



North Ayrshire Alcohol and Drug Partnership

Delivery Plan

2015-2018

ADP Delivery Plan

1. Partner Organisations

The Following organisations have agreed to the development and formation of this plan:

- North Ayrshire Council
- NHS Ayrshire and Arran
- Police Scotland
- Scottish Fire and Rescue Service
- Third Sector Interface
- South West Scotland Community Justice Authority
- Recovery at Work (RaW) Committee
- Jobcentre Plus

2. Introduction

Alcohol & Drug Partnerships (ADPs) are responsible for developing local strategies to deliver improved core and local outcomes on the basis of local need, and for making investment decisions to achieve these. They also have a key role in delivering the national policy initiatives, *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem* (2008) and *Changing Scotland's Relationship with Alcohol: A Framework for Action* (2009)

The North Ayrshire ADP Joint Strategic Commissioning Plan 2015– 2018 sets out the approach to tackling alcohol and drug related problems and identifies some of the challenges we face in improving these outcomes for individuals, families and communities, which the ADP has adopted a “whole population approach”. The ADP Delivery Plan reinforces this outcomes based approach to measuring success through a diverse range of activity by our respective sub-group partners and wider stakeholders. The overarching aim of the Delivery Plan is to support the population of North Ayrshire to build on their strengths.

The Delivery Plan defines what the ADP aspire to achieve over the next three years and the actions that are required to bring this about. This includes increasing the emphasis on preventative spend, earlier intervention and diversionary activity, as well as on

ensuring treatment and support services are person-centred and recovery orientated and have a greater focus on service user engagement and peer support.

Each of the ADP sub-groups has a designated section within the Delivery Plan, along with ADP Committee, in order to demonstrate a clear focus on the delivery of actions that contributes to the strategic priorities of Prevention, Protection, Recovery and Communities, incorporating national and local outcomes, Ministerial priorities, Opioid Replacement Therapy recommendations and local contribution to the Single Outcome Agreement. In addition, for each sub group, they will utilise national and/or local performance data that indicates an initial baseline figure along with projected targets for the 3 year period, with a requirement to provide an update within annual reports. Activity will be measured through a variety of qualitative and quantitative methods.

**A number of the national data indicators, available to the ADP, refer to several years ago and does not reflect the period of the Delivery Plan.*

In order to monitor ongoing progress, and to improve links between the ADP Committee and ADP sub-groups, each of the ADP sub-group chairs will be members of the ADP Committee where they will be required to provide a quarterly summary report demonstrating progress and highlighting areas for remedial action and resource allocation. In addition, there will be two newly formed sub-groups incorporating Contract Management, and Financial Management, which will monitor the delivery of ADP funded services.

In July 2013, all ADP's received a Quality Improvement letter from the Scottish Government detailing that the quality improvement framework is the focus of the next stage of delivery of the Road to Recovery and builds on recommendations within the Quality Alcohol Treatment and Support report - making sure quality is embedded across all services in Scotland: Quality in the provision of care, treatment and recovery services and quality in the data that will evidence the medium and long term outcomes of people in recovery.

The alcohol and drug quality improvement framework aims to drive a culture of self-assessment and validation of services, whereby ADPs will commission services based on evidence of meeting principles of care, which will be measured by a range of tools including quality indicators of recovery.

Quality principles, improved data and evidence, and planning and reporting requirements will all contribute to effective Recovery Orientated Systems of Care (ROSC) across Scotland, where there is a clear need for an integrated approach to service planning, commissioning, design and delivery.

As of April 2015, North Ayrshire ADP now operates within the North Ayrshire Health and Social Care Partnership (H&SCP) framework with contribution to the Community Planning Partnerships (CPP) Single Outcome Agreement. As such there is a requirement to work alongside and complement the overarching Strategic Plans 5 Priorities. The ADP will seek approval and endorsement from the CPP/ H&SCP of the annual report detailing progress towards key strategic actions, prior to submission to the Scottish Government.

3. Financial Investment

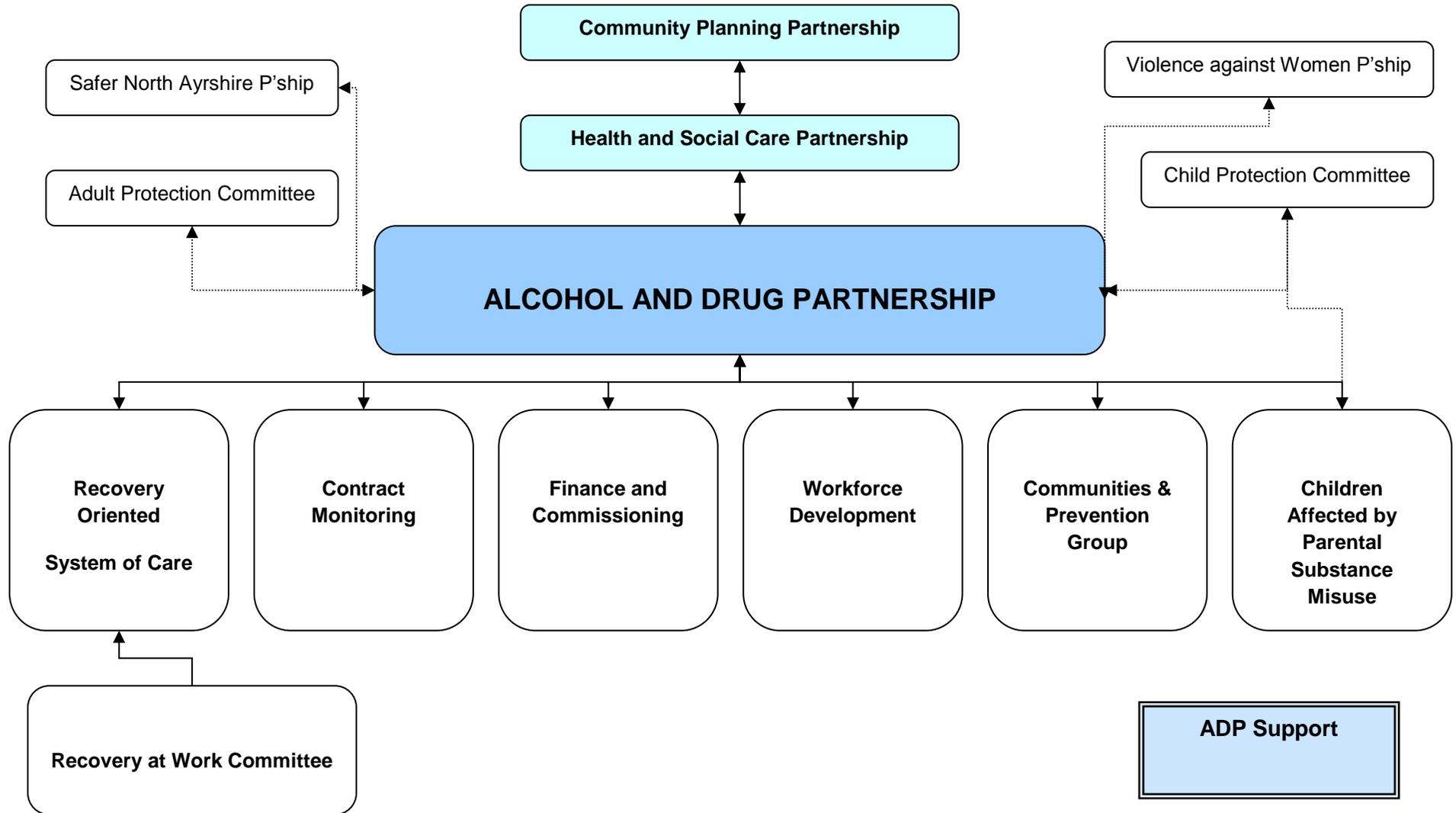
The funding letter to ADPs in 2014/15 highlighted that funding is conditional on demonstrating progress towards both national and locally relevant alcohol and drugs outcomes and the delivery of Ministerial priorities.

Scottish Government provides earmarked funding to ADPs to help them deliver against agreed outcomes. While this funding is routed for administrative purposes via NHS Boards, it is a partnership resource and the full allocation must be directed to ADP level for decision-making, informed by robust needs assessment, and in line with recognised evidence base. Investment decisions should be transparent and made on a partnership basis in pursuit of locally agreed strategies and delivery plans, which seek to deliver nationally agreed core outcomes and local outcomes.

The 2015/16 budget allocation for North Ayrshire ADP was £658,613 (drugs) and £994,294 (alcohol). This represents a percentage allocation from the Ayrshire and Arran Health Board of 38.99% (drugs) and 36.78% (alcohol), based on formulae's being applied from estimated prevalence data. Whilst there is an expectation for the ADP to project 3 year budgets this presents a challenge due to the ADP only being in receipt of annual funding, which is not confirmed till after the start of each financial year. In addition, the ADP recognise the issues around short-term funding and recruiting and maintaining staffing levels within commissioned services, which may be detrimental in delivering towards targets.

Notwithstanding this matter the ADP had indicated a desire to invest in earlier intervention activity and this will be monitored through the Financial Management sub group.

4. NORTH AYRSHIRE ALCOHOL AND DRUG PARTNERSHIP: STRUCTURE (June 2015)



The diagram provides details of the ADP framework, where a detailed plan for each of the sub groups is detailed within the Delivery Plan

The ADP structure will be amended in the coming year through forming two separate sub groups of the Finance, Commissioning and Performance Monitoring group. This will ensure the strategic priorities and key actions is fully being monitored within appropriate group activity.

The ADP Committee will monitor the following actions to ensure there is a clear thread from strategic delivery incorporated within sub group delivery plans.

5. ADP Committee

ADP Committee- Strategy delivery & needs assessment	
<ul style="list-style-type: none"> ● We will take forward our vision that 'the harmful effects of alcohol and drug misuse in North Ayrshire are reduced' by ensuring a mix of services, actions, and influence, which are individually focussed on one or more of the seven national core outcomes for ADPs, and which collectively address all seven of them ● We will ensure a fit with other HSCP strategic and tactical developments in delivering our strategy at an operational level ● We will support the CPP emphasis on a neighbourhood approach to service design and delivery and will ensure this is reflected in our progress, and will ensure we meet our HEAT Alcohol Brief Interventions (ABI) and 'Access to Treatment' standards and Ministerial Priorities ● We will apply evidence from local research or from elsewhere if judged transferable to local circumstance, to improve services ● We will work with partners to make sure that our activity in pursuing our outcomes and vision around alcohol and drugs remains in harmony with wider aspirations for our community and society. We will have particular regard to how ADP services and activity matches and supports the five strategic priorities set by the HSCP ● We will work with a wider set of partners and stakeholders via the HSCP, the CPP and beyond, to strengthen our capacity to advise and influence services not directed specifically at alcohol and drug issues, but where their operation does impact on those affected by such issues 	<ul style="list-style-type: none"> ➤ Consider the number of services contributing towards national outcomes/ align resources to reflect need ➤ Liaising with H&SCP governance ➤ Consider demographics of client group and delivery of services within the community, particularly engagement with the 'hidden population'; ➤ Consider needs assessment, Stakeholder event feedback, service review, and profiles ➤ ADP sub group activity towards delivery plans

<ul style="list-style-type: none"> • We will work with partners and within the HSCP to develop synergistic influence on the widest set of resources to advance our objectives and vision • We will ensure improved capacity within the lifetime of this strategy to analyse market performance and intervene where potential market failure threatens progress • We will direct our resources on the basis of how existing and proposed services will impact against our seven ADP core outcomes, and on the degree to which they will operate in ways that support our guiding principles, all within the context of their resource requirement and likely ease of implementation • We will use data on local needs to guide our work on gap analysis • We will ensure that the ADP and its sub-groups are fully informed of changes to legislation, evidence or guidance so they might take proper account of these in their operational activities • We will pursue the 7 core outcomes for ADPs set by the Scottish Government as our priority and address the four focus areas of prevention, protection, recovery and communities through our activities, but with the added emphasis as set out by our four guiding principles • Senior Management will be signed up to reviewing the way services operate and are prepared to provide the necessary leadership to manage change 	
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6. Finance Commissioning and Performance Monitoring (FCPM) sub- group

Finance Commissioning & Performance Monitoring requirements
<p>National Outcome(s)-</p> <p>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</p> <p>7 Ministerial Priorities</p> <ul style="list-style-type: none"> • Compliance with the Alcohol Brief Interventions (ABIs) HEAT Standard • Increasing compliance with the Scottish Drugs Misuse Database (SDMD)

- 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
- Increasing the reach and coverage of the national naloxone programme and tackling drug related death(DRD)/risks in your local ADP
- Implementing improvement methodology at local level, including implementation of the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services and responding to the recommendations outlined in the independent expert group on opioid replacement therapies
- 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
- Improving identification of, and preventative activities focused on, new psychoactive substances (NPS)

Quality Principles- (August 2014) Standard Expectations of Care and Support in Drug and Alcohol Services

1. You should be able to quickly access the right drug or alcohol service that keeps you safe and supports you throughout your recovery.
2. You should be offered high-quality; evidence-informed treatment, care and support interventions which reduce harm and empower you in your recovery.
3. You should be supported by workers who have the right attitudes, values, training and supervision throughout your recovery journey.
4. You should be involved in a full, strength-based assessment that ensures the choice of recovery model and therapy is based on your needs and aspirations.
5. You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on your safety throughout your recovery journey.
6. You should be involved in regular reviews of your recovery plan to ensure it continues to meet your needs and aspirations.
7. You should have the opportunity to be involved in an ongoing evaluation of the delivery of services at each stage of your recovery.
8. Services should be family inclusive as part of their practice.

Opioid Replacement Therapy Review (September 2013) – makes 12 Recommendations under the following six themes.

Theme 1: Social exclusion and health inequalities (Recommendations 1-2)

Theme 2: Opioid replacement therapies in Scotland (Recommendations 3-5)

Theme 3: Progressing recovery in Scotland (Recommendations 6-7)

Theme 4: Governance and accountability of the delivery system (Recommendations 8-9)

Theme 5: Information, research and evaluation (Recommendations 10-11)

Theme 6: Mechanism for change (Recommendation 12)

Local Outcomes-

3 Single Outcome Agreement Priorities

- Worklessness
- Health inequalities
- Community safety

SOA (Healthy Priority)- People are healthier and experience fewer risks as a result of alcohol and drug use

- Increased Recovery Capital
- Reduced drug related deaths

Health & Social Care Partnership

Vision - All people who live in North Ayrshire are able to have a safe, healthy and active life

5 Strategic Priorities

- Tackling inequalities
- Engaging communities
- Bringing services together
- Prevention & early interventions
- Improving mental health and well-being

ADP Aim Statement (November 2013)

North Ayrshire ADP will increase the level of recovery capital by 15% by September 2016 for all discharged cases

FCPM- Financial Management sub group	
Budget Management	Evidence/ activity
<ul style="list-style-type: none"> ● We will move ADP funded services, and influence wider policies and services impacting on alcohol and drug issues, towards prevention ● We will act on the principle of investing any new or released resources in preventative or earlier intervention services whilst ensuring safe and effective treatment support is available for those in greatest need ● We will fund path-finding and innovative services, where ADP funding would be time limited, and services that demonstrated their value would be commended for their improved impact to other service programmes ● We will review ADP funding for all services as well as undertaking both an impact and performance review of all services ● We will seek opportunities to use ADP resources either to draw in matched funding or as a catalyst to direct other resources to our objectives 	<ul style="list-style-type: none"> ➤ Tiered funding breakdown ➤ Consider funding within Tiers 1 & 2 ➤ Consider project proposals (through ADP sub groups) ➤ Consider H&SCP v ADP funding
FCPM Service delivery & contract monitoring sub group	
<ul style="list-style-type: none"> ● We will either enhance and support the contract monitoring system, or establish a system linked to the contract monitoring process to better assess the impact of services (2) ● We will work with procurement and contract monitoring staff to strengthen our information base on providers within this market and to identify any actions needed around development or diversification (1) ● We will ensure existing services, as well as any service proposals, are subject to such a scrutiny and appraisal process that we will design and implement within 3 months of adopting this strategy, so that their contributions to our strategic progress can be measured and compared. This will form the baseline for future commissioning decisions and activity (2) ● We will complete development of a comparative appraisal system that will inform decisions on what pattern and level of services will best deliver our priorities in future, which will form our forward commissioning strategy/plan and determine specific service design and specifications (2) ● We will work with colleagues directly involved in service delivery across all sectors, with contract monitoring and procurement colleagues, and with provider and service user 	<ol style="list-style-type: none"> 1) Consider quarterly contract monitoring information and provide feedback to services for service development/ improvements 2) Utilise the PBMA appraisal model 3) Revised service specifications for all ADP funded services 4) Contract monitoring template will reflect national outcomes, local indicators & Quality Principles for each service, who will require to evidence service activity and developments 5) Undertake service visits to review/

representatives, to ensure the most suitable service specifications are applied to support our service development, and that purchasing systems and planning are effective in matching service provision to those who will benefit most **(3)**

- We will ensure early progress on further work on service performance and impact **(1) & (2)**
- We will maximise the quality of services, and the positive difference they make to service users and the community, by forging clear links between inputs and outcomes for service users and our community at every stage of service commissioning, through concept, design, specification, operation, management, self-monitoring and review, and external scrutiny and appraisal **(1), (2), (3), (4), (5), (6), (7)**
- We will ensure that the National Quality Principles set out by the Scottish Government for ADPs in 2014 establishing basic standards of care and expectations of service delivery are embedded in service design and reconfiguration **(1), (3), (4), (5), (6)**
- We will work amongst partners to ensure care/treatment plans for service users properly set out personal outcomes that are matched to ADP core outcomes and wider social and health policy agenda **(4) & (5)**
- We will require those involved in service provision to demonstrate how and to what extent their activities and methods deliver against not only their service specifications, but more widely against our core outcomes and guiding principles, and also on their ability to develop a plan to extend their own capacity and improve performance, including on a joint working basis with other stakeholders **(1), (4), (5), (6), (7)**
- We will ensure that recovery is placed at the heart of treatment and support services, and that this Recovery Oriented System of Care (ROSC) offers a comprehensive menu of person centred options, is strengths based, supports people to live as well as possible in the presence or absence of challenges and focuses on well-being and quality of life over morbidity and deficits, includes peer recovery support, includes families and friends and other recovery allies, has an unwavering belief that positive change is possible for all and achieves desired outcomes through collaborative, effective and high quality service provision and partnership **(4), (5), (7)**
- We will ensure treatment services remain high quality, safe, sustainable and specifically focus on recovery, earlier intervention, and avoidance of relapse **(1) & (5)**
- We will pro-actively address how service users and those important to them are involved and empowered in service development and delivery, and how inequalities for them are reduced **(1), (4), (5), (6)**

validate evidence

- 6) Services require to present an annual service plan to highlight service delivery that is reflective of ADP outcomes, indicators & Quality Principles
- 7) Services will undertake RCQ and quarterly reviews- demonstrate partnership working through joint care plans and reviews; signposting to services and mutual aid groups
- 8) Tier 3 services to complete the DCAQ tool in order to identify effective resource allocation reflective of service demands
- 9) Risk matrix considered on a quarterly basis

7. The ADP Recovery Oriented System of Care sub group (ROSC)

The **ROSC** are responsible for taking account of up to date evidence based recovery practices, identifying and implementing effective recovery pathways between providers and to take action where gaps are identified. The group continually link current service provision with new service opportunities that will enhance an individual's recovery journey through creating links with mainstream provisions within the community that supports social inclusion.

The sub-group work to ensure that individuals have access to the right interventions at the right time as not 'one size fits all', which enables them to move through treatment into sustained recovery through providing a holistic approach to meet needs. The group subscribes to an ecological model where various services can be accessed simultaneously in a non-linear, non-sequential method, allowing patients and service users to be engaged with as many or as few services that they feel are required to support their initiation and sustaining of recovery from alcohol or drug problems.

This will include interventions provided by the NHS, local authority and voluntary sector and also involve engagement with other people in recovery, which may be through mutual aid groups or other forms of peer support.

The context of ROSC in North Ayrshire- Recovery is possible and at the centre of all services we provide. People will own their own recovery and services will facilitate their recovery journey and people in recovery will support others along the path to recover.

Through regular service user and wider stakeholder engagement over the last 2 years the ADP asked what recovery means in North Ayrshire. Based on all the feedback received we have developed a local working definition of recovery:

“Recovery from alcohol and other drug problems is a deeply personal journey which anyone is capable of embarking upon. Recovery is something which you can do for yourself though rarely by yourself; it can involve the growth and development of individuals, families and communities. Recovery is empowering and an exciting opportunity. For many, recovery is about ‘giving something back’ to your community, to your family and to yourself. At its heart recovery is about improving quality of life, progressing and moving forward at your own pace.”

The ROSC supports, and has a direct link with the recently established Recovery at Work (RaW) committee – a constituted community group of people in recovery where the RaW Committee Chair is a formal member of the ROSC sub group and ADP Committee.

The ROSC acknowledges the key role that family/significant others can play and are encouraged to support the individuals' recovery journey and to also be supported to access support provisions to meet their needs too.

ADP Sub Group (ROSC) Strategic Priority: Recovery & Communities

National Outcome(s):

- **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.
- **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.
- **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.

Opioid Replacement Therapy Review

- Theme 1: Social exclusion and health inequalities (Recommendations 1-2).
- Theme 2: Opioid replacement therapies in Scotland (Recommendations 3-5)
- Theme 3: Progressing recovery in Scotland (Recommendations 6-7)

Ministerial Priority

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

Local Outcome(s)				
ADP Aim Statement (November 2013)				
<ul style="list-style-type: none"> North Ayrshire ADP will increase the level of recovery capital by 15% by September 2016 for all discharged cases. 				
2015/16 Single Outcome Agreement- People are healthier and experience fewer risks as a result of alcohol and drug use				
<ul style="list-style-type: none"> Percentage of service users indicating an improvement in their recovery capital 				
Local Indicator:	Baseline	Target	Annual performance review (brief summary)	Metric RAG
<ul style="list-style-type: none"> Increase the level of recovery capital incorporating social capital, physical capital, human capital and perceived community capital 	<ul style="list-style-type: none"> No data 	<ul style="list-style-type: none"> To be confirmed for 2016/17 		

In order to contribute to the above noted outcomes the ADP will aim to deliver-

- Services will be embedded in the local community for the purpose of enhancing the availability and support capacities of individuals, families, social communities, and other communities in recovery. This will be achieved through-**
 - increasing the number of GP practices prescribing Opiate Replacement Therapy medication and the delivery of Alcohol Brief Interventions within priority settings;
 - creating a coordinated and tiered prescribing workforce with the care of service users provided according to their needs by an appropriate prescriber most able to meet their individual requirements;
 - working alongside the Third Sector Interface to identify service provision through their resource mapping exercise, in order to improving service users being signposted to community provisions for ongoing recovery support;
 - Complete the formal partnership pilot project with Alcohol Focus Scotland, taking account of the impact of alcohol on recovery, families and communities. We will consider responses from stakeholders and consider these findings within a whole population context
 - continue to deliver and increase the number of SMART Recovery groups in a number of community settings whilst assertively linking service users with wider mutual aid organisations and other services within the locality;

- people in recovery becoming employed in the Public Social Partnership model;
 - The delivery of a Recovery Café within two locations
 - Capacity building courses will be delivered as a prelude to engagement within the Recovery at Work (RaW) Committee
 - Continue pilot of people in recovery co-facilitating workshops within Ayrshire College and supporting roll out across Ayrshire
 - engaging with Community Pharmacies in order to raise awareness of recovery activity and utilise them as a key asset in supporting people in to services/ community groups
 - linkage with transport providers in order to support people in recovery to access community provisions
 - Support services to promote their availability and accessibility through service base opening times and outreach provision
- **Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. The ADP will aim to reduce the impact of stigma and inequality through delivery of the following activity-**
 - promoting recovery through local radio stations, local and national press, ADP website, ADP recovery literature, social media, and people in recovery presenting at community events;
 - supporting the RaW committee to demonstrate positive achievements to their peers and act as Recovery Champions within the wider community;
 - The ADP will host a variety of stakeholder events, promoting positive recovery experiences to the communities
 - highlighting recovery initiatives to Elected Members
 - engaging with community organisations and employers to create volunteering, training and employment opportunities
 - raise awareness of the positive peer research methods taking place and contribution to Strategic Planning
 - involvement in the updated version of North Ayrshire Council Inequalities Strategy
 - consider feedback and responses to the Peoples Panel survey
 - supporting the RaW committee to 'start up' a social enterprise and support the local organisation for the national recovery walk 2015
 - supporting people in recovery to become involved in generic community groups

- **The ROSC sub group encompasses a diverse range of services and people in recovery representation, with joint working protocols between specialist and non-specialist statutory, 3rd sector and community groups from community, prison, hospital and residential settings. The ROSC offers a continuum of care, including pre-treatment, treatment, continuing care and recovery support. The ADP will ensure individuals have a full range of stage-appropriate services from which to choose at any point in the recovery process, and taking account of any other partners that can enhance the ROSC model, through delivery of the following-**
 - Engaging within the Health and Social Care Partnership structure and ensuring contribution towards the Strategic Plan.
 - Regular communication to monitor the delivery of ADP and Core funded services, ensuring a consistent approach takes place in terms of delivery and monitoring
 - Utilising the wide range of expertise from the newly formed Integrated Addiction Service. The ADP recognises methadone treatment, including maintenance with adequately resourced wrap around support services, is where the evidence base lies in drug treatment
 - a weekly joint allocation and assessment process between tier 2 and 3 services in order to identify appropriate services to needs. The ADP aims to ensure that treatment is offered at the lowest point in the stepped care model. Where service delivery at earlier points fails to meet needs then the treatment should be moved to the next level up, and vice versa
 - assertive linkage between treatment services and communities of recovery, with joint reviews being conducted to support transitions
 - continue funding for the Methadone Cessation programme and to implement the learning by embedding as a core element within wider addiction service provision
 - The Alcohol Liaison Service within the general hospital will offer support and signpost service users and promote access to primary and community alcohol support services.
 - identifying strengths and needs through conducting quarterly recovery capital questionnaires and associated recovery care plans, with regular reviews
 - recognising individuals lifetime experience of trauma through emotional, physical, and sexual abuse
 - engaging with Ayrshire College and the Third Sector Interface in order to promote employability and mainstream education opportunities
 - Liaising with Money Matters in order to undertake financial assessments, debt and financial management support. Raising confidence and awareness within wider staff groups of changes within welfare reform and universal credit
 - improved collaborative working between Jobcentre Plus & addiction service in order to support those in receipt of benefits and engaging within tier 3 service delivery

- ADP representation within the Community Justice Authority Throughcare Group, supporting pathways from prison to community
 - Support the implementation of the protocols between Criminal Justice Social Work services and Integrated Addiction Services
 - Effective partnership working between addiction and mental health services
 - Female Peer Research findings and recommendations will be considered by services. Service developments will be highlighted through contract monitoring and to the ADP Committee
 - Further develop the input from females trained as peer researchers to consider wider scope in order to support service development/ barriers to treatment
 - Ongoing support will be provided for those within homeless settings and effective linkage with addiction services. Services will support the Care and Share programme and look to extend this model within other areas
 - We will encourage physical activity participation through partnership working with KA Leisure and continued funding for the Fitba4U programme
 - Contribution to the Community Planning Partnerships 6 Neighbourhood Plans
- **An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; sources of hope, support, and encouragement. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, empowerment, autonomy, social inclusion, and community participation. In recognition of the key role that families/ significant others offer to recovery, the ADP will ensure the following activities are promoted in order to enhance their engagement through-**
 - Continue to engage and promote the services delivered by the Lighthouse Foundation and Scottish Families Affected by Alcohol and Drugs
 - Services will consider the families own needs and signpost to relevant type services, detailed above
 - Services will promote family engagement from the point of referral and encourage inclusion within recovery care plans and reviews taking place
 - Family members will be encouraged to provide their views on service delivery and areas for improvement
 - Training opportunities will be promoted to family members

- Introducing family peer support meetings in the community through SMART delivery techniques
- Continue to deliver weekly Family Support Groups within Kyle Addiction Unit
- **North Ayrshire ADP has introduced the Recovery Capital Questionnaire (RCQ) within all addiction service providers, where all staff is trained in utilising the RCQ. The RCQ tool has been embraced by the ADP in order to evidence increased recovery capital for individuals and service providers that supports the ADP's contribution to the national Aim Statement and Single Outcome Agreement.**
 - The RCQ tool considers an individual's strengths and assets, where key areas are reflected within the complementary recovery care plan, which is reviewed on a 12 weekly basis. These tools enhance a person centred approach where goals and aspirations are reflected and people are empowered to direct their own recovery. Services provide information within quarterly contract monitoring in how recovery capital has been increased.

The RCQ is broken down into 4 sections consisting of-

- Section 1: Social capital- social capital embodies family and social relationships, intimate relationships, access to sober outlets for leisure and recreation, relational roles, family rituals, emotional support and access to opportunities
- Section 2: Physical capital- physical capital is understood as physical health, sleep and general hygiene, cessation of drug hunger, housing, finances, access to transport and physical appearance.
- Section 3: Human capital- human capital includes self-esteem, efficacy and awareness, values and beliefs, resiliency, problem solving, hopefulness, life purpose, educational attainment and perception of past, future and present
- Section 4: Perceived Community capital – considers how conducive ones community is to recovery; experience of stigma, crime, how accepted and supported one feels within their community and how comfortable or threatened they feel invariably impacts on how an individual recovers with the support or otherwise from their community
- **The ADP recognises that recovery journeys are non-linear, and whilst the aim is to enhance continual growth and improved functioning, there is also the potential for setbacks as part of the natural recovery process. Services will aim to foster resilience for all individuals and families for them to engage with their community assets.**

- As part of ongoing support, services will offer/ undertake regular recovery management check-ups in order to establish the status of an individual's recovery, and where there are additional support needs this can be managed in a timeous manner with earlier re-entry to treatment.
- Closer working relationships between services, peers and communities of recovery will enhance the opportunities for re-referral and signposting should individuals require it throughout their recovery journey and experiences
- In order to reduce disengagement, when people transfer between services, staff should ensure there are clear and agreed plans to facilitate effective transition.

8. Children Affected by Parental Substance Misuse (CAPSM) sub group

The **CAPSM** Group is a sub-group with dual reporting arrangements of the North Ayrshire ADP and the Child Protection Committee (CPC), and links in with other strategic Community Planning groups, including Safer North Ayrshire Partnership, Violence Against Women Partnership, and the Adult Support and Protection Committee.

The CAPSM sub group work to improve the quality and accessibility to services for Children and Young People who are at risk due to the harmful effects of parental/ care giver alcohol and/or drug misuse.

The group is responsible for strengthening an understanding across agencies of the needs of children and young people affected by parental substance misuse and to support partners in developing an effective inter-agency response to children and young people affected by parental substance misuse.

Through diverse representation on the group this enhances communication links and of joint working between adult and children's services. All developments in this area are aligned with the wider Getting it Right for every Child (GIRFEC) change agenda developments in North Ayrshire and that cognisance is taken of links to relevant strategies, including the Early Years Framework and the Parenting and Family Support Strategy.

Getting Our Priorities Right (GOPR) first published in 2003 and updated in 2013 provides an operational context for staff working in the field of addiction where they come into contact with children or staff working with children who come into contact with addiction issues. The GOPR guidance has formed part of the local and regional child protection procedures and its recommendations and procedures resulted in an extensive and wide reaching multi agency training programme.

The GOPR policy and practice guideline for working with children and families affected by problem drug use acknowledged that not all families affected by problem drug use will experience difficulties. However the exposure of children and young people to the risks factors associated with parental substance misuse may have significant and damaging consequences. These can include children and young people not reaching their full potential at school, taking on the role of caregiver to young siblings or parent(s), being placed at physical risk, developing their own physical and mental health problems, including developing their own substance misuse issues. This policy has since been expanded to include families affected by alcohol misuse.

ADP Sub Group (CAPSM) Strategic Priority areas: Prevention, Protection & Recovery				
<p>National Outcome(s):</p> <ul style="list-style-type: none"> FAMILIES: 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. <p>Children affected by parental substance misuse have been specifically cited as a priority area in the drugs strategy, <i>The Road to Recovery (2008)</i>. The drugs strategy cites the role of adult services and outlines actions to improve identification, assessment, recording and planning, and information sharing; to build the capacity, availability and quality of support services; and to strengthen the consistency and effectiveness of immediate risk management.</p>				
National Indicator:	Baseline	Target	Annual performance review (brief summary)	Metric RAG
<ul style="list-style-type: none"> Maternities with drug use Child protection with parental drug misuse Child protection with parental drug or alcohol misuse Child protection with parental alcohol misuse 	<ul style="list-style-type: none"> 82 (2011) 51 (2014) 77 (2014) 50 (2014) 	<ul style="list-style-type: none"> 77 48 73 47 		

** Whilst the desire is to reduce the number of children involved in child protection processes; should these numbers increase this could be interpreted as improvements in assessment/ earlier identification, therefore reducing the risk and the provision of support to meet the needs of the child*

- **The following activity will be delivered in order to contribute towards the above noted national outcome and indicators, consisting of-**
 - The ADP will continue to fund the Integrated Addiction Services
 - Integrated Addiction Services will undertake a Parenting Capacity Assessment as part of initial assessment and linking those identified to engage in the Parenting Programme. A programme will be adapted and delivered to parents who do not currently have the fulltime care of their children
 - Integrated Addiction Services will engage in Child Protection Case Conferences and consideration of parental needs through completion of child protection assessments
 - Effective partnership working between Vulnerable Midwife team and Addiction Services
 - Children's information will be recorded within the SAMS and CareFirst database and to be considered for service development
- Funding will continue for Children 1st Forward Steps programme, providing individual and group support to new parents
- Continue to fund the Specialist Midwife (Alcohol) post who will-
 - highlight the impact of alcohol during pregnancy
 - raise awareness of Fetal Alcohol Spectrum Disorder (FASD) through training and literature
 - support the Vulnerable Midwife Team
 - support Maternity staff in the delivery of Alcohol Brief Interventions
 - contribute to the Early Years Collaborative
 - Audit work looking at how many women continue to drink alcohol during pregnancy with data being used for improvement work
 - Maternal alcohol consumption to be highlighted on paediatric notes where this information is made available for children who require assessment for FAS
 - Establish a local pathway for the diagnosis of FAS

- Engaging with and supporting the Carers and Young Carers service where parents/family members are impacted by drugs or alcohol
- Engaging with services who deliver home visits and family programmes
- Engaging with STRADA to deliver specific training programmes, including the two day CAPSM training
- Continue funding to the Rosemount service where they will engage in Children's Units, delivery of family therapy sessions and parenting groups incorporating the 'Angelus Foundation' toolkit for supporting parents to generate discussions with their children; supporting links between children and adult services; signposting young people and parents to groups within the community
- Child protection statistics will be provided on a regular basis for services to consider developments and trends of individual risk factors for children placed on the child protection register, with a particular focus on parental drug misuse and parental alcohol use
- Review support to children where there has been a parental drug related death. Findings will be shared with the Drug Death Review Group
- Findings from the Dartington Research Unit, which will be presented in the summer of 2015, will be considered to inform the ADP's approach, and engagement with education and relevant partners

- The ADP will deliver alcohol/ substance misuse awareness programmes within primary and secondary schools.
 - The RORY resource will be delivered within all primaries with ongoing evaluation
 - The SPICE resource will be delivered within secondary schools in conjunction with Campus Police Officers and Community Development
 - Where children is identified as being affected by parental substance misuse, the ADP will support the delivery of the CHARLIE and Children Harmed by Alcohol Toolkit (CHAT) resources

- North Ayrshire ADP and North Ayrshire CPC have created '**A Practitioners Guide to Getting Our Priorities Right**', Working with Children, Young People and Families affected by alcohol and/or drug use across North Ayrshire. The guidance has been developed in partnership across a wide range of services and/or agencies, who are working directly with children, young people and families affected by problematic alcohol and/or drug use. This practitioner's guide is for

all practitioners and managers working with children, young people and their families within the public, private and third sectors across North Ayrshire.

- The CAPSM sub group members is responsible for the implementation and evaluation in how the resource is being utilised, highlighting practice developments
 - Staff training sessions will be delivered to raise awareness of GOPR practitioners guidance, with a specific focus on enhancing partnership working, communication between children and adult services, and recovery of children and parents

A comprehensive training calendar is delivered by the CPC and ADP. The nature of training is incorporated within the **ADP Harmonised Framework**. Further details can be found within the Workforce Development sub group section.

9. The ADP Communities & Prevention sub group (CPG)

The **CPG** ensure that a whole population approach to prevention and education and early intervention takes place. They provide regular update reports to North Ayrshire ADP and Safer North Ayrshire Partnership (SNAP) highlighting areas for consideration or action as appropriate.

Education is an important tool for increasing the awareness of the effects of alcohol and drug use on individuals, families and communities, and the risks associated with even low levels of alcohol or drug use.

The inclusion of substance misuse in the Curriculum for Excellence is a positive step toward ensuring that all young people in North Ayrshire are aware of the risks associated with alcohol and drug use. However it is recognised in both the Curriculum for Excellence and wider literature that preventative information should be delivered to young people in a range of settings and formats in order to reinforce messages delivered in educational establishments.

Prevention of substance misuse through education is not only important for young people, we recognise the importance of educating the wider adult population on the risks of substance use, in particular alcohol use. This is achieved through the delivery of targeted, audience appropriate messages within formal and community settings.

The availability of positive alternatives to alcohol and drug use is essential to reduce the level of substance use. Age appropriate activities including diversionary activities for young people and an increase in non-alcohol activities for adults will contribute to a reduction in alcohol consumption.

Domestic abuse is a major problem within North Ayrshire. While we recognise that alcohol is neither an excuse for, nor a cause of, domestic abuse it is a significant factor in incidents reported to the Police. The ADP work alongside the Violence against Women Partnership, to reduce the harmful impact of alcohol in cases of domestic abuse, providing opportunities for both perpetrators and victims to address their alcohol and drug misuse.

A key part of work within communities is to improve the knowledge and understanding across the whole population about drug and alcohol use. The ADP also demonstrates that recovery is possible through positively promoting recovery stories and reduces the levels of fear, blame and stigma.

The significant links between alcohol and drug misuse and offending behaviour are well recognised. In North Ayrshire approximately 70-80% of service users in Criminal Justice Social Work have a background of alcohol and drugs use linked to their offending behaviour.

North Ayrshire ADP and the SNAP will continue to plan and work in partnership around the issues of anti-social behaviour and nuisance as a consequence of alcohol and /or drug misuse.

ADP Sub Group (CPG) Strategic Priority: Prevention; Protection & Communities

National Outcome(s):

- **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.
- **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.

- **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.
- **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.

Ministerial Priorities

- Increasing the reach and coverage of the national naloxone programme by increasing the number of kits supplied to people at risk of opiate overdose
- Developing local understandings of the prevalence and impact of new psychoactive substances in ADP areas based on locally available information and experience.
- Deliver Alcohol Brief Interventions

2015/16 SOA- People are healthier and experience fewer risks as a result of alcohol and drug use

- Reduction in the number of Drug Related Deaths

National Indicators:	Baseline	Target	Annual performance review (brief summary)	Metric RAG
• Drug related hospital stays	• 290 (2013)	• 280		
• Alcohol related hospital stays	• 1208 (2013)	• 1156		
• Drug-related mortality	• 11 (2013)	• 11		
• Alcohol related mortality	• 23 (2013)	• 21		
• Hepatitis C among people who inject drugs	• 22 (2011)	• 21		
• Population prevalence of problem drug use	• 1800 (2012)	• 1710		

• Drug use last month (pupils age 15)	• 45 (2013)	• 42		
• Drug use last year (pupils age 15)	• 74 (2013)	• 70		
• Weekly drinkers (pupils age 15)	• 60 (2013)	• 57		
• Drug use funded by crime	• 51 (2011)	• 48		
• Serious assault (alcohol)	• 100 (2012)	• 94		
• Common assault (alcohol)	• 1551 (2012)	• 1500		
• Vandalism (alcohol)	• 1905 (2012)	• 1840		
• Breach of the Peace (alcohol)	• 490 (2012)	• 462		
• Pupils age 15 being offered drugs	• 151 (2013)	• 142		
• Perception of drug misuse in neighbourhood	• 30 (2013)	• 28		
• % people perceiving rowdy behaviour (alcohol)	• 33 (2013)	• 31		
• Licenses in force-				
○ on trade	• 281 (2013)	• 281		
○ off trade	• 120 (2013)	• 120		
• Personal licenses in force	• 1515 (2013)	• 1515		

- **Increasing the reach and coverage of the national naloxone programme by increasing the number of kits supplied to people at risk of opiate overdose will be achieved through the following activity-**
 - The ADP will continue to deliver the Take Home Naloxone programme and Training 4 Trainers (T4T) to a diverse range of staff disciplines, family members and people in recovery;
 - The T4T will be offered to community and prison peer mentors;
 - Naloxone will be discussed, and offered at point of assessment, for any service user advising of association with opiates;
 - Reviewing homeless housing policy in the storage of naloxone within residential settings
 - Promoting the World Overdose Day and naloxone literature
- **Developing local understandings of the prevalence and impact of new psychoactive substances (NPS) in ADP areas, based on locally available information and experience, will be achieved through-**

- Ongoing delivery of NPS training to a diverse range of service providers
 - An annual report will be circulated in respect of NPS training, highlighting learning and developments
 - Working in partnership with Scottish Families Affected by Alcohol and Drugs (SFAD)
 - Engagement on the National Expert Review Group on NPS and to adopt findings
 - Services to gather and record information at point of assessment
 - Delivery of the pan Ayrshire Drug Trend Monitoring Group, with dissemination of a quarterly bulletin highlighting trends
 - Collate information within the drug trend monitoring template for wider circulation
 - NPS awareness sessions delivered within secondary schools, incorporated within the Substance Prevention in Community Education (SPICE) resource, and utilising Campus Police Officers to promote
 - NPS resources circulated within the ADP network and incorporated within ADP website
 - NPS workshops delivered within Ayrshire College
 - Consider and respond to the sale of NPS through engagement with Trading Standards and Police Scotland
 - The delivery of awareness raising campaigns to a range of stakeholders
- **The following activity will be delivered in order to contribute towards the above noted national outcomes, consisting of-**
 - The inclusion of alcohol/ substance misuse awareness programmes within primary and secondary schools.
 - The RORY resource will be delivered within all primaries with ongoing evaluation
 - The SPICE resource will be delivered within secondary schools in conjunction with Campus Police Officers and Community Development
 - Delivery of the Jump2It basketball initiative in primary schools
 - Fire School Liaison Officers will deliver a series of presentations as part of the Fire Safety for Schools Programme, in which the correlation between drugs and alcohol, particularly when cooking are covered.
 - Firereach courses will be delivered to secondary schools highlighting the relationship between fire risk/road traffic collisions and alcohol/drug use.
 - Findings from the Dartington Research Unit will be considered to inform the ADP's approach, and engagement with education and relevant partners. One of the key risk factors identified is the early initiation of substance use
 - Test purchasing operations will take place within off sales

- Engaging with STREETWISE, a partnership involving local young people, Modern Apprentices, North Ayrshire Council Youth Services and Police Scotland with support from other partners including the NHS
 - Engagement with higher threshold young people through continued funding for Rosemount and Programmes Approach Team
 - Engaging with accommodated young people and those within homeless settings
 - Engaging with parents of young people to raise awareness of programmes taking place and to raise their confidence in discussing subject matter
 - Support effective pathways and ongoing support for young people who has presented at A&E with alcohol/drug related issues
 - Prevalence study being undertaken between Ayrshire College and Scottish Families Affected by Alcohol and Drug Use to Ayrshire College students. Study aims to find out the harms caused to students by someone else's alcohol or drug use, and a prevalence question about students' own alcohol and/or drug use included.
 - Formal partnership with Alcohol Focus Scotland to consider the impact of alcohol use within communities and methods being identified to address these matters
 - Delivery of Alcohol Brief Interventions within priority and non-priority settings
 - Engagement with the Adult Support and Protection committee
- **The reduction of Blood Borne Viruses (BBV) and Sexually Transmitted Infections (STI) will be achieved through-**
 - The provision of a range of needle exchange sites
 - The offer of BBV and sexual health testing during initial assessments and review meetings
 - Support being provided to individuals undertaking BBV related treatment
 - Delivery of Hepatitis C support groups
 - Engagement between the ADP and BBV Managed Care Network, identifying partnership working and joint commissioning
 - The delivery of BBV training through the addiction calendar and Ayrshire College
 - Promotion of World Aids Day and World Hepatitis Day
 - Health literature located within a number of settings
 - Promotion of C-Card venues

Fire Safety

- Working closely with Scottish Fire and Rescue Service colleagues in order to raise awareness and conducting Home Fire Safety Visits, with a particular focus on individuals involved with addiction services

Diversiory Activity

- The ADP will continue to fund the Multi Agency Problem Solving Group (MAPSG) in order to provide diversionary support within communities, such as Mobile Youth Centre deployment and a portable football pitch
- The ADP will encourage ideas for diversionary activity, with a particular focus on engagement with young people. The ADP work closely with Community Development in supporting and consider funding for similar projects such as the 3 Towns Motor Project, Mobile Skate park and Dry Bar initiatives

Workplace Policies

- Alcohol and Drug Policy Training will be delivered to managers within statutory and non-statutory services
- Support will be provided to companies on the development of their alcohol and drug policies that will meet the requirements of the Healthy Working Lives criteria
- An annual campaign will be delivered to highlight alcohol and drug policies to staff.

Increased knowledge and changed attitudes to alcohol, drinking and drugs

- Continue to fund the Specialist Midwife (Alcohol) highlighting the impact of alcohol during pregnancy, raising awareness of Fetal Alcohol Spectrum Disorder (FASD), and supporting the Vulnerable Midwife Team and Maternity staff
- Deliver and promote the annual FASD awareness day each September; and ongoing circulation of literature and best practice promoted
- The ADP will work alongside public health colleagues in taking a whole population approach to promote annual health messages in the impact of alcohol

- Engagement with Elected Members and Community Planning Partnership to highlight the ADP's work and challenges
- The ADP will submit information to the Licensing Board evidencing alcohol related issues
- The ADP will provide input to the development of the Licensing Board's licensing policy and overprovision statements
- Working alongside the Violence against Women Partnership and MADART
- Incorporate questions within the People Panel questionnaire and to consider findings that will support the ADP's approach
- Promoting a wide range of alcohol and drug related literature within the ADP website and links to specialist organisations for all stakeholders

Reduction of Crime

- Police Scotland North Ayrshire division will continue to utilise Twitter account and Facebook page in order to reduce the fear of crime and anti-social behaviour, highlighting the partnership work of the MAPSG Safe Positive Communities team whilst promoting safety messages, events taking place and information about alcohol and drugs.
- The ADP will continue to fund Police Scotland to have a presence within Accident and Emergency within both Ayrshire General Hospitals during weekends, bank holidays and special events, ensuring the safety of staff and patients
- Engaging with Police Scotland's Prevention First model, supporting/ signposting individuals to appropriate services
- Alcohol Brief Interventions will continue to be delivered with criminal justice services
- Group work interventions will be delivered by Rosemount to young people on Community Prevention Orders
- Criminal justice colleagues will deliver alcohol and drug treatment requirements
- Effective partnership working between criminal justice and addiction services
- The ADP will engage in the Community Justice Authority Throughcare Group in order to identify effective arrangements to support the transition from prison to the community

The **CPG** will work closely with the two Pan Ayrshire ADP groups-

10. Drug Death Review Group (DDRG)

The **DDRG** share knowledge, information and understanding in areas of operational attendance and the investigation of sudden deaths and associated factors which have resulted from drug related circumstances.

The DDRG consider the circumstances of each individual prior to death, including place of death, employment and accommodation status, family support and the nature of the individuals drug use; identification of patterns and preventable factors in social and clinical circumstances surrounding the deaths, and consideration of the associations between them; maintaining a local database on drug related deaths and identifying the limitations to the use of this information locally and nationally; and making recommendations to ADP's and key stakeholders for policy and practice changes, targeting a reduction in drug related deaths.

11. Drug Trend Monitoring Group (DTMG)

The **DTMG** gathers and disseminates, where appropriate, up-to-date information on emerging drug availability and use, including New Psychoactive Substances, throughout Ayrshire; identifying patterns of use and consequences. The DTMG provide a single point of contact for information on emerging trends, when required, by internal or external agencies on a local and national basis.

12. The **ADP Workforce Development Sub Group** was established by the ADP to take forward the implementation of specific work streams within the ADP strategy and key actions from other ADP thematic subgroups. The overall remit of the Group is to conduct a whole population approach to prevention and education; to achieve the outcomes set out within the Scottish Government/COSLA document: Supporting the Development of Scotland's Alcohol and Drug workforce (the statement is *for anyone who has a role in improving outcomes for individuals, families or communities with problematic drug or alcohol use*); to identify the workforce development needs in North Ayrshire and implement appropriate training.

The ADP will continue to fund the Prevention and Service Support Team (PSST) offering quality training to hundreds of participants. The team's main objective and commitment is to provide a wide range of education and training initiatives which focus on improving awareness, competence and knowledge of both those affected by substance misuse and those working in the field. An annual training calendar is provided with a diverse range of subjects offered, and is updated on a regular basis to reflect the needs of individuals and changes in trends.

North Ayrshire ADP Workforce Development Group introduced the **Harmonised Training Framework** in 2014. The purpose of this document is to offer a model harmonising the National Framework for Child Protection Learning and Development in Scotland and the COSLA Supporting the Development of Scotland's Alcohol and Drug Work Force 2010. Each of these approaches embraces a common vision that identifies the need to develop a competent workforce at all levels. Furthermore both documents assert the need

for workers and practitioners to possess the necessary skills and expertise to improve outcomes for children, young people, families and individuals and assist those who are on their journey to recovery.

Using the framework managers and practitioners will be able to identify courses which will promote learning and provide professional development. The workforce development group will also be able to identify courses which we need to design with partners to meet the changing needs and demand of working in the fields of substance use, recovery and child protection

The layout of the framework supports managers and practitioners to identify the training level commensurate to the roles and the duties they carry out within their organisation, along with a reference to the learning priorities. The training events that can be accessed through the framework incorporates courses delivered by the Child Protection Committee, Prevention and Service Support Team, Sexual Health Training Team, Scottish Recovery Network, Choose Life, and Adult Support and Protection.

North Ayrshire **ROSC Practitioners Forum** reports to the ADP ROSC sub group. The Forum is a group made up of staff involved at various levels within statutory and non-statutory, and voluntary sector addiction services. The remit of the Forum explores practice related, identifying and contributing to the resolution of barriers to addiction services becoming more recovery orientated. The group itself will act as a conduit to more recovery orientated practices.

Actions identified and to be supported by the Workforce Development sub group-

- All staff within addiction services will undertake training in order to utilise the Recovery Capital Questionnaire
- Circulating a staff questionnaire to consider workplace attitudes to recovery
- Training programme to support the delivery of Getting Our Priorities Right (GOPR) practitioners guidance, with a specific focus on enhancing partnership working between children and adult services
- Annual training/ refresher of New Psychoactive Substances
- Education staff will be offered training and support to deliver the RORY and SPICE resources within primary and secondary schools. Campus Police Officers and Community Education will be offered training in SPICE
- Staff and service users trained in Wellness Recovery Action Plans (WRAP) in order to facilitate groups
- Staff and service users, in community and prison settings, trained in Self-Management and Recovery Training (SMART) and the facilitate groups
- Supporting service users to access the Capacity Building group

- Supporting members of the Recovery at Work committee to engage in training events
- The ADP will coordinate the SMART Facilitators network meeting
- Partnership with Ayrshire College in order for people in recovery to co-facilitate workshops to young people
- Delivery of the Take Home Training for Trainers to staff, service users, families, community and prison peer mentors
- Offering and delivering bespoke training to generic service providers
- Support services to introduce and deliver recovery based resources- MyRap, WRAP, Scottish Recovery Indicator 2, Alcohol & Drugs Matrix
- Work closely with STRADA, Scottish Drug Forum and other nationally commissioned services in order for local delivery of specific training opportunities
- In addition the following national resources will be promoted throughout the ADP network-
 - Institute for Research and Innovation in Social Services (IRISS) for cross-sector research and innovation in social services
 - Centre for Youth and Criminal Justice (CYCJ) - developing, supporting and understanding youth justice practice, policy and research
 - WithScotland a national resource helping to improve outcomes for children in need of protection and adults at risk of harm
 - The Scottish Centre for Crime and Justice Research (SCCJR) a collaboration of several Scottish universities aiming to produce excellent research and to develop excellent researchers so as to better the development of policy, practice and public debate about crime and justice
 - Social Services Knowledge Scotland which provides access to a huge range of evidence and other resources across the whole landscape of social services and beyond.