

# DRUG AND ALCOHOL DELIVERY BULLETIN

April 2015

Welcome to the April 2015 issue of the Drug and Alcohol Delivery Bulletin. Updates on recent developments and plans include:

- Drug & Alcohol Treatment Waiting Times
- 2013-14 Alcohol and Drug Partnership (ADP) Annual Reports
- Alcohol and Drug Partnership (ADP) Peer Learning Event: ADP Reporting - Performance Frameworks
- Recovery Outcomes Web tool
- Drug and Alcohol (System) Improvement Game (DAIG) – Published Resources
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- Engaging with the Licensing Process - Reflections from Scottish Families Affected by Alcohol and Drugs
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- Preventing homelessness and improving the health of homeless people – the role of the NHS?
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## QUERIES ON THE CONTENT OF THIS BULLETIN:

If you have any queries on the content of this bulletin, please contact

[alcoholanddrugdelivery@scotland.gsi.gov.uk](mailto:alcoholanddrugdelivery@scotland.gsi.gov.uk)

### Drug & Alcohol Treatment Waiting Times

The latest quarterly drug and alcohol treatment waiting times figures (October - December 2014) were published on 31st March on the ISD website: <http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/>

This data informs the HEAT Standard for drug and alcohol treatment waiting times which expects that 90% of people receive appropriate treatment within 3 weeks to support their recovery. This publication also includes data on waiting times within prisons.

For 2015/16, this target will continue as a Local Delivery Plan (LDP) Standard with a sustained level of performance expected.

#### National performance for October – December 2014 is outlined below:

- 96% of the 11,212 people who started their first drug or alcohol treatment had waited 3 weeks or less, compared to 96.9% in the previous quarter. For alcohol, 96.5% of people waited less than 3 weeks while for drugs the figure was 95%.
- *Of the 2,391 people who were still waiting to start drug or alcohol treatment at the end of December 2014, 5.2% (124 people) had waited more than 6 weeks, compared to 74 people (2.5%) in the previous quarter.*

#### Prison performance in relation to this HEAT Standard remains consistent:

- In October - December 2014, of the 1,038 people who started their first drug or alcohol treatment in Scottish prisons, 95.2% had waited 3 weeks or less.

Should you wish to discuss this programme in more detail, please contact Hilary Scott, SG Drugs Policy Unit: [Hilary.Scott@scotland.gsi.gov.uk](mailto:Hilary.Scott@scotland.gsi.gov.uk)

### 2013-14 Alcohol and Drug Partnership (ADP) Annual Reports

We would like to thank all ADPs for sharing their 2013-14 Annual Reports. This was the first year all ADPs have reported through the standard reporting template, and has provided a greater insight into the work and activities undertaken by ADPs and has supported the national picture of delivery for Scottish Ministers.

Individual feedback was shared with ADPs on 18 March. At a national level we could see significant progress and are encouraged to see 12 ADPs with Recovery Orientated Systems of Care in place with the other 18 ADPs at various stages of development/implementation.

The Guidance for ADP three year Delivery Plans has been updated and shared with ADPs. This update will be included in the next publication of the ADP Planning and Reporting Guidance which is currently being updated and will be published at the end of May.



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ADP three year Delivery Plans are due by 15 June 2015 and should cover the period April 2015 to March 2018. The next ADP Annual Report covering 1 April 2013 - 31 March 2014 should be forwarded to Scottish Government by 15 September.

Please contact Amanda Adams, Scottish Government, Alcohol Team, should you wish to discuss this in more detail:

[Amanda.adams@scotland.gsi.gov](mailto:Amanda.adams@scotland.gsi.gov)

**Alcohol and Drug Partnership  
(ADP) Peer Learning Event: ADP  
Reporting - Performance  
Frameworks**

We held an ADP Peer Learning event with a focus around ADP Performance Frameworks, ADP Delivery Plans and Annual Reports. This event built on the learning event held last year on 10 June.

There were 2 places available per ADP, and the event was aimed at ADP co-ordinators/Lead Officers/Information officers/those in ADPs who are responsible for compiling the performance element of ADP Plans and Reports.

The event was mainly peer learning, and included short presentations, with a focus on :

- using evaluation and performance management to track and measure the delivery of ADP outcomes

- Health and Social Care Integration
- Integrated Resource Framework
- Progress with DAISy and Recovery Outcomes Tool

This event was well received and we would like to thank ADPs for their contribution and participation. A key theme from the event was the need to provide evidence by capturing and linking activities to outcomes showing progress against SMART (specific, measurable, ambitious, relevant, time bound) improvement goals set in the 3 year delivery plan. Outputs from this event have been shared with ADPs and will be made available on the SSKS website at:

<http://www.ssk.org.uk/topics/drugs-and-alcohol.aspx>

The Scottish Government will follow up on the feedback and liaise with ADPs as appropriate.

Please contact Amanda Adams, Scottish Government, Alcohol Team, should you require any further details at this stage:

[Amanda.adams@scotland.gsi.gov](mailto:Amanda.adams@scotland.gsi.gov)

**Recovery Outcomes Web tool**

The Recovery Outcomes Web (ROW) tool developed by the Scottish Government has now been validated, (through interrelated reliability testing), peer reviewed and been the focus of a national consultation which ended in January 2015.

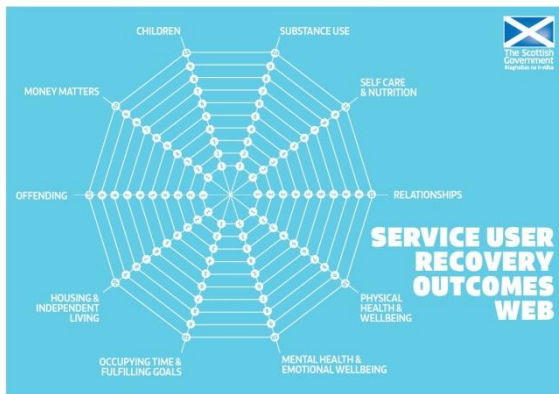


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The ROW tool is currently being piloted, to support broader implementation, amongst drug and alcohol services in 4 areas across Scotland: East Renfrewshire, Glasgow, Aberdeenshire and Angus, with support from workforce development sessions led by STRADA, and input from Scottish Government and ISD. STRADA will evaluate the WFD sessions. ISD are providing support in recording outcomes from the ROW tool, using Microsoft Excel, and with the pilot evaluation overall. Scottish Government will produce a full report of the tool's development and national pilot implementation for October 2015.

Services for drug and alcohol users and ADPs will be welcomed to begin implementing of the ROW tool from October 2015, since the ROW tool will form part of the Drug and Alcohol Information System (DAISY) in 2016, and as part of implementing the Scottish Government's Quality Principles (2014).

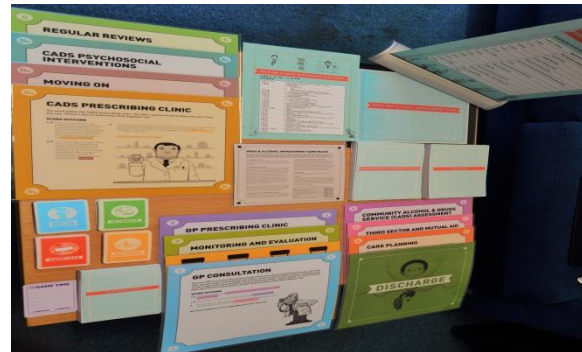
Support is available for those ADPs with pre-existing outcome tools in cross referencing outcomes with the ROW in advance of DAISy.

For more information and access to the ROW guidance please contact Biba Brand (Scottish Government) at [biba.brand@scotland.gsi.gov.uk](mailto:biba.brand@scotland.gsi.gov.uk)

Please see the following link for full Draft Guidance on the RO tool and pdf for the Recovery Outcomes Web tool visual:

<http://www.ssk.org.uk/topics/drugs-and-alcohol/keep-up-to-date.aspx>

### Drug and Alcohol (System) Improvement Game (DAIG) – Published Resources



The Drug and Alcohol (system) Improvement Game (DAIG), developed by Scottish Government's Alcohol Team and Drug Policy Unit at the end of 2013, has now been produced into a published resource. The DAIG resource has been delivered each month since 2013 as part of full day improvement events in ADP areas across Scotland. Each event is led by Scottish Government with support from NHS Health Scotland, Scottish Drugs Forum's National Quality Development Team and Scottish Families Affected by Alcohol and Drugs.



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In the DAIG patients or service users enter a poorly design system of services where various bottlenecks and mistakes occur. Improvement breaks take place for participants, working in teams, enabling them to change the system and improve healthcare provision for the patients/ service users.

The DAIG resource and associated improvement theory delivered in these events focus on Lean improvement methodology (capacity and demand, variation, rework, reducing mistakes, batching and bottlenecks) and the Scottish Government's 3-Step Improvement Framework (Plan Do Study Act, using small tests of change and spreading this change).

Currently the Scottish Government is conducting an impact assessment following the improvement events, in addition to evaluations carried out on the day. For more information on the DAIG resource, improvement events, and if you would like to become a facilitator please contact Biba Brand (Scottish Government) at [biba.brand@scotland.gsi.gov.uk](mailto:biba.brand@scotland.gsi.gov.uk)

**Self-directed Support – 1st Anniversary/Awareness Week 2015**

The Scottish Government is committed to developing Self-directed Support (SDS) to achieve our vision of a flourishing, optimistic Scotland in which all people have control of their lives, have equal opportunities and are

empowered to make choices at home, in work and education and in their community.

The Social Care (Self-directed Support) (Scotland) Act 2013 (The SDS Act) is founded on the principles of dignity, empowerment and collaboration. It places firm duties on local authorities to offer a range of options for how social care and support are delivered and to give individuals the support and information required to enable them to make informed choices.

The SDS Act opens up support to all adults - people in recovery from addiction, people making their way out of the criminal justice system and homeless people – children and young people, and their families.

The first anniversary of the Act, saw the introduction of an SDS Awareness Week during 30 March 2015 where a vast range of activities/events took place throughout the country. These included a photo call with The Minister for Sport, Health Improvement and Mental Health, Jamie Hepburn MSP and a remarkable young adult who utilises SDS options to provide control, choice and flexibility within her support package, as well as public awareness road shows, screening of an SDS animated film and a mass tweet where SDS experiences were shared via #SDSWeek

A “Daily Choice” newspaper was also published which told exciting stories of how the values and principles of dignity, empowerment, collaboration, creativity



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and innovation are starting to be achieved. More information can be found at the recently launched SDS website:

<http://www.selfdirectedsupportscotland.org.uk/whats-new/18-second-blog-post>

Our vision for the second anniversary of the Act will be for more of the same where flexibility, choice and control are a reality for the majority.

For further information please contact Heather Palmer at [Heather.Palmer@scotland.gsi.gov.uk](mailto:Heather.Palmer@scotland.gsi.gov.uk)

### Scottish Families Bereavement Counselling Programme

Scottish Families Affected by Alcohol & Drugs (SFAAD) has been awarded Section 10 funding from the Scottish Government to deliver a 3-year bereavement counselling programme for families bereaved by a drug-related death. Drug-related deaths are often sudden and unexpected, with an element of stigma, which other bereaved families do not experience. Families can face isolation, criticism and judgement from their relatives, friends and community. Services available for family members bereaved by a drug-related death are generic and restricted by a 6 month waiting requirement therefore preventing family members from receiving appropriate support.

Families of individuals with problem substance use have acute support needs at the time of their loved one's death. The SFAAD Bereavement

Counselling Programme will significantly decrease support response time from 6 months to 7 days and provide specialist drug-related death bereavement counselling and information support to address the challenges surrounding a drug-related death. Through timely and appropriate support the quality of life and general well-being of families bereaved through a drug-related death will substantially improve.

As part of the SFAAD Bereavement Counselling Programme "Overdose: Bereavement" booklets, originally published by the Scottish Government in 2008, will be reviewed and updated providing information on all aspects of a drug-related death including official procedures in relation to the death, the grieving process, coping information and further sources of help and support. The booklet will be instrumental in allowing Police Scotland and other referral organisations to connect family members bereaved by a drug-related death with support.

The SFAAD Bereavement Counselling Programme will be launched in June 2015 and referrals can be made by calling the SFAAD Helpline on 08080 10 10 11.

### Engaging with the Licensing Process - Reflections from Scottish Families Affected by Alcohol and Drugs

In order to understand the licensing process fully and to gain an insight into how the licensing board guidelines have been put into practice within Glasgow,



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John Holleran Scottish Families Alcohol Liaison Officer went along to a local Licensing Board meeting to observe proceedings.

John's reflections included potential barriers to engagement, such as the formal setting and terminology used; the process followed by the board members in challenging areas of concern in applications and examples of the types of license applications being made.

To gain an insight into how the licensing board guidelines have been implemented across Scotland in terms of being accessible to communities and individuals Scottish Families are inviting reflections from those interested in going along to Licensing Boards and sharing their views. The blog of John's experience and details of how to contribute can be found at: <http://goo.gl/iM2Ozu>

You can also contact John Holleran direct at [john@sfad.org.uk](mailto:john@sfad.org.uk) or telephone: 0141 221 0544.

### A.D.A.M. Launch

Alcohol Focus Scotland (AFS) has launched a new website to help young people who are or may be affected by someone in their life's drinking. A.D.A.M. (Another's Drinking Affects Me) is aimed at those aged 10 and over.

The website aims to help young people explore if, and how, another person's drinking is affecting their life, as well as offering advice and guidance based on

real life experiences of other young people. There are also links to local and national services that can provide help and support.

AFS worked with a number of specialist services and young people who have experienced harm as a result of another person's alcohol use to develop the website.

Adding to our existing Oh Lila and Rory resources, A.D.A.M. is an accessible new resource that encourages young people to seek help sooner rather than later. To view the website visit [www.adamresource.org.uk](http://www.adamresource.org.uk)

If you know of any services that are not included in our directory, please send details to [jane.wilson@alcohol-focus-scotland.org.uk](mailto:jane.wilson@alcohol-focus-scotland.org.uk)

### AFS support on whole population approaches.

The Scottish Government's guidance on the new ADP delivery plans states that ADPs should continue to support the implementation of a whole population approach to reduce overall alcohol consumption in the population. 'Upstream' work to reduce overall alcohol consumption in the population is the most effective way to begin to reduce current levels of health and social harm which require an unsustainable level of treatment and support services.



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While some whole population measures can only be addressed at national level, there are a range of actions that ADPs can take at local level to support the implementation of evidence-based measures. These include work on licensing issues, supporting interventions such as Alcohol Brief Interventions (ABIs) and workplace initiatives, and addressing alcohol's harm to others. Alcohol Focus Scotland (AFS) is able to offer support and advice to ADPs on how population measures can be reflected in their new delivery plans. Any ADPs requiring assistance should contact Gemma Crompton by emailing: [gemma.crompton@alcohol-focus-scotland.org.uk](mailto:gemma.crompton@alcohol-focus-scotland.org.uk) or phoning 0141 572 6704.

### Global Alcohol Policy Conference 2015

The Global Alcohol Policy Conference (GAPC) will take place from 7-9 October 2015 at the Edinburgh International Conference Centre. The Global Alcohol Policy Alliance (GAPA) and Alcohol Focus Scotland (AFS) will co-host the conference, supported by the Scottish Government and NHS Health Scotland.

On selecting Scotland to host the conference, the GAPA board highlighted the initiative and courage shown by Scotland in pursuing minimum unit pricing as an effective policy to tackle alcohol misuse.

The conference is expected to attract at least 500 delegates from around the globe with Professor Thomas F Babor (USA), Professor Sally Casswell (New

Zealand), Professor Gerard Hastings (UK), Professor David Jernigan (USA), Professor Jane Kelsey (New Zealand) and Dr Thaksaphon Thamarangsi (Thailand) confirmed as key note speakers.

The event provides a forum for alcohol researchers, advocates and health professionals from around the world to share knowledge about new evidence, effective alcohol policies and successful advocacy approaches to reduce the harm that alcohol causes.

The themes for the conference are Implementing Effective Alcohol Policies; The Barriers to Implementing Effective Alcohol Policies; Building Support for Protecting Children's Right to Grow up Free from Alcohol Marketing and Building a Global Network.

Bookings for the conference can be made via the website [www.gapc2015.com](http://www.gapc2015.com)

### ABI Delivery Targets 2015-16

As confirmed in the January Drug and Alcohol bulletin, for 2015-16 Alcohol Brief Intervention (ABI) delivery will be formally linked to the NHS Boards Local Delivery Plan (LDP) as a LDP standard.

Ministers have now determined National and Board level targets to demonstrate sustained and embedded delivery and these were shared with ABI Leads in March 2015.



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The National level target remains **61,081 ABIs**.

The split of delivery between priority and wider settings has been expanded for 2015-16. It is expected that at least 80% of delivery (i.e. a minimum of 48,865 ABIs) will continue to be delivered in the priority settings. The remainder can be delivered in wider settings in accordance with the national guidance. NHS Boards and their ADP partner(s) are encouraged to evaluate ABI delivery where possible.

This reflects the broadening of ABI delivery in wider settings and may potentially cover more harder to reach groups, especially in communities where deprivation is greatest, supporting the focus outlined in the NHSScotland LDP Guidance.

The NHS Board targets have been updated using 2013 population estimates and are included in the updated ABI National Guidance 2015-16, which has been circulated to ABI Leads and is available on the NHS Health Scotland website.

The summary report [<http://www.healthscotland.com/documents/24934.aspx>] and presentations [<http://www.healthscotland.com/documents/24890.aspx>] from the ABI Primary Care Leads Event on 22 January 2015 have also now been published on the NHS Health Scotland website.

For further information please contact Kirsty Macdonald, ABI Programme

Manager, Scottish Government  
([Kirsty.Macdonald@scotland.gsi.gov.uk](mailto:Kirsty.Macdonald@scotland.gsi.gov.uk))  
Tel: 0131 244 3198).

### NHS Health Scotland Resources

In April 2015, these resources were refreshed to support the Scottish Government Local Delivery Plan Standard for 2015/16, 'NHS Boards and their Alcohol and Drug Partnership (ADP) partners will sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.' The refreshed briefing papers are now online:

ABI briefing paper:  
<http://www.healthscotland.com/documents/24945.aspx>

Antenatal briefing paper:  
<http://www.healthscotland.com/documents/24946.aspx>

As well as the A&E, antenatal and primary care professional packs :  
A&E:

<http://www.healthscotland.com/documents/21692.aspx>

Antenatal:  
<http://www.healthscotland.com/documents/4096.aspx>

Primary Care:  
<http://www.healthscotland.com/documents/3273.aspx>

Every GP surgery will receive a quantity of the primary care and antenatal



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professional packs and every A&E department / Minor Injury Unit will receive a supply of the A&E professional pack.

In addition, Making a Change has been merged with its companion leaflet A Fresh Approach, and Alcofacts offering practical advice about how to change drinking habits and help manage alcohol consumption

<http://www.healthscotland.com/documents/20784.aspx>

Additional copies can be ordered from [nhs.healthscotland-publications@nhs.net](mailto:nhs.healthscotland-publications@nhs.net)

**Integrating to Improve Outcomes  
for People**



At the beginning of April 2015, all 32 Health Board and Local Authority partnerships in Scotland submitted their integrated health and social care plans to Scottish Government Ministers. These plans, which bring together health and social care services, will mean that Health Boards and Local Authorities have shared responsibility for those people who use both services, allowing them to plan together for patients across the whole care pathway.

Integrating health and social care services will fundamentally change the way parts of the health and social care systems operate, helping to shift the focus away from acute care towards a model of care that looks after the person at home or in a homely setting.

People are living longer and we have an increasingly elderly population with more complex and long-term conditions than ever before. It is predicted that by 2037 the number of people with a long term condition will rise by 83 per cent and the traditional models of care, where the NHS and the social care sector work independently of each other, are no longer suitable to effectively care for these people.

At its heart, health and social care integration is about the whole person and designing joined-up services around their personal outcomes and circumstances, ensuring that they experience the right care and support, whatever their needs, at any point in their care journey.

Health and social care integration is long-term change but it will also have immediate benefits and will help to ensure that people across Scotland have access to the highest standards of care - in the right place and at the right time.

From now until 1 April 2016, when integration goes fully live, Integration Joint Boards will be established across the country. The Integration Joint Board will be led by a Chief Officer with



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representation from the Health Board, Local Authority, third and independent sector organisations, patients and service users. These Integration Joint Boards will make decisions about, and control the budget for, the delivery of integrated services.

ADPs should be linking into local decision making and raising awareness of alcohol and drug issues to inform local priorities.

For more information about health and social care integration and the resources available to support implementation visit [www.gov.scot/HSCI](http://www.gov.scot/HSCI) or email [IRC@scotland.gsi.gov.uk](mailto:IRC@scotland.gsi.gov.uk).

**Preventing homelessness and improving the health of homeless people – the role of the NHS?**

Homeless people experience poorer physical and mental health than the general population. Poor health is both a cause and consequence of homelessness. For some, homelessness is the result of a particular situation and the housing need can often be addressed through an application to the local authority. However, for many, homelessness is accompanied with complex health and social problems such as substance misuse, poverty, imprisonment and mental ill-health. Housing is only one part of the solution.

Dr Neil Hamlet, Consultant in Public Health in NHS Fife, and Katy Hetherington, NHS Health Scotland are

working on a report for Directors of Public Health on health and homelessness. They have been discussing the issues around this area with various sectors including housing, the voluntary sector, NHS Boards and academics working in the field of homelessness, housing and social exclusion. Health and Homelessness standards were produced in 2005 for NHS Boards. Issues that are being explored include the opportunities that health and social care integration provide for the NHS to contribute to the prevention of homelessness, as well as ensuring that those who experience homelessness can access health services and improve their health. Issues of 'severe and multiple exclusion' which has been highlighted in research by JRF and recently in a report Hard Edges, is informing this work.

Given the links between homelessness and substance misuse, your views are important to this work. A survey has been sent to all ADP contacts and your time in looking at the questions and giving your thoughts is much appreciated. The survey will be open until 8th May and can be accessed via:

<http://surveys.healthscotland.com/index.php/489385/lang-en>

If you would prefer to discuss by phone or in person then please just get in touch with either Katy ([katy.hetherington@nhs.net](mailto:katy.hetherington@nhs.net)) or Neil ([neil.hamlet@nhs.net](mailto:neil.hamlet@nhs.net)) who would be delighted to discuss further.

**How The Quality Principles fit with Performance Management**



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The Scottish Government has been committed to the implementation of a Quality Improvement Framework for substance misuse services. The most recent development has been the publication of *The Quality Principles: Standard expectations of Care and Support in Drug and Alcohol Services*.

Dumfries and Galloway ADP felt that it was important to incorporate these Principles in their Performance Management Framework and as such were included in all contract specifications. In order to support this a self-assessment tool was developed for all commissioned services.

The self-assessment tool allows the managers responsible, and others, to be reassured as to the status of the service against each of the quality principles. It incorporates a traffic light system which requires each principle to be graded and allows identification of areas requiring further action.

The self-assessment aims to support the embedding of The Quality Principles within substance misuse services across Dumfries and Galloway. Services are required to describe a range of evidence of how they have met or are working towards each principle. They are asked to give details of any identifies actions/ improvements required and provide a timescale for implementation which can be reviewed

and discussed at formal contract monitoring meeting.

Partner organisations have welcomed this development and have agreed to complete self-assessment on an annual basis. The first of the completed assessments are currently being collated which will provide initial baselines for each service and allow tracking of future developments or areas of weakness in each key area.

For any further details –please contact Sharon Hepburn, Contract Officer on 01387 244240

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