training within NHS Western Isles. There are currently 2 ABI trainers and a scoping exercise is being carried out to identify other potential trainers to ensure full coverage throughout the whole of the Outer Hebrides. • Future applications forms are going to be amended to ensure all agencies applying for funding have allocated some monies to a training budget. • Develop and organise a subgroup to discuss the development of educational inputs for young people across the Outer Hebrides with all interested agencies in relation to curriculum for excellence and educational inputs in the wider setting, e.g. youth cafes. Aim to develop a structured and planned approach to substance education for young people across the Outer Hebrides • As part of the Recovery Orientated System of Care (ROSC) focus groups are to be developed which will include the service users, people in recovery and family members. • In line with substance misuse training planned in previous years a range of generic through to specialist training has been delivered during 2013/14 in partnership with STRADA, Scottish Drug Forum, Crew2000 and NHS Western Isles. This will continue throughout 2014/15.
11	A transparent performance management framework is in place for all ADP Partner organisations who receive funding through the ADP,	G	<ul style="list-style-type: none"> • The Terms and Conditions of Grant which are issued to all funded services stipulated that all services are required to submit a six monthly and annual Monitoring Form and Outcomes Database. Non compliance can result in funding being withheld or withdrawn.

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	including statutory provision		<ul style="list-style-type: none"> • The Monitoring Form and Outcomes Database outline achievements around outcomes and impact. A SWOT and gap analysis is carried out on this and this is reported to and monitored by the ADP Executive group. • The ADP support team and ADP members carry out service visits on an annual basis to review progress made against service aims and objectives. • Planning and reporting timetables are reviewed on a regular basis to ensure that the Outer Hebrides ADP has clear performance information. This ensures that the Outer Hebrides ADP has an understanding of current outcomes performance prior to service development planning at the start of each financial year. It also reinforces the link between investment and outcomes. • All tier 3 and 4 treatment services contribute to the HEAT A11 standard on a quarterly basis. This information is collated into a report and cascaded around the Outer Hebrides ADP for members information and attention. • The Outer Hebrides ADP Executive group meet on a quarterly basis and ensure that the budget is monitored and controlled.
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REVIEW

12	ADP Delivery Plan is reviewed on a regular basis.	A	<ul style="list-style-type: none"> • The Outer Hebrides ADP Delivery Plan is reviewed formally on an annual basis by the ADP member and informally throughout the year by the ADP Support team. The ADP Support Team review it in order to monitor progress against planned tasks and actions. • The ADP Support Team produce an annual team action plan which covers all the aspects of the delivery plan. The action plan covers tasks needed to complete the action, time needed, lead officer, RAG priority status, progress and date completed. This is agreed by Outer Hebrides ADP members and reviewed by the Support Team on a regular basis. • Reports on certain aspects, for example HEAT Standards, are sent to the Outer Hebrides ADP members on a quarterly basis. • Reports on service delivery are taken to the Outer Hebrides ADP meetings twice a year.
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			<ul style="list-style-type: none"> • Reporting arrangements which demonstrate the impact of services and aggregate data to inform service level/strategic adjustments are in place and reported to the Outer Hebrides ADP Executive Group. These are then homologated by the ADP members. • Annual report and Delivery Plan are circulated to the Outer Hebrides Community Planning Partnership.
13	Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services, which incorporates recommendation 6 from the Delivering Recovery Report	A	<ul style="list-style-type: none"> • All funded services are issues with Terms and Conditions of Grant and a Service Level Agreement (SLA) which stipulate the outcomes that each service will be required to report on. • All services applying for funding must be outcomes focused and are required to report on which outcomes they will be delivering for their client group and how their service reflects the ADP strategic outcomes. • The Terms and Conditions of Grant sets out the monitoring process and adherence to it is part of the monitoring process. • All funded services are required to report on their progress in meeting their aims and objectives. This is monitored through the Outer Hebrides ADP Executive Group and flagged up to the ADP members is required. • Current outcomes reporting does not adequately fit Tier 1 and 2 services, therefore work will be carried out during 2014/15 to adapt current reporting templates to make them more appropriate to these services.
14	A schedule for service monitoring and review is in place, which includes statutory provision	A	<ul style="list-style-type: none"> • Six monthly and annual Monitoring Forms and Outcomes Databases are completed by all funded services. Performance is reported to the Outer Hebrides ADP Executive Group. • Annual service visits are conducted by Outer Hebrides ADP Support Team and ADP members and a report is submitted to the Executive Group for consideration. • The reporting mechanisms are continually being reviewed, evaluated and developed to ensure that they reflect accurate outcomes performance. • All funded services are provided support on how to record and report on outcomes. • Reporting mechanisms will be reviewed in 2014/5 ahead of the introduction of

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			<p>DAISy. Work needs to be carried out in terms of the reporting mechanisms for Tier 1 and 2 services.</p> <ul style="list-style-type: none"> All appropriate services have been informed of the change to reporting with the implementation of DAISy and how this will impact the service. All services received updates on the development of DAISy as and when it is available.
15	<p>Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.</p>	R	<ul style="list-style-type: none"> The Outer Hebrides ADP acknowledges that service user and family involvement and impact assessment are key to effective outcomes. The OHADP will scope further development in 2014/15 and beyond. All services applying for funding are asked in the application form how do they plan on evaluating their service. This is included within the marking criteria for all application. Each SLA specifies that it is the service provider's responsibility to carry out regular service evaluations with service users. All funded services are asked within their bi-annual monitoring forms to provide service user feedback and copies of any evaluation that have taken place in the period. Services vary in the amount of routine evaluation that they undertake. During 2013/14 a service provision gaps survey was carried out by the Outer Hebrides ADP for services and service users. A report was submitted to the Outer Hebrides ADP to assist with future development of service 2014/15. Formal service user and family involvement in evaluating the impact of service is currently at an early stage. Service user evaluations and focus groups are to be developed to support the implementation of a Recovery Orientated System of Care (ROSC).
16	<p>A. There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.</p> <p>B. Describe the progress your</p>	A	<ul style="list-style-type: none"> All services that are applying for funding are asked how they plan to implement and develop National Quality Standards. All funded services are required to adhere to the National Quality Standards and it is a requisite for funding. All ADP funded services are required to be registered with the Information

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	<p>ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please also include your Key Aim Statement and a specific update on your progress in implementing.</p>		<p>Commissions Office (ICO) and, when necessary, with the Care Inspectorate.</p> <ul style="list-style-type: none">• The Outer Hebrides ADP is committed to the 'Healthcare Quality Strategy and Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services'. These have been circulated to all Outer Hebrides ADP members and funded services. From 2014/15 onwards services will be asked about the implementation and development of these standards during their annual service visits.• It is acknowledged that there is a need to progressively strengthen the quality assurance systems that are in place and the Outer Hebrides ADP recognise the need to develop an Outer Hebrides ADP Quality Assurance Strategy in the future taking into account national frameworks including QATS and the quality principles.
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3. Financial Framework

Total Income from all sources

Income	Alcohol	Drugs	Total
Earmarked funding from Scottish Government	541,392.00	161,951.00	703,343.00
Funding from Local Authority	-	-	-
Funding from NHS (excluding funding earmarked from Scottish Government)	-	-	-
Funding from other sources	-	-	-
Total	541,392.00	161,951.00	703,343.00

Total Expenditure from sources

	Alcohol	Drugs	Total
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)			
Alcohol Brief Intervention – Local Enhanced Service ¹	130,000.00	-	130,000.00
CNES - Outreach Project	21,970.00	-	21,970.00
Hebrides Alpha Trading Ltd	20,000.00	-	20,000.00
Crossreach Housing Support Officer	30,000.00	-	30,000.00
Action for Children	67,068.00	-	67,068.00
Substance Misuse Partnership Uist & Barra ²	100,000.00	-	100,000.00

¹ Alcohol and Mental Health Liaison Nurse, Well North, GPs and data collection

² Caladh Trust, Caraidean Uibhist, Cothrom Limited, Voluntary Action Barra & Vatersay, CNES - RADICAL

Treatment & Support Services			
(include interventions focussed around treatment for alcohol and drug dependence)			
CNES - Alcohol Support Worker	16,798.00	-	16,798.00
NHS - Community Nurse (Alcohol Misuse)	21,121.00	-	21,121.00
NHS - CAMHS Addiction Service	19,960.00	-	19,960.00
Hebrides Alpha Supported Accommodation	80,000.00	-	80,000.00
NHS - Substance Misuse Coordinator (Uist & Barra)	-	42,000.00	42,000.00
CNES Drug Support Worker	-	16,798.00	16,798.00
Other			
ADP Support Officers	-	106,682.00	106,682.00
Travel and Subsistence	-	4,783.00	4,783.00
Other	-	66.00	66.00
Public Information, campaigns & projects	-	10,590.00	10,590.00
Misc	-	14,257.00	14,257.00
TOTAL	506,917.00	195,176.00	702,094.00

End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Drug	161,951.00	195,176.00	-33,225.00
Alcohol	541,392.00	506,917.00	34,475.00
Total	703,343.00	702,094.00	1,249.00

Total Underspend from all sources

The Outer Hebrides ADP had an underspend of £1,249 at the end of 2013/14 this was veered to the Alcohol Brief Interventions budget

Support in kind

The Outer Hebrides ADP did not receive any support in kind during 2013/14.

4. Core and Local Indicators 2013/14

This section demonstrates progress made re-establishing baselines, local improvement goals/targets and progress for all national core outcomes using both national and local indicators.

i) National Core indicators

HEALTH:					
People are healthier and experience fewer risks as a result of alcohol and drug use					
Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Drug related hospital admission (Rate per 100,000 population)	2011/12: 41.3 per 100,000 pop	2012/13: 30.2 per 100,000 pop	2017/18: Reduce and remain below Scottish rate	G	2012/13: 107.2 per 100,000 pop
Alcohol-related hospital discharges (Rate per 100,000 population)	2011/12: 929.9 per 100,000 pop	2012/13: 804.7 per 100,000 pop	2017/18: Reduce below Scottish rate	G	2012/13: 693.3 per 100,000 pop
Alcohol-related mortality (Rate per 100,000 population)	2011: 27.0 per 100,000 pop	2012: 24.5 per 100,000 pop	2017/18: Reduce below Scottish rate	G	2012: 21.2 per 100,000 pop
Drug-related mortality (Rate per 100,000 population)	No information available for this indicator	No information available for this indicator	Maintain current levels	A	2012: 11 per 100,000 pop
Prevalence of hepatitis C among people who inject drugs (Percentage)	No information available for this indicator	No information available for this indicator	Maintain current levels	A	2011: 53%
<u>Commentary/ Key Actions delivered to support this outcome in 2013/14</u>					
<ul style="list-style-type: none"> Over the past five years the number of drug related hospital discharges in the Outer Hebrides has been fluctuating, however it remains significantly lower than the Scottish average. Over the past five years the number of alcohol related hospital discharges in the Outer Hebrides has been falling, however it remains significantly higher than the Scottish average and is one of the highest in the whole of Scotland. In 2012, the rate of alcohol related deaths fell once again, however this is still slightly higher than the national average. 					
<u>Priority areas going forward</u>			<u>Areas to monitor going forward</u>		
<ul style="list-style-type: none"> Alcohol related discharge Alcohol-related mortality 			<ul style="list-style-type: none"> Drug-related discharges Drug-related mortality 		

PREVALENCE					
Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others					
Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Prevalence of problem drug users (Percentage)	2006: 0.38%	2009/10: 0.8% (next update - October 14)	Reduce and remain below the Scottish rate	G	2009/10: 1.7%
Prevalence of injecting drug users (Percentage)	No information available for this indicator	No information available for this indicator	Maintain current levels	A	No information available for this indicator
Drug use last month – pupils age 15 years (Percentage)	2006: 9.0%	2010: 5.7% (next update - November 14)	Reduce and remain below the Scottish rate	G	2010: 11.4%
Drug use last year – pupils age 15 years (Percentage)	2006: 18.0%	2010: 11.9% (next update - November 14)	Reduce and remain below the Scottish rate	G	2010: 18.5%
Above limit drinkers – daily and/or weekly (Percentage)	All Islands (incl. Orkney, Shetland and Western Isles) 2003: 17.9%	2008-2011: Males – 35.5% Females – 23.6% Total – 29.4% (Next update is 2012-15)	Reduce and remain below the Scottish rate	G	2008-2011: Males – 48.7% Females – 38.6% Total – 43.4%
Binge drinkers – twice daily limits (Percentage)	All Islands (incl. Orkney, Shetland and Western Isles) 2003: 28.8%	2008-2011: Males – 18.5% Females – 7.3% Total – 12.8% (Next update is 2012-15)	Reduce and remain below the Scottish rate	G	2008-2011: Males – 26.0% Females – 16.7% Total – 21.1%

'Problem' drinkers	<i>All Islands (incl. Orkney, Shetland and Western Isles)</i> 2003: 14.1%	2008-2011: Males – 14.4% Females – 8.6% Total – 11.6% <i>(Next update is 2012-15)</i>	<i>Reduce and remain below the Scottish rate</i>	A	2008-2011: Males – 13.9% Females – 9.5% Total – 11.7%
Weekly drinkers – pupils age 15 years (Percentage)	2006: 25.0%	2010: 14.5% <i>(update in November 14)</i>	<i>Reduce and remain below the Scottish rate</i>	G	2010: 20.4%
<p><u>Commentary/ Key Actions delivered to support this outcome in 2013/14</u></p> <ul style="list-style-type: none"> • There is no updated information available at present for many of these indicators. However, the Outer Hebrides ADP will continue to monitor these as and when information becomes available. • The priority areas and the areas to monitor going forward are listed below and are based on the most up to date information available. 					
<p><u>Priority areas going forward</u></p> <ul style="list-style-type: none"> • 'Problem' drinkers 			<p><u>Areas to monitor going forward</u></p> <ul style="list-style-type: none"> • Prevalence of problem drug use • Drug use among pupils age 15 years • Above recommended limit and binge drinkers • Weekly alcohol use among pupils age 15 years 		

RECOVERY

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

Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Drugs spend reduction	<i>No information available for this indicator</i>	<i>No information available for this indicator</i>	<i>Not applicable</i>	A	<i>No information available for this indicator</i>
Injecting drugs reduction	<i>No information available for this indicator</i>	<i>No information available for this indicator</i>	<i>Not applicable</i>	A	<i>No information available for this indicator</i>
Drug abstiners (12 weeks)	<i>No information available for this indicator</i>	<i>No information available for this indicator</i>	<i>Not applicable</i>	A	<i>No information available for this indicator</i>
Drug user's employment/education improvement	<i>No information available for this indicator</i>	<i>No information available for this indicator</i>	<i>Not applicable</i>	A	<i>No information available for this indicator</i>

Commentary/ Key Actions delivered to support this outcome in 2013/14

- There is no updated information available at present for many of these indicators. However, the Outer Hebrides ADP will continue to monitor these as and when information becomes available.

CAPSM/FAMILIES					
Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life chances					
Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Maternities with drug use (Rate per 1,000 maternities)	No information available for this indicator	No information available for this indicator (Update in August 14)	Not applicable	A	2009/10 - 2011/12: 18.8 per 1,000 maternities
Maternities with alcohol use (Rate per 1,000 maternities)	No information available for this indicator	No information available for this indicator		A	No information available for this indicator
Children protection with parental alcohol/drug misuse (Rate per 10,000 population aged less than 18+ years)	No information available for this indicator	As at 31/7/13 Alcohol and/or drug abuse: Not available Drug misuse: Not available Alcohol misuse: 0	Not applicable	A	As at 31/7/13 Alcohol and/or drug abuse: 9.6 Drug misuse: 6.4 Alcohol misuse: 5.1
Positive ABI screening (in ante-natal setting)	2012/13: 0	2013/14: 0	Maintain current levels	G	Not collected nationally
<u>Commentary/ Key Actions delivered to support this outcome in 2013/14</u>					
<ul style="list-style-type: none"> There is no updated information available at present for many of these indicators. However, the Outer Hebrides ADP will continue to monitor these as and when information becomes available. 					
<u>Priority areas going forward</u>			<u>Areas to monitor going forward</u>		
			<ul style="list-style-type: none"> Positive ABI screening (in ante-natal setting) 		

COMMUNITY SAFETY

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

Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Drug use funded by crime (Percentage)	No information available for this indicator	No information available for this indicator (update in June)	Not applicable	A	2011/12: 20.9%
Reconviction of DTTO-ers	No information available for this indicator	No information available for this indicator (update in June)	Not applicable	A	No information available for this indicator
ASBO rate (Rate per 10,000 population)	2011/12: <u>Serious assault</u> 4.69 per 10,000 pop <u>Common assault</u> 71.87 per 10,000 pop <u>Vandalism</u> 61.76 per 10,000 pop <u>Breach of the peace</u> 47.67 per 10,000 pop	2012/13: <u>Serious assault</u> 5.8 per 10,000 pop <u>Common assault</u> 67.1 per 10,000 pop <u>Vandalism</u> 57.3 per 10,000 pop <u>Breach of the peace</u> 20.7 per 10,000 pop	Reduce and remain below the Scottish rate Reduce and remain below the Scottish rate Reduce and remain below the Scottish rate Reduce and remain below the Scottish rate	G	2012/13: <u>Serious assault</u> 6.1 per 1,000 pop <u>Common assault</u> 102.5 per 1,000 pop <u>Vandalism</u> 100.3 per 1,000 pop <u>Breach of the peace</u> 46.8 per 1,000 pop
CPOs with alcohol/drug treatment	No information available for this indicator	No information available for this indicator (update in May)	Not applicable	A	No information available for this indicator
Alcohol/drug fuelled offences	No information available for this indicator	No information available for this indicator	Not applicable	A	No information available for this indicator

Commentary/ Key Actions delivered to support this outcome in 2013/14

- There is no updated information available at present for many of these indicators. However, the Outer Hebrides ADP will continue to monitor these as and when information becomes available.

Priority areas going forward

Areas to monitor going forward

- ASBO rate:
 - Serious assault
 - Common assault
 - Vandalism
 - Breach of the peace

LOCAL ENVIRONMENT

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

Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Pupils age 15 years being offered drugs (Percentage)	2006: 44%	2010: 34.6% <i>(update in November 14)</i>	<i>Reduce and remain below the Scottish rate</i>	G	2010:42.5%
Drug misuse in neighbourhood	2009/10: 2.2%	2012: 1.6%	<i>Reduce and remain below the Scottish rate</i>	G	2012:12.9%
Alcohol abuse in neighbourhood	2009/10: 5.1%	2012/13: 4.1%	<i>Reduce and remain below the Scottish rate</i>	G	2012/13: 14.5%
Number of premises licences in force	2012/13: <i>On sale licence – 30.4 Off sale licence – 13.9 Total – 44.3 (all per 10,000 pop. aged 18+ years)</i>	2013/14 <i>On sale licence – 30.0 Off sale licence – 14.8 Total – 44.8 (all per 10,000 pop. aged 18+ years)</i>	<i>Reduce below the Scottish rate Reduce below the Scottish rate Reduce below the Scottish rate</i>	R	2013/14 <i>On sale licence – 26.6 Off sale licence – 11.4 Total – 38.0 (all per 10,000 pop. aged 18+ years)</i>
Number of personal licences in force	2011/12: 117.2 <i>per 10,000 pop. aged 18+ years</i>	2012/13: 118.6 <i>per 10,000 pop. aged 18+ years</i>	<i>Reduce and remain below the Scottish rate</i>	G	2012/13: 123.5 <i>per 10,000 pop. aged 18+ years</i>
Number of new applications for premise licences and the number refused	2011/12 <i>On sale applications: 1 Off sale applications: 0 Applications refused: 0</i>	2012/13 <i>On sale applications: 0 Off sale applications: 0 Applications refused: 0</i>	<i>Maintain current levels</i>	A	2012/13 <i>On sale applications: 219 Off sale applications: 172 Applications refused: 12</i>

Commentary/ Key Actions delivered to support this outcome in 2013/14

- In the Outer Hebrides 4.1% of the population perceive alcohol abuse as a negative aspect of their neighbourhood. This remains much lower than the national average and has fallen by 0.9% since the previous Scottish Household Survey was carried out in 2009/10.
- There has been a slight increase in the rate of premises licences in force in the Outer Hebrides. There was a larger increase in the rate of off sale licences than there was of on sale licences. The rate of both on and off sale licences in force in the Outer Hebrides is higher than the national rates.
- For a second consecutive year, the rate of personal licences in force in the Outer Hebrides has increased, however it remains below that national rate.

- There were no new applications for premises licences received in the Outer Hebrides in 2012/13.
- There is no updated information available at present for some of these indicators. However, the Outer Hebrides ADP will continue to monitor these as and when information becomes available.

Priority areas going forward

- Number of premises licence in force

Areas to monitor going forward

- Alcohol abuse in neighbourhood
- Number of personal licences in force
- Number of applications for premises licences and the number refused

SERVICES					
Alcohol and drug prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery					
Indicator	Outer Hebrides		Goal/Target	R A G	Scotland
	Baseline	Latest available information			
Number of screenings (using a validated tool) for alcohol use disorders delivered and the percentage screening positive with the breakdown of	A&E : 27 Well North: 424 GPs: 390 Antenatal 143 <u>Wider settings 17</u> TOTAL 1,001	A&E : 152 Well North: 398 GPs: 668 Antenatal 122 <u>Wider settings 75</u> TOTAL 1,415	To increase	G	No information available for this indicator
i) % eligible for ABI	i) A&E: 48% Well North: 23% GPs: 35% Antenatal 0% <u>Wider settings 76%</u> TOTAL 26%	i) A&E: 36% Well North: 23% GPs: 24% Antenatal 0% <u>Wider settings 59%</u> TOTAL 25%	Decrease	A	
ii) % eligible for referral to treatment services	ii) A&E: 30% Well North: 2% GPs: Unknown Antenatal Unknown <u>Wider settings Unknown</u> TOTAL 2%	ii) A&E: 18% Well North: 2% GPs: Unknown Antenatal Unknown <u>Wider settings Unknown</u> TOTAL 2%	Decrease	A	
Number of alcohol brief interventions delivered in accordance with the HEAT Standard guidelines	2012/13: 74.6%	2013/14: 94.1%	To achieve set target	R	2013/14: 170.8%

Percentage of clients waiting for more than 3 weeks between referral to a specialist drug and alcohol service and start of treatment	2012/13: Alcohol – 2.8% Drugs – 5.8%	2013/14: Alcohol – 3.0% Drugs – 10.0%	Reduce and remain below the Scottish rate	A	2013/14: Alcohol – 3.2% Drugs – 4.9%
SDMD initial completeness – the number of patients in SDMD divided by number of patients in DATWT	2011/12: 87.5%	2012/13: 60.5%	Increase to 100%	R	2012/13: 62.9%
<p><u>Commentary/ Key Actions delivered to support this outcome in 2013/14</u></p> <ul style="list-style-type: none"> In the Outer Hebrides, 1,415 screenings (using a validated screening tool) were delivered across the priority settings and within the community. This represents a slight increase since 2012/13. There was an increased number of screenings delivered by A&E, GPs and the wider settings. There was a slight reduction in the percentage of those screened that was deemed to be eligible for an ABI. The proportion eligible for referral to treatment services remains constant. In 2013/14, 318 ABIs were delivered in the Outer Hebrides – this represents an increase of approximately 26%. However, the annual target of 338 was not achieved. Work continues in the Outer Hebrides around embedding ABIs within current practice in the priority settings and within the community. During 2013/14, 97% of alcohol clients and 90% of drug clients waited no more than three weeks between referral to a specialist drug and alcohol service and start of treatment. No client waited longer than 6 weeks to start specialist treatment. Due to the small number one long wait can dramatically skew the waiting times. 					
<p><u>Priority areas going forward</u></p> <ul style="list-style-type: none"> Number of alcohol brief interventions delivered in accordance with the HEAT Standard guidelines 			<p><u>Areas to monitor going forward</u></p> <ul style="list-style-type: none"> Number of screenings (using a validated tool) of alcohol use disorders delivered Percentage of clients waiting for more than 3 weeks between referral to a specialist drug and alcohol service and start of treatment. 		

i) Local indicators³

HEALTH					
People are healthier and experience fewer risks as a result of alcohol and drug use					
Indicator	April 11 – March 12	July 12 – Feb 13	April 13 – March 14	Goal/Target	R A G
Experience an improvement in physical health	342 (44%)	199 (42%)	205 (28%)	Increase	R
Experience an improvement in mental health	306 (40%)	148 (31%)	239 (32%)	Increase	A
Experience an improvement in co-occurring health issues	138 (18%)	64 (14%)	87 (12%)	Increase	R

PREVALENCE					
Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others					
Indicator	April 11 – March 12	July 12 – Feb 13	April 13 – March 14	Goal/Target	R A G
Are alcohol dependent	277 (36%)	165 (35%)	104 (14%)	Decrease	G
Are drug dependent	n/a	20 (4%)	32 (4%)	Decrease	A
Are currently stable	249 (32%)	201 (42%)	188 (25%)	Increase	R
Are intravenous drug users	0 (0%)	2 (0.4%)	4 (0.5%)	Decrease	A
Have reduced their risk-taking behaviour	263 (34%)	234 (49%)	189 (26%)	Increase	R
Is an Armed Forces Veteran	n/a	0 (0%)	2 (0.3%)	Monitor for changes	A
Has a gambling problem	n/a	2 (0.4%)	1 (0.1%)	Monitor for changes	A

³ This information excludes figures reported by RADICAL and Outreach Project – Street based work due to the nature of these projects.

RECOVERY					
Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use					
Indicator	April 11 – March 12	July 12 – Feb 13	April 13 – March 14	Goal/Target	R A G
Has reduced their daily drug spend	n/a	14 (3%)	20 (3%)	Increase	A
Has reduced their daily alcohol spend	n/a	122 (26%)	211 (29%)	Increase	G
Are in recovery process	n/a	85 (18%)	125 (17%)	Increase	A
Have moved from recovery to maintenance	n/a	81 (17%)	94 (13%)	Increase	R
Are unemployed	238 (31%)	148 (31%)	235 (32%)	Decrease	A
Are in full-time employment	111 (14%)	50 (11%)	79 (11%)	Increase	A
Are in part-time employment		12 (3%)	20 (3%)	Increase	A
Are in education/training	132 (17%)	80 (17%)	99 (13%)	Increase	R
Is retired	n/a	25 (5%)	66 (9%)	Monitor for changes	R
Is on sickness/disability allowance	n/a	39 (8%)	99 (13%)	Monitor for changes	R
Alcohol/drugs has affected their employment e.g. Absenteeism	n/a	57 (12%)	79 (11%)	Decrease	A
Alcohol/drugs has affected their education e.g. Absenteeism	n/a	28 (6%)	35 (5%)	Decrease	A
Experienced an improvement in employability status	124 (16%)	79 (17%)	75 (10%)	Increase	R
Experienced an improvement in educational attainment	61 (8%)	40 (8%)	49 (7%)	Increase	A
Have moved into employment	30 (4%)	19 (4%)	32 (4%)	Increase	A

Have moved into education/training	34 (4%)	12 (3%)	47 (6%)	Increase	G
Has moved out of employment	n/a	2 (0.4%)	4 (0.5%)	Decrease	A
Has moved out of education/training	n/a	1 (0.2%)	5 (0.7%)	Decrease	A
Have achieved qualifications in this period	43 (6%)	24 (5%)	54 (7%)	Increase	G
Increased knowledge of the consequences and risks of alcohol and drugs ⁴	666 (86%)	*	557 (75%)	Increase	A
Are in settled housing	357 (46%)	246 (52%)	420 (57%)	Increase	G
Are in temporary accommodation	52 (7%)	31 (7%)	45 (6%)	Decrease	A
Are homeless	18 (2%)	11 (2%)	39 (5%)	Decrease	R
An improved ability to sustain a tenancy	108 (14%)	38 (8%)	181 (24%)	Increase	G
Improved independent living skills	136 (18%)	56 (12%)	101 (14%)	Increase	G
Improved personal relationships	328 (42%)	163 (34%)	205 (28%)	Increase	R
Feel involved in their local community	239 (31%)	161 (34%)	132 (18%)	Increase	R
Increased ability to make positive choices ⁴	512 (66%)	*	174 (24%)	Increase	A
Increased confidence and self-esteem ⁴	460 (60%)	*	288 (39%)	Increase	A
Improved ability to maintain their finances	230 (30%)	346 (73%)	183 (25%)	Increase	R
Improved school/college/training attendance rates	117 (15%)	42 (9%)	56 (8%)	Increase	A

⁴ There have been changes in the way these have been reported therefore they have all been given an AMBER status

CAPSM/FAMILIES					
Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances					
Indicator	April 11 – March 12	July 12 – Feb 13	April 13 – March 14	Goal/Target	R A G
Improved their parenting skills	60 (8%)	25 (5%)	51 (7%)	Increase	G
Providing an improved supportive environment for children	71 (9%)	27 (6%)	56 (8%)	Increase	G
Participating in family activities	102 (13%)	36 (8%)	77 (10%)	Increase	G
Experiencing improved protection of children	66 (9%)	36 (8%)	51 (7%)	Increase	A
Children affected by substance misuse with improved school attendance rates	67 (9%)	15 (3%)	11 (1%)	Increase	R
Children affected by substance misuse with improved school attainment	22 (3%)	13 (3%)	15 (2%)	Increase	A
Children affected by substance misuse with improved self-confidence and resilience skills	44 (6%)	29 (6%)	40 (5%)	Increase	A
Increased number of children having positive relationship with parents	97 (13%)	31 (7%)	81 (11%)	Increase	G
Improved accommodation profile for service users with children living with them	15 (2%)	11 (2%)	20 (3%)	Increase	A
Improved illicit drug/alcohol profile for service users with children living with them	33 (4%)	14 (3%)	51 (7%)	Increase	G
Increased understanding of the impact substance use has on carers/family members/children	103 (13%)	59 (12%)	113 (15%)	Increase	G
Local authority has been involved with children	n/a	30 (6%)	81 (11%)	Monitor for changes	R
Children have had a Statutory Child Protection intervention by Social Work Services	n/a	16 (3%)	35 (5%)	Monitor for changes	R
Children looked after by the Local Authority	n/a	13 (3%)	21 (3%)	Monitor for changes	A

COMMUNITY SAFETY					
Communities and individuals live their lives safe from alcohol and drug-related offending and anti-social behaviour					
Indicator	April 11 – March 12	July 12 – Feb 13	April 13 – March 14	Goal/Target	R A G
Report funding their drug use through crime	6 (0.8%)	2 (0.4%)	11 (1.5%)	Decrease	R
Are on a DTTO/probation	45 (6%)	38 (8%)	38 (5%)	Decrease	G
Has a criminal case pending	n/a	15 (3%)	25 (3%)	Decrease	A
Is on a Community Payback Order (with alcohol treatment required)	n/a	17 (4%)	32 (4%)	Decrease	A
Is on a Community Payback Order (other)	n/a	9 (2%)	9 (1%)	Decrease	A
Is on bail	n/a	2 (0.4%)	5 (0.7%)	Decrease	A
Has been in prison in the previous 12 months	n/a	19 (4%)	24 (3%)	Decrease	A
Alcohol use has resulted in involvement with the Criminal Justice System within the reporting period	n/a	68 (14%)	74 (10%)	Decrease	G
Service user given a DTTO who has been reconvicted within one year	n/a	1 (0.2%)	10 (1.4%)	Decrease	R
Service user who has been convicted of vandalism (malicious mischief), breach of the peace, assault or anti-social behaviour within the reporting period	n/a	43 (9%)	53 (7%)	Decrease	G
Service user who has had a drink driving conviction within the reporting period.	n/a	6 (1%)	8 (1%)	Decrease	A

SERVICES

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

Indicator	April 11 – March 12	July 12 – Feb 13	April 13 – March 14	Goal/Target	R A G
New referrals received	293 (38%)	248 (52%)	494 (67%)	Monitor for changes	A
Returning referrals	123 (16%)	96 (20%)	85 (12%)	Decrease	G
Referrals to other agencies	115 (15%)	141 (30%)	17 (24%)	Monitor for changes	R
Signposted to other agencies	n/a	64 (14%)	80 (11%)	Monitor for changes	R
Discharges from the service	166 (22%)	164 (35%)	341 (46%)	Monitor for changes	A
Unplanned discharges from the service	55 (7%)	65 (14%)	102 (14%)	Monitor for changes	A
Initial care plans agreed	307 (40%)	198 (42%)	422 (57%)	Increase	G
Have an individual focused care plan	265 (34%)	161 (34%)	386 (52%)	Increase	G
Care plans reviewed	243 (31%)	137 (29%)	249 (34%)	Increase	G
Care plans completed	186 (24%)	135 (28%)	239 (32%)	Increase	G

5. ADP & Ministerial Priorities

i) Outer Hebrides ADP Priorities 2013/14

Below is listed the progress that has been made by the Outer Hebrides ADP in taking forward the priorities identified for 2013/14.

Priority	Actions/Milestones	Progress
Early Years		
Development of services for early years	Consider recommendations within CAPSM paper	This paper was approved by the Outer Hebrides ADP and forwarded to the Outer Hebrides CPP for recommendation.
	We will continue to support Action for Children in the delivery of services for early years	During 2013/14 the Outer Hebrides ADP allocated monies to Action for Children for the delivery of three projects: Early intervention liaison worker Early intervention substance misuse Early years drug and alcohol post
Early Intervention		
Alcohol Brief Interventions (continue embedding of ABIs within NHS Western Isles Acute Sector and delivery further training to both the statutory and voluntary sector)	Ensure correct recording systems are in place to ensure improved data recording from those currently delivering ABIs and any service who receive training during the year (including acute and wider settings)	This is an ongoing process. During 2013/14 an audit of case notes within the Western Isles Hospital showed that screening are being done periodically and not many ABIs are being carried out, those that are being carried out are not being reported. It has been agreed to pilot the use of a digital pen to record ABI delivery, this has been piloted within one ward in the Western Isles Hospital. The use of the digital pen has been successful however there are some issues with the database where the data is stored. This issue is being monitored and work is being undertaken to address the problem. It is hoped that this will be rolled out to other areas during 2014/15.
	Reinstate ABI planning group	This was done and the group met 5 times during 2013/14 to address certain issues and decide on a way forward with regards to training and delivery.
	Training for statutory and voluntary services for ABIs	ABI training was delivered to the following agencies during 2013/14: Student nurses – Stirling university Campus Action for Children staff.

		<p>Maternity staff (refresher training)</p> <p>A training plan has been developed for refresher training and new staff delivering ABI's. This is being offered in the first instance to GP's and practice nurses during their Protected Learning Time (PLT).</p>
Improving access to treatment (90% of clients will receive treatment that supports recovery within 3 weeks of referral)	Continued implementation of monthly reports to services regarding ongoing waits	This work was undertaken during 2013/14 and will continue in 2014/15.
Providing support for young people and children and 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	As above
	Continue to provide awareness raising inputs for statutory and voluntary agencies and community groups	<p>The following inputs were delivered to statutory, voluntary and community groups during 2013/14:</p> <p>29/11/13 - College students - Alcohol & Drugs</p> <p>17/01/14 - Secondary pupils - Alcohol</p> <p>24/01/14 - Secondary pupils - Drugs</p> <p>29/01/14 - Secondary pupils - Drugs</p> <p>20/02/14 - Adult Learners - Alcohol & Drugs</p> <p>05/03/14 - Young people in residential care - Alcohol & Drugs</p> <p>17/03/14 - Secondary Pupils - Alcohol & Drugs (Nicolson Health Week)</p> <p>18/03/14 - Secondary Pupils - 1 x Solvents, 1 x Alcohol & Drugs (NHW)</p> <p>19/03/14 - Secondary Pupils - Alcohol & Drugs (NHW)</p> <p>20/03/14 - Secondary Pupils - 1 x Solvents, 1 x Alcohol & Drugs (NHW)</p> <p>21/03/14 - Secondary Pupils - Solvents</p> <p>26/03/14 - Youth Workers - Local scene & Alcohol & drugs</p>
Problem drinkers and substance users		
Delivering Recovery Orientated Systems of Care	We will continue to support and monitor Uist and Barra service providers to agree areas for development	The Outer Hebrides ADP visited the Uist and Barra Substance Misuse Partnership twice during 2013/14 as well as carrying out their annual service visit. The aim of these visits was to evaluate the progress made during 2013/14 and how to support the development of this new partnership in the future. The Outer Hebrides ADP have organised a development day on behalf of the partnership which will give them an opportunity to

		plan the future direction of the partnership and assist to set specific goals as well as helping to plan how to reach those goals.
	We will provide all funded services with new SLAs	All funded services were provided with an SLA during 2013/14.
	We will continue monitoring of service delivery against national and local outcomes accordingly	Service delivery was monitored through the monitoring forms and outcomes database during 2013/14. All services are required to report on outcomes achieved as part of their 6 monthly and annual returns.
Promoting a Healthy Outer Hebrides		
Community	Publicity campaigns with partners to promote sensible drinking message, anti drink driving and drug information	<p><u>Summer Campaign</u></p> <p>The Summer Campaign focused on sensible drinking and drink driving which included articles in the local press/community newspapers and posters being distributed to all licensed premises.</p> <p>Posters included: <i>'Are you safe to drive? Is it worth the risk?'</i> <i>'A shower won't make you sober'</i></p> <p><u>Pregnant Pause - 9th September 2013</u></p> <p>NHS Western Isles and the Outer Hebrides Alcohol and Drug Partnership (ADP) organised a Pregnant Pause flashmob to promote Foetal Alcohol Spectrum Disorder (FASD) Awareness Day on Monday 9th September 2013 at 9.09am, for 9 minutes outside the Town Hall in Stornoway's town centre.</p> <p>Women with artificial pregnancy bumps 'froze' as statues for 9 minutes – representing the 9 months of pregnancy – to drive home the message that alcohol and pregnancy do not mix and raise awareness of Foetal Alcohol Spectrum Disorder.</p> <p>Posters included: <i>'What is FASD?'</i> <i>'Is FASD preventable?'</i></p>

		<p><u>Winter Campaign</u></p> <p>The Christmas campaign focused on raising awareness of the dangers of illegal drug taking and what they can be cut with, as well as the legal implications of possession and supply. While the New Year Campaign focused on encouraging individuals to take a break from alcohol to help improve their health, finances, and relationships.</p> <p>Both these campaigns included articles in the local press/community newspapers and posters being distributed to all licensed premises. A booklet was also produced containing a variety of information on drinking responsibly and sexual health. It also included information on how to access substance support, domestic abuse and sexual health support over the festive period and information about local transport services.</p> <p>Posters included: <i>'Drugs – do you really know what you are getting this Christmas?'</i> <i>'New Year, New You: Take a break from alcohol this January'</i></p> <p>Booklet: <i>'Have fun, stay safe this Christmas'</i></p> <p>All posters and booklets are available on request.</p>
	<p>Update Outer Hebrides ADP website (www.outerhebadp.co.uk) to ensure that all agencies, individuals etc have access to information on services available within the geographical area and nationally</p>	<p>Information on the Outer Hebrides ADP website was updated during 2013/14 and this will continue throughout 2014/15.</p>
<p>Workforce development</p>	<p>To offer suitable training to funded services</p>	<p>The following training was delivered to funded services during 2013/14:</p> <p><u>STRADA</u> Introduction to Motivational Interviewing</p>

		<p>(2 day course) 7th/8th May 2013 - Stornoway 14th/15th May 2013 - Benbecula</p> <p>Motivational Interviewing Practice Based Workshop (3 day course) 12th/13th June & 1st August 2013 - Stornoway</p> <p>Introduction to Substance Misuse (1/2 day course) 23rd August 2013 – Benbecula 19th November 2013 – Stornoway</p> <p>Working with drug and alcohol users (4 day course) 13th/14th/20th/21st February 2014 - Stornoway</p>
Secretariat/Governance		
ADP	To organise and facilitate 4 ADP meetings per year	<p>Meetings of the Outer Hebrides ADP took place on the following dates:</p> <p>7th May 2013 9th July 2013 18th September 2013 4th December 2013 19th February 2014 (Executive group only) 25th March 2014 (Executive group only)</p>
	To organise and facilitate 2 local forum meetings in Uist & Barra and Lewis & Harris	<p>Meetings of the Outer Hebrides ADP subgroups took place on the following dates:</p> <p>3rd July 2013 – Lewis & Harris 22nd August 2013 – Uist & Barra</p>
	To monitor outcomes database, monitoring forms and local indicators in order to continuously improve our monitoring and evaluation	<p>All funded services were required to complete and return a six-monthly and annual monitoring form and outcomes database during 2013/14 as follows:</p> <p>6 monthly return for the period 1st April – 30th September 2013</p> <p>Annual return for the period 1st April 2013 – 31st March 2014</p>

	To advertise any development funds available	Development funds were advertised for a Housing Support Post during 2013/14. Providing a specialist housing support service for those with substance related issues who are homeless or struggling to maintain a tenancy.
	Visits to funded service to ensure they are adhering to SLA outcomes and terms & conditions of grant.	The Outer Hebrides ADP conducted services visits with all funded services following their 2013/14 annual monitoring form and outcomes database returns.
Development of new services	To support Crossreach in the development and implementation of the Housing Support Worker post	The Housing Support Worker started in post on 23 rd September 2013. The Outer Hebrides ADP have provided support during the development of this post and since the worker started in post.

ii) Outer Hebrides ADP Priorities in 2014/15

The Outer Hebrides ADP's five key commitments for 2014/15 following this self-assessment are as follows:

- 1) Agree if a Recovery Orientated Systems of Care (ROSC) and a commissioning approach are going to be implemented. If so, then increase the capacity within the ADP to drive the development forward across the Outer Hebrides.
- 2) To continue with the development of services across the Outer Hebrides for clients and service providers through a training needs analysis and production of a learning and development plan based on workforce development.
- 3) Ensure that service users, families, carers and the recovery community have adequate representation on the ADP and subgroups. Also ensuring that they are involved in service delivery and review.
- 4) Conduct a review of the current Outer Hebrides ADP strategy and develop further.
- 5) Carry out work on ensuring that we achieve the target for ABI delivery through the plans agreed at the ABI group. ([See below for further details](#))

iii) Ministerial Priorities

ADP funding allocation letters for 2014/15 outlined a range of Ministerial priorities. The table below lists these priorities and describes the Outer Hebrides ADP local improvements goals and the measures identified for delivering these measures during 2014/15.

Ministerial priority	Local improvement goal	Measures for delivery
<ul style="list-style-type: none"> – Compliance with the Alcohol Brief Interventions (ABIs) HEAT Standard. 	<ul style="list-style-type: none"> – Achieve target number of ABIs to be delivered under the HEAT Standard. Continue to embed the delivery of ABIs into priority settings. 	<ul style="list-style-type: none"> – ABI Planning Group to meet quarterly to review compliance with target and address any shortfall – Integrate ABI training within health behaviour change training – Organise training and ‘refresher’ training for staff – Review the existing Local Enhanced Service (LES). – Collate and report on the number of screenings being delivered to show commitment to delivery. – Roll out use of digital pen for reporting ABI delivery within the acute setting once current pilot has been successfully completed.
<ul style="list-style-type: none"> – Increasing compliance with the Scottish Drugs Misuse Database (SDMD). 	<ul style="list-style-type: none"> – Ensure compliance with the SDMD database and support service to identify missing records. 	<ul style="list-style-type: none"> – Ensure that all drug clients registered on the DATWTD are also registered on the SDMD. – Offer support to reporting services and meet with them as and when required. – Pass on any correspondence sent from ISD.
<ul style="list-style-type: none"> – HEAT Drug and Alcohol Treatment Waiting Times Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD). 	<ul style="list-style-type: none"> – Sustain the current target that 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. Also, reduce anonymised records in the DATWTD. 	<ul style="list-style-type: none"> – Continue with current monitoring and reporting i.e. local reports run and reported to services on a monthly basis. – Monitor the level of anonymous clients entered onto the DATWTD. 6% entered as anonymous at 31/04/14.
<ul style="list-style-type: none"> – Increasing the reach and coverage of the national naloxone programme and tackling drug related death (DRD)/risks in your local ADP. 	<ul style="list-style-type: none"> – Maintain low level of opioid use and drug related deaths. (This service is currently unavailable in the Outer Hebrides due to low level of opioid use.) 	<ul style="list-style-type: none"> – Monitor opioid use reported locally. – Revisit the decision not to take part in the programme if necessary. – Monitor the number of reported drug related deaths through the National Drug Related Deaths Database.
<ul style="list-style-type: none"> – Implementing improvement methodology at local level, including implementation of the <i>Quality Principles: Standard Expectations of</i> 	<ul style="list-style-type: none"> – Ensure all services are implementing the Quality Principles. Also, use the recommendations from the ORT 	<ul style="list-style-type: none"> – Quality principles to be added to the reporting template used for all service visits. Services will be asked to provide an update on how these

<p><i>care and support in Drug and Alcohol Services</i> and responding to the recommendations outlined in the independent expert group on opioid replacement therapies.</p>	<p>independent expert group to inform the quality and delivery of services.</p>	<p>principles are being developed and implemented.</p> <ul style="list-style-type: none"> – Raise awareness of recommendations from the ORT group with the ADP members. – Appropriate training to be provided for services where necessary.
<ul style="list-style-type: none"> – Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements. 	<ul style="list-style-type: none"> – Ensure treatment services have established links with prison and accept referrals from prisons for prisoners being released. 	<ul style="list-style-type: none"> – Continue to monitor how many service users currently accessing services have been in prison within the previous 12 months.
<ul style="list-style-type: none"> – Improving identification of, and preventative activities focused on, new psychoactive substances (NPS). 	<ul style="list-style-type: none"> – Increase local knowledge among services and the community on NPS and their effects. 	<ul style="list-style-type: none"> – Ensure services report on any NPS being reported in order to identify local trends and prevalence. – Ensure distribution list is sent any alerts received regarding any NPS'. – Include advice/information in local campaigns. – Provide training to service providers based on local need as identified during the mapping of workforce learning and development needs. – Include suitable information into all education inputs delivered with young people.

We are looking to improve this self-assessment for ADPs on a regular basis. Please describe briefly whether you found the questions asked to be useful in considering your current position.

Outer Hebrides ADP Support Team Comments:

We found the self assessment helpful in enabling us to see where national and local needs are directing us and which areas of work we should be developing to fit with these changes in national policy, ministerial priorities and local need during 2014 – 2015

The Outer Hebrides ADP have done a lot of development work over the past 5 years both internally within its membership and support team with regards to accountability and externally and within services with regards to monitoring, reporting and development.

It is felt however that the ADP in the future should concentrate on the client e.g. the service user and their carers and family members and on

preventative work and well as developing Recovery Orientated Systems of Care thus fitting with national policy whilst addressing local need.

Outer Hebrides ADP Members Comments:

Appendix 1: Progress on Recommendations from Outer Hebrides Needs Assessment 2011

Recommendation	Progress during 2013/14
Develop services that will provide effective interventions and diversionary activities for children and families affected by or at risk of substance use.	Complete
Develop services that will provide alcohol brief interventions in primary care and wider settings e.g. youth settings.	Ongoing
Develop service that will provide effective interventions and diversionary activities for those affected by or at risk of problem substance use e.g. adults, families and young people affected by or at risk of problem substance use.	Complete
Develop services that will provide structured intensive substance interventions to promote and maintain recovery for those affected by or at risk of problem substance use.	Complete
Develop flexible substance support services for children and families providing advice, information and access to further social support.	Complete
Develop services that will provide structures, intensive interventions to promote and maintain recovery with parents.	Complete
Develop services that will provide effective interventions and diversionary activities for those affected by harmful and problematic drinking or substance use.	Complete Continue to develop in 2014/15
Develop flexible substance support services providing advice, information and access to further social support for those affected by harmful and problematic substance drinking or substance use.	Complete Continue to develop in 2014/15
Provide specialist housing support for those with substance related issues in order to support those facing homelessness issues or to assist people to maintain a tenancy.	Complete Continue to develop in 2014/15
Provide access to specialist rehabilitation care.	Complete
Provide befriending services (generic or targeted).	Complete
Provide therapeutic employment and training.	Complete
Provide accessible and integrated services throughout the islands.	Complete
Provide community based specialist assessment and care planned treatment, care and aftercare for those affected by or at risk of problem substance use.	Complete
Provide community detoxification service.	Complete
Provide specialist parenting programmes focusing on substance misuse.	Complete
Carry out local drug and alcohol information campaigns.	Complete
Provide substance related training for local staff and practitioners	Complete