



**Borders Alcohol and Drugs Partnership
Commissioning Strategy
2015-2020**

Foreword

This is the 'Borders Alcohol and Drug Partnership's second commissioning strategy. It updates our previous strategy and sets out the Partnership's commissioning aims for the period 2015-2020. These aims are designed to ensure the necessary services are in place across the Scottish Borders to prevent alcohol and drug problems developing, address the needs of those who already have problems, and promote recovery. It describes the framework within which we will commission these services, how we will make decisions, and monitor impact of our investment.

I welcome the commitment to working in partnership with others and promoting a positive culture of engagement and consultation with a wide range of stakeholders both in the statutory and voluntary sectors. This will promote a more integrated approach to service delivery. The planned approach and focus on outcomes will produce meaningful benefits for the whole community as well as those challenged personally by the misuse of alcohol and drugs.

A short Action Plan (Appendix 2) supports delivery of this Commissioning Strategy.

Elaine Torrance
Chair, Borders Alcohol and Drugs Partnership

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1 Introduction

The Borders Alcohol and Drug Partnership (ADP) is responsible for and tasked with delivering a reduction in the level of drug and alcohol problems amongst young people and adults in the Borders, and reducing the harmful impact on families and communities.

We are committed to working with the Scottish Government, colleagues, people in recovery and local communities to tackle the problems arising from substance misuse.

The ADP Strategy 2015-2020¹ outlines high level actions which will help deliver on that task through our four key strategic aims of:

- Reducing prevalence of alcohol and drug use by 5% by 2020 through prevention and early intervention
- Reducing alcohol and drugs related harm to children and young people
- Improving recovery outcomes for Service Users and reducing the number of deaths from accidental drug use to fewer than 4 per year by 2020
- Strengthening partnerships and governance structures

Our Annual Report is submitted and approved by the Community Planning Partnership. It is anticipated that regular reporting will be submitted to the Integrated Joint Board (IJB) of the Health and Social Care Partnership. These processes are still to be confirmed locally.

The ADP is made up of representatives from the following organisations:

- NHS Borders (Public Health, Mental Health, NHS Borders Addiction Services, Borders General Hospital)
- Scottish Borders Council (Elected Members, People Department, Safer Communities Team)
- Police Scotland

¹ Available at: <http://www.badp.scot.nhs.uk/?a=15924>

- Drug & Alcohol Third Sector organisations

The ADP has commissioned a Service User Involvement Service from May 2015. While not currently part of the formal meetings structure within the ADP we view Service Users and carers as partners and are seeking to build on involvement to date. Feedback from Service User meetings is a standing item on the Executive Group Agenda.

The ADP is currently chaired by the Chief Social Work Officer for Scottish Borders Council.

2 Purpose of Strategy

This strategy details the approach we take to commissioning and what we will base our decisions on rather than giving information on what we will be commissioning and how this will change from current arrangements.

This document is the ADP's strategic framework for commissioning services to ensure delivery of prevention and early intervention and meet the health and social care needs of people in recovery from and affected by drug and alcohol problems.

The document aims to ensure:

- A clear, transparent and equitable process is in place for commissioning and developing drug and alcohol services.
- Commissioning intentions are aligned to national legislation, local community and service planning and there is agreement amongst all partners on what needs to be achieved across Scottish Borders.
- Commissioning arrangements link to each partner's mainstream activities and budget processes.
- Resources are applied to best effect and based on evidenced need.
- The focus is on meeting the current and predicted needs of people with, affected by or in recovery from drug and alcohol problems and engaging with citizens in the wider community to define outcomes which reflect the needs, preferences and aspirations of people who may use services in the future.

The ADP 2015-2020 overarching strategy and associated Delivery Plan support implementation of this commissioning strategy.

The ADP members are required to be at a senior level within their organisation to ensure the partnership has the ability to make strategic decisions which will be carried out across the partnership.

The ADP Support Team supports the work of the partnership by ensuring effective operation of the ADP; its subgroups, and the creation and

implementation of strategies and action plans. The ADP is accountable to the Community Planning Partnership and will submit regular reports as required to the Integrated Joint Board of the Health and Social Care Partnership.

2.1 Target Group

This commissioning strategy covers:

- Prevention
- Early intervention for those at risk of developing drug and alcohol problems
- Children and young people with drug and alcohol problems who require treatment and support services
- Children and young people affected by parental substance misuse
- Adults with drug and alcohol problems who require treatment and support services
- Adults in recovery from drug and alcohol problems
- Families and significant others affected by drug and alcohol problems
- Ensuring equality of access to alcohol and drugs services and appropriate, inclusive and non-stigmatising responses for all vulnerable groups such as those fleeing violence and older drug users and those groups with known higher prevalence, or whose needs are not being met e.g. drug and alcohol-related offenders, LGBT community, people with co-existing mental and physical health problems and people from minority groups.

3 Working in Partnership

The ADP is committed to working in partnership with others and promoting a positive culture of engagement and consultation with a wide range of partners and stakeholders.

A number of subgroups and fora currently exist which influence ADP strategies, highlight emerging problems, identify unmet need and gaps in service provision, and agree priorities for action planning:

- ADP Executive Group – see below

- Specialist Interventions Sub Group - operational staff involved in supporting people with drug and alcohol problems. The Chair of the SISG is a member of the ADP Partnership Board.
- Drug Death Review Group – liaison between agencies to reduce drug related deaths at a local level.
- Workforce Development Group – multi-agency group initiated in response to a strategic workforce development project and responsible for implementing a local plan
- Drug Trend Monitoring Group – multi-agency group which shares information and intelligence about new and emerging national and local drug trends
- Service User Involvement Group – externally facilitated group for Service Users which meets regularly to provide feedback to the ADP
- Alcohol Brief Interventions (ABI's) in Social Work Steering Group – meets to ensure operational implementation of ABI's in Social Work settings.
- Third Sector Managers Group – facilitated by an independent Third Sector representative this group enables two way dialogue between the ADP Executive Group and managers of commissioned and allied Third Sector services

Commissioning will be built around engaging with people who currently use services, those who may do so in the future, and those who support them. We will ensure service users and people in recovery are represented within the partnership and services have meaningful service user involvement in service design and delivery.

We will work with all partners to make sure medium and long term decisions are communicated effectively when services need to change and work with them to look at how this will happen.

4 Responsibility and Accountability for Commissioning

The Borders Alcohol and Drug Partnership Board has responsibility for:

- Ensuring there is the correct range of drug and alcohol interventions and services available, informed by evidence and based on identified need.
- Making decisions on how funding from the Scottish Government is spent and putting in place performance management systems to track progress.

The ADP Governance Paper outlines an agreed scheme of delegation that clearly states what services, resources and responsibilities partner agencies have devolved to the Partnership.

The Borders Alcohol and Drug Partnership Board delegate commissioning tasks to its Executive Group. Individual members of this group are accountable to their retrospective agencies and to the ADP.

The Executive Group are responsible for:

- Mapping the range and quality of existing services and identifying gaps in service delivery.
- Making recommendations to the ADP on how funding from the Scottish Government should be spent to address gaps, ensure delivery of key objectives and achievement of agreed outcomes.
- Ensuring a robust and transparent Commissioning Strategy is in place to inform decisions and processes.
- Commissioning services to meet identified needs that are safe, effective, efficient and demonstrate best value for money.
- Negotiating and agreeing outcome-focused, recovery orientated contracts or written agreements with all service providers.
- Ensuring recording and reporting arrangements are in place to monitor performance, assess and manage progress and achievement of

agreed outcomes.

- Managing and monitoring spend on services in keeping with the agreed ADP financial framework and individual contracts.
- Developing, promoting and monitoring quality standards in accordance with national and local guidelines and supporting evidence based practice.
- Building capacity within local services to continuously review, improve and develop services.
- Identifying, managing and reducing risks to delivery of agreed plans and services.

The Executive Group is accountable to and makes recommendations to the ADP Board.

Every service contracted by the ADP will have a contract or service level agreement which includes:

- Clearly defined roles
- Lines of accountability
- Quality standards that should be followed
- Expected activity and outcomes
- Performance management and monitoring arrangements
- Agreed funding to support service delivery

Commissioners will ensure that robust performance monitoring arrangements are in place. A reporting template will be forwarded to all services to complete. The information collected will be used to regularly review provision against good practice, service activity and outcomes and evidence options for change.

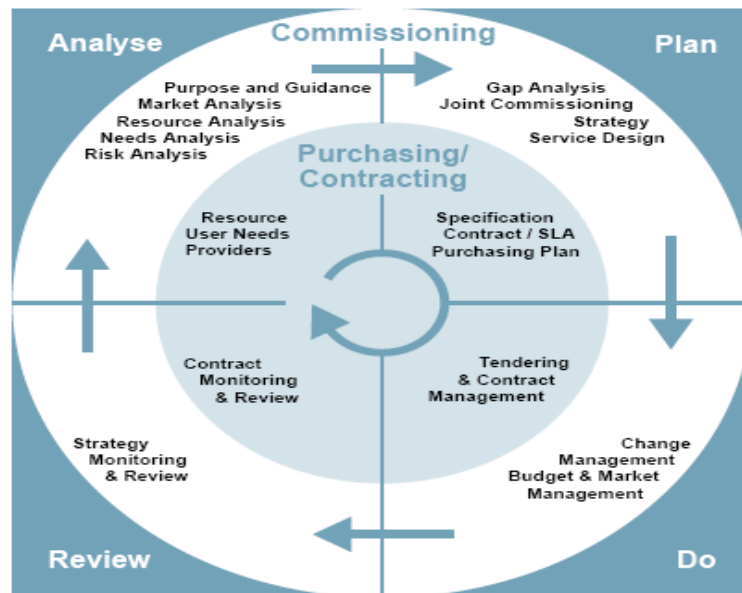
The Children and Young People's Leadership Group (CYPLG) also has a Commissioning Group which is directly accountable to the CYPLG. The CYPLG and the ADP are jointly responsible for commissioning drug and alcohol services for children.

Providers will be required to understand Adult Support and Protection legislation and Child Protection Procedures including their roles and responsibilities within it. This will be included in provider contracts.

5 Model of Commissioning

The Model of Commissioning Borders Alcohol and Drug Partnership will use has been recommended by The Social Care Inspectorate Scotland and is taken from the Institute of Public Care (IPC). It links the commissioning and purchasing contracting cycles and is relevant across all public care services. The public, people who use services and those who support them are placed at the centre of this model. The model is based upon four key performance management elements:

- Analysis – Drawing meaningful conclusions from available data, projections and from people about their needs.
- Planning – Working with partners to make short, medium and long term decisions about how services need to change and how this will happen.
- Doing - Implementing strategic plans which involve maintaining a strategic overview of what we are trying to achieve as well as effectively commissioning and decommissioning services and implementing sound procurement arrangements.
- Reviewing – Taking an evidence-based approach to monitoring and reviewing progress and making adjustments as circumstances and market forces change.



The commissioning cycle (outer circle) drives the procurement activities (inner circle). The post procurement review then informs the on going development of commissioning.

Figure 3 Joint Commissioning Model for Public Care (based on the IPC model)

6 Procurement

Procurement is the process by which public bodies purchase goods, services and works from third parties. It is not the only method of securing services: other options include the provision of services in-house, shared service arrangements or grant funding.

Within Scottish Borders Council the Corporate Procurement Service (CPS) has responsibility and accountability for the procurement process. A procurement strategy is in place which outlines the principles and proposed priorities for the next 5 years. The ADP will work in partnership with Scottish Borders Council's CPS to ensure effective forward planning and adequate timescales are allowed within project plans for procurement activity and in particular de-commissioning so that there is smooth transition between services.

Over the next 5 years there will be a need to focus procurement activity and priorities. The following criterion will determine prioritisation within this process:

- Contracts which are high value/high cost and not considered good value for money
- Tender thresholds
- Contracts where there are concerns about quality e.g. poor inspection reports, adult protection concerns
- High risk contracts regarding ongoing commercial viability of the service
- Services where changes are required through reviews and new models of care
- Services where providers are resistant to reasonable requests to develop current service provision
- Assessment is made against risk of not tendering

Contracts that are considered good value for money and have good service user outcomes will also be considered for retendering in future years.

It is recognised that contract monitoring and review is also an effective negotiating process for achieving quality improvement and best value. Similarly other means of developing services particularly in the voluntary sector can be provided by the appropriate use of grants where value for money can be demonstrated.

Consultation with service users is an important part of the procurement process and a variety of methods will be used to ensure involvement:

- Sharing the procurement plan with service users
- Involving service users in tendering exercises wherever possible
- Communicating the outcomes to service users in a timely fashion
- Seeking regular feedback from service users on quality of services and using this to determine priorities

7 Decommissioning

The ADP recognise that services may need to be decommissioned and therefore have in place a procedure for undertaking this process.

The decommissioning process will be set within the context of the commissioning cycle.

There will be clear and objective reasons for de-commissioning services that will be based on:

- Assessment of performance
- Value for money
- The need for service redesign to improve services or address gaps for the people we support
- Reduction in ADP funding allocation or commitments from other budgets

The decommissioning process will be managed in line with the principles of co-operation and within contractual terms specified within individual service contracts and agreements.

An 'Impact Assessment' will be undertaken when considering decommissioning of a service and any potential consequences and mitigating actions will be managed through the ADP's risk register.

Re-procurement will be processed in line with EU Procurement regulations.

8 Risk

A risk assessment will be carried out against Borders Alcohol and Drug Partnership's key objectives, priorities and actions which will include its commissioning activities. A joint risk register will identify the controls that will be put in place to mitigate or reduce the risks posed and plan systems for investment and disinvestment. The risk register will be reviewed and updated annually.

9 Timescales for Commissioning

This strategy will be in place for 5 years, corresponding to the lifespan of the

ADP over-arching strategy. The ADP 2015-2020 Strategy is supported by the 3 year Delivery Plan for 2015-18.

Commissioned services developed in response to the ADP Investment Review and developed Future Model are in place until April 2017 with the potential to extend for a further 2 years.

Over the term of this strategy the ADP will continue to analyse and draw conclusions from available local and national data to inform current and future service design.

10 Model of Care

The ADP Investment Review developed a Future Model of investment and service delivery (Figure 1) to implement effective early intervention and prevention of alcohol and drugs related problems, protect people affected and provide effective opportunities to recover from substance misuse via a recovery focussed system of care (ROSC). The ROSC Future Model was based on the Skills Consortium Framework of a Recovery-Orientated System of Care² (ROSC) (Appendix 1) as a proxy 'checklist' to assess the competence of previous model of delivery.

'Recovery-oriented systems of care (ROSC) is a co-ordinated network of formal and informal services developed and mobilised to sustain long-term recovery for individuals and families impacted by problematic substance use. The ethos of the system will be around client empowerment and choice, and the distillation of hope for individual, family and community recovery.' (Best, D. et al.,2010)³

Current services were commissioned on the basis of the Future Model informed by the NTA <http://www.skillsconsortium.org.uk/uploads/skills-diagram-updated.pdf>

² <http://www.skillsconsortium.org.uk/uploads/skills-diagram-updated.pdf>

³ Best, D., Gossop, M., Hanning, K.A., Perkins, A. Rome A., Taylor, A., & White, W., (2010), *Research for Recovery: A Review of the Drugs Evidence Base*, Scottish Government. <http://www.gov.scot/Resource/Doc/321958/0103435.pdf>

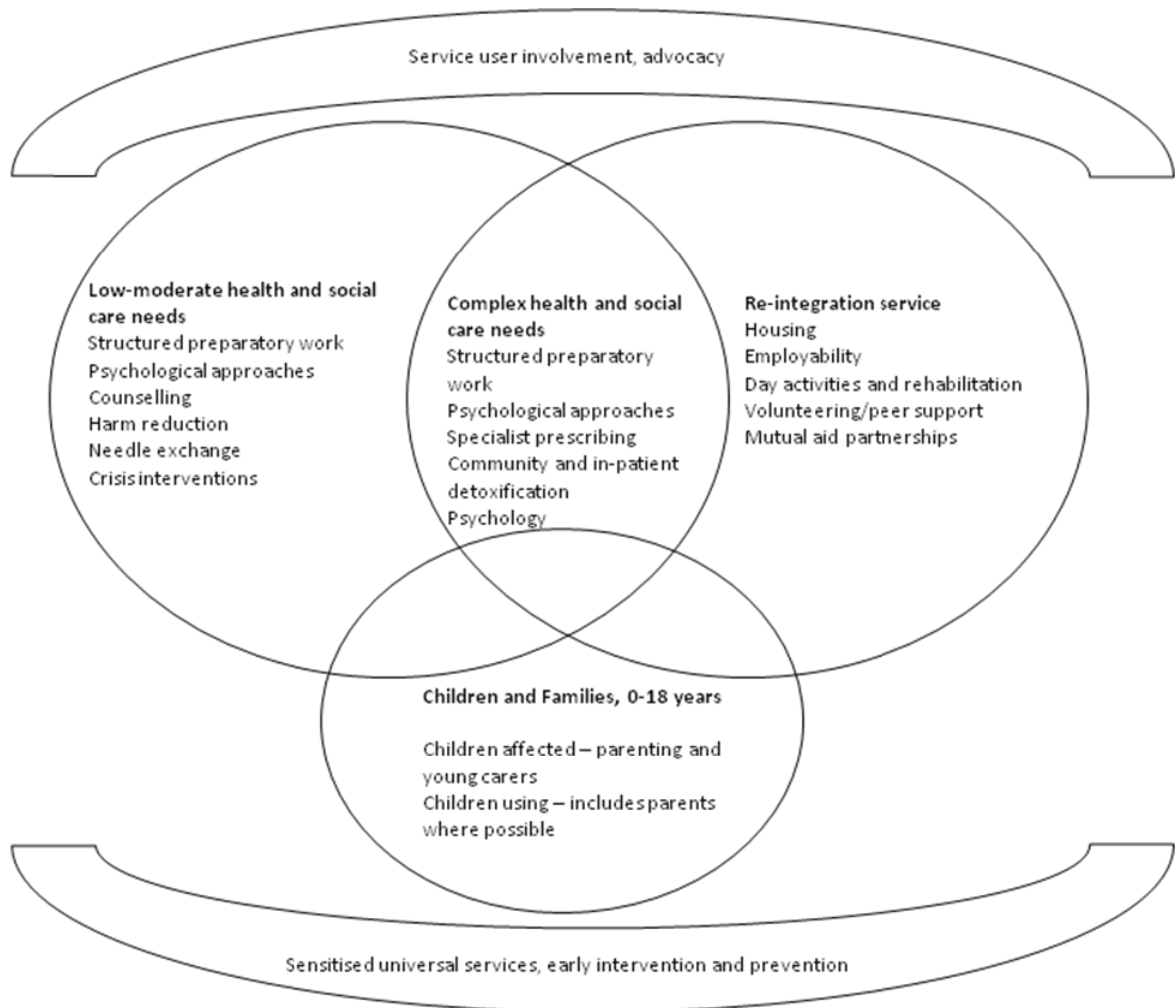


Figure 1 Future Model of investment and service delivery

The Scottish Government's 'Quality Alcohol Treatment and Support Services Report' (2011) recommends that local services are based on a 'stepped care' approach, within the 4 tiered model described in the Alcohol Problems Support and Treatment Services Framework (2002). This tiered approach (Figure 2) aligns with a model for drug treatment and support a ROSC in that it outlines the levels of interventions that may be required across populations.

Figure 2

Drug and Alcohol Treatment and Support: Four Tier Structure

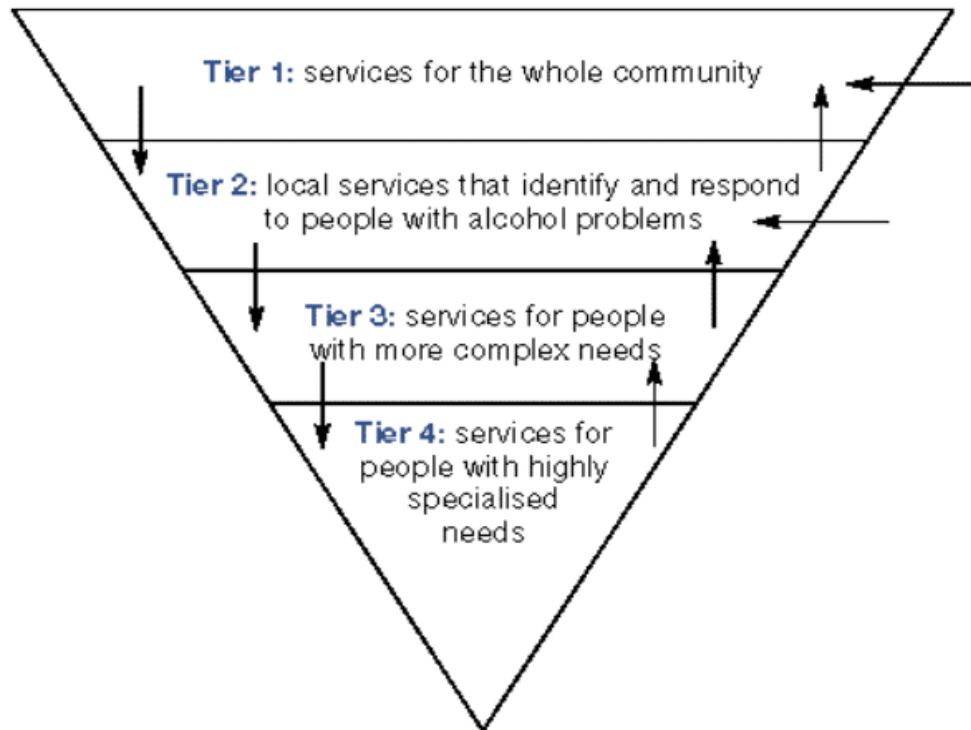


Figure 2 Drug and Alcohol Treatment and Support: Four Tier Structure

Interventions will be at different tiers and will depend on the needs of the individual. Arrows denote that:

- people may move between tiers as their needs are assessed or change over time
- people need not necessarily move sequentially between tiers
- people should be able to gain direct access to Tiers 1 and 2

The range and availability of services we provide will need to be sufficiently broad to respond to the wide ranging and complex needs of people with drug and alcohol problems. Services will be built using the stepped care, tiered approach:

Tier 1:

Drug and alcohol related information and advice, screening and referral by generic services which take place within universal services such as general healthcare, social care or criminal justice settings. They include screening and assessment, referral to specialised treatment services and provision of advice and information.

Tier 2:

Open access, non care planned drug and alcohol specific interventions including provision of information and advice, referral to structured drug treatment, Alcohol Brief Interventions, brief psychological interventions and harm reduction interventions (e.g. needle exchange). There may be some overlap with Tier 3 services.

Tier 3:

Provision of community based specialised assessment and co-ordinated care, planned treatment and specialist liaison. This includes comprehensive assessment, care planning, a range of prescribing interventions in the context of a package of care, a range of psychosocial interventions. These will normally be delivered within specialised treatment services to people at home or in a hospital setting.

Tier 4:

Residential specialised drug and alcohol treatment which is care planned and care co-ordinated to ensure continuity of care and aftercare. These are likely to include inpatient specialist assessment, stabilisation and detoxification, and a range of rehabilitation units. Tier 4 residential services will not include prisoners undergoing detox.

In the Borders the Scottish Borders Council and NHS Borders have developed a Residential Rehabilitation protocol⁴ (recently reviewed and updated) which ensures effective coordination of detoxification treatment and following that

⁴ Protocol for Accessing Drug and/or Alcohol Residential Rehabilitation, Scottish Borders Council/NHS Borders June 2015

residential rehabilitation. The protocol details an assessment process and decision making process involving lead practitioners across both agencies and ensures that individual needs are met effectively and where possible individual choice respected. The protocol details the next steps and available supports for people when returning to the Borders in order that they can be supported on their journey of recovery.

Currently residential rehabilitation placements are outside of the Scottish Borders and agreements and overarching contracts have been put in place with a number of organisations. Individuals access the establishments supported by Individual Purchase Agreements.

11 Financial Framework

The Scottish Government commits ring-fenced funding allocations to the Alcohol and Drug Partnership(s) (ADPs) within each NHS Board area, to enable the local ADP(s) to deliver nationally agreed core outcomes and local outcomes on alcohol and drugs. This funding is routed, for administrative purposes, through NHS Borders but 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

This ring-fenced funding is enhanced both by commitment of resources and additional 'in-kind' contributions from ADP Partners

The confirmed ADP ring-fenced funding 2015-16 is:

Allocations for ADP Borders 2015-2016 (Ring fenced and reported to Scottish Government)	
Alcohol prevention, treatment and support funding	£1,029,165

Drug services and support	£323,025
Total Allocation	£1,352,190
Funding originally allocated for the ADP Support Team was subsumed into the funding streams (50% into drugs and 50% into alcohol).	

Additional contributions from ADP Partners for 2015-16 are estimated to be:

- NHS – £185,000 (additional direct cost of BAS service, excluding Prescribing)
- SBC – £143,684 (contribution towards Low-Moderate Needs & Integration Service and Children & Families Service) Residential Rehabilitation costs in 2014-15 were £19,719
- Police Scotland – £165,842
- Fairer Scotland - £2000

Quarterly financial reports are submitted firstly to the ADP Executive Group for scrutiny and then to the ADP Partnership Board.

If, due to particular circumstances, non-recurring funding is available from within the ADP ring-fenced budget this will be allocated based on the Future Model (p16) with the following criteria:

- Current identified need
- Fit with ROSC
- Impact

Commissioned services are required to submit financial information on a regular basis.

Third sector services are able to submitted bids for external funding. Requests from support from the ADP will be considered if demonstrated that proposals are consistent with our local ADP strategy

12 Individual Commissioning – Self Directed Support

The aim of the Social Care (Self-directed Support) Scotland Act 2013 is to assist people who need support to have maximum choice and control over how this support is planned and provided. Commissioning will be based on support to meet individual outcomes and is set in the wider context of community capacity building, prevention and universal services (as previously described)

One of the new duties within the 2013 Act is to offer four options to people eligible for support. These options are:

- Option 1: a direct payment
- Option 2: directing the available support- the person can choose a provider and the council will manage the funding
- Option 3: social work managed – the support is arranged on the person's behalf.
- Option 4: a mix of any of the above 3 options.

To ensure that individuals have access to these options this strategy needs to ensure there is a sufficient range and variety of providers to enable people to have choice, and to be able to directly commission support for themselves if they choose.

We are committed to including personalised approaches within our commissioning processes. Personalisation gives individuals choice and control over how they are supported.

13 Equality Impact Assessment

Public sector duties on race, disability and gender require that equality considerations are integrated into all Scottish Borders Council, NHS Borders and Lothian and Borders Police functions and policies. Equality Impact assessments ensure the needs of all groups within the community are identified and met and pay particular attention to those most at risk of harm.

This strategy has been equality impact assessed to ensure that we have not

inadvertently created a negative impact on the grounds of: age, disability, gender, race, gay, bisexual and transgender and religious belief. This strategy has also been rural proofed.

14 Policy Context

The Road to Recovery⁵, Essential Care⁶, Changing Scotland's relationship with Alcohol⁷ and the Quality Alcohol Treatment and Support Report⁸, and underpinned the aims of our 2012-15 Commissioning and ADP Strategies. Since then the Review of Opioid Replacement Therapy⁹ and production of Quality Principles¹⁰ for alcohol and drugs services have given a further critique and guidance respectively on how ADP's should ensure high quality effective services and interventions should be delivered.

The Children's and Young People (Scotland) Act 2014¹¹ set out the requirement for the establishment of the Getting it Right for Every Child (GIRFEC) named person role. The local implementation of this role is in development and the ADP will require to be conversant with any implications for its work.

⁵ The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem, May 2008: <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

⁶ Essential Care: A Report on the Approach Required to Maximise Opportunity for Recovery from Problem Substance Use in Scotland, Scottish Government, 2009, <http://www.scotland.gov.uk/Publications/2008/03/20144059/11>

⁷ Changing Scotland's Relationship with Alcohol: A Framework for Action, March 2009: <http://www.scotland.gov.uk/Publications/2009/03/04144703/0>

⁸ Quality Alcohol Treatment and Support (QATS) Report, 2011, <http://www.gov.scot/Publications/2011/03/21111515/0>

⁹ Scottish Drug Strategy Delivery Commission: Independent Expert Review of Opioid Replacement Therapies in Scotland: Delivering Recovery, 2013, <http://www.scotland.gov.uk/Publications/2013/08/9760/downloads>

¹⁰ The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services, 2014, <http://www.scotland.gov.uk/Publications/2014/08/1726/downloads>

¹¹ Children and Young People (Scotland) Act, 2014, <http://www.legislation.gov.uk/asp/2014/8/contents/enacted>

15 Analysis

Current need has been identified through the following:

- ADP Investment Review which examined:
 - Local and national data sets
 - Service uptake data
 - Stakeholder feedback including that from Service Users
 - Policy guidelines
- Previous needs assessments (of those with drug and alcohol problems, and families and carers affected by these problems).
- The ongoing review of existing action plans and strategies

16 Outcomes

All ADP's in Scotland must deliver on Core Outcomes listed below, however, local priorities and outcomes can also be developed and these are reflected in our ADP Strategy 2015-20 and Delivery Plan 2015-18.

- Health: people are healthier and experience fewer risks as a result of alcohol and drug use
- Prevalence: fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others
- Recovery: individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use
- Families: children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances
- Community safety: communities and individuals are safe from alcohol and drug related offending and anti-social behaviour
- Local environment: people live in positive, health-promoting local environments where alcohol and drugs are less readily available
- 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

Reporting on progress towards a core set of outcomes will contribute to building a rich picture of progress both locally and nationally and will:

- Be an important part of accountability at both a local and national level
- Help identify where progress is and is not being made when benchmarked with other ADPs
- Support decisions over service investment and performance improvement
- Set a clear vision for what ADPs want to achieve and help them influence change e.g. within Community Planning Partnerships

The Core Outcomes will sit alongside ADP specific outcomes which reflect local needs assessments and strategies, as well as those contained within the Single Outcome Agreement.

Contextual and qualitative information will also be vital in interpreting indicators and outcomes and providing a credible account of the contribution of local partners to observed outcomes.

Outcomes should be aspirational, and will be important for us in setting our vision and directing activity as well as demonstrating achievements and helping manage performance. Outcomes will start with what we want to achieve rather than what we currently do and/or what we can currently measure. It is important that our outcomes reflect what ADPs, partners and services can and should reasonably do, and the contributions that all partners can make towards this.

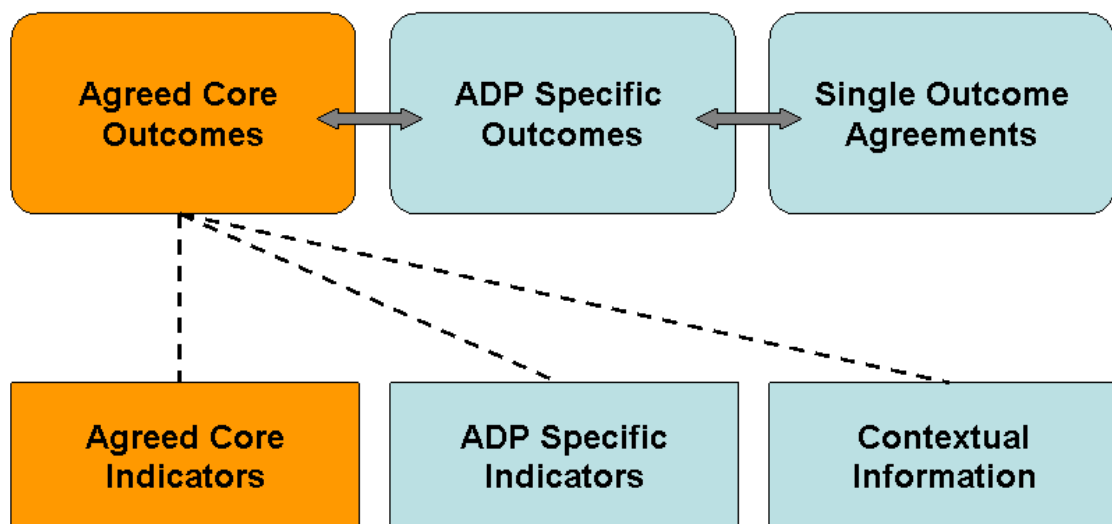
16.1 Outcome commissioning

Outcome commissioning is the process of specifying, securing and monitoring outcomes to meet people's needs at a strategic level. Effective outcome commissioning minimises the attention on inputs and micromanagement of services and focuses on the achievements and results for people who use services. Scottish Borders ADP is committed to improving outcomes for service users, the people who support them, and for the community as a whole. Adopting an outcomes approach to commissioning, we believe,

improves service planning, performance management and ultimately people's lives.

Agencies are required to work together in partnership to contribute to the overall delivery of the Scottish Government's outcomes. All contracts and service level agreements funded through ADP will be outcome focused. Outcomes will be measured both for individuals and the service as a whole. Providers will need to ensure outcomes are built into day to day practice including assessment, support plans and reviews. The ADP Support Team will work with providers to ensure that they are using appropriate tools to evidence progress towards achieving agreed outcomes.

16.2 Reporting Framework for Core Outcomes



17 Monitoring progress

Our overarching ADP 2015-20 Strategy notes the following process for monitoring progress.

Progress will be monitored via the following mechanisms:

- Monthly reporting on alcohol and drugs service waiting times target
- Monthly reporting on ABI target
- Review of Service User minutes at each meeting of the Executive

Group

- Quarterly performance report to ADP and ADP Executive Group
- Quarterly financial report to the ADP and ADP Executive Group
- A minimum of six monthly contract monitoring meetings with commissioned services
- Annual ADP Service User Survey
- Annual Alcohol Profile updates will collate local information relating to alcohol related harm
- Annual Reports based on the Strategy and Delivery Plan will be submitted to the CHP and Scottish Government

Appendix 1 A Recovery Oriented System of Care

This table has been produced from the Skills Framework 'recovery-orientated model of drug treatment'¹² which was used as a proxy framework to assess the completeness of our alcohol and drugs system. The table describes elements required within a system rather than a system design and does not show the linkages therefore with universal or mainstream services. It should be remembered that although there is a progression from engagement through to completion, reintegration is envisaged as starting from the beginning of the treatment journey.

Engagement	Preparation	Change	Completion	Reintegration
First stage of the journey includes interventions that seek to develop therapeutic relationships and motivate client to change	Second stage of the journey, including interventions which seek to refine treatment journey and prepare service user for change	Third stage of the journey included interventions that seek to initiate and maintain change	Fourth stage of the journey and includes interventions that seek to help clients reflect on and leave formal treatment	Interventions based on strengthening community reintegration,
Keyword interventions: psychosocial and other interventions				
<ul style="list-style-type: none"> - Building therapeutic relationship - Build motivation for change - Set initial treatment goals 	<ul style="list-style-type: none"> - Refining treatment goal - Preparing for change 	<ul style="list-style-type: none"> - Initiating and maintaining change - Behaviour and cognition - Building recovery capital 	<ul style="list-style-type: none"> - Graduating from treatment - Reviewing achievements - Planning for reintegration 	<ul style="list-style-type: none"> - Developing recovery capital - Exiting formal treatment
Keyword+ interventions requiring additional competencies				
<ul style="list-style-type: none"> - Motivational Interviewing - Family support - Contingency Management 	<ul style="list-style-type: none"> - Low intensity interventions for common mental illness: CBT - Guided self-help - Behavioural techniques - Relaxation techniques - Contingency management - Family support 	<ul style="list-style-type: none"> - Contingency management - Community reinforcement approach - Social behaviour and network therapy - Family support 	<ul style="list-style-type: none"> - Community re-inforcement approach - Family support - Relapse prevention 	<ul style="list-style-type: none"> - Community reintegration approach - Family support - Parenting support
High intensity or specialist interventions and services				
<ul style="list-style-type: none"> - BBV tests and vaccination - Specific physical health Interventions - Mutual aid - Substitute prescribing 	<ul style="list-style-type: none"> - Counselling - Mutual aid - Physical health interventions - In-patient assessment and stabilisation - Opioid substitute treatment 	<ul style="list-style-type: none"> - CBT - Couples therapy - Family therapy - Counselling - Mutual aid - Community detox 	<ul style="list-style-type: none"> - CBT - Family therapy - Work on parenting - Counselling - Keeping healthy and well - Mutual aid - Residential rehab 	<ul style="list-style-type: none"> - CBT - On-going counselling - Mutual aid - Engagement with recovery communities

¹² <http://www.skillsconsortium.org.uk/uploads/skills-diagram-updated.pdf>

Appendix 2 Action Plan

The attached Action Plan supports delivery of our Commissioning Strategy.

	What we need to do	Action	Lead	Timescales	Outcome
1	Monitor all contracts/service level agreements	Review contract specifications and ensure compliance. Minimum of 6 monthly contract monitoring meetings with services Performance scorecard report to Executive Group and ADP	ADP Support Team	Annual 3-6 monthly Quarterly	Performance is reviewed and managed. Services are responsive and provide good value for money.
2	Identify, manage and reduce risks in relation to commissioning strategy	Regularly assess and review ADP Risk Register	Executive Group	Ongoing. Risk register reviewed six monthly	Active monitoring of risk/risk reduction
3	Review contracts/service level agreements at end of 3 year funding period to allow decision making regarding 2 year extension	Develop a review methodology Implement methodology	Executive Group	April –June 2016 July – Sep 2016	Services are aligned to national targets, standards, reports and local priorities and needs.
4	Ensure robust financial governance	Regular Finance Reports to Executive Group and ADP Decisions regarding unallocated funding based on agreed process.	Executive Group	Quarterly As required	Good financial management and monitoring of spend. Transparent process for allocation of funding.